



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees



1. Date: 1-18-24 2.a. Candidate or Committee Name: Heather Sadler Gallaher
2.b. If Committee, Name of Candidate: _____ 3. Election Date: 2024
4. Campaign Address: 1923 Shenandoah Trail
City: Lebanon State: TN Zip Code: 37087 Phone: 731-234-3739
5. Candidate Home Address: 1923 Shenandoah Trail
City: Lebanon State: TN Zip Code: 37087 Phone: 731-234-3739
Candidate Email Address: sadlergallaher@gmail.com
6. Office Sought: (include district number, if applicable) Lebanon Special School District School Board
7. Name of Political Treasurer (may be candidate): Kirsten McDonald Harris
Political Treasurer Email Address: _____

8. Category or Report: (check one)

- ☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☐ Pre-Primary ☐ Pre-General
☐ Mid-Year Supplemental ☒ Year-End Supplemental

9. Reporting Period: Start Date: 7-1-23 End Date: 1-15-24

10. Detailed Disclosure: (Check one)

- ☐ This campaign is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)
☒ This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.

11. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.

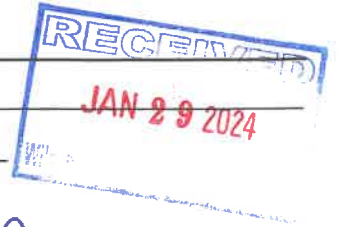
Heather Sadler Gallaher
Candidate Signature
Jack Gallaher
Witness Signature
Date: 1-18-24

Kirsten McDonald Harris
Political Treasurer Signature
[Signature]
Witness Signature
Date: 1/18/24

12. Summary:

a. Balance On Hand Last Report	\$ <u>\$0</u>
b. Total Receipts This Period	\$ <u>\$5843.47</u>
c. Total Disbursements This Period	\$ <u>\$5102.86</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$740.61</u>
e. Total Loans Outstanding	\$ <u>\$993.47</u>
f. Total Obligations Outstanding	\$ <u>\$0</u>

SUMMARY PAGE - CANDIDATE



13. Name of Candidate or Committee: Heather Sadler Gallaher

14. Reporting Period: Start Date: 7-1-23 End Date: 1-15-24

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ \$1750
(Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See *Instructions* for more information.)
- b. Itemized Contributions (over \$100 from each source this period) \$ \$3150
- c. Loans Received This Reporting Period \$ \$993.47
- d. Interest Received This Reporting Period \$ -
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ \$5893.47

16. Disbursements:

- a. Total Expenditures (other than loan payments) \$ \$5102.86
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ \$0
- c. Total Obligation Payments Made This Period \$ \$0
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) \$ \$5102.86

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ \$0
- b. Itemized In-Kind Contributions Received This Period \$ \$0
- c. Total In-Kind Contributions Received This Period \$ \$0

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ _____

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Heather Sadler Gallaher
2. Reporting Period: Start Date: 7-1-23 End Date: 1-15-24
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 0



COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Chelsa Middle Name: _____ Last Name: Nicholson
Address: 343 Harrison Street City: Nashville State: TN Zip Code: 37214
Occupation: Lawyer Employer: Self-employed
Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: - OR
First Name: Karen Middle Name: _____ Last Name: Chapman
Address: 8520 Highland Glen Circle City: Cordova State: TN Zip Code: 38016
Occupation: Retired Employer: -
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ \$250 Date of Contribution: 9-12-23 Aggregate This Election: \$ \$250

Business or Organization Name: _____ OR
First Name: Lee Middle Name: _____ Last Name: Nicholson
Address: 14870 E Main St City: Huntingdon State: TN Zip Code: 38344
Occupation: Optometrist Employer: Nicholson Eye Center
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ \$500 Date of Contribution: 10-1-23 Aggregate This Election: \$ \$500

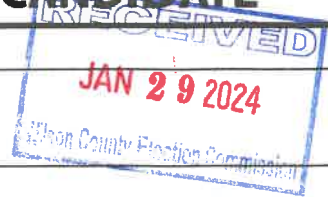
Business or Organization Name: _____ OR
First Name: Stethney Middle Name: _____ Last Name: Hancy
Address: 1425 Shenandoah Trail City: Lebanon State: TN Zip Code: 37087
Occupation: CSR Employer: Temp Control
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ \$250 Date of Contribution: 10-26-23 Aggregate This Election: \$ \$250

Total Contributions: \$ \$1000

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Heather Sadler Gallagher
2. Reporting Period: Start Date: MAR 7-1-23 End Date: 1-15-24
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1000



COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Matt Middle Name: _____ Last Name: McAdoo
Address: 8450 Flowerbranch City: Chattanooga State: TN Zip Code: 37421
Occupation: Attorney Employer: Self employed
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ \$150 Date of Contribution: 11-2-23 Aggregate This Election: \$ \$150

Business or Organization Name: _____ OR
First Name: Margaret Middle Name: Suanne Last Name: Bone
Address: 2145 Carthage Highway City: Lebanon State: TN Zip Code: 37087
Occupation: Executive Director Employer: Our Sisters Keeper
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ \$250 Date of Contribution: 11-12-23 Aggregate This Election: \$ \$500

Business or Organization Name: _____ OR
First Name: Claire ~~Howard~~ Middle Name: _____ Last Name: Howard
Address: 173 Village Circle City: Lebanon State: TN Zip Code: 37087
Occupation: Self employed Employer: Self employed
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ \$500 Date of Contribution: 11-20-23 Aggregate This Election: \$ \$500

Business or Organization Name: _____ OR
First Name: Kirsten Middle Name: _____ Last Name: Harris
Address: 403 Cambridge Rd City: Lebanon State: TN Zip Code: 37087
Occupation: Hospice Consultant Employer: Alive Hospice
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ \$250 Date of Contribution: 12-12-23 Aggregate This Election: \$ \$250

Total Contributions: \$ \$2150

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Heather Sadler Galbher
2. Reporting Period: Start Date: 7-1-23 End Date: 1-15-24
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$2150



COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Maggie Middle Name: _____ Last Name: Lea
Address: 1633 West Main St City: Lebanon State: TN Zip Code: 37087
Occupation: Senior Care Employer: Home Instead
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ \$250 Date of Contribution: 12-13-23 Aggregate This Election: \$ \$250

Business or Organization Name: _____ OR
First Name: Randy Middle Name: _____ Last Name: Cook
Address: 330 Blair Lane City: Lebanon State: TN Zip Code: 37087
Occupation: Self-employed Employer: Self-employed
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ \$250 Date of Contribution: 12-13-23 Aggregate This Election: \$ \$250

Business or Organization Name: _____ OR
First Name: Kaye Middle Name: _____ Last Name: Couch
Address: PO Box 31 City: Lebanon State: TN Zip Code: 37090
Occupation: Owner Employer: Shoney's
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ \$250 Date of Contribution: _____ Aggregate This Election: \$ \$250

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Total Contributions: \$ ~~\$2900~~ \$3150

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE



1. Candidate or Committee Name: _____
2. Reporting Period: Start Date: _____ End Date: _____
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars (\$100) from any contributor during the period must be reported.

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: _____

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: _____

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: _____

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

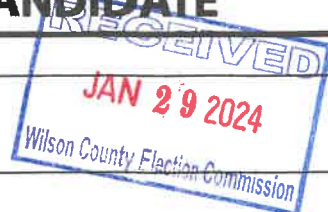
Description of In-Kind Contribution: _____

Total In-Kind Contributions: \$ _____

(Carry forward to the next page if additional pages of this form are used. If this is the last page of in-kind contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Heather Sadler Gallaher
2. Reporting Period: Start Date: 7-1-23 End Date: 1-15-24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 0



COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Campaign Partner OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 118 City: Still River State: MA Zip Code: 01467
Purpose of Expenditure: Website Development
Amount of Expenditure: \$ \$145 Date of Expenditure: \$ 8/23 - 1/24 (Monthly)

Business or Organization Name: Walmart OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Parade Supplies
Amount of Expenditure: \$ \$78.10 Date of Expenditure: \$ 11-30-23

Business or Organization Name: Wilson County Farmers Coop OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 107 Babb Dr City: Lebanon State: TN Zip Code: 37087
Purpose of Expenditure: Hay for Parade Float
Amount of Expenditure: \$ \$65.85 Date of Expenditure: \$ 12-04-23

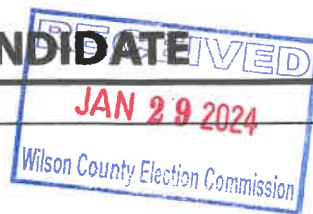
Business or Organization Name: Sam's Club OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Candy for Christmas Parade
Amount of Expenditure: \$ \$142.78 Date of Expenditure: \$ 12-4-23

Business or Organization Name: Constant Contact OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Email Mailer
Amount of Expenditure: \$ \$54.88 Date of Expenditure: \$ 11-30-23

Total Expenditures: \$ \$486.61

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE



- Candidate or Committee Name: Heather Sadler Gallaher
- Reporting Period: Start Date: 7-1-23 End Date: 1-15-24
- Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$486.61

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Walmart OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Purpose of Expenditure: Santa Hats for Christmas Parade
 Amount of Expenditure: \$ \$16.30 Date of Expenditure: \$ 12-4-23

