CAMPAIGN FINANCIAL DISCLOSURE STA

For State and Local Candidates For Single-Candidate Committees

TEMENS (
WILSON COUNTY LECTION COMMISSION
Phone 415 787 519-989 Phone
be candidate)
YEAR-END L SUPPLEMENTAL
000 or less AND expendived total more than \$1,000
and that this report is an e by the Campaign the personal financial
7-B0-18 date
7.30 y date

	- July 10 - Callulua	e committees	2018
1. DATE OF REPORT 7-30-18	2.a. NAME OF CANDIDATE		WILSOMA
2.b. IF COMMITTEE, NAME OF CANDIDATE	<u> </u>	Sones	LECTION COMMISSIN
		1	SO18
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		412
715 KAlle Cut	city Leb onon	State Zip Coo	Phone Phone
4.b. CANDIDATE'S HOME ADDRESS (if difference)	ent than 4.a.)	1/0	3108/ 519-489
Street or Rural Route	City	State Zip Coo	le Phone
5. OFFICE SOUGHT (include district number,	, if applicable) 6. NAM	ME OF POLITICAL TREASUR	RER (may be candidate)
7. CATEGORY OR REPORT (Check one)	Lo Comm	Bill Jon	25
		φ.	
FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH PRE- R QUARTER PRIMARY		D-YEAR YEAR-END
8.a. BEGINNING DATE OF REPORTING PERIOD		ING DATE OF REPORTING PER	PLEMENTAL SUPPLEMENTAL RIOD
9. (Check one)		7-23-18	
·			
 a. This campaign is exempt from detail tures total \$1,000 or less for this representations. 	ed disclosure because contribution orting period. (Complete items 1	ons (including in-kind) receive	d total \$1,000 or less AND expendi-
 b. 4 This campaign is required to file a de and/or expenditures total more than 	\$1,000 for this reporting period.	se contributions (including in-	kind) received total more than \$1,000
10. I/we do solemnly swear or affirm that the ir accurate accounting of campaign contribution. Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other nor assignature of candidate.	Swear or affirm that no compain	octreported by the candidate of contributions have been expine federal internal revenue co	committee by the Campaign ended for the personal financial de.
	date	signature of political tre	easurer date
11. WITNESS SIGNATURE ALMONA Signature of witness	7-30-18 date	Brendin Gor signature of witner	7.30 / date
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		s	
b. TOTAL RECEIPTS THIS PERIOD		<u>, 52</u>	4.29
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ 52	4.79
d. BALANCE ON HAND (12.a. plus 12.b. mi	nus 12.c.)		s_O
e. TOTAL LOANS OUTSTANDING			\$ 500.00
f. TOTAL OBLIGATIONS OUTSTANDING			\$ 500,00

SUMMARY PAGE - CANDIDATE

MECEIVED

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COLERNOTHE PERIOD
15:11 Jones	FROM: WILSON CRUNTY
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	ELECTION COMMISSION
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	I., printing, postage, gasoline)
\$ 35.0	
\$	
\$	
\$	
	_
\$	
\$	
\$	
Total of Expenditures (\$100 or less each payee)	35.04
b. Itemized Expenditures (Over \$100 each payee this period)\$	48 9.75
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.)	
22.IN-KIND CONTRIBUTIONS	
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)\$	0
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	s _ O
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)\$	0
b. Itemized Obligations Outstanding (Over \$100 each)\$	
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.	s 500 m



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATES OF

NAME OF CANDIDATE OR COMMI	TTEE 13	I mi	ones 2. REPORT C	OVERING THE PERIOD
3. TOTAL ITEMIZED CAMPAIGN CON		· · · · · · · · · · · · · · · · · · ·	G PAGE (enter \$0 if first itemized page)	Amount
4. COMPLETE THE APPROPRIATE ITEMS	FOR EACH IT	EMIZED CONTRIBU	TION (contributions totaling more than \$100 from any cont	ributor
First Name	Middie	Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name 7/N Police 138 Address 2155 Hwy 4	nevo	lent Asi	Primary Election General Election Runoff (Local Elections Only)	 X)
City Mc Down og h	State	Zip Code 3025	Date of Contribution Seely 12th 201	Aggregate This Election
Employer				
First Name	Middle I	Vame	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	ime	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				
rst Name	Middle Nar	ne	Contribution Received For:	Amount of Contribution
ist Name/Organization Name	<u> </u>		Primary Election General Election	
ddress			Runoff (Local Elections Only)	
y	State	Zip Code	Date of Contribution	Aggregate This Election
cupation				
ployer			-	
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pa (If this is the last page of contributions, this amount n	ges of this form an	e used)		

