# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

| J             | ru  | r aingi                                 | e-can                                   | alaate                                  | • Committ                              | ees                       |                                       |
|---------------|---|---|---|---|--|---------------------------|---------------------------------------|
| 1.            | 4, 11 C ( ) ( ) ( )   | 2.a. NA                                 | ME OF CA                                | NDIDATE O                               | RCOMMITTEE                             |                           |                                       |
| <u> </u>      | M-26-18   |   | ack                                     |   | Jurchy                                 |                           |                                       |
| 2.5           | ). IF COMMITTEE, NAME OF CANDIDATE  |   |   |   | - LAIGHTIN                             | 3. ELECTION DAT           | · · · · · · · · · · · · · · · · · · · |
|               |   |   |   |   |  | 13018                     | _                                     |
| 4.a           | . CAMPAIGN ADDRESS AND PHONE<br>Street or Rural Route   | City                                    |   |   |  |                           |                                       |
| ,             | <b>.</b>  | City                                    | 1 _1                                    |   | State                                  | Zíp Code                  | Phone                                 |
|               | CANDIDATE'S HOME ADDRESS (if differen   | Ra                                      | <u> </u>                                | <u>oval</u>                             | 111                                    | 37080                     | 615-804-922                           |
|               | Street or Rural Route   | City                                    |   |   | State                                  | Zip Code                  | Phone                                 |
| 5.            | OFFICE SOUGHT (include district number, i   | f applicable)                           |   | 5. NAME                                 | OF POLITICAL                           |                           |                                       |
| 1             | REGISTER OF DEEDS   |   |   |   |  | TREASURER (may b          | e candidate)                          |
| 7.            | CATEGORY OR REPORT (Check one)  |   |   | Jer                                     | inifer S                               | Dears                     |                                       |
|               | FIRST SECOND THERD  |   |   |   |  |                           | <u> </u>                              |
|               | QUARTER QUARTER QUARTER   | FOUR<br>QUAR                            |   | PRE-<br>RIMARY                          | PRE-<br>GENERAL                        | MID-YEAR                  | YEAR-END                              |
| 8.a.          | BEGINNING DATE OF REPORTING PERIOD  |   | 8                                       | b. ENDIN                                | GDATE OF REPO                          | SUPPLEMENTAL RTING PERIOD | SUPPLEMENTAL                          |
| 2 / 5         | 7-1-18  |   |   | -                                       | 81-EE                                  |                           |                                       |
| 9. (C         | heck one)   |   | ····                                    |   |  |                           |                                       |
| í             | <ul> <li>This campaign is exempt from detailed<br/>tures total \$1,000 or less for this repor</li> </ul>  | disclosure                              | because c                               | Ontributions                            | s (including in-kin                    | d) received total &4 or   | 20 1 11                               |
|               | tures total \$1,000 or less for this repor  | ting period.                            | (Complete                               | items 12d                               | ., 12e. and 12f.)                      | d) received total \$1,0   | JU or less AND expendi-               |
| Ł             | This campaign is required to file a deta<br>and/or expenditures total more than \$1   | iled financia                           | l disclosur                             | e because                               | contributions (inc                     | duding in kind)           |                                       |
|               | and/or expenditures total more than \$1   | ,000 for this                           | reporting                               | period.                                 | oonara (me                             | ading in-kind) receive    | ed total more than \$1,000            |
|               | I/we do solemnly swear or affirm that the infraccurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we subenefit of the candidate or for any other nonposignature of candidate | MARE OF Office                          | - dh-d                                  | 40000 to bt                             | s reported by the                      | candidate committee       | by the Campaign ne personal financial |
| 11. V         | VITNESS SIGNATURE   |   |   | <del></del>                             |  |                           |                                       |
| K             | But Sels  |   |   |   | ) (                                    | , , ) .                   |                                       |
| _/_`          | signature of witness  | <u>1-2</u>                              | 6-18                                    | , 4                                     | De Va                                  | 5 o della                 | 5 7-26-18                             |
|               | signature of witness  | date                                    |   |   | signatur                               | e of witness              | date                                  |
| 12. SL        | JMMARY  | *************************************** | ······································  |   | ······································ |                           |                                       |
| a.            | BALANCE ON HAND LAST REPORT   |   |   |   |  | 一門にひり 30                  |                                       |
|               |   |   |   |   | ,                                      | <u>-7680.30</u>           |                                       |
| b.            | TOTAL RECEIPTS THIS PERIOD  |   |   |   | \$                                     | 1941.63                   |                                       |
| C.            | TOTAL DISBURSEMENTS THIS PERIOD   | *******************                     |   |   | ¢                                      | 1388,99                   |                                       |
| ď.            |   |   |   |   |  |                           |                                       |
|               | BALANCE ON HAND (12.a. plus 12.b. minu  | s 12.c.)                                |   | *************************************** |  | ····· \$ <u> </u>         | ~ 82.32.94                            |
| е.            | TOTAL LOANS OUTSTANDING   |   | *************************************** | MALIFERINA                              |  | ¢.                        | 43324.26                              |
| f.            | TOTAL OBLIGATIONS OUTSTANDING   |   | RE                                      | CEN                                     |  | , D                       | 0                                     |
| artine.       |   |   | H of                                    | <u>  267</u>                            |  | \$                        |                                       |
| <b>ST</b> (1) | SS 1100 (Pay 2/00)  |   | 111                                     |   | <i>*</i>                               |                           |                                       |