Business or Organization Name: Vottiv Campaigns OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Purpose of Expenditure: Door Knocking/Canvassing Software
 Amount of Expenditure: \$ \$99 Date of Expenditure: \$ 12-13-23

Business or Organization Name: _____ OR
 First Name: Scott Middle Name: _____ Last Name: Comperry
 Address: _____ City: _____ State: _____ Zip Code: _____
 Purpose of Expenditure: Campaign Signs
 Amount of Expenditure: \$ \$2,157.50 Date of Expenditure: \$ 12-26-23

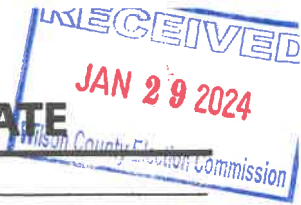
Business or Organization Name: Lowe's OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Purpose of Expenditure: Stakes for 4x4 signs
 Amount of Expenditure: \$ \$293.47 Date of Expenditure: \$ 1-5-24

Business or Organization Name: Home Depot OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Purpose of Expenditure: Stakes for 4x4 Signs
 Amount of Expenditure: \$ \$107.96 Date of Expenditure: \$ 1-3-24

Total Expenditures: \$ ~~\$2,574.23~~ \$3,160.84

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE



1. Candidate or Committee Name: Heather Sadler Gallaher
2. Reporting Period: Start Date: 7-1-23 End Date: 1-15-24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ ~~\$2674.23~~ \$3,160.84

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Stripe OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: Online Donation Fee

Amount of Expenditure: \$ \$103.03 Date of Expenditure: \$ 8/23 - 1/24

Business or Organization Name: Creative Graphics OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: Pushcards for Canvassing

Amount of Expenditure: \$ \$1210.69 Date of Expenditure: \$ 10-23-23

Business or Organization Name: Vistaprint OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: Magnets and Business Cards

Amount of Expenditure: \$ \$256.20 Date of Expenditure: \$ 11-21-23

Business or Organization Name: Uberprints OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: Campaign T-Shirts

Amount of Expenditure: \$ \$318.10 Date of Expenditure: \$ 11-27-23

Business or Organization Name: Wilson County Election Commission OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: Voter List

Amount of Expenditure: \$ \$40 Date of Expenditure: \$ 11-27-23

Total Expenditures: \$ \$5,088.86

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE



1. Candidate or Committee Name: Heather Sadler Gallaher
2. Reporting Period: Start Date: 7-1-23 End Date: 1-15-24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$5,088.86

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Regions OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Monthly Fees
Amount of Expenditure: \$ \$14 Date of Expenditure: \$ 8/23 - 10/23

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

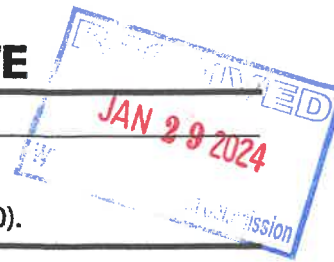
Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Total Expenditures: \$ \$5,102.86

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF LOANS - CANDIDATE



1. Candidate or Committee Name: _____
2. Reporting Period: Start Date: _____ End Date: _____
3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: _____ OR

First Name: Heather Middle Name: _____ Last Name: Gallagher

Address: _____ City: _____ State: _____ Zip Code: _____

Outstanding Loan Balance (Beginning) \$ \$0

Loans Received \$ \$993.47

Loan Payments \$ \$0

Outstanding Loan (End) \$ \$993.47

Loan Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Date of Loan: 12-21-23

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans.)

Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) \$ \$0

Loans Received \$ \$993.47

Loan Payments \$ \$0

Outstanding Loan (End) \$ \$993.47

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE



1. Candidate or Committee Name: _____
2. Reporting Period: Start Date: _____ End Date: _____
3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: _____	Description of Obligation:			
First Name: _____ Middle Name: _____				
Last Name: _____				
Address: _____	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
City: _____	\$	\$	\$	\$
State: _____ Zip Code: _____				

Business Name: _____	Description of Obligation:			
First Name: _____ Middle Name: _____				
Last Name: _____				
Address: _____	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
City: _____	\$	\$	\$	\$
State: _____ Zip Code: _____				

Business Name: _____	Description of Obligation:			
First Name: _____ Middle Name: _____				
Last Name: _____				
Address: _____	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
City: _____	\$	\$	\$	\$
State: _____ Zip Code: _____				

Business Name: _____	Description of Obligation:			
First Name: _____ Middle Name: _____				
Last Name: _____				
Address: _____	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
City: _____	\$	\$	\$	\$
State: _____ Zip Code: _____				

TOTALS

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$