CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For	Single-Cand	idate Committ	ees Ameu	dod
1. DATE OF REPORT		DIDATE OR COMMITTEE	1	great
2.b. IF COMMITTEE, NAME OF CANDIDATE	L HIDE	He STATON	3. ELECTION DATE	
4.a. CAMPAIGN ADDRESS AND PHONE	,		1 Nov 6	2012
Street or Rural Route	City	State	Zip Code	Phone
4.b. CANDIDATE'S HOME ADDRESS (if different	hebaum than 4.a.)	IN	37087 61	54492473
Street or Rural Route	City	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if		NAME OF POLITICAL	TREASURER (may be c	andidate)
7. CATEGORY OR REPORT (Check one)	5 m	Ranpsa	Shipman	
FIRST SECOND THIRD QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER PR	PRE- PRE- LIMARY GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
7-1-2012	8.b	ENDING DATE OF REPO	RTINGPERIOD OF A CONTROL OF A C	COLL ELINEIAIME
9. (Check one)				
 This campaign is exempt from detailed tures total \$1,000 or less for this report 	disclosure because coring period. (Complete	ntributions (including in-kir	nd) received total \$1,000	or less AND expendi-
 This campaign is required to file a deta and/or expenditures total more than \$1 	iled financial disclosure	hoosuss sentilled as		total more than \$1,000
10. I/we do solemnly swear or affirm that the info accurate accounting of campaign contributions. Financial Disclosure Act. Additionally, I/we sw benefit of the candidate or for any other nonposition of the candidate.	year or affirm that no an	ampaign contributions have	candidate committee by	that this report is an the Campaign personal financial date
11. WITNESS SIGNATURE)		
signature of witness	1-16-13 date	Signatu	re of witness	1-112-13 date
2. SUMMARY				
a. BALANCE ON HAND LAST REPORT		\$	- 0 -	
b. TOTAL RECEIPTS THIS PERIOD		\$	-0-	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$		
d. BALANCE ON HAND (12.a. plus 12.b. minus	s 12.c.)		\$	-0-
e. TOTAL LOANS OUTSTANDING			····· \$	-0-
f. TOTAL OBLIGATIONS OUTSTANDING				-0-



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) 14. REPORT COVERING THE PERIOD nnette FROM: 7-1-12 TO: 10-10-12 RECEIPTS 15. CONTRIBUTIONS (other than loans and interest) a. Unitemized Contributions (\$100 or less from each source this period)\$ ____ 0___ 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\$ _ - δ -**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) Total of Expenditures (\$100 or less each payee)\$ b. Itemized Expenditures (Over \$100 each payee this period)\$ 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)......\$ 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)\$______\$ Itemized Obligations Outstanding (Over \$100 each)\$____ 0 TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)\$

mended

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE	E Shifterd		2. REPORT CO	VERING THE PERIOD
3. TOTAL ITEMIZED CAMPAIGN CONTRIB	0	DIOE / A AND	FROM: 7 - 12	12 TO: 10-10-17
COMPLETE THE APPROPRIATE ITEMS FOR First Name	R EACH ITEMIZED CONTRIBUTION	PAGE (enter \$0 if first itemized p	page)	
First Name	Middle Name	Contribution Received For:	\$ 100 from any contrib	Amount of Contribution
Last Name/Organization Name	er of Police	Primary Election	General Election	Amount of Continbution
Address P. OBOX 2275		Runoff (Local Election	ns Only)	3500
Occupation Occupation	Slate Zip Code 3768	Date of Contribution		Aggregate This Election
Employer		9-14-	12	
First Name III & Ranesa	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name Shipma	in	Primary Election	General Election	\$ 50000
Address 415 Nathan 5	ot land	Runoff (Local Elections	Only)	
h-Cbann Occupation	State Zip Code 3708	-		Aggregate This Election
Employer MA Co.		9-15	- 2012	
First Name -	T			
Joremen Laura	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name Stafford Address 1 2			General Election	150000
1231 Murray Ut	State Zip Code	Runoff (Local Elections	Only)	
Decupation Decupation	State Zip Code 37087	Date of Contribution		Aggregate This Election
mployer		9-15-	2012	
IN ISSAN				
ast Name/Organization Name	Middle Name	Contribution Received For:		Amount of Contribution
Stattord		Primary Election G	eneral Election	\$ 0 = 200
601 C.L. Manier	Note 7 o 1	Runoff (Local Elections O	nly)	290
cupation /	State Zip Code 37087	Date of Contribution	1	Aggregate This Election
ployer N 155 av		9-1-2	2012	
TOTAL ITEMIZED CONTRIBUTIONS				
(Carry forward to item 3. of next page if additional pages of the (If this is the last page of contributions, this amount must be	nis form are used.) shown in item 15b. of summary.)		e	27000
SS-1131(Rev. 2/06)		Page	3 of 7	

