## CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

		g		- ONIMILIE	EES	JUI 19 7010		
1.	DATE OF REPORT	2.a. NAME OF C	CANDIDATE OR (	COMMITTEE				
1	6-29-18	]	Billy	Klan		WILSON COUNTY		
2.b	. IF COMMITTEE, NAME OF CANDIDATE	1	- I - I - I - I	131119	3. ELECTION DATE	ELECTION COMMISSI		
10	Same 2a  CAMPAIGN ADDRESS AND PHONE				2018			
4.8.	Street or Rural Route	City		04-4	<b>7</b> . 6 .			
	All mis il	City		State	Zip Code	Phone		
	211 Old Harn Springs R.	d Lebano	<sup>7</sup> a	IN	31087	615-642-8456		
4.b.	CANDIDATE'S HOME ADDRESS (if different Street or Rural Route							
	·-	City		State	Zip Code	Phone		
ļ	<u> </u>							
5.	OFFICE SOUGHT (include district number, if	applicable)	6. NAME C	F POLITICAL	TREASURER (may be co	andidate)		
	County Commissioner	ALL 02	Billy King					
7.	CATEGORY OR REPORT (Check one)	1. J.	L		lung			
		П						
	FIRST SECOND THIRD	FOURTH	PRE-	PRE-	MID-YEAR	L_J YEAR-END		
0.5	QUARTER QUARTER QUARTER	QUARTER	PRIMARY	GENERAL	SUPPLEMENTAL	SUPPLEMENTAL		
Q.a.	BEGINNING DATE OF REPORTING PERIOD				RTINGPERIOD			
	3 28-18	ĺ	lo	-30-	18			
9. (C	heck one)							
	<b>156</b> -							
i	a. This campaign is exempt from detailed	disclosure becaus	e contributions (	including in-kir	nd) received total \$1,000	or less AND expendi-		
	tures total \$1,000 or less for this report	ting period. (Comp	lete items 12d.,	12e. and 12f.)				
ı	This campaign is required to file a deta	ailed financial disclo	sure because o	ontributions (in	cluding in kind) received	tatal mara than \$1,000		
	and/or expenditures total more than \$1	,000 for this reporti	ng period.	(II) 6110115 (III)	cidding sir-kind) received	total more than \$1,000		
<del></del> -								
10.	I/we do solemnly swear or affirm that the infe	ormation contained	in this samesim	fin				
	I/we do solemnly swear or affirm that the info accurate accounting of campaign contribution	is and expenditures	required to be a	renorted by the	a candidate committee by	the Compoien		
	Triancial Disclosure Act. Additionally, liwe st	wear or affirm that r	to campaion coi	afributions hav	e heen evaended for the	personal financial		
	benefit of the candidate or for any other nonp	olitical purpose as	defined by the fe	ederal internal	revenue code.			
	signature of candidate	6-29-18 date		13.66	A King	1-22-18		
	signature of candidate	date		signature of	political treasurer	date		
	<i>y</i>			- /				
11. \	WITNESS SIGNATURE					·		
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1			5 4	LIVIL	Kilai	- 10 24 118		
	signature of withess	date	1	) signatu	ire of witness	date		
			¥.	<u>/</u>				
12. S	UMMARY							
	DAY ANGE GIVING A LOCAL TO THE STATE OF THE							
a.	BALANCE ON HAND LAST REPORT				\$ <u> </u>			
	TOTAL TOTAL				100000	:		
b.	TOTAL RECEIPTS THIS PERIOD	•••••••••••••••••••••••••••••••••••••••			s	ļ		
					02014			
C.	TOTAL DISBURSEMENTS THIS PERIOD			9	5 <u>830</u>	ļ		
						1/18/		
d.	BALANCE ON HAND (12.a. plus 12.b. min	us 12.c.)	***************************************		\$ <u></u>	16120		
					***************************************			
e.	TOTAL LOANS OUTSTANDING				rh.	10000		
		**************************			\$	1000		
	TOTAL OBLIGATION :					بنبر		
f.	TOTAL OBLIGATIONS OUTSTANDING	***************************************			\$ —			
						ļ		