WILSON COUNTY

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS CRANDIDATE

1. NAME OF CANDIDATE	OR COMMITTE	E /));// 5	iones	2. REPORT CO	VERING THE PERIOD		
					L	TO:		
3. TOTAL ITEMIZED IN-KI	ND CONTRIBUT	TIONS FR	OM PRECEDING	PAGE (enter \$0 if first itemized page	9)			
	RIATE ITEMS FOR	R EACH ITE	EMIZED IN-KIND CO	NTRIBUTION (in-kind contributions totaling	more than \$100 from any	contributor during the period)		
First Name		Middle	e Name	In-Kind Contribution Received		Value of In-Kind Contribution		
Last Name/Organization Name			***************************************	<u> </u>	General Election			
Address				Runoff (Local Election Date of In-Kind Contribution	is Only)	Aggregate this Election		
City	City State Zip Code				Description of In-Kind Contribution			
Occupation	Employe	L						
First Name	Appendix of the second of the second	Middle	Name	In-Kind Contribution Received	For:	Value of In-Kind Contribution		
Last Name/Organization Name					General Election	Total of In Tank Sommonson		
Address		····		Runoff (Local Elections	Only)			
	····			Date of In-Kind Contribution		Aggregate this Election		
City		State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer							
F'								
First Name		Middle N	lame	In-Kind Contribution Received F	For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name				Runoff (Local Elections		}		
Address				Date of In-Kind Contribution	Only)	Aggregate this Election		
City	<u> </u>	State	Zip Code	Description of In-Kind Contribution		1 3g- gate was cliquion		
Occupation	Employer	<u> </u>						
irst Name		Middle Na	ame	In-Kind Contribution Received F	or.	Value of In-Kind Contribution		
ast Name/Organization Name					General Election	value of IN-MIND COMMIDDINGS		
				Runoff (Local Elections (Only)			
ddress				Date of In-Kind Contribution		Aggregate this Election		
ity		State	Zip Code	Description of In-Kind Contribution				
ccupation	Employer	<u> </u>						
	The San Control of the San Contr	er Salvert Dy Language Const.						
st Name		Middle Nam	e	In-Kind Contribution Received F		Value of In-Kind Contribution		
st Name/Organization Name					eneral Election			
dress				Runoff (Local Elections Or Date of In-Kind Contribution		Aggreenate this Fleetie		
		State	Zip Code			Aggregate this Election		
supation	Employer		_p 0000	Description of In-Kind Contribution				
	24.0)01							
TOTAL ITEMIZED IN-KIND					en e			
(Carry forward to item 3, of next page (If this is the last page of in-kind cont	e n additional pages o ributions, this amoun	if this form an I must be sho	e used.) Iwn in ilem 22b. of summ	nary.)				
SS-1128 (Rev. 2/06)	770							

Page _____ of ____

RDA 1159

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR C	OMMITTEE 13	` 11'	iones		COVERING THE PERIOD
A TOTAL :				FROM:	TO: Amount
TOTAL ITEMIZED CAMPAIGN COMPLETE THE APPROPRIATE	EXPENDITURES FRO	M PRECEDING	G PAGE (enter \$0 if first item	ized page)	
4. COMPLETE THE APPROPRIATE First Name			and the second control of the second control	a distributiva turkan perjamban keranggalan berata di berata di bijan perjamba	ig the period)
	Middle Nan	ne	Purpose of Expenditu		Amount of Expenditure
Last Name/Business Name	aprint		mai le		
Address			Det	Cards	1174.75
City / O-1	State	Zip Code	1.05/	CUIAS	
Lexington	mt		dani dalah salah sal	Sanggar (1888) sanggar (1885) sanggar (1885) sanggar	
First Name	Middle Nam	e	Purpose of Expenditur		Amount of Expenditure
ast Name/Business Name / / C	Post C	200	First	Class	8-
Address	- 105/ C	144106	Stamps mailer	fac	\$315.00
City	State	Zip Code	- stamps		
•	State	Zip Code	Mailel	Ϋ́ _	
irst Name	Middle Name	and the second of the second	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name /					Amount or Expenditure
tood	10as	· · · · · · · · · · · · · · · · · · ·		nd Food mpaign	K 15-
ddress			For Cu	mpaign	\$35.04
ity	State	Zip Code	use.	•	4
rst Name	Middle Name		Purpose of Expenditure		Amount of Expenditure
ist Name/Business Name					
idress					
ty	State Z	Ip Code			
st Name	Middle Name	the second of the contraction	Purpose of Expenditure		Amount of Expenditure
st Name/Business Name	I				,
dress					
1	1				
	State Zi	p Code			
st Name	Middle Name	in annual distributed agraeful	Purpose of Expenditure		Amount of Expenditure
Name/Business Name		·	_		
ress			_		
		···			
	State Zip	Code			
TOTAL ITEMIZED EXPENDITUI (Carry forward to item 3. of next page if addit	tional pages of this form are use	ed.)			
(If this is the last page of expenditures, this a	amount must be shown in item 1	19b. of summary.)	······································		