#### SUMMARY PAGE - CANDIDATE

| 13. NAME OF CANDIDATE OR COMMITTEE (In Full)                          |                        | 14 DEPORT OO   |                  |
|---|------------------------|--|------------------|
| Jackie Murphy   |                        | FROM: 1-1-18   | ERING THE PERIOD |
| RECEIPTS 15. CONTRIBUTIONS (other than loans and interest).           |                        |  | 1-26-18          |
| a. Unitemized Contributions (\$100 or less from each source to        | his period)            | \$   |                  |
| b. Itemized Contributions (over \$100 from each source this pe        |                        |  | _                |
| c. TOTAL CONTRIBUTIONS (other than loans and interest)(a              |                        |  | \$ 406 (17)      |
| 16. LOANS RECEIVED THIS REPORTING PERIOD                              |                        |  | \$ 1640.13       |
| 17. INTEREST RECEIVED THIS REPORTING PERIOD                           |                        |  | \$ 100           |
| 18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in        | n item 12.b.)          |  | s 1041/2         |
| DISBURSEMENTS   |                        |  |                  |
| 19. EXPENDITURES (other than loan payments)                           |                        |  |                  |
| a. Expenditures (\$100 or less each payee this period) (must be li    | sted by category - e.o | L printing nostage   | racolino)        |
| Golf spooson tousels  |                        |  | gasonne)         |
| Ad news paper   |                        |  |                  |
| cords   |                        | THE STATE OF THE S |                  |
|   | \$                     | REC  | EIVED            |
|   | \$                     |  | 26 2010213       |
|   | \$                     | , D  | N COUNT          |
|   | \$                     | ELECTION   | COMMISSION       |
|   | \$                     | •  |                  |
|   | \$                     | <del></del>  |                  |
| 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 10 h )             |  | 13175 00         |
| 20. LOAN REPAYMENTS MADE THIS PERIOD                                  | . and 19.b.)           | \$   | 1288.79          |
| 21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown i          | n item 12 c )          | \$   | 12 44 00         |
| 22.IN-KIND CONTRIBUTIONS  | 12.C.)                 | \$   | 1588-17          |
| a. Unitemized in-kind contributions (\$100 or less from each source t | this neriod) &         | . *  |                  |
| b. Itemized in-kind contributions (over \$100 from each source this p | eriod) \$              |  |                  |
| c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (a                | dd 22 a and 22 h )     | o`   | 0                |
| 23. OBLIGATIONS   |                        |  |                  |
| a. Unitemized Obligations Outstanding (\$100 or less each)            | ······ ¢               |  |                  |
| b. Itemized Obligations Outstanding (Over \$100 each)                 | s                      |  |                  |
| c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (mus           |                        |  | 0                |
|   |                        | ··/ ··································   |                  |

