## CAMPAIGN FINANCIAL DISCLOSURE STATEME

For State and Local Candidates

| For Single                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | e-Candidate                                                              | Committe                              | es                                          | AN 2 4 2022 M            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------|---------------------------------------------|--------------------------|
| 1. DATE OF REPORT 2.a. NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ME OF CANDIDATE OF<br>LARNIE                                             |                                       | - WI                                        | LSON COUNTY              |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          |                                       | 3. ELECTION DAT                             | E                        |
| 4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | . (                                                                      | State                                 | Zip Code                                    | Phone                    |
| 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0~                                                                       | State                                 | 310-87 6                                    | Phone                    |
| 5. OFFICE SOUGHT (include district number, if applicable WILSOW COUNTY TRUSTEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·   ,                                                                    | OF POLITICAL T                        | REASURER (may b                             | e candidate)             |
| 7. CATEGORY OR REPORT (Check one)  FIRST SECOND THIRD FOUL QUARTER QUARTER QUARTER QUARTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | RTER PRIMARY                                                             | PRE-<br>GENERAL                       | MID-YEAR SUPPLEMENTAL                       | YEAR END<br>SUPPLEMENTAL |
| 8.a. BEGINNING DATE OF REPORTING PERIOD  1 2 - 22 - 2 \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8.b. ENDIN                                                               | GDATE OF REPOR                        |                                             |                          |
| 9. (Check one)  a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <ol> <li>(Complete items 12)</li> <li>cial disclosure because</li> </ol> | d., 12e. and 12f.)                    |                                             |                          |
| 10. I/we do solemnly swear or affirm that the information of accurate accounting of campaign contributions and exp Financial Disclosure Act. Additionally, I/we swear or af benefit of the candidate or for any other nonpolitical pur signature of candidate.    Additionally   Ad | penditures required to liftrm that no campaign rpose as defined by the   | contributions have e federal internal | e candidate committe<br>e been expended for | e by the Campaign        |
| 11. WITNESS SIGNATURE    1-21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | - <i>22</i> _                                                            | signate                               | are of witness                              | 1-21-22<br>date          |
| 12. SUMMARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                       |                                             |                          |
| a. BALANCE ON HAND LAST REPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                       | \$                                          | -                        |
| b. TOTAL RECEIPTS THIS PERIOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |                                       | \$ 14,800 55<br>\$ 14,539 55                | -                        |
| c. TOTAL DISBURSEMENTS THIS PERIOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          |                                       |                                             | 242                      |
| d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                       |                                             | 111 000                  |
| e. TOTAL LOANS OUTSTANDING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                                       |                                             | \$ 17,500                |
| f. TOTAL OBLIGATIONS OUTSTANDING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                       | •••••                                       | \$ ———                   |



