

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

RECEIVED
JUL 25 2013
WILSON COUNTY
ELECTION COMMISSION

1. DATE OF REPORT 7/1/2013

2.a. NAME OF CANDIDATE OR COMMITTEE John Wayne Hamblen

2.b. IF COMMITTEE, NAME OF CANDIDATE _____

3. ELECTION DATE _____

4.a. CAMPAIGN ADDRESS AND PHONE
Street or Rural Route 1518 NW Rutland Rd. City McJannet State IN Zip Code 37122 Phone 615 758-2646

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) District 25

6. NAME OF POLITICAL TREASURER (may be candidate) Mrs. G. Dianne Hamblen

7. CATEGORY OR REPORT (Check one)
☐ FIRST QUARTER
☒ SECOND QUARTER
☐ THIRD QUARTER
☐ FOURTH QUARTER
☐ PRE-PRIMARY
☐ PRE-GENERAL
☐ MID-YEAR SUPPLEMENTAL
☐ YEAR-END SUPPLEMENTAL

8.a. BEGINNING DATE OF REPORTING PERIOD _____

8.b. ENDING DATE OF REPORTING PERIOD _____

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.

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.
John Wayne Hamblen signature of candidate _____ date _____
Mrs. G. Dianne Hamblen signature of political treasurer _____ date _____

11. WITNESS SIGNATURE
[Signature] signature of witness _____ date _____
[Signature] signature of witness _____ date _____

12. SUMMARY
 a. BALANCE ON HAND LAST REPORT \$ 6638.98
 b. TOTAL RECEIPTS THIS PERIOD \$ 0
 c. TOTAL DISBURSEMENTS THIS PERIOD \$ 6638.98
 d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) \$ 0
 e. TOTAL LOANS OUTSTANDING \$ 0
 f. TOTAL OBLIGATIONS OUTSTANDING \$ 0



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

RECEIVED
JUL 2 2008
REGIONAL COMMISSION

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVERING PERIOD: FROM: TO: JUL 2 2008	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)			
First Name <i>John</i>	Middle Name <i>Wayne</i>	Contribution Received For:	
Last Name/Organization Name <i>Hamblen</i>		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	Amount of Contribution <i>6638.98</i>
Address		<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution
Occupation			Aggregate This Election
Employer			
First Name	Middle Name	Contribution Received For:	
Last Name/Organization Name		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	Amount of Contribution
Address		<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution
Occupation			Aggregate This Election
Employer			
First Name	Middle Name	Contribution Received For:	
Last Name/Organization Name		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	Amount of Contribution
Address		<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution
Occupation			Aggregate This Election
Employer			
First Name	Middle Name	Contribution Received For:	
Last Name/Organization Name		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	Amount of Contribution
Address		<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution
Occupation			Aggregate This Election
Employer			
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)			<i>6638.98</i>

