CAMPAIGN FINANCIAL DISCLOSURE STATEMENT For State and Local Candidates RECEIVED & RECE

| 1. DATE OF REPORT | 2.a. NAME OF CANDIDATI | | | JAN 26 2021 | | | | |
|---|-------------------------------|-------------------|---------------------------|--------------------------|--|--|--|--|
| 1-16-21 | ED HAGEN | RTY FOR | MAYOR W | ULSON COLINITY | | | | |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE | | | 3. ELECTION DATE | TION COMMISSION | | | | |
| ED HAGERT | -9 | | 2014 | | | | | |
| 4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route | City | State | Zip Code 3712~ 615 | Phone 9/9 //7/9 | | | | |
| 3700 OLD (EBANON D) | | uliel IN | 3/122 6/1 | - 161- 416/ | | | | |
| 4.b. CANDIDATE'S HOME ADDRESS (if differen Street or Rural Route | City | State | Zip Code | Phone | | | | |
| 5. OFFICE SOUGHT (include district number, if | ''' - ' | / 19 | TREASURER (may be ca | andidate) | | | | |
| 7. CATEGORY OR REPORT (Check one) | ., . | 09 171 | 4021-1 | V | | | | |
| FIRST SECOND THIRD QUARTER QUARTER QUARTER | FOURTH PRE- QUARTER PRIMAR | RY GENERAL | MID-YEAR SUPPLEMENTAL | YEAR-END SUPPLEMENTAL | | | | |
| 8.a. BEGINNING DATE OF REPORTING PERIOD | 8.b. EN | NDINGDATE OF REPO | RTING PERIOD | | | | | |
| 9. (Check one) | - L | | | | | | | |
| a. This campaign is exempt from detaile tures total \$1,000 or less for this repo | | | | or less AND expendi- | | | | |
| 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. | | | | | | | | |
| 10. 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. | | | | | | | | |
| to the | 1-11-7-1 | 40-4 | 24. V. | 1-16-21 | | | | |
| signature of candidate | 1-16-2/ date | signature o | Cpolitical treasurer | date | | | | |
| 11. WITNESS SIGNATURE | | | 1 | | | | | |
| Hori Haranda | 1-16-21 | Kala | Hagest | 1-16-21 | | | | |
| signature of witness | date | signat | ture of witness | date | | | | |
| 12. SUMMARY | | | 927/52 | | | | | |
| a. BALANCE ON HAND LAST REPORT | | | \$ 9375.12 | | | | | |
| b. TOTAL RECEIPTS THIS PERIOD | | | \$ 9375. \(\) | | | | | |
| c. TOTAL DISBURSEMENTS THIS PERIOD. | | | .\$ 4375. | | | | | |
| d. BALANCE ON HAND (12.a. plus 12.b. n | ninus 12.c.) | | \$ _ | | | | | |
| e. TOTAL LOANS OUTSTANDING | | | \$ = | 0 | | | | |
| f. TOTAL OBLIGATIONS OUTSTANDING | | | \$ - | 0 | | | | |





SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) 14. REPORT COVERING THE FROM: 7-1-20 [[ONLSON] ED HAGERTY FOR MAYOR RECEIPTS 15. CONTRIBUTIONS (other than loans and interest) a. Unitemized Contributions (\$100 or less from each source this period)\$ b. Itemized Contributions (over \$100 from each source this period)......\$ c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)\$ 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.)\$ DISBURSEMENTS 19. EXPENDITURES (other than loan payments) a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline) Total of Expenditures (\$100 or less each payee)\$ b. Itemized Expenditures (Over \$100 each payee this period)\$ c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)\$ 9375. 20. LOAN REPAYMENTS MADE THIS PERIOD\$ 22. IN-KIND CONTRIBUTIONS 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)......\$ c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)\$____ 23. OBLIGATIONS a. Unitemized Obligations Outstanding (\$100 or less each)\$ b. Itemized Obligations Outstanding (Over \$100 each)\$ TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)\$



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JAN 26 2021

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMITTEE | | ` | | 2. REPORT COVE | ELECTION COMMISS |
|---|----------------|---------------------|---------------------------------------|---|-----------------------|
| ES HAGERTY 1 | TO: 1-15-21 | | | | |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDIT | Amount | | | | |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR | EACH ITE | MIZED EXPENDITURE (| expenditures totaling more than \$100 |) to any payee during the pe | riod) |
| First Name AAT | Middle Name | | Purpose of Expenditure | | Amount of Expenditure |
| Last Name/Business Name GILLS FOR COMMISSIONER | | CONTAIBUTION | | \$ 1600.00 | |
| Address | | | | | |
| City | State | Zip Code | | | |
| First Name | Middle Name | | Purpose of Expenditure | irpose of Expenditure | |
| Last Name/Business Name UNION GROVE FREE | BAPTIST GA | - CHARITA | # 1000 is | | |
| Address | | | CONTRIBUTION | | |
| MONTEREY | State | Zip Code | (02/12/12/12 | | |
| First Name | Middle Na | ame | Purpose of Expenditure | N-10-00-00-00-00-00-00-00-00-00-00-00-00- | Amount of Expenditure |
| Last Name/Business Name NEW HOPE BAPTIST CHURCH | | | | | # 6775.5° |
| Address 6010 S. NEW HOPE RO | | CHARITABLE | | 6113. | |
| HERMITHER | State | Zip Code 37076 | CONTRI | <i>74702</i> | |
| First Name | me Middle Name | | Purpose of Expenditure | | Amount of Expenditure |
| Last Name/Business Name | | | | | |
| Address | | | | | |
| City | State | Zip Code | | | |
| First Name | Middle Name | | Purpose of Expenditure | | Amount of Expenditure |
| Last Name/Business Name | | | | | |
| Address | | | | | |
| City | State | Zip Code | | | |
| First Name | Middle Name | | 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 mus | | | | | #9375.5° |