## SUMMARY PAGE - CANDIDATE

RECEIVED

JAN 24 2022

| 13. NAME OF CANDIDATE OR COMMITTEE (In Full)                                           | 14. REPORT                                                          | TO: ELECTION COLUMN |  |  |  |  |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------|--|--|--|--|
| DECEIDTS                                                                               |                                                                     | ELECTION COMMA      |  |  |  |  |
| 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)                    | \$                                                                  |                     |  |  |  |  |
| c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)            |                                                                     | \$                  |  |  |  |  |
| 16. LOANS RECEIVED THIS REPORTING PERIOD                                               |                                                                     | \$ 24,800           |  |  |  |  |
| 17. INTEREST RECEIVED THIS REPORTING PERIOD                                            |                                                                     | \$                  |  |  |  |  |
| 18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)             |                                                                     | \$ 14,880           |  |  |  |  |
| DISBURSEMENTS                                                                          |                                                                     |                     |  |  |  |  |
| 19. EXPENDITURES (other than loan payments)                                            |                                                                     |                     |  |  |  |  |
| a. Expenditures (\$100 or less each payee this period) (must be listed by category - e | e.g., printing, pos                                                 | stage, gasoline)    |  |  |  |  |
| \$                                                                                     |                                                                     |                     |  |  |  |  |
| <b></b> \$                                                                             |                                                                     |                     |  |  |  |  |
| <b>\$</b>                                                                              |                                                                     |                     |  |  |  |  |
| *                                                                                      |                                                                     |                     |  |  |  |  |
| *                                                                                      |                                                                     |                     |  |  |  |  |
|                                                                                        |                                                                     |                     |  |  |  |  |
| \$                                                                                     |                                                                     |                     |  |  |  |  |
| \$                                                                                     |                                                                     |                     |  |  |  |  |
|                                                                                        |                                                                     |                     |  |  |  |  |
|                                                                                        |                                                                     |                     |  |  |  |  |
| Total of Expenditures (\$100 or less each payee)                                       | \$                                                                  |                     |  |  |  |  |
| b. Itemized Expenditures (Over \$100 each payee this period)                           |                                                                     |                     |  |  |  |  |
|                                                                                        | TOTAL EXPENDITURES (other than loop renouments)(add 19 a, and 19 b) |                     |  |  |  |  |
| 20. LOAN REPAYMENTS MADE THIS PERIOD                                                   | 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.               |                                                                     | I .                 |  |  |  |  |
| 23. OBLIGATIONS                                                                        |                                                                     |                     |  |  |  |  |
| a. Unitemized Obligations Outstanding (\$100 or less each)                             | \$                                                                  |                     |  |  |  |  |
| b. Itemized Obligations Outstanding (Over \$100 each)                                  |                                                                     | 1                   |  |  |  |  |
| c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i itel           |                                                                     |                     |  |  |  |  |

JAN 24 2022

## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMITTEE                                                         |                      |                    |                                       | 2. REPORT COVER                         |                        |
|-------------------------------------------------------------------------------------------|----------------------|--------------------|---------------------------------------|-----------------------------------------|------------------------|
| LARNE LASATER                                                                             | FROM: 20-29-21       | TO: 1-14-21        |                                       |                                         |                        |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDIT                                                       | JRES FRO             | M PRECEDING PAG    | E (enter \$0 if first itemized page   | Amount                                  |                        |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR I                                                   | EACH ITEM            | ZED EXPENDITURE (6 | expenditures totaling more than \$100 | iod)                                    |                        |
| First Name                                                                                | Middle Name          |                    | Purpose of Expenditure                |                                         | Amount of Expenditure  |
|                                                                                           |                      | CAMPAIGN M         | ATERIAL                               | 1394,92                                 |                        |
| Last Name/Business Name SIGN CENTRAL                                                      |                      | BUSINESS CAR       | 45                                    | 1,565.75                                |                        |
