OCT 10 2014 (

CAMPAIGN FINANCIAL DISCLOSURE STATEMENTHIS

For State and Local Candidates
For Single-Candidate Committees

ror single-c	andidate Committees
1. DATE OF REPORT 2.a. NAME OF	CANDIDATE OR COMMITTEE
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE.
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City Leganon A b. CANDIDATE STREET AND PHONE	State Zip Code Phone 710 37087 65 80 0567
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City	State Zip Code Phone
5. OFFICE SOUGHT (include district number, if applicable) HARMAN WARD 4 7. CATEGORY OR REPORT (Check one)	6. NAME OF POLITICAL TREASURER (may be candidate)
FIRST SECOND THIRD FOURTH QUARTER QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	PRE- PRE- MID-YEAR YEAR-END PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL
JUV 1,2014 9. (Check one)	8.b. ENDING DATE OF REPORTING PERIOD SEPTEMBER 30, 2014
b. This campaign is required to file a detailed financial disc and/or expenditures total more than \$1,000 for this repo	losure because contributions (including in-kind) received total more than \$1,000 rting period.
Financial Disclosure Act. Additionally, I/we swear or affirm that benefit of the candidate or for any other nonpolitical purpose as signature of candidate Additionally, I/we swear or affirm that benefit of the candidate or for any other nonpolitical purpose as a signature of candidate or for any other nonpolitical purpose as a signature of candidate or for any other nonpolitical purpose as a signature of candidate or for any other nonpolitical purpose as a signature of candidate or for any other nonpolitical purpose as a signature of candidate or for any other nonpolitical purpose as a signature of candidate or for any other nonpolitical purpose as a signature of candidate or for any other nonpolitical purpose as a signature of candidate or for any other nonpolitical purpose as a signature of candidate or for any other nonpolitical purpose as a signature of candidate or for any other nonpolitical purpose as a signature of candidate or for any other nonpolitical purpose as a signature of candidate or for any other nonpolitical purpose as a signature of candidate or for any other nonpolitical purpose as a signature of candidate or for any other nonpolitical purpose as a signature of candidate or for any other nonpolitical purpose as a signature of candidate or for any other nonpolitical purpose as a signature of candidate or for any other nonpolitical purpose as a signature of candidate or for any other nonpolitical purpose as a signature of candidate or for any other nonpolitical purpose as a signature of candidate or for any other nonpolitical purpose as a signature of candidate or for any other nonpolitical purpose as a signature of candidate or for any other nonpolitical purpose as a signature of candidate or for any other nonpolitical purpose as a signature of candidate or for any other nonpolitical purpose as a signature or for any other nonpolitical purpose as a signature or for any other nonpolitical purpose as a signature or for any other nonpolitical purpose as a signature or for any other nonpolitical	d in this campaign financial disclosure report is true and that this report is an es required to be reported by the candidate committee by the Campaign to no campaign contributions have been expended for the personal financial sedefined by the federal internal revenue code.
WITNESS SIGNATURE Oquest Hallun 9-10-14 signature of witness date	signature of witness date
2. SUMMARY	114 75
BALANCE ON HAND LAST REPORT TOTAL RECEIPTS THIS PERIOD.	1100000
total receipts this period Total disbursements this period	ILACT Ar
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	0111 7
e. TOTAL LOANS OUTSTANDING	s_O
f. TOTAL OBLIGATIONS OUTSTANDING	



ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE	Low	1				E	ROM; -	14	NG THE PERIOD TO:
3. COMPLETE THE APPROPRIATE ITEMS	FOR EACH	HITEMIZ	ZED LOAN	(loans totaling n	nore than	\$100 from any sour	ce during the	period)	1-201
Complete the Following for the Source of the Loan	า								
First Name Middle N	ame		Outstanding (Beginning	g Loan Balance g of Period)		ceived P	Loan ayments		anding Loan Balance
Last Name/Organization Name					//		ayments	11	(End of Period)
Address of			1 0		71-	swiger.		17/	500,00
511 TERRY Land			Loan Recei		To Ger	neral Election	Date of L	oan 9	15-14
LEBANON State	Zip Code	087	ļ	f (Local Elections (TOTAL ELOCATOR			
List All Endo	rsers or Gua	rantors fo				eded please attac	h a page)		
First Name	Middle Nam			First Name			ra pago)	Middle N	ame
Last Name/Organization Name				Last Name/Orga	anization	Name			
Address				Address					
City	State	Zip Coo	de	City				State	Zip Code
Amount Guaranteed Outstanding		1	-	Amount Guarant	lood Outs	tanding			2.0000
				Amount Guarant	eeu Outs	tanung			
First Name	Middle Name	9		First Name				Middle Na	me
Last Name/Organization Name	•			Last Name/Orga	nization N	Name			
Address				Address					
City	State	Zip Code	е	City				State	Zip Code
Amount Guaranteed Outstanding		<u> </u>		Amount Guarante	ed Outst	anding			
First Name	Middle Name			First Name	<u> </u>			Middle Na	me
Last Name/Organization Name				Last Name/Organ	nization N	ame			
Address									
500000000000000000000000000000000000000				Address					
City	State	Zip Code		City				State	Zip Code
mount Guaranteed Outstanding			ł	Amount Guarantee	ed Outsta	nding		<u> </u>	
irst Name	Middle Name			First Name				Middle Nam	е
ast Name/Organization Name				_ast Name/Organi	zation Na	ime			
ddress				Address					
City	State	Zip Code		City				State	Zip Code
nount Guaranteed Outstanding				mount Guarantee	d Outstan	nding			3
Totals for all Loans (complete on last page of ite	mized loan	9)		Outstandie - L *	Deleg				
Total loans received should also be shown in item 16, on sun Total loan payments should also be shown in item 20, on sun	nmary page.)	0		Outstanding Loan E (Beginning of Pe	riod)	Loans Received	Loan Paymer	Outs	standing Loan Balance (End of Period)
fotal outstanding loan balance should also be shown in item 1.	2.e. on front pag	ge.)		$\overline{}$		4,500,00	10	7	500,00





ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE	um		2. REPORT COV	ERING THE PERIOD
				4 TO: 9-30-14 Amount
TOTAL ITEMIZED CAMPAIGN EXPENDI COMPLETE THE APPROPRIATE ITEMS FOR	REACH ITEMIZED EXPENDITURE	GE (enter \$0 if first itemized pa	age)	
First Name	Middle Name	Purpose of Expenditure	to any payee during the	
Last Name/Business Name Lenawow Democrace Address	1e	- Separation of the separation		Amount of Expenditure
CITYEBANON	State Zip Code 3708 7	ADVCR tisii	V9	650.00
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Byshiess Name DESTGN Address City	State Zip Code 7087	TRUCK SIGN YARD SIGN DOOR HEN	V YX6 NGERS 1	1,482,52
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Pikin Hill WKIGHT Pikin Hill Address	V9	Door Hang Magnets	rels	
Lebanon	State Zip Code 770.87	, , , , , , , , ,	4	477,97
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name				
ddress		Bin Vazi	60016	16
LEGANON	State Zip Code 710 37087	INDEX CA	1205 1205	# 187.49
rst Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
ast Name/Busifiess,Name LEDYNON Post a ddress	FFICE		ē	
LEBANON	State Zip Code 37087	postage	. 4	315,44
rst Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
st Name/Business Name Shell dress 324 W Main St				
	State Zin Code 37687	GAS	B	371.55
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of (If this is the last page of expenditures, this amount must be	f this form are used.) se shown in item 19b. of summary.)		4	3484,97



