

OCT 27 2014 ~

CAMPAIGN FINANCIAL DISCLOSURE STATEMENTMISSION

For State and Local Candidates

ror Single-Candidate Committees							
10-20-17 KIPK	ANDIDATE OR COMMITTEE						
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE						
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City	1111						
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)	State Zip Code Phone 770 37087 65 830 0 %						
Gity City	State Zip Code Phone						
OFFIGE SQUGHT (include district number, if applicable) CATEGORY OR REPORT (Check one)	6. NAME OF POLITICAL TREASURER (may be candidate)						
FIRST SECOND THIRD FOURTH QUARTER QUARTER OLARTER OLARTER	PRIMARY GENERAL SUPPLEMENTAL CURPLEMENTS						
8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. ENDING DATE OF REPORTING PERIOD						
9. (Check one)	10-25-14						
 This campaign is required to file a detailed financial disclos and/or expenditures total more than \$1,000 for this reporting 	ure because contributions (including in-kind) received total more than \$1,000 g period.						
Financial Disclosure Act. Additionally, I/we swear or affirm that no benefit of the candidate or for any other nonpolitical purpose as dissignature of candidate D	the this campaign financial disclosure report is true and that this report is an required to be reported by the candidate committee by the Campaign of campaign contributions have been expended for the personal financial effined by the federal internal revenue code.						
11. WITNESS SIGNATURE D-J8-14 signature of witness date	Humpledell 10-18-14 signature of witness date						
12. SUMMARY	1111-5						
a. BALANCE ON HAND LAST REPORT	s <u>214.75</u>						
b. TOTAL RECEIPTS THIS PERIOD	\$						
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ 190.00						
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ 24.75						
e. TOTAL LOANS OUTSTANDING	\$_O						
f. TOTAL OBLIGATIONS OUTSTANDING	\$-0						



DCT 97 2014 *

SUMMARY PAGE - CANDIDATE

UUI	2 1	2014	6
WILS	ONC	COUNTY	T. A
ELECTIO	NC	OMMISS	SION

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	E	LECTION COMMIS
FICE FOUTUN	FROM:	ERING THE PERIO
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	7	10-15-14
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.	a printing passage	
LINISAY RAMOR & MODE	J., printing, postage, c	gasoline)
LEMAJON Memorache 501	2)	
SHELL WAST MORN WAS O		
\$ 40.0	O	
\$		
\$		
\$	_	
\$	_	
\$	_	
\$		
Total of Expenditures (\$100 or less each payee)	s 190.00	
b. Itemized Expenditures (Over \$100 each payee this period)		
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		190,00
20. LOAN REPAYMENTS MADE THIS PERIOD		(1)
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		19000
22.IN-KIND CONTRIBUTIONS	\$	1000
a. Unitemized in-kind contributions (\$100 or less from each source this period)\$. 0	
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.)		1
23. OBLIGATIONS	\$	
a. Unitemized Obligations Outstanding (\$100 or less each)\$		
b. Itemized Obligations Outstanding (Over \$100 each)		
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12		
12 (add 25.a. and 25.b.) (must be shown i item 12	T.)\$	





ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1 NAME OF CAMPING					
1. NAME OF CANDIDATE OR COMM	ITTEE			2. REPORT COVE	RING THE PERIOD
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					4 TO:10-25-14 Amount
4. COMPLETE THE APPROPRIATE ITEM:	S FOR FACH I	TEMIZED EXPENDITURE	AGE (enter \$0 if first itemized pa	age)	
First Name / = 1) C// Co	Midd	le Name		0 to any payee during the p	period)
Last Name/Business Name		io Harrie	Purpose of Expenditure		Amount of Expenditure
- Farmer	<u>C</u> .		Hanu 1	<i>c</i>	,
Address 103 Rock	y RI	>	WRIGHT	1 Danie	A con
City Ph AADA	Staje	V 29007087	- Kelver,	HAWKESS	100.00
First Name	4//		on mail	0075	
	Middle	Name	Purpose of Expenditure		Amount of Expenditure
Last Name Business Name 11 MMO	make)	1/2/20 0.0		
Address Addres	1 hou 1	200	- News pape	IL.	Aber
City	State	/ Zip Code	AND		150.00
LETHALN	171	3708/			
First Name	Middle	Vame	Purpose of Expenditure		Amount of Expenditure
Last Nanie/Business Name			-{		A thought of Experionale
Address	11				H
7.3.24 West	Mark		01	1	
LEDANON	State	1 3 708 T	6/15	1	41100
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Fune dis
Last Name/Business Name	ast Name/Business Name		1		Amount of Expenditure
Address			1		
City	State	T			
	State	Zip Code		1	
First Name	Middle Na	me	Purpose of Expenditure		
Last Name/Business Name			Purpose of Expenditure	1	Amount of Expenditure
Address					
City	State	Zip Code			
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure
t Name/Business Name			ľ	amount of Expenditure	
ddress					
ty	State	Zip Code			
. TOTAL ITEMIZED EXPENDITURES	1				
(Carry forward to item 3. of next page if additional page (If this is the last page of expenditures, this amount m	es of this form ar	e used.)	,	A	190.00
Re	I III IIWUII OU SOU	em 130, of Summary,)		7	110.00