ITEMIZED STATEMENT OF LOANS - CANDIDATE 2018

1 NAME OF CANDIDATE OD C	OLINITEE								MOONNIA
1. NAME OF CANDIDATE OR COMMITTEE 12 1/1						2. REPC	RT		OOMMASSK.
13:11 Sones						FROM:		TO:	
3. COMPLETE THE APPROPRIA	ATE ITEMS FOR EA	CH ITEMI	ZEDIOAN	(loans totaling more	than \$100 from any		F 1		
		en e	Spirate	(loans totaling more	man a roo nom any	source during t	ne perioa)	encerered in the last	atalah Bahasaran Shekara
Complete the Following for the Source	e of the Loan Middle Name	*	I Outstand			***************************************			
13:11	F F	_		g Loan Balance ig of Period)	Loans Received	Loan Payments	- 1	/End o) Loan Balance of Period)
Last Name/Organization Name		***************************************	1	0 1	5000	hi			~~~
<u> </u>	mes				0000	0	14	776	200
Address 715 1(911	Cat		Loan Rece	ived For:	**************************************	Date o	f Loan		***************************************
City ,	State Zip Cod	le	Prima	ary Election 🔲	General Election	1 7	- (- 37	1/1
Lebouron	T/U 3	7097	Runot	ff (Local Elections Only)			<u>J</u>	ΟC	110
,	List All Endorsers or G	uarantors fo	r Above Lo	an (If more space is	needed please a	ttach a page)			
First Name	Middle N			First Name		maon a page)		idle Name	
Last Name/Organization Name								MIC IVALING	
cast Name/Organization Name				Last Name/Organiza	ition Name				
Address				Address					
City	State	Zip Co	de	City			Stat	e i	Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed (Outofeeding				
		***************************************		Amount Guaranteed (Juistanoing				
First Name	Middle Na	ame		First Name Middle Name					
ast Name/Organization Name				Last Name/Organizat	ion Name				
Address				Address					
City	State	Zip Code	е	City			State	Zi	ip Code
mount Guaranteed Outstanding		<u></u>		Amount Guaranteed O					
······································				Variouni Godianieeo O	utsianumy				
irst Name	Middle Nar	ne		First Name			Midd	lle Name	
est Name/Organization Name	1			Last Name (Control of					
• · · · · · · · · · · · · · · · · · · ·				Last Name/Organization	in Name				
ddress				Address					
ity									
acy	State	Zip Code		City			State	Z	ip Code
nount Guaranteed Outstanding				Amount Guaranteed Ou	dstanding	· · · · · · · · · · · · · · · · · · ·			
and the second s					Ü				
st Name	Middle Nam	е		First Name Middle Name					*****
st Name/Organization Name				.ast Name/Organization	Maria		<u></u>		
*			ال	.asi ivaine/Organizatior	i wame			-	
dress			———— _A	ddress					
y	State	7in Cod							
	State	Zip Code		City			State	Zip	Code
ount Guaranteed Outstanding			A	mount Guaranteed Out	standing	 .			
otals for all Loans (complete on las	t name of Hominal !-	Marie Marie	-	and a comment of the contract of the contract	en e	- Toronto of the Control of the Cont	Na de Caración de la composición de la	on Chinese	Andrew Christian College Angres (1985)
otal loans received should also be shown in it	em 16 on summary name	1	0	utstanding Loan Baland (Beginning of Period)	ce Loans Received	Loa			ng Loan Balance
otal loan payments should also be shown in it stal outstanding loan balance should also be sl	em 20 oo summary nage.	ì	-	(I/eceive0	Paym	द्याहरू	(End	of Period)
Action of standing loan balance should also be si	www.m.nem 12.6. on front	page.}							

JUL 30 2018

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE OUNT

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
 COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period) 			Outstanding Balance (Beginning of Period)	FROM: Debt Incurred This Period	Payments This Period	Outstanding Baland (End of Period)	
First Name 13:11	Middle	Name /					
Address 715 14011 g City Cloance Description of Obligation	ress 715 14elly Crt Lebonan TIV 37087		7	95000	0	\$500.cc	
First Name	Middle f	macign Name			****	ar i rans and an area	
Last Name/Business Name			_				
Address			_				
City	State	Zip Code					
Description of Obligation							
First Name	Middle N	ame					
Last Name/Business Name							
Address		****	1				
City	State	Zip Code					
Description of Obligation							
First Name	Middle Na	me					
ast Name/Business Name							
ddress							
City	State	Zip Code					
Description of Obligation	<u>. I</u>						
Irst Name	Middle Nan	ne					
st Name/Business Name	<u> </u>						
dress							
ty	State	Zip Code					
scription of Obligation	L						
TOTALS Total from Outstanding Balance - (End of Period) c in item 23b. on summary page.)	olumn must	also be shown				ingeneral description of the second of the s	
X							

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