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Page \_\_\_\_\_ of \_\_\_\_

## ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FR 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEM First Name  KENT RUSS Last Name/Organization Name  City  City  City  City  State  Cocupation  Februad  ast Name/Organization Name  Address  Widdle Name  State  State  The Cocupation  Treathed  State  The Cocupation  Treathed  State  Middle Name  Middle Name  State  The Cocupation  Total State  The Cocupation  Middle Name  Middle Name  Middle Name  Middle Name  | Zip Code           | ON (contributions totaling more than \$ Contribution Received For:  Primary Election  Runoff (Local Elections)  Date of Contribution  Contribution Received For:  Primary Election  Runoff (Local Elections) | 3100 from any contributor  General Election  S Only) | Amount of Contribution  Aggregate This Election  Amount of Contribution |  |  |  |
|--|--------------------|--|--|---|--|--|--|
| First Name  Address  City  Cit | Zip Code  Zip Code | ON (contributions totaling more than \$ Contribution Received For:  Primary Election  Runoff (Local Elections)  Date of Contribution  Contribution Received For:  Primary Election  Runoff (Local Elections) | General Election  S Only)                            | Amount of Contribution  Contribution  Aggregate This Election           |  |  |  |
| Last Name/Organization Name  Puss Address Address City TEthred Employer  First Name Address Ad | Zip Code           | Contribution Received For:  Primary Election  Runoff (Local Elections)  Date of Contribution  Contribution Received For:  Primary Election  Runoff (Local Elections)   | General Election  S Only)                            | Amount of Contribution  Contribution  Aggregate This Election           |  |  |  |
| Last Name/Organization Name  Puss Address  Address  City  Ci | e<br>Zip Code      | Primary Election  Runoff (Local Elections)  Date of Contribution  Contribution Received For:  Primary Election  Runoff (Local Elections)   | s Only)  | Aggregate This Election   |  |  |  |
| Address Address Address Sco by Winds De City The State Occupation Tetrical Employer  First Name Letter Address | e<br>Zip Code      | Contribution Received For:   | s Only)  | Aggregate This Election   |  |  |  |
| Address City City Coccupation FETTINE Coccupation FETTINE First Name Address A | e<br>Zip Code      | Date of Contribution  Contribution Received For:  Primary Election   | 8  | Aggregate This Election   |  |  |  |
| State Occupation FETTRES Employer  First Name Last Name/Organization Name Last Name/Organization Name Last Name/Organization Name Last Name/Organization Name Last Name Last Name Last Name Last Name Middle Name Middle Name Last Name Middle Name  | e<br>Zip Code      | Contribution Received For:  Primary Election   |  |   |  |  |  |
| irst Name  Address  Address  Cuty  Coupation  Inployer  State  Middle Name  Middle Name  Middle Name  Middle Name  Middle Name   | Zip Code           | Contribution Received For:  Primary Election  Runoff (Local Elections  |  | Amount of Contribution  |  |  |  |
| ast Name  Address  State  Coupation  Inployer  Middle Name  Middle Name  Middle Name  Middle Name  | Zip Code           | Contribution Received For:  Primary Election  Runoff (Local Elections  |  | Amount of Contribution  |  |  |  |
| ast Name/Organization Name  Address  Address  State  Coupation  Inployer  St Name  Middle Name   | Zip Code           | Contribution Received For:  Primary Election  Runoff (Local Elections  |  | Amount of Contribution  |  |  |  |
| ast Name/Organization Name  Address  Address  State  Coupation  Inployer  St Name  Middle Name   | Zip Code           | Primary Election   | General Election                                     | Amount of Contribution  |  |  |  |
| State State State The State Stat |                    | Primary Election   | General Election                                     | Amount of Contraction   |  |  |  |
| State State State The State Stat |                    | Runoff (Local Elections  | General Election                                     |   |  |  |  |
| State  State  Coupation  This is Name  Middle Name   |                    |  | ,  | 100.00  |  |  |  |
| ccupation  mployer  st Name  Middle Name   |                    |  | Runoff (Local Elections Only)                        |   |  |  |  |
| rployer st Name Middle Name  | 31081              | Date of Contribution   |  | Aggregate This Electio  |  |  |  |
| rst Name Middle Name   |                    | -  | [  |   |  |  |  |
| Vildale Name   |                    | 1-le-18  |  |   |  |  |  |
| Vildale Name   |                    |  |  |   |  |  |  |
| Donus  |                    | Contribution Received For:   |  | Amount of Contribution  |  |  |  |
| st Name/Organization Name  |                    |  |  | AMOUNT OF CONTINUON   |  |  |  |
| Budba  |                    | Primary Election   | General Election                                     | 100   |  |  |  |
| 6530 CAINCULE ROL  |                    | Runoff (Local Elections C  | Only)  | 100.00  |  |  |  |
|  | Zip Code           | Date of Contribution   |  | ggregate This Election  |  |  |  |
| cupation   | 37050              | 7-12-18  |  |   |  |  |  |
| ployer   |                    | 1-12-18  |  |   |  |  |  |
|  |                    |  |  |   |  |  |  |
| Name Middle Name   |                    | Contribution Received For:   |  |   |  |  |  |
| Name/Organization Name   |                    | ] _  | Ar   | nount of Contribution   |  |  |  |
| Trustar Organization Name  |                    | Primary Election Ge  | eneral Election                                      |   |  |  |  |
| ess  |                    | Runoff (Local Elections On   | nlv)   |   |  |  |  |
| State Zu   | p Code             |  |  |   |  |  |  |
| pation   | , cone             | Date of Contribution   | Ag   | gregate This Election   |  |  |  |
|  |                    |  |  |   |  |  |  |
| oyer   |                    |  |  |   |  |  |  |
| TOTAL PITCHISTO OCCUPANT   |                    |  |  |   |  |  |  |
| TOTAL ITEMIZED CONTRIBUTIONS  (Carry forward to item 3. of next page if additional pages of this form are used)  If this is the lost ages of each this is  | SECEN              | VELY   |  |   |  |  |  |
| If this is the last page of contributions, this amount must be shown in terms SS-1131(Rev. 2/06)   | b. of summary. O   | market 🔨   |  |   |  |  |  |