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

						FROM: 7112	VERING THE PERIOD
3. TOTAL ITEMIZED IN-K	(IND CONTRI	BUTIONS I	FROM D	DECEDING D	AGE (enter \$0 if first itemized page	1 1 1 6	TO: 10101
4. COMPLETE THE APPROI	PRIATE ITEMS	FOR EACH	ITEMIZE	D IN-KIND CON	TRIBUTION (in-kind contributions totaling in	P)	
First Name		Mic	ddle Name				contributor during the period)
Last Name/Organization Name					In-Kind Contribution Received Primary Election	For: General Election	Value of In-Kind Contri
- gameatan Hamo					Runoff (Local Election		1
Address					Date of In-Kind Contribution	o Only)	Aggregate this Et all
City State Zip Code			Description of In-Kind Contribution		Aggregate this Election		
Occupation	Emp	oloyer			Description of In-Kind Contribution		
	V.	111 (* 600 ()					
First Name		Midd	dle Name			1	
ast Name/Organization Name		1	and training		In-Kind Contribution Received Primary Election	For: General Election	Value of In-Kind Contrib
- Transfer and Traine					Runoff (Local Elections		
Address				*	Date of In-Kind Contribution	Offigy	Aggregate this Ex.
Dity		State) Xi	p Code	Description of In-Kind Contribution		Aggregate this Election
ccupation	Empk			-	Description of In-Kind Contribution		
		,,,					
rst Name		Middle	e Name				
st Name/Organization Name		Iviidule	c ivallie		In-Kind Contribution Received F	or: General Election	Value of In-Kind Contribu
ot Name/organization Name					Runoff (Local Elections		
dress				/	Date of In-Kind Contribution	Only)	
y		State	Zin	Code	Description of In-Kind Contribution		Aggregate this Election
cupation	Employ				Description of in-Kind Contribution		
		-10		,			
t Name		Middle					
Name/Organization Name		Ivildule	Name		In-Kind Contribution Received Fo	or: Seneral Election	Value of In-Kind Contributi
Name/Organization Name					Runoff (Local Elections O	\	
ress	/	/			Date of In-Kind Contribution	1	
	-	State	Zip C	inde			Aggregate this Election
pation	Employer				Description of In-Kind Contribution		
	1						
ame		Middle Na	ime		In Kind Code'ly 1's Day		
ame/Organization Name		- Industrial			In-Kind Contribution Received Fo	or: eneral Election	alue of In-Kind Contribution
					☐ Runoff (Local Elections On)
is /					Date of In-Kind Contribution		gamaata thia Election
		State	Zip Cod	de	Description of In-Kind Contribution	^	ggregate this Election
ition	Employer		1,		233001Ption of III-Milia Continbution		
T. 100	7.0,0						
OTAL ITEMIZED IN-KIND C	ONTRIBUTION	ONS					
arry forward to item 3. of next page	if additional page: butions, this amo	s of this form a	re used)			1	