| Address SAUNDERSYIUS                                                                      | rue PA               |                    | DOMP-02                               |                                         | 1,565.75               |
| City MT JUHET                                                                             | State Zip Code 37127 |                    |                                       | - 4                                     |                        |
| First Name                                                                                | Middle Nar           | ne                 | Purpose of Expenditure                | Amount of Expenditure                   |                        |
| Last Name/Business Name                                                                   |                      |                    | ELECTION CA                           | PRAS                                    | #433,51                |
| WRIGH PRINTING                                                                            |                      |                    |                                       |                                         | 7 5 5 7                |
| Address PO BOR 277                                                                        |                      |                    |                                       |                                         |                        |
| City                                                                                      | State                | Zip Code           |                                       |                                         |                        |
| LEBANON                                                                                   | IN                   | 37087              |                                       |                                         |                        |
| First Name                                                                                | Middle Nan           | ne                 | Purpose of Expenditure                |                                         | Amount of Expenditure  |
| Last Name/Business Name                                                                   |                      |                    | CAMPAILN MATE                         | (7.al                                   | 12,284,32              |
| HALD BRANDED SOLL                                                                         | VTION-               | S FNC              |                                       |                                         | 12,201100              |
|                                                                                           |                      |                    | DIFFERENT SIZE                        |                                         |                        |
| Address 3/82 MOMENTUM P2 City                                                             | ALE                  | Zip Code           | YHELL 3/6/03                          |                                         |                        |
| CHICAGO                                                                                   |                      |                    |                                       |                                         |                        |
|                                                                                           |                      | 60689-5331         | Purpose of Expenditure                |                                         | Amount of Funon diture |
| First Name                                                                                | st Name Middle Name  |                    |                                       |                                         | Amount of Expenditure  |
| Last Name/Business Name  LETSHWON DEMOCRAT                                                |                      |                    | AAVERTISMERT                          | #25500                                  |                        |
| Address PO BOX 1200                                                                       |                      |                    |                                       |                                         |                        |
| City State Zip Code                                                                       |                      |                    |                                       |                                         |                        |
| PADUCAH                                                                                   | K                    | 42002-1200         |                                       |                                         |                        |
| First Name                                                                                | Middle Name          |                    | Purpose of Expenditure                | Amount of Expenditure                   |                        |
|                                                                                           |                      |                    |                                       | , , , , , , , , , , , , , , , , , , , , |                        |
| Last Name/Business Name                                                                   |                      |                    |                                       |                                         |                        |
| Address                                                                                   |                      |                    |                                       |                                         |                        |
| City                                                                                      | State                | Zip Code           |                                       |                                         |                        |
| First Name                                                                                | Middle Name          |                    | Purpose of Expenditure                |                                         | Amount of Expenditure  |
| Last Name/Business Name                                                                   |                      |                    |                                       |                                         |                        |
|                                                                                           |                      |                    |                                       |                                         |                        |
| Address                                                                                   |                      |                    |                                       |                                         |                        |
| City                                                                                      | Zip Code             |                    |                                       |                                         |                        |
| 5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages | of this form ar      | re used.)          |                                       |                                         | A14,538 58             |