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

KICKI Itall	MMITTEE UM	2. REPORT	COVERING THE PERIOD
3. TOTAL ITEMIZED CAMPAIGN E	EXPENDITURES FROM PRECEDING	PAGE (enter \$0 if first itemized page)	Amount
4. COMPLETE THE APPROPRIATE IT	TEMS FOR EACH ITEMIZED EXPENDITUR	RE (expenditures totaling more than \$100 to any payee during	the ported)
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address 7 LEEVISTE	Pike	,	
EILYCHTNON	State Zip Code 7	7 GAS	113,54
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address 1309 West May	INST	-	L.
LEMMON	State Zip Code 3 7087	GAS	46.50
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			2.pondicare
Address 29 W Mary			13
CITY	State Zip Code 37087	AMERINAN Flags	21.86
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		1	felt
Address 55 5 Harting	NDR	THOOD COLD	144.10
LEBANDN	State Zip Code 7108 7	HOOD SCREWS	Admin
First Name		THE WALK	
	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Bysiness Name	Middle Name	The state of the s	Amount of Expenditure
Last Name/Business Name Address 5 SOMNOR	Middle Name	The state of the s	Amount of Expenditure
Address 5 Sombor	Middle Name CND State Zip Code 7	Purpose of Expenditure	Amount of Expenditure
Address 5 SOM DOR Sity COMON First Name	land	Purpose of Expenditure Ratchet STRaps Paint	Amount of Expenditure Amount of Expenditure
Address 5 SOM DOR City LOND N First Name ast Name/Husiness Name 1	State Zip Code 7	Purpose of Expenditure Ratchet STRaffs Paint 217 + 1 e S Purpose of Expenditure	\$ 20,28
Address 5 Sombor City London First Name ast Name/Business Name + ddress [] 43 WMQ 1	State Zip Code 7 Middle Name	Purpose of Expenditure Ratchet STRaffs Paint 217 + 1 e S Purpose of Expenditure	\$ 20,28
Address 5 SOMBOR City First Name ast Name/Business Name The Company of the Co	State Zip Code 7 Middle Name	Purpose of Expenditure Ratchet STRaps Paint 217 + 185	\$ 20,28
Address 5 SOMBOR Sity BAIDN irist Name ast Name/Business Name 1 Idress 143 WMQ 1	State Zip Code Widdle Name WSF State Zip Code Zip Code State Zip Code State Zip Code	Purpose of Expenditure Ratchet STRaffs Paint 217 + 1 e S Purpose of Expenditure	\$20,28



ITEMIZED STATEMENT OF EXPENDITURES CANDIDATE

1. NAME OF CANDIDATE OR CO		2. REPORT OF FROM: 71	OVERING THE PERIOD
3. TOTAL ITEMIZED CAMPAIGN E	EXPENDITURES FROM PRECEDING	PAGE (enter \$0 if first itemized page)	14 TO: 9-30-14
4. COMPLETE THE APPROPRIATE IT	TEMS FOR EACH ITEMIZED EXPENDITUR	RE (expenditures totaling more than \$100 to any payee during	#(5/12,4/
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			Amount of Expenditure
Address 303 41 Ma	adulat	Trilal	
City Lebaron	State Zip Code 3708	- Envelopes 2 Supplies	A 25,03
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Deg deg Address	345		
13/1 WEST //	Made ST	Fig. C - de d	#
LEGANON	State Zip Code 3.7087	FOOD FOR SIGN WORK WELLING	725,00
irst Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name			
ddress/20 W Man		1 Forth 6 3 1 000	4
LEDANO N	State Zip Code 5708	TOOD FOR JARD	7.31
rst Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
st Name/Buginess Name LHHNON POS	+ Office		ZAPONIANCE
Jab & Gay	ST		
LESANON	State Zip Code 37087	Mail (Postage)	315.44
t Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Name/Business Name NO MO MO OF	Commence	1	1.4
149 Public S	9	112/	A side and
LES ANO N	State Zip Code 37067	Membership	140.00
	Middle Name	Purpose of Expenditure	Amount of Expenditure
Name/Business Name		Total	2 20/
ess		Total 4285,25	A LA
	State Zip Code	4285,25	
TOTAL ITEMIZED EXPENDITURES		J. The	1446-
Carry forward to item 3. of next page if additional If this is the last page of expenditures, this amou	r pages of this form are used.) Int must be shown in item 19b. of summary.)	The state of the s	136633 1
SS-1129 (Rev. 4/02)		D	