mended

ITEMIZED STATEMENT OF EXPENDITURES

1 NAME OF CANDIDATE OF STATE		TWI FIADILO	KE2 - C	ANDIDATE
1. NAME OF CANDIDATE OR COMMIT An refle	talford		2. REPORT CO	VERING THE PERIOD
1			FRUM: - 12	TO: 10-10-12
TOTAL ITEMIZED CAMPAIGN EXPE COMPLETE THE APPROPRIATE ITEMS	NOT URES FROM PRECEDING	PAGE (enter \$0 if first itemized page)	age)	Amount
4. COMPLETE THE APPROPRIATE ITEMS First Name	Middle Name	RE (expenditures totaling more than \$100) to any payee during the	period)
Last Name/Business Name		Purpose of Expenditure		Amount of Expenditure
Address	Kadio	Radio		13
rous	dale Ferry	\bigcap \bigwedge	ncements	#710
city belocum	State Zip Code		nce mens	
First Name WANT	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Radio		Kadio		Tanodin of Expenditure
Address	1		1	40
City Vousda	State Zipcode	Announ	cements	1 135
Lebanon	In 37087			100
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Tewell	Signs	Timed		and an experiment
Address)) G	4	- Dava 1/22	1	40
City	State Zip Code	1 200)	240
heb	TN 37087			
First Name	Middle Name	Purpose of Expenditure		Amount of F
ast Name/Business Name				Amount of Expenditure
ddress (5	Tal L	Postage	/	400
v 1	State Zip Code			250
hebunon.	State Zip Code 37087			
st Name	Middle Name	Purpose of Expenditure		
t Name/Business Name	1	S20.	'	Amount of Expenditure
toneube Consulter	e's	Labels, Flyi	ers	al
301 East H	ish St	Labels, fly	15	330
heb.	Zip Code 37087	puper.		
st Name	Middle Name	Purpose of Expenditure	A	mount of Expenditure
Name/Business Name	G	Gas for		- Experience
ess 221	(9as	Jas 101 (ars	# 1/ 0
Tal sou	State Zip Code			160
resource	m 37087			
TOTAL ITEMIZED EXPENDITURES				
(Carry forward to item 3. of next page if additional pages of (If this is the last page of expenditures, this amount must b	f this form are used.) e shown in item 19b. of summary.)			
SS-1129 (Rev. 4/02)			<u> </u>	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE C	R COMMITT	TEE		LAPENDIIU	-	MAIL
					2. REPORT CO	VERING THE PERIOD
3. TOTAL ITEMIZED CAMPA	ION EVEN					Z TO: [0101
4. COMPLETE THE APPROPRI	ATE ITEMS S	DITURE	S FROM PRECEDIN	IG PAGE (enter \$0 if first itemized pa	ige)	
First Name	ALE ITEMS FO	OR ENGI	THE MIZED EXPENDI	IG PAGE (enter \$0 if first itemized pa TURE (expenditures totaling more than \$100	to any pavee during th	a period)
L		Mi	ddle Name	Purpose of Expenditure	t payor during the	
Last Name/Business Name	1. D	,	1.		91 A 90	Amount of Expenditure
Address	u fi	an	ting	Business out card post card	5 Hund	,
City	120	ru	ice	1 out card	T &	\$ 250
Oily	,	Stat	te Zip Code	Post can	J<	1 200
First Name						
Kegare		Midd	Ile Name	Purpose of Expenditure		Amount of Fun - ***
Last Name/Business Name	10 1					Amount of Expenditure
Address 100	lard			- T-Shirts		
City 200 m	ousdo	ale	terry	1- Mirt	5	# 100
1 Leh		State	Zip Code			100
F:(1)		11	1 3708	7		
First Name		Middle	Name	Purpose of Expenditure		
Last Name/Business Name				— Expenditore		Amount of Expenditure
Address						
por designative						
City		State	Zip Code	_		
irst Name		Middle Na	ame	Purpose of Expenditure		
ast Name/Business Name				- dipose of Experimiture		Amount of Expenditure
ddress						
				1		
ly	15	State	Zip Code		1	
			1		1	
st Name	l N	Aiddle Nan	ne	I Duran to a		
t Name/Business Name				Purpose of Expenditure	A	mount of Expenditure
					1	
ress				-		
	St	ate	7in Code	1	1	
			Zip Code		1	
Name	Mic	ddle Name		Durane of E		
lame/Business Name				Purpose of Expenditure	Am	ount of Expenditure
						1
\$\$	9					
	State	e	7in Code			
-	Otali		Zip Code			1
The same of the sa	THE RESERVE OF THE PERSON NAMED IN					1
OTAL ITEMIZED EXPENDITURE	S					
OTAL ITEMIZED EXPENDITURE Carry forward to item 3. of next page if addition this is the last page of expenditures, this am-		form are u	used.)			

