## CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees WILSONCOUNTY ELECTION COMMISSIO DATE OF REPORT 2.a. NAME OF CANDIDATE OR COMMITTEE -25.1U 2.b. IF COMMITTEE, NAME OF CANDIDATE 3. ELECTION DATE 4.a. CAMPAIGN ADDRESS AND PHONE Street or Rusal Route City Zip Code State 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route State Zip Code Phone OFFICE SOUGHT (include district number, if applicable) NAME OF POLITICAL TREASURER (may be candidate) CATEGORY OR REPORT (Check one D PRE FIRST SECOND THIRD FOURTH MID-YEAR YEAR-END QUARTER QUARTER QUARTER QUARTER PRIMARY **GENERAL** SUPPLEMENTAL SUPPLEMENTAL 8.a. BEGINNING DATE OF REPORTING PERIOD 8.b. ENDING DATE OF REPORTING PERIOD 1-25-16 9. (Check one) a. This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. 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. 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. signature of candidate signature of political reasurer 11. WITNESS SIGNATURE signature of witness 12. SUMMARY 3,660,40 BALANCE ON HAND LAST REPORT .... TOTAL RECEIPTS THIS PERIOD ..... TOTAL DISBURSEMENTS THIS PERIOD ..... BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) TOTAL LOANS OUTSTANDING..... TOTAL OBLIGATIONS OUTSTANDING .....



SUMMARY PAGE - CANDID	DATE	non la Via
13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERI	
RECEIPTS  15. CONTRIBUTIONS (other than loans and interest)	WILSON	<i>€ ∠018</i> Cou <sub>NTy</sub>
a. Unitemized Contributions (\$100 or less from each source this period)		MMISSION
b. Itemized Contributions (over \$100 from each source this period)	/ \	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$	10000
16. LOANS RECEIVED THIS REPORTING PERIOD	\$	
17. INTEREST RECEIVED THIS REPORTING PERIOD		
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$	100.00
DISBURSEMENTS		
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g.  DONON SHOVE \$ 11. \  SHASHINE FLOWE(S) \$ 30. \  TO(QCT) \$ 30. \  \$ 30. \  \$ 30. \  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	11 59 	
b. Itemized Expenditures (Over \$100 each payee this period)		
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		
20. LOAN REPAYMENTS MADE THIS PERIOD		,
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		<u>13,</u> 760,46
22.IN-KIND CONTRIBUTIONS	$\Theta$	
a. Unitemized in-kind contributions (\$100 or less from each source this period)  b. Itemized in-kind contributions (over \$100 from each source this period)	\$	
the termination (over 4 too work door coulde this period)	Ψ	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	\$_	
23. OBLIGATIONS	$\sim$	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$	
b. Itemized Obligations Outstanding (Over \$100 each)	\$	<u> </u>

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.) ......\$

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDI

1. NAME OF CANDIDATE OR COMMIT	TEE		2. REPORT	AMBUMMISSION
			FROM:	Amongo
3. TOTAL ITEMIZED CAMPAIGN CONT			G PAGE (enter \$0 if first itemized page)	SSION
			TION (contributions totaling more than \$100 from any contribu	tor)
First Name	Middle I	Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name			Primary Election General Election	
Address			Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation				
Employer				
First Name	Middle N	Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name			Primary Election General Election	
Address			Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation	L	<del></del>		
Employer				
First Name	Middle Na	ame	Contribution Received For:	Amount of Contribution
Last Name/Organization Name			Primary Election General Election	
Address		····	Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation				
Employer				
First Name	Middle Na	ame	Contribution Received For:	Amount of Contribution
ast Name/Organization Name			Primary Election General Election	
Address			Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation				
mployer				
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional   (If this is the last page of contributions, this amoun	pages of this form I must be shown in	are used.) n item 15b. of summary.)		

## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR C	COMMITTEE		2. REPORT CO FROM:	MISHG THE PERIOD TO TO COUNTY AMOUNT ISSION
			AGE (enter \$0 if first itemized page)	ATTHOMMISSION
4. COMPLETE THE APPROPRIATE	ITEMS FOR EACH ITE	MIZED IN-KIND COM	TRIBUTION (in-kind contributions totaling more than \$100 from any	contributor during the period)
First Name Middle Name			In-Kind Contribution Received For:  Primary Election General Election	Value of In-Kind Contributio
Last Name/Organization Name			Runoff (Local Elections Only)	
Address			Date of In-Kind Contribution	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution	1
Occupation	Employer		<del></del>	
First Name	Middle I	lame	In-Kind Contribution Received For:	Value of In-Kind Contribution
Last Name/Organization Name			☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Address			Date of In-Kind Contribution	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer			
First Name	Middle N	ame	In-Kind Contribution Received For:	Value of In-Kind Contribution
Last Name/Organization Name			Primary Election General Election	
ddress			Date of In-Kind Contribution	Aggregale this Election
City	State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer			
First Name	Middle Na	ame	In-Kind Contribution Received For:	Value of In-Kind Contribution
ast Name/Organization Name			☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Address			Date of In-Kind Contribution	Aggregate this Election
Dity	State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer			
rst Name	Middle Nar	ne	In-Kind Contribution Received For:	Value of In-Kind Contribution
ast Name/Organization Name	<u> </u>	<del> </del>	Primary Election General Election  Runoff (Local Elections Only)	1
ddress			Date of In-Kind Contribution	Aggregate this Election
ty	State	Zip Code	Description of In-Kind Contribution	<u> </u>
ocupation	Employer			
. TOTAL ITEMIZED IN-KIND CO (Carry forward to item 3. of next page if a	dditional pages of this form a	re used )		
(If this is the last page of in-kind contribution SS-1128 (Rev. 2/06)	ions, this amount must be sh	own in item 22b. of sum	Page H of &	RDA 1159

## ITEMIZED STATEMENT OF EXPENDITURES - CAND

1. NAME OF CAMBIDATE OR COMMITTEE	n Gooda	2. REPORT CO	KENG THE PERIOD
3. TOTAL ITEMIZED CAMPAIGN EXPENDI	AND		
First Name	Middle Name	(expenditures totaling more than \$100 to any payee during the Purpose of Expenditure	
Last Name/Business Name  Address  City  Ci	State Zip Code	- Sweet Jestpolies	Amount of Expenditure
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name  CIR OF N  Address  City M+ Swilt	State Zip Code	m5 paper AP	1,100.04
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Maner Business Name  Address  City  C	State Zip Code	tood Darajon	294.98
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Las Nama Business Name  Address  Address	State Zip Code	Libonon	1575.00
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name Address	State Zip Code	Nel Webb Supplies	100:09
irst Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
ast Name Business Name OStages  ddress  ity UD anam	State Zip Code	Pastage	22370
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount must	of this form are used.) I be shown in item 19b. of summary.)		3481.65

ITEMIZED STATEMENT OF EXPENDITURES CANDIDATE H. OR

1. NAME OF CANDIDATE OR COMMITTEE	300	odali		2. REPORT COVER	NGO PERIOD
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	JRES FRO	M PRECEDING PAGE	(enter \$0 if first itemized pa	ne)	Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR E				<del></del>	iod)
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
i.asyMme/Businest Name  Address			Dost C	Md2	191.19
Ch	J Tema (	Zip Code			•
Tubara	M	Zip Code			
First Name	Middle Nar	ne	Purpose of Expenditure	<b>N</b> (	Amount of Expenditure
Lash Namer Business Name TRACIO	Ó		Radio	HdZ	486.00
"libaran -	State	Zip Code			
First Name	Middle Nar	ne	Purpose of Expenditure	Λ τ	Amount of Expenditure
Last Name Business Name Edge	1		paper	Ha2	21500
Address	<del></del>		1		•
Watertown -	State	Zip Code			
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	<u> </u>				
Address	·· · · · · · · · · · · · · · · · · · ·				
City	State	Zip Code			
First Name	Middle Nam	ė	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
TOTAL ITEMIZED EXPENDITURES     (Carry forward to item 3, of next page if additional pages (if this is the last page of expenditures, this amount must					4373.84