JAN 24 2022 AX WILSON COUNTY

## ITEMIZED STATEMENT OF LOANS - CANDIDATE TION COMMISSION

| 1. NAME OF CANDIDATE OR COMMITTEE                                                                                                                                                                                                                                                                     |               |                             |                               |                                |               | ŀ                       | 2. REPOM:        | ORT COV     | ERING       | G THE PERIOD  O:                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------|-------------------------------|--------------------------------|---------------|-------------------------|------------------|-------------|-------------|------------------------------------------|--|
| 2 COMPLETE THE ADDDODDIATE ITEMS                                                                                                                                                                                                                                                                      | EOD EACH      | ITEMI                       | ZEDLOAN                       | Alexandra test a Const         |               |                         | 10-27            |             | 11          | 15-22                                    |  |
| 3. COMPLETE THE APPROPRIATE ITEMS                                                                                                                                                                                                                                                                     | FOR EACH      | I I EIVIIZ                  | ZED LOAN                      | (loans totaling i              | nore than \$1 | 00 from any so          | ource during     | the period) |             |                                          |  |
| Complete the Following for the Source of the Loar                                                                                                                                                                                                                                                     |               |                             | To                            |                                |               |                         |                  |             |             |                                          |  |
| First Name Middle Na                                                                                                                                                                                                                                                                                  | ame           |                             | (Beginning                    | Loan Balance<br>of Period)     | Loan<br>Recei | ved                     | Loan<br>Payments | '           |             | ding Loan Balance<br>and of Period)      |  |
| Last Name/Organization Name  LASATER LAMPA                                                                                                                                                                                                                                                            | IGN FUN       | (4                          | 1800                          |                                | 14.8          | 2000                    |                  |             |             |                                          |  |
| 461 ACADEMY RD                                                                                                                                                                                                                                                                                        |               | 1                           | Loan Receiv                   |                                |               | al Election             | Date             | of Loan     | 127         |                                          |  |
| City State  LETTERNON TW                                                                                                                                                                                                                                                                              | Zip Code      | 7                           |                               | (Local Elections               |               | ar Electron             |                  | 12          | 130         |                                          |  |
|                                                                                                                                                                                                                                                                                                       | rsers or Guar |                             | or Above Loa                  | n (If more spa                 | ice is need   | ed please at            | tach a pag       | e)          |             |                                          |  |
| First Name                                                                                                                                                                                                                                                                                            | Middle Name   | е                           |                               | First Name                     |               |                         |                  | Mic         | ddle Nam    | 10                                       |  |
| Last Name/Organization Name                                                                                                                                                                                                                                                                           |               |                             |                               | Last Name/Org                  | ganization Na | ame                     |                  |             |             |                                          |  |
| Address                                                                                                                                                                                                                                                                                               |               |                             |                               | Address                        |               |                         |                  |             |             |                                          |  |
| City                                                                                                                                                                                                                                                                                                  | State         | Zip Co                      | ode                           | City                           |               |                         |                  | Sta         | te          | Zip Code                                 |  |
| Amount Guaranteed Outstanding                                                                                                                                                                                                                                                                         |               |                             | Amount Guaranteed Outstanding |                                |               |                         |                  |             |             |                                          |  |
| First Name                                                                                                                                                                                                                                                                                            | Middle Name   |                             |                               | First Name                     |               |                         |                  | Mid         | Middle Name |                                          |  |
| Last Name/Organization Name                                                                                                                                                                                                                                                                           |               |                             |                               | Last Name/Org                  | anization Na  | ime                     |                  |             |             |                                          |  |
| Address                                                                                                                                                                                                                                                                                               |               |                             | Address                       |                                |               |                         |                  |             |             |                                          |  |
| City                                                                                                                                                                                                                                                                                                  | State         | Zip Co                      | de                            | City                           |               |                         |                  | Sta         | te          | Zip Code                                 |  |
| Amount Guaranteed Outstanding                                                                                                                                                                                                                                                                         |               |                             |                               | Amount Guarar                  | nteed Outstai | nding                   |                  |             |             | •                                        |  |
| First Name                                                                                                                                                                                                                                                                                            | Middle Name   |                             |                               | First Name Middle Name         |               |                         |                  |             |             | ne                                       |  |
| Last Name/Organization Name                                                                                                                                                                                                                                                                           | •             |                             |                               | Last Name/Org                  | anization Na  | me                      |                  |             |             |                                          |  |
| Address                                                                                                                                                                                                                                                                                               |               |                             |                               | Address                        |               |                         |                  |             |             |                                          |  |
| City                                                                                                                                                                                                                                                                                                  | State         | Zip Co                      | de                            | City                           |               |                         |                  | Sta         | ite         | Zip Code                                 |  |
| Amount Guaranteed Outstanding                                                                                                                                                                                                                                                                         |               | 1                           |                               | Amount Guaran                  | teed Outstar  | nding                   |                  |             |             |                                          |  |
| First Name                                                                                                                                                                                                                                                                                            | Middle Name   |                             |                               | First Name                     |               |                         |                  |             | Middle Name |                                          |  |
| Last Name/Organization Name                                                                                                                                                                                                                                                                           |               | Last Name/Organization Name |                               |                                |               |                         |                  |             |             |                                          |  |
| Address                                                                                                                                                                                                                                                                                               |               |                             |                               | Address                        |               |                         |                  |             |             |                                          |  |
| City                                                                                                                                                                                                                                                                                                  | State         | Zip Cod                     | de                            | City                           |               |                         |                  | Staf        | le          | Zip Code                                 |  |
| Amount Guaranteed Outstanding                                                                                                                                                                                                                                                                         |               |                             |                               | Amount Guaran                  | teed Outstan  | ding                    |                  |             |             |                                          |  |
| 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.) (Total loan payments should also be shown in item 20. on summary page.) (Total outstanding loan balance should also be shown in item 12.e, on front page.) |               |                             |                               | Outstanding Lo<br>(Beginning o | f Period)     | riod) Received Payments |                  |             |             | standing Loan Balance<br>(End of Period) |  |
|                                                                                                                                                                                                                                                                                                       |               |                             | 1800                          |                                | 1300          | 0                       |                  | 14          | 800         |                                          |  |