300

RESEIVED

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

		our Bie-ca	ndidate con	nmittees		
1. DA	TEOF REPORT	2.a. NAME OF C	CANDIDATE OR COM	VITTEE		
2.b. IF	COMMITTEE, NAME OF CANDIDATE),	n brade	shaw		-
				3. ELEC	TION DATE	
4.a. CAI	MPAIGN ADDRESS AND PHONE et or Rural Route					
1/3	- 0 11: M 1 ===	City	Sta			Phone
4.b. CAN	NDIDATE'S HOME ADDRESS (if different	Mt. 54	liet 1	N 37/28	1 615	758-744
Stre	et or Rural Route	City	Sta	te Zip Code	F	Phone
	ICE SOUGHT (include district number, if	applicable)	6. NAME OF PO	LITICAL TREASURE	R (may be cand	lidate)
7 CAT	EGORY OR REPORT (Check one)		Jim L	bradsha	w	
FII QUA	RST SECOND THIRD RTER QUARTER QUARTER	FOURTH QUARTER	PRE- PRIMARY GE		D-YEAR EMENTAL SU	YEAR-END
8.a. BEGI	NNING DATE OF REPORTING PERIOD		8.b. ENDING DATE	OF REPORTING PERI	OD SU	JPPLEMENTAL
9. (Check	10-28-12		1 - 1	5-13		
	This campaign is exempt from detailed tures total \$1,000 or less for this report	disclosure because	e contributions (included ete items 12d., 12e.	ding in-kind) received and 12f.)	total \$1,000 or I	ess AND expendi-
b. [iled financial disclo	sure hecause contrib		nd) received tota	al more than \$1,000
Finar bene	do solemnly swear or affirm that the informate accounting of campaign contribution notal Disclosure Act. Additionally, I/we swell fit of the candidate or for any other nonposition of the candidate or for any other nonposition.	vear or affirm that n	to campaign contribudefined by the federa	ted by the candidate	committee by the ended for the per le.	
11. WITNE	ESS SIGNATURE		—— <i>U</i> —			
Xa	thing McClock ignature of witness	\ -\ 8-13	La	signature of witnes	s boles	1-18-13 date
12. SUMMA	ARY					
a. BA	LANCE ON HAND LAST REPORT			\$ 304	.56	
b. TO	TAL RECEIPTS THIS PERIOD			\$ 109.	90	
c. TO	TAL DISBURSEMENTS THIS PERIOD			s <u>414</u>	46	
d. BA	LANCE ON HAND (12.a. plus 12.b. minu	ıs 12.c.)			s <u> </u>	2
e. TO	TAL LOANS OUTSTANDING	ated t	o Campa	igh.	s()
f. TO	TAL OBLIGATIONS OUTSTANDING				s_ -	>



ITEMIZED STATEMENT OF LOANS - CANDIDATE COMMISSION

 NAME OF CANDIDATE OR COMMITTI 	EE						12	PEROPT	COVI	COIN	THE DEDICE	
1 6 1		FROM:				ROM:	RT COVERING THE PERIOD TO:					
Dim Dradshaw					1070 2001 100							
3. COMPLETE THE APPROPRIATE ITEM	S FOR EAC	H ITEMIZ	ZED LOAN	(loans totaling n	nore than	\$100 from any	sourc	e during the p	period)	->0 (10 001	
Complete the Following for the Source of the Lo	an											
				ding Loan Balance Loans Loan Outstanding Loan B						ing Loan Balance		
Last Name/Organization Name				ing of Period) Received Payments				ments	(End of Period)			
Macishau 30				4.56	5	9.90				3/	4211	
Address () (can Rec				eceived For: Date of Loan							(1) (1)	
1305 Kolling Meadow CT. Prin				mary Election General Election						0 -		
Mt. Juliet State Zip Code 37/22 - Run				04.56 59.90 364.46 sceived For: mary Election								
				an (If more space		naceln hebe	attach	3 page)			DUIN	
First Name	Middle Nar			First Name	70 10 1100	dea please	·	a page)	1 Midd	le Name		
Last Name/Organization Name						-			Middi	ie ivame)	
				Last Name/Organization Name								
Address	4 T 344 COMP 18 T 3 T 3 T 3 T 3 T 3 T 3 T 3 T 3 T 3 T			Address								
City	State	Zip Co	de	City					State		Zip Code	
Amount Guaranteed Outstanding	Amount Guaranteed Outstanding				Amount Guaranteed Outstanding							
First Name	Middle New			<u> </u>					,			
First Name Middle Name				First Name Middle Name								
Last Name/Organization Name				Last Name/Orga	nization N	Name						
Address				Address								
City	1000	T-: - :										
	State	Zip Cod	e 	City					State		Zip Code	
Amount Guaranteed Outstanding				Amount Guarante	ed Outsta	anding						
First Name Middle Name				First Name Middle Name								
Last Name/Organization Name				Last Name/Organization Name								
				Last Name/Organ	ization iva	ame						
Address				Address								
City	State	Zip Code		City								
		Lip 0000		City					State		Zip Code	
mount Guaranteed Outstanding				Amount Guaranteed Outstanding								
rst Name Middle Name				First Name Middle Name								
ist Name/Organization Name				middle Harrie								
				Last Name/Organia	zation Na	me						
ddress			1	Address								
City	State	Zip Code		City					State	Z	Zip Code	
ount Guaranteed Outstanding				Amount Guaranteed Outstanding								
otals for all Loans (complete on last page of itemized loans) otal loans received should also be shown in item 16. on summary page.) otal loan payments should also be shown in item 20. on summary page.)				Outstanding Loan Balance Loans Loan Outstanding Loa					ding Loan Balance			
			-	(Beginning of Period) Received Payments				nd of Period)				
tal outstanding loan balance should also be shown in item 12.e. on front page.)									-		0	