## SUMMARY PAGE - CANDIDATE

JUL 9 2018

13. NAME OF CANDIDATE OR COMMITTEE (In Full) 14. REPORT: CECTER INCOMESSED IND 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).....\$ 16. LOANS RECEIVED THIS REPORTING PERIOD ......\$ 17. INTEREST RECEIVED THIS REPORTING PERIOD ...... **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) inting - Yurdstons 4/5/18 - Expresore Adv. 4/12/18 Creative Graphic Code +/13/18 - Signs New - Real 4/20/18 Total of Expenditures (\$100 or less each payee) ......\$ b. Itemized Expenditures (Over \$100 each payee this period) \$ 838.14 c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) .......\$ 838, 24 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)......\$ 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) ......\$ c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.) ......\$





## ITEMIZED STATEMENT OF LOANS - CANDIDATE WILSON COUNTY

COMPLETE THE APPR Complete the Following for the	OR COMMITTEE		99				2. REPO FROM: 3-7	RT COV	ERING THE PERIO		
Complete the Fall	OF NATESTEWS F	OKE	ACH ITEM	ZED LO	AN (loans totaling)	more than \$100 from an	y source during t	ne period)	6-30-1		
Complete the Following for the First Name	Source of the Loan Middle Nam					- The second	e en	Patricker opensymber	e del magnetido em ser prima del presentante de mestido en estado en estado en estado en estado en estado en e En entre en		
Billy	1 1	。 ~~/		Outstan (Begin	ding Loan Balance ining of Period)	Loans	Loan	Oi	itstanding Loan Balance		
Last Name/Organization Name		41		1	<b>~</b>	Received	Payments		(End of Period)		
Address	211 Old Hose Soci - al			<u> </u>	0	100000	$\Theta$		10000		
211 016 Ho				1	ceived For:	Date of Loan 4-3-18					
City	State	Zip Cod		1		☐ General Election					
LOUGHEN	Liet All Endang	27	1087	☐ Ru	noff (Local Elections O	nly)	1 4	4-3.	-18		
First Name	LIST AIR ETIODISE	ers or G	uarantors fo	r Above i	oan (If more space	e is needed please a	ttach a page)		70		
Last Name/Organization Name	whose warle				First Name			Middle Name			
Last Marile/Organization Name					Last Name/Organ	nization Name					
Address					Address						
City				_	Address		·				
·	5	tate	Zip Cod	e	City			State	Zip Code		
mount Guaranteed Outstanding				<del></del>	Amount Guarantee	od Outobouding			Zip Gode		
irst Name	Name Middle Name				Sub-Birde	o Oustanding					
	147	iddie Nai	me		First Name			Middle N	ame		
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ddress					Last Name/Organiz	ation Name					
					Address	<del>*************************************</del>					
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The state of the s	The state of the s				Amount Guaranteed	Outstanding					
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					Address						
	State		Zip Code		City						
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				ľ	mount Guaranteed O	utstanding					
Vame	Middle	Name	an de la companya de	F	irst Name	er e	× / ** - * * * * * * * * * * * * * * * *				
Name/Organization Name								Middle Name			
ss				[4	ast Name/Organizatio	n Name					
				Ac	idress						
	State		Zip Code	Ci	hu						
Guaranteed Outstanding							St	ate	Zip Code		
				An	ount Guaranteed Out	standing					
Is for all Loans (complete on loans received should also be shown			)	Ou	Istanding Loan Baland	ce Loans	er a sammas names sun signam.	er englishmen partie	ger and the other transfer and the same the same and the		
				<u> </u>	Beginning of Period)	Received	Loan Payments	Outst	anding Loan Balance End of Period)		
utstanding loan balance should also b	e snown in item 12.e. on f	ront page	e.)	- 1				1			