AND OU COM

RDA 1159

## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

|  | ·                     |                   | FROM:   | OVERING THE PERIOD                 |
|--|-----------------------|-------------------|---|------------------------------------|
| 2 70741 77711777   | <del></del>           |                   |   | Amount                             |
| 3. TOTAL FEMIZED IN-KIND CON   | TRIBUTIONS FR         | OM PRECEDING      | PAGE (enter \$0 if first itemized page)                               | ļ ·                                |
|  | MS FOR EACH III       | =MIZED IN-KIND CC | ONTRIBUTION (in-kind contributions totaling more than \$100 from      | any contributor during the period) |
| First Name  Last Name/Organization Name  | Middle                | e Name            | In-Kind Contribution Received For:  Primary Election General Election | Value of In-Kind Contribu          |
|  |                       |                   | Runoff (Local Elections Only)   |                                    |
| Address  |                       |                   | Date of In-Kind Contribution  | Aggregate this Election            |
| City   | State                 | Zip Code          | Description of In-Kind Contribution                                   |                                    |
| Occupation .   | Employer              |                   |   |                                    |
| First Name   | Middle                | Name              | In-Kind Contribution Received For:                                    | Value of In-Kind Contributi        |
| ast Name/Organization Name   | <u> </u>              |                   | Primary Election General Election                                     |                                    |
| Address  |                       | <u></u>           | Runoff (Local Elections Only)   |                                    |
| 756.   |                       | ·                 | Date of In-Kind Contribution  | Aggregate this Election            |
| City   | State                 | Zip Code          | Description of In-Kind Contribution                                   |                                    |
| Occupation   | mployer               |                   |   |                                    |
| irst Name  | Middle N              | lame              | In-Kind Contribution Received For:                                    | Value of In-Kind Contributio       |
| ast Name/Organization Name   | •                     |                   | Primary Election General Election  Runoff (Local Elections Only)      |                                    |
| ddress   |                       |                   | Date of In-Kind Contribution  | Aggregate this Election            |
| ty   | State                 | Zip Code          | Description of In-Kind Contribution                                   |                                    |
| coupation Er   | mployer               |                   |   |                                    |
| st Name  | Middle Na             | агне              | In-Kind Contribution Received For:                                    | Value of In-Kind Contribution      |
| st Name/Organization Name  | 1                     |                   | ☐ Primary Election ☐ General Election                                 |                                    |
| dress  |                       |                   | Date of In-Kind Contribution  | Aggregate this Election            |
| /  | State                 | Zip Code          | Description of In-Kind Contribution                                   |                                    |
| upation Em   | ployer                |                   |   |                                    |
| Name   | Middle Nam            | ė                 | In-Kind Contribution Received For:                                    | Value of In-Kind Contribution      |
| Name/Organization Name   | [                     |                   | Primary Election General Election                                     |                                    |
| ess  |                       |                   | Runoff (Local Elections Only)   |                                    |
|  |                       |                   | Date of In-Kind Contribution  | Aggregate this Election            |
|  | State                 | Zip Code          | Description of In-Kind Contribution                                   |                                    |
| pation Emp   | oyer                  |                   |   |                                    |
| TOTAL ITEMIZED IN-KIND CONTRIE<br>(Carry forward to item 3. of next page if additiona<br>(If this is the last page of in-kind contributions, thi | nance of this form as |                   | EIVER   |                                    |
| SS-1128 (Rev. 2/06)  | ***                   | - Charles         | WENT THE THE THE THE THE THE THE THE THE TH                           | <u> </u>                           |

