CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

| CAMPAIGN FII | | . DISCLOS d Local Candid | | FFR - 8 2019 |
|---|--|---|-------------------------|---------------------------|
| | | ndidate Comm | | 3; |
| 1. DATE OF REPORT | 2.a. NAMEOFO | ANDIDATE OR COMMITTE | | ELECTION COMMISSION |
| | _ Cabri | na Sea | ۸ | |
| .b. IF COMMITTEE, NAME OF CANDIDAT | E | _ | 3. ELECTION D | ATE |
| a. CAMPAIGN ADDRESS AND PHONE | | | Nov. | 2018 |
| Street or Rural Route +30 S. Green wood | Ave Leba | State | Zip Code | Phone 6155474012 |
| b. CANDIDATE'S HOME ADDRESS (if diffe Street or Rural Route | erent than 4.a.) City | State | Zip Code | Phone |
| OFFICE SOUGHT (include district number of Ward Alderman | er, if applicable) | 6. NAME OF POLITIC | CAL TREASURER (may | |
| CATEGORY OR REPORT (Check one) FIRST SECOND THRE QUARTER QUARTER QUARTER BEGINNING DATE OF REPORTING PERIOD | ER QUARTER | PRE- PRIMARY GENER 8.b. ENDING DATE OF R | MID-YEAR AL SUPPLEMENT | YEAR-END |
| 10-28-18 | | | 5-19 | |
| (Check one) |) | 1-1 | 5-14 | |
| I/we do solemnly swear or affirm that the accurate accounting of campaign contrib Financial Disclosure Act. Additionally, I/A benefit of the candidate or for any other resignature of candidate. | utions and expenditures we swear or affirm that r | required to be reported by the campaign contributions defined by the federal inte | y the candidate committ | on by the Compoien |
| MUTNIFECCIONATURE | | | | |
| WITNESS SIGNATURE Signature of witness | eary 2/8/15 | Jan Jan Sig | Madure of witness | <u>ુ . ૪ - ૧૦</u> date |
| SUMMARY | | | 000 - | |
| a. BALANCE ON HAND LAST REPORT. | | | | |
| b. TOTAL RECEIPTS THIS PERIOD | | | _ | |
| c. TOTAL DISBURSEMENTS THIS PERIOD | o | | <u>983.50</u> | <u> </u> |
| d. BALANCE ON HAND (12.a. plus 12.b. | minus 12.c.) | | | \$0.00 |
| e. TOTAL LOANS OUTSTANDING | | | | § D . D O |
| f. TOTAL OBLIGATIONS OUTSTANDING | | | | \$0.00 |



SUMMARY PAGE - CANDIDATE

FEB -8 2019

| 1: | / | | YERING THE PERIO |
|---------|---|---|------------------|
| | RECEIPTS 5. CONTRIBUTIONS (other than loans and interest) | 248 1865 CT | du catheble |
| | a. Unitemized Contributions (\$100 or less from each source this period)\$ | 0 '00 | |
| | b. Itemized Contributions (over \$100 from each source this period)\$ | | |
| | c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) | | |
| 1,6 | LOANS RECEIVED THIS REPORTING PERIOD | | |
| ! | 7. INTEREST RECEIVED THIS REPORTING PERIOD | | |
| 1 | 3. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) | | _ |
| | ISBURSEMENTS | | 3 <u>U.UU</u> |
| | EXPENDITURES (other than loan payments) | | |
| ĺ | and the second of the control of the | | |
| | a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., p | | , gasoline) |
| | supplies \$ 16.72 | - | |
| | \$ | | |
| | \$ | | |
| | * | | |
| | * | | |
| | <u> </u> | | |
| | \$ | | |
| | \$ | | |
| | | | |
| T | Fotal of Expenditures (\$100 or less each payee)\$ | 16.72 | |
| b. | Itemized Expenditures (Over \$100 each payee this period)\$ | 0.00 | |
| C. | TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) | ····· | <u>s</u> 16.72 |
| 20. | LOAN REPAYMENTS MADE THIS PERIOD | | s 966.78 |
| 21. | TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) | *************************************** | s 98350 |
| 22 | .IN-KIND CONTRIBUTIONS | | |
| a. | Unitemized in-kind contributions (\$100 or less from each source this period)\$ | 00.0 | <u></u> |
| b. | Itemized in-kind contributions (over \$100 from each source this period)\$ | 0 . C | |
| C. | TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) | | \$0.00 |
| 23. | OBLIGATIONS | | |
| a. | Unitemized Obligations Outstanding (\$100 or less each) | 0.00 | _ |
| b. | Itemized Obligations Outstanding (Over \$100 each) | 0.00 | |
| C. | TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.) |) | \$ (0.00 |



