CAMPAIGN FIN				EMENTEIVED
_	r Single-Can	Local Candidat didate Committe		JUL 20 2022 3
1. DATE OF REPORT 7/11/22	2.a. NAME OF CA	NDIDATE OR COMMITTEE		ELECTION COUNTY
2.b. IF COMMITTEE, NAME OF CANDIDATE		0.	3. ELECTION DATE	Z
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City Old Hick	State	Zip Code	Phone
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	ent than 4.a.) City	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number,	, if applicable)	6. NAME OF POLITICAL	TREASURER (may be	candidate)
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTE 8.a. BEGINNING DATE OF REPORTING PERIOD	FOURTH R QUARTER	PRE-PRIMARY GENERAL 8.b. ENDING DATE OF REPO	MID-YEAR SUPPLEMENTAL DRTING PERIOD	YEAR-END SUPPLEMENTAL
9. (Check one)		6-30	-22	
tures total \$1,000 or less for this report to the second of the second o	detailed financial disclos \$1,000 for this reporting information contained tions and expenditures e swear or affirm that r	in this campaign financial di required to be reported by the conception of the campaign contributions had defined by the federal internal	ncluding in-kind) received sclosure report is true at the candidate committee the been expended for the school of	and that this report is an by the Campaign
11. WITNESS SIGNATURE signature of witness	7 de S	signa	Sature of witness	7-117-9 date
12. SUMMARY a. BALANCE ON HAND LAST REPORT. b. TOTAL RECEIPTS THIS PERIOD			s <u>2,138.50</u> s <u>S</u>	2,138.50
d. BALANCE ON HAND (12.a. plus 12.b.		ROTTLES TIES		<u>Ø</u>
e. TOTAL LOANS OUTSTANDING		Ø R	11	996.29
f. TOTAL OBLIGATIONS OUTSTANDING		laces	araivea	<u> </u>
422		10415	loigiver!	/

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SS-1109 (Rev. 2/06)

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
Hasten Heave	FROM: 4/24/27 TO: C/20/27
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	RECEIVED
a. Unitemized Contributions (\$100 or less from each source this period)	JUL 20 2000
b. Itemized Contributions (over \$100 from each source this period)	\$ Z WILSON CO.
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and	-LECTION COLINIA
16. LOANS RECEIVED THIS REPORTING PERIOD	
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u></u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>&</u>
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by cate	egory - e.g., printing, postage, gasoline)
\$ 7.	2.70_
Stamps \$ 7	7.10
\$ \$	
\$	
\$	
\$	
\$	
* — * — * — * — * — * — * — * — * — * —	
· · · · · · · · · · · · · · · · · · ·	
Total of Expenditures (\$100 or less each payee)	s 79.80
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 1,704.99
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b	5.)\$ 1,/84,79
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u>353.71</u>
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	d)\$
b. Itemized in-kind contributions (over \$100 from each source this period)	\$
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. a	and 22.b.)\$
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$
b. Itemized Obligations Outstanding (Over \$100 each)	\sim
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be sho	CX .

Page 2 of 4



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATEN

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVER				
Treston Hec	FROM:4/24/77						
	Amount						
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU							
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	ACH ITEMIZ	ZED EXPENDITURE (ex		to any payee during the peri			
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name		Ads	,	\$170499			
Address 1 Hacker Lay		, , 4 3	13	7720121			
City Menlo Park	State	Zip Code 94025					
First Name	Middle Nam	ie	Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure		
Lasi Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Name	e	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	State	Zip Code					
First Name	Middle Name		Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name							
Address							
City	State	Zip Code					
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount must)			<i>\$1,704.99</i>				



ITEMIZEI) STA	ТЕМ	ENT	Γ OF ∣	LOAN	IS - (
NAME OF CANDIDATE OR COMMITTEE	M						2. REP	ORT CO	VERING TO	THE PERIOD OM	MISSION
/lester 1	Hoye	e					4/29	1/22	1.0	6/30/22]
3. COMPLETE THE APPROPRIATE ITEMS F	OR EACH I	TEMIZED I	LOAN (I	oans totaling r	nore than \$100) from any s	ource during	g the period	l) 		
Complete the Following for the Source of the Loan First Name Middle Nam	ın.	Outs	etandina l	nan Rajance	Loans		Loan		Outstandii	ng Loan Balance	-
Theston B			Outstanding Loan Balance Loans Loan (Beginning of Period) Received Payments								
Last Name/Organization Name		7	350	0.00 Ø 353.71 l			Ø7	orgiven			
Address Core Boly 1 0 2 5 Loan Receiv					_		Date	e of Loan		,	1
City lef Hicky State	Zip Code 37/38		Primary Runoff (Election Local Elections	General Only)	l Election		2/1	4/2	22	
List All Endon	sers or Guara	ntors for Ab	ove Loar	ı (If more spa	ace is needer	d please a	ttach a pag				ļ
First Name	Middle Name			First Name				M	Middle Name	e	
Last Name/Organization Name				Last Name/Or	ganization Nar	ne					
Address				Address							1
City	State	Zip Code		City				S	itate	Zip Code	†
Amount Guaranteed Outstanding				Amount Guara	inteed Outstan	ding					†
First Name	Middle Name	330 -		First Name Middle Name						4	
First Name Induce Name			THECHANIE					addio ridirio			
Last Name/Organization Name			Last Name/Organization Name								
Address				Address							
City	State	Zip Code		City State Zip Code			Zip Code	1			
Amount Guaranteed Outstanding			Amount Guaranteed Outstanding					1			
First Name	Middle Name			First Name	-		= -1 1-	Ī	Middle Nam	ne	4
			Last Name/Organization Name								
Last Name/Organization Name											
Address				Address							
City	State	Zip Code		City			State	Zip Code			
Amount Guaranteed Outstanding			Amount Guaranteed Outstanding								
First Name	Middle Name			First Name Middle Name					9		
Last Name/Organization Name		Last Name/Organization Name						1			
Address		Address									
City	State	Zip Code		City				5	State	Zip Code	1
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					1		
4. Totals for all Loans (complete on last page of	itemized loa	ns)	===	Outstanding L	oan Balance	Loan		Loan		standing Loan Balance	1
(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.)			(Beginning	of Period)	Receiv		Payments 35%		(Egd of Period)		

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