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE	OR COMMITTEE					-	10.55			
							FROM	PORT C	OVERI	NG THE PERIOD TO:
3 COMPLETE THE APPRO	DOLLET ITTE							1 1 -	- 1	10/012
3. COMPLETE THE APPRO		R EACH ITEMI	IZED LOAN	(loans totaling m	nore tha	n \$100 from any	y source duri	ng the perio	od)	10 10 1
Complete the Following for the S	Source of the Loan									
First Name	Middle Name		Outstanding (Beginning	Loan Balance		_oans	Loan		Outstar	nding Loan Balance
Last Name/Organization Name	-1		(Degining	of Period)	Ke	eceived	Paymen	ts	(E	End of Period)
Address			Loan Receive	ed For:			Da	te of Loan		
City	State Z	Zip Code	☐ Primary	/ Election	☐ Ge	eneral Election		/		
		-ip 0000	☐ Runoff (Local Elections O	nly)					
	List All Endorsers	or Guarantors for	or Above Loar	n (If more spac	e is ne	eded please a	attach a na	né)		
First Name	M	iddle Name		First Name		. /	you a pa		liddle Nar	mo
Last Name/Organization Name				1 111 15					ildule Ival	nie
				Last Name/Orga	nization	Name				
Address		1		Address	7	/				
City	Sta	to Tie Ce		211						
	302	ate Zip Co	ode	City				Si	ate	Zip Code
Amount Guaranteed Outstanding				Amount Guarante	ed Outs	standing				
First Name	I ve	11 11								
	Mio	dle Name		First Name				Mi	ddle Nam	e
ast Name/Organization Name			W	ast Name/Organ		M				
Address		/		ast Name/Organ	nzation i	name				
nuoress			\\ A	Address						
City	State	Zip Cod	e W	Çity				Lou		T
nount Guaranteed Outstanding		/		1				Sta	te	Zip Code
Startmood Outstartding			Ar	mount Guarantee	ed Outst	anding	1. Single			•
irst Name	Midd	le Name	Fi	irst Name	a r Property			T 1.		
st Name/Organization Name	<u> </u>							Mic	ddle Name	е
or Hame Organization Name			La	st Name/Organiz	zation N	lame				
dress	-//		Ad	Idress	\					
ly	- 1/			\	/					
	State	Zip Code	Cit	ty	1	\		Sta	e	Zip Code
ount Guaranteed Outstanding			Am	ount Guaranteed	d Outsta	inding				
					\	1				
t Name	Middle	Name	Firs	st Name		1		Midd	le Name	
Name/Organization Name			Las	t Name/Organiza	ation Na	uma .				
				triamor organiza	111011140	inio				
ress			Add	Iress						
	State	Zip Code	City	,						
unt Guaranteed Outstanding								State		Zip Code
			Amo	ount Guaranteed	Outstan	nding			-	
tals for all Loans (complete on	last page of itemized	d loans)	Outs	standing Loan Ba	lance	Loans	T i	oan	Louis	
ai loans received should also be shown al loan payments should also be shown	in item 16, on summary in item 20, on summary	page.)		Beginning of Peri		Received		oan /ments		nding Loan Balance Ind of Period)
if outstanding loan balance should also b	pe shown in item 12.e. on	front page.)								
00 4400 (5 4/00)			-		-	14				

ITEMIZED STATEMENT OF OBLIGATIONS - CAND

1. NAME OF CANDIDATE OF	COMMITTEE		To person as		
			2. REPORT CO		10101Z
COMPLETE THE APPROP OBLIGATION (obligations to person/vendor at the end of	RIATE ITEMS FOR EACH ITEMIZED staling more than \$100 owed to any the reporting period)	Outstanding Balance (Beginning of Period)	Debt Incurred	Payments This Period	Outstanding Baland (End of Period)
First Name	Middle Name				
Last Name/Business Name		\rightarrow			
Address		-1			
City	State Zip Code	- \			
Description of Obligation		1			
First Name	Middle Name				
Last Name/Business Name		_ \			
Address		- \			
City	State Zip Code	_ \ /	ľ l		
	State Zip Code				
Description of Obligation					•
First Name	Middle Name				
Last Name/Business Name		-			
Address		- /			
City	State Zip Code	1/ /			
Description of Obligation		/			
		/			
First Name	Middle Name				
ast Name/Business Name		-	\		
ddress		1			
City	State Zip Code	- 1	X		
escription of Obligation	/			\	
rst Name	Middle Name				
st Name/Business Name		1 1		\	
dress		1 1			
ty	State Zip Code	1 1		,,	
scription of Obligation					
TOTALS otal from Outstanding Balance - (Eng	d of Period) column must also be shown				
in item 23b. on summary page.)	- 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.				