CAMPAIGN FINANCIAL DISCLOSURE STATEMENT (4) Enr. State and Local Candidates 00T 4 2018 (2018)

1 DATE OF DEPOSIT		naldate Co		es WILSO	N COUNTY
1. DATE OF REPORT		CANDIDATE OR COM			COMMISSION
2.b. IF COMMITTEE, NAME OF CANDIDATE	Electron	Campui	in for	Al Rote	for Truste
Az L. Perter, J.				3. ELECTION DAT	E
4.a. CAMPAIGN ADDRESS AND PHONE				Mys o	3018
Character D. C. D	City	s	State	Zip Code	Phone
424 W Main &	Lebono	n T	,		115-973-258
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	than 4.a.) City	···			113-112-236
Vine	City	51	tate	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if a	applicable)	6. NAME OF P	POLITICAL TE	REASURER (may b	did-1-1
Wilson County Trus		1 7	ica Per	ZZ	е салакате)
7. CATEGORY OR REPORT (Checkone)			C > C 3	CR.	
FIRST SECOND THRO	L_J FOURTH	□ PRE-	PRE-	☐ MID-YEAR	YEAR-END
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY G 8.b. ENDING DAT	SENERAL E OE DEDORT	SUPPLEMENTAL	SUPPLEMENTAL
7-24-18		\sim	0 - 18	INGPERIOD	
9. (Check one)			0110		
a. This campaign is exempt from detailed of tures total \$1,000 or less for this reporting	disclosure because	e contributions (incl.	luding in-kind)		
	(- Tp.	126., 126	5. aliu 121.)		
 This campaign is required to file a detailed and/or expenditures total more than \$1,0 	ed financial disclos	sure because contri	ibutions (inclu	dina in-kind) receiv	ad total more than \$1,000
and/or expenditures total more than \$1,0	000 for this reporting	ng period.	· · · · · · · · · · · · · · · · · · ·	ung in kina, 1000iv	ed total more than \$1,000
I/we do solemnly swear or affirm that the infor accurate accounting of campaign contributions Financial Disclosure Act. Additionally, I/we swebenefit of the candidate or for any other nonpolesisgnature of candidate	ear or affirm that a	o campaign contrib lefined by the federa	putions have be ral internal rev	andidate committee	by the Campaign ne personal financial
11. WITNESS SIGNATURE				γ	
h. of the	/ /	\bigcirc	1-F /-	11	
signature of witness	/0 - 4/- 18 date	-(1)	n.16	rilee	10-4-18
	uate		signature (of witness	date
12. SUMMARY					ν.
a. BALANCE ON HAND LAST REPORT			\$ _	155.94	1/20
b. TOTAL RECEIPTS THIS PERIOD			\$ 	6.00	4
c. TOTAL DISBURSEMENTS THIS PERIOD		·····	\$ —	153.96	
d. BALANCE ON HAND (12.a. pius 12.b. minus	: 12.c.)			\$ <u>-</u>	0.00
e. TOTAL LOANS OUTSTANDING	Junated (to car	ya-g	~ \$_	1344.04
f. TOTAL OBLIGATIONS OUTSTANDING					

ITEMIZED STATEMENT OF LOANS - CANDIDATE UNTY

							MIT20W GOOM				
1. NAME OF CANDIDATE OR COMMITTEE						2. REPORE GOVERING THE PERIO					
Electron Companyator Al Porta for Truste. 3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any							FROM	:	TO:	ITIL I LINIOD	
Lection Campa	~2~5~7	Tor for	1000	-tector	- Z	ruste.	7	W- 18) 9.	-30.18	
3. COMPLETE THE APPROPRIATE IT	EMS FOR E	ACH ITEM	IZED LOAI	V (loans totaling)	more tha	an \$100 from ar	ny source duri	na the period	1)	<u> </u>	
Complete the Following for the Source of the		reaction of Contraction of Contracti	e egypte for eight of the contragent of	er mess-billion-ress in resignasió	lain, antij,	nidaniké magazintása.	need the second		1 second lines processes		
First Name Mid	idle Name		Outstandir	ng Loan Balance	T	Loans	Loan		Outstanding	Loop Polones	
AL	((Beginning of Period) Received			Loan Outstanding Loa Payments (End of Pe				
Last Name/Organization Name				1500.00							
Address			nwaa	onated to 155.94 1344.0							
Address 424 W Mare St City State Zip Code 700 37057			,	Pale of Loan							
City, State	State Zip Code 7V 37087 D				Primary Election Seneral Election 3-5-18						
Lebonon 7	W 37	W87	Runo	Runoff (Local Elections Only)				3-3-78			
List All									· · · · · · · · · · · · · · · · · · ·		
First Name			IOI ADOVE LO	an (if more spac	ce is ne	eded please	attach a pa	ge)		44450, 11 444 A. I	
	rist Name Middle Name			First Name				Mis	ddle Name		
Last Name/Organization Name				Last Name/Organization Name							
Address				Address							
City	State	Zip Ci	ode	City				Sta	te Z	ip Code	
Amount Guaranteed Outstanding											
				Amount Guarant	eed Out	standing					
First Name	First Name Middle Name			First Name Middle Name							
								IVIIU	are ivaine		
Last Name/Organization Name				Last Name/Orga	nization	Name					
Address				Address							
City											
City	State	Zip Cod	de	City				State	∋ Zip	Code	
Amount Guaranteed Outstanding											
				Amount Guarante	ed Outs	tanding					
First Name	Middle Na	2000		P' AAI							
	, modic ite	JINIC .		First Name Middle Name							
Last Name/Organization Name	······································	· · · · · · · · · · · · · · · · · · ·		Last Name/Organi	zation N	lame					
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Address				Address			· · · · · · · · · · · · · · · · · · ·	·			
City											
City	State	Zip Code	e	City				State	Zip	o Code	
mount Guaranteed Outstanding											
-··· <i>a</i>			ľ	Amount Guarantee	o Outsta	anding					
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	Middle Nar	me	[1	First Name				Middle	e Name		
ast Name/Organization Name		···.		ast Name/Organiz	ation M		·				
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Address				ddress							
City	State	Zip Code	C	City				State	Zip C	`orle	
nount Guaranteed Outstanding	<u> </u>	— ——	<u> </u>					State			
			l ^A	mount Guaranteed	Outstar	nding					
Totals for all Loans (complete on last page o	of itemized lo	sne)		and a profession and a second	and the same	a de la companya de	and the great filters of	and the second second			
total loans received should also be shown in item 16, on summary page t			lo	utstanding Loan Ba (Beginning of Peri		Loans		oan		g Loan Balance	
lotal loan payments should also be shown in item 20 in	anen Visimmilia n	i	一			Received		ments		of Period)	
fotal outstanding loan balance should also be shown in item 12.e. on front page.)				15000	20		1/53	5.96	134	4.04	