ITEMIZED STATEMENT OF LOANS - CANDIDATE

							***	(L)	62	<u>⊗</u>
1. NAME OF CANDIDATE OR COMMITTEE							2. REPORTING VERING THE PERIOD ERDING FORMALISSION			
1 sterver	(40	/CX	da				EBONTLE	CTION	y q	Pal 15
3. COMPLETE THE APPROPRIATE ITEMS	FOREACH	TITEMIZ	ZED LOAN	(loans totaling r	nore than \$	100 from any s	ource during the	period)	V CIOs	MISSION
Complete the Following for the Source of the Loa	n					aren e Para de la presenta e de la	The second se	1 1 7 1 2 2 2 2 2		e interpretation to enterpretation of the second to
First Name Middle N	ame			Loan Balance	Loa		Loan	(		ing Loan Balance
			1	g of Period) Received Payments			(En	d of Period)		
Service	10,0	$\infty$					U.	COO		
Address Loan Reci					<u> </u>		Date of		<u></u>	1110
City DOOD HISTORY	200000	XI)	Prima	•	•	eral Election		5/5	)	1100
Liet All Ends		$\mathcal{I}$		(Local Elections (						
First Name	Middle Nan		or Above Loa	an (If more space	ce is need	ded please aft	ach a page)			- 100-0 W
	Widdle (Val)	ic		riist Name				Mid	ldle Nam	Đ
Last Name/Organization Name				Last Name/Org	anization N	lame			*****	
Address				Address	······································	<del></del>		<del></del>		
City	State	Zip Co	de	City			· <u>····································</u>	Stat	e	Zip Code
Amount Guaranteed Outstanding	<u> </u>	<u>.</u>		Amount Guarani	leed Outsta	anding				
First Name	Middle Nam	6		First Name				_		***************************************
First Name Middle Name				First Name Middle Name						
Last Name/Organization Name				Last Name/Orga	nization N	ame	······································			<del></del>
Address				Address	·	***************************************		······································	<del></del>	
City	State	Zip Cod	le	City				State	: :	Zip Code
Amount Guaranteed Outstanding				Amount Guarante	ed Outsta	nding			··· - · · · · · · · · · · · · · · · · ·	
First Name	Middle Name	<del>:                                    </del>		First Name			***	l Mido	ile Name	
Last Name/Organization Name				Last Name/Organ	nization Na	ma	···			V 1
					1120110111110	inc				
Address				Address			·	,		
City	State	Zip Code	e	City				State		Zip Code
Amount Guaranteed Outstanding				Amount Guarante	ed Outstan	ding		L		
First Name	Middle Name			First Name		ayes and a system	*************	Middle	e Name	
Last Name/Organization Name				Last Name/Organization Name						
Address				Address	·	W.L.				
City	Ct.	T						,		
	State	Zip Code		City				State		Zip Code
smount Guaranteed Outstanding			A	mount Guarantee	ed Outstand	ding		~	•	
. Totals for all Loans (complete on last page of i	temized loar	is)	(	Outstanding Loan	Balance	Loans	Loa	i de la colonia	Outst	anding Loan Balance
(Total loan payments should also be shown in item 20, on si	otal loans received should also be shown in item 16, on summary page.) otal loan payments should also be shown in item 20, on summary page.) otal outstanding loan balance should also be shown in item 12.e. on front page.)				eriod)	Received	Paym			End of Period)
( rotal doistanding loan balance should also be shown in Item	iz.e. on front pa	age.)								

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE ...

					St.	VED	
1. NAME OF CANDIDATE OR COMM	2. REPORT COVERING THE PERIOD FROM: Debt Incurred This Period This						
	COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED		****	FROM:	ELECTION	, <sup>8</sup> 2016	
COMPLETE THE APPROPRIATE     OBLIGATION (obligations totaling n     person/vendor at the end of the rep	nore than \$100 o	CH ITEMIZED wed to any	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Paynages This Period	Outstanding Balanc (Erid of Period)	
First Name	Middle N	lame					
Last Name/Business Name							
Address							
City	1000	7:01					
	State	Zip Code					
Description of Obligation							
First Name	Middle N	ame					
Last Name/Business Name							
Address							
City	10-1-	7.0.					
	State	Zip Code				-	
Description of Obligation					1		
First Name	Middle Name			144			
Last Name/Business Name	1			İ			
Address		***					
City	State	Zip Code	-				
Description of Obligation							
First Name	Middle Nar	ne					
.ast Name/Business Name	Injudic real						
ast Maine/Dusiness Name							
Address			]				
City	State	Zip Code	1				
Description of Obligation			1		**************************************		
First Name	Middle Nan	ne					
ast Name/Business Name			-		İ		
ddress			1				
Sity	Stale	Zip Code					
	Citato	Zip Gode				<u> </u>	
escription of Obligation							
. TOTALS (Total from Outstanding Balance - (End of Pe in item 23b. on summary page.)	eriod) column must	also be shown					
to the summary page.)			<u> </u>				