ITEMIZED STATEMENT OF EXPENDITURES LECTON TO NOT EXPENDED AT EXPENDITURES LECTON TO NOT EXPENDITURES L

| 1. NAME OF CANDIDATE OR CO | OMMITTEE | | | 2. REPORT COV | ERING THE PERIOD | | |
|--|---|--|--|--|--|--|--|
| | | | | 16928 18 | TO: 1 15 19 | | |
| 3. TOTAL ITEMIZED CAMPAIGN 4. COMPLETE THE APPROPRIATE | EXPENDITURES F | ROM PRECEDIN | NG PAGE (enter \$0 if first itemized page) | age) | 16.72 | | |
| First Name | | e Name | TURE (expenditures totaling more than \$10 Purpose of Expenditure | 0 to any payee during the p | etata (anti-anti-anti-anti-anti-anti-anti-anti- | | |
| Last Name/Business Name | | | ' | | Amount of Expenditure | | |
| Address S. Green wood swe | | | <u>supplies</u> | Supplies | | | |
| | | | | | 16.72 | | |
| Lebanon | State | 3 7 08 | 9 7 | | | | |
| First Name | Middle | | Purpose of Expenditure | estados de la serio de la comerción de la come | Amount of Expenditure | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| | | | | | | | |
| First Name | Middle N | lame | Purpose of Expenditure | and the second of the second o | Amount of Expenditure | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| | | | | | | | |
| irst Name | Middle Na | me | Purpose of Expenditure | | Amount of Expenditure | | |
| ast Name/Business Name | | | | | | | |
| ddress | | | | | | | |
| ity | State | Zip Code | | | | | |
| and the second s | and the first and an arrange of the state of | | | | | | |
| rst Name | Middle Nan | ne | Purpose of Expenditure | | Amount of Expenditure | | |
| st Name/Business Name | | | | | | | |
| ldress | | | ***** | | | | |
| у | State | Zip Code | | | | | |
| rst Name | Middle Nam | e | Purpose of Expenditure | | Amount of Expenditure | | |
| t Name/Business Name | | | | ľ | The individual in the individual individual in the individual individ | | |
| ress | | | | | | | |
| , | State | Zip Code | | | | | |
| | Civito | Lip Gode | | | | | |
| TOTAL ITEMIZED EXPENDITUR (Carry forward to item 3, of next page if additional filt this is the last page of expenditures, this are | onal pages of this form ar | e used.) em 19b. of summarv.) | | | 16.72 | | |
| | | | | | | | |

RECEIVED

FEB -8 2019

ITEMIZED STATEMENT OF LOANS - CANDIDATESON COUNTY

| | | | | | | | | <u>ب</u> الما الما | CHON COMMISSIO | |
|--|---|-------------------|---------------------------------------|-------------------------------------|-------------|-------------------|--------------------------|--|---|--|
| 1. NAME OF CANDIDATE OR COMMI | | | | | | | | COVER | RING THE PERIOD | |
| Cabrina Sez | ux | | | | | 1.5 | ROM: D/2 8 | liB | 10116/19 | |
| 3. COMPLETE THE APPROPRIATE IT | EMS FOR EAC | CHITEMI | ZED LOAN | (loans totaling m | ore than \$ | 100 from any sou | rce during the | period) | | |
| Complete the Following for the Source of the | e Loan | **** | | | | | | | | |
| フォト・・ | ddle Name | | Outstanding (Beginning | Loan Balance of Period) | Loa Rece | 1 | Loan Payments | Outs | standing Loan Balance (End of Period) | |
| Last Name/Organization Name | | **** | 96 | 1. 79 | ρ, | 00 9 | 66.7 | 8 | 0.00 | |
| beary (datases | | | Loan Receiv | 4 ·1 Q | | | | | | |
| 120 S. Green | dood | Ave | 1 | y Election | Gene | ral Election | Date of Lo | oan | | |
| Lebaum T | | 87 | | , (Local Elections (| | | | | | |
| List Al | Endorsers or G | uarantors f | | | | led please atta | ch a page) | | | |
| First Name | Middle N | SACTOR CASTOR CO. | | First Name | | | Name of the last | Middle | Name | |
| Last Name/Organization Name | | | | Last Name/Org | anization N | lame | | | | |
| | | ·-···· | | <u> </u> | | | | | *** | |
| Address | | | | Address | | | | | | |
| City | State | Zip Ci | ode | City | | | | State | Zip Code | |
| Amount Guaranteed Outstanding | *************************************** | | | Amount Guaran | teed Outsta | anding | | | | |
| First Name Middle Name | | | | First Name Middle Name | | | | | | |
| Last Name/Organization Name | | | | Last Name/Organization Name | | | | | | |
| Address | | | Address | | | | | | | |
| City | State | Zip Co | de | City State Z | | | | | Zip Code | |
| Amount Guaranteed Outstanding | | | | Amount Guarant | eed Outsta | nding | | | | |
| First Name Middle Name | | | Belle Service Control Section | First Name Middle Name | | | | | | |
| Last Name/Organization Name | | | | Last Name/Organization Name | | | | | | |
| Address | | | · · · · · · · · · · · · · · · · · · · | Address | | | | ************************************** | | |
| City | State | Zip Co | de | City State Zip Cod | | | | | | |
| Amount Guaranteed Outstanding | | " | | Amount Guarante | eed Outsta | nding | | | | |
| First Name Middle Name | | | | First Name Middle Name | | | | | | |
| Last Name/Organization Name | | | | Last Name/Organization Name | | | | | | |
| Address | | | | Address | | w | | | | |
| City | Stale | Zip Coo | de | City | | | | State | Zip Code | |
| Amount Guaranteed Outstanding | | | | Amount Guarante | ed Outstar | oding | | 1 | | |
| 4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in Item 16, on summary page.) | | | | Outstanding Loar (Beginning of F | | Loans Received | Loai Paym | | Outstanding Loan Balance (End of Period) | |
| (Total loan payments should also be shown in item 2 (Total outstanding loan balance should also be shown | | | | 966. | 78 | 00.00 | 966 | 36. | 0.00 | |
| | | | | | ***** | | | | | |