CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

	or State and r Single-Ca				Chemina Chemina Chemina Chemina Chemina	L 27 2016 <
1. DATE OF REPORT 7-25-16	ver	WILSON COUNTY ELECTION COMMISSION				
2.b. IF COMMITTEE, NAME OF CANDIDATE Ronald A. M & Carve R	Konald 			3. ELECTION 8 - 4 -		
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route 102 Hartman DR. Sc	city aite G. Le	ebanon	State	Zip Code 37087		Phone - 286 -6849
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route 460 Peyton Rd	t than 4.a.) City -Chanon	-	State	Zip Code 37 <i>0</i> 87	F	Phone 286 - 6849
5. OFFICE SOUGHT (include district number, if Lebanon Special School D. 7. CATEGORY OF REPORT (Check one)			F POLITICAL	TREASURER (m		
FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH QUARTER	PRE- PRIMARY	FRE- GENERAL	MID-YEA SUPPLEME		YEAR-END UPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD 7 - \(\cdot - \) 9. (Check one)			-25-1	ORTINGPERIOD		
 b. This campaign is required to file a deta and/or expenditures total more than \$^{10}\$. 10. I/we do solemnly swear or affirm that the infaccurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we statement of the candidate or for any other none. 	1,000 for this report formation contained ns and expenditures swear or affirm that	ting period. d in this campaig s required to be in the compaign corrections.	n financial dis reported by th	sclosure report is ne candidate comi	true and the	at this report is an
Stigffature of cendidate	7-25-16 date	_{	Seife signature o	of polifical treasure	2 N	7-25-16 N-175/16
11. WITNESS SIGNATURE Ley Ley D. Marten signature of witness	7-25-16 date		Senda signat	D. Macl ture of witness	fun_	7-25-16 date
12. SUMMARY				110, 17		
a. BALANCE ON HAND LAST REPORT				\$ 446 -		
b. TOTAL RECEIPTS THIS PERIODc. TOTAL DISBURSEMENTS THIS PERIOD				\$ 530. P	7	
d. BALANCE ON HAND (12.a. plus 12.b. mir				. Ф майт. — — — — — — — — — — — — — — — — — — —	 s <u>2</u> 6	09.10
e. TOTAL LOANS OUTSTANDING	,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0-
f. TOTAL OBLIGATIONS OUTSTANDING		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			\$	0-



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									JUL 2720	
ITEMI	ZED S	TAT	EMEN	IT OF I	LOA	NS -	CAND	IDA	TELSON COU	
1. NAME OF CANDIDATE OR COMMI	TTEE		•				2. REPORT	COVE	LECTION COMM RING THE PERIOD	
Mª Carver For	School	Ba	od /	757			FROM: 7-/-/	·	7-25-16	
3. COMPLETE THE APPROPRIATE IT	EMS FOR EA	CH ITEM	ZED LOAN	(loans totaling m	ore than	\$100 from any s	ource during the	period)	1/-43-16	
Complete the Following for the Source of the	Loan	metroje su kantos siste			reconstitutions.	nto i minimpopopio instito	- Brown of the Bound of the Con-			
41 : 1	dle Name	*****		Loan Balance of Period)		ans eived	Loan Payments	Out	standing Loan Balance	
Last Name/Organization Name	/7		_ ` · · ·	·					(End of Period)	
MEGRYER Address			B 22			1	226.30		- 0 -	
460 Peyton Rd.	· · · · · · · · · · · · · · · · · · ·		Prima		☑ Gen	eral Election	Date of Lo	an		
Lebanon Ti		le 187	☐ Runoff	(Local Elections C			5-	6-1	l _a	
			or Above Lo	an (If more spac	e is nee	ded please at	tach a page)	<u>. , </u>	<i>y</i>	
First Name				First Name				Middle	Name	
Last Name/Organization Name	I			Last Name/Orga	nization h	Name				
Address			····	Address		······································			·	
City	State	7:- 0	odo.							
	State	Zip C	ooe	City				State	Zip Code	
Amount Guaranteed Outstanding				Amount Guarante	ed Outst	anding		·••···································		
First Name	Middle Name			First Name				Middle Name		
Last Name/Organization Name										
-	-			Last Name/Orgar	ization N	ame				
Address				Address					······································	
City	State	Zip Co	de	City		**		State	Zip Code	
mount Guaranteed Outstanding				Amount Guarante	ed Outsta	ınding		<u> </u>		
irst Name	Middle Na									
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ast Name/Organization Name				Last Name/Organi	zation Na	ime				
Address				Address		***************************************				
City	State	Zip Coo	le	City				State	Zip Code	
mount Guaranteed Outstanding				Amount Guarantee	d Outstar	ndina				
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nount Guaranteed Outstanding	Ottale	21p 000			0.1	1.		State	Zip Code	
egyas arabatan sa arabatan	de program de Mellerong yezhoù en esperad		Å	mount Guaranteed	Outstand	ding				
Totals for all Loans (complete on last page Total loans received should also be shown in item 16.	on summary page	٠ .	C	outstanding Loan B (Beginning of Pe	,	Loans	Loan		outstanding Loan Balance	
Total loan payments should also be shown in item 20.	page	1	L.	∴ roguming OF C€	ivu)	Received	Paymen	is I	(End of Period)	