ELECTION COMMISSION

### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

| 1. NAME OF CANDIDATE OR COM   |   |   |   | FDOM                             | ERING THE PERIOD              |
|---|---|---|---|----------------------------------|-------------------------------|
| 1   | • 1   |   |   | FROM: 7-1-12                     | 5 TO: 7-26-18<br>Amount       |
| TOTAL ITEMIZED CAMPAIGN EX     COMPLETE THE APPROPRIATE ITE   | MS FOR EACH I                                 | FROM PRECEDING<br>TEMIZED EXPENDITU               | PAGE (enter \$0 if first itemized page (expenditures, totaling many than \$100) | age)                             |                               |
| First Name  |   | e Name  | Purpose of Expenditure  | or to any payee during the       | period) Amount of Expenditure |
| Last Name/Business Name   | •       | •   | towels fo   | n                                | Amount of Expenditure         |
| Address   | Lupre   | 77.807  | 901 Spore   | <u> </u>                         | 437.00                        |
| City  | State   | Zip Code  | - Join Afold  | J. C.                            | 10,100                        |
| Lebonon   | 7.  | 37688   |   |                                  |                               |
| First Name  | Middle  | Name  | Purpose of Expenditure  |                                  | Amount of Expenditure         |
| Last Name/Business Name   |   |   |   |                                  |                               |
| Address   |   | ········  | Ad-NE   | DS                               | 849.30                        |
| City N DOX 647  | State   | Zip Code  | F   | oper                             |                               |
| City M. Juliet  | 12  | 1 '   |   |                                  |                               |
| First Name  | Middle  | to a programmer of the programmer and programmer. | Purpose of Expenditure  | and the sequential of the second | Amount of Expenditure         |
| ast Name/Business Name  |   |   |   |                                  | ·                             |
| Address_  | }   |   | Colds   |                                  | 102/10                        |
| POROX 277   | 10  |   | ] . Cards   |                                  | 102.69                        |
| Lebonon   | State   | Zip Code 3708%                                    |   |                                  |                               |
| irst Name   | Middle N                                      |   | Purpose of Expenditure  |                                  | Amount of Expenditure         |
| ast Name/Business Name  | <u></u>                                       |   | -   |                                  | ,                             |
| ddress  |   |   | _   |                                  |                               |
| ity   | State   | Zip Code  | _   |                                  |                               |
|   | 0.0.0   | Zip oode  |   |                                  |                               |
| rst Name  | Middle Na                                     | me  | Purpose of Expenditure  |                                  | Amount of Expenditure         |
| ist Name/Business Name  |   |   | _   |                                  | The state of the political of |
| Idress  | <u></u>                                       |   |   |                                  |                               |
| ly  |   |   |   |                                  |                               |
| ,   | Stale   | Zip Code  |   |                                  |                               |
| st Name   | Middle Nar                                    | ne  | Purpose of Expenditure  |                                  | Amount of Expenditure         |
| st Name/Business Name   |   |   | -   |                                  | , ========                    |
| dress   |   |   | _   |                                  |                               |
| /   | Die.  | 17.0  | _   |                                  |                               |
|   | State   | Zip Code  |   |                                  |                               |
| TOTAL ITEMIZED EXPENDITURES   |   | /   | 4   |                                  |                               |
| (Carry forward to item 3, of next page if additional (If this is the last page of expenditures, this amou | I pages of this form a<br>nt must be shown in | ire (sed.)     2 (                                | 7010 (5)  |                                  |                               |
| <b>b</b>  |   | WILSON C  | Oliviy 😂 ————   | •                                |                               |

SS-1129 (Rev. 4/02)

ELECTION COMMISSION Page \_\_\_\_\_ of \_\_\_\_

RDA 1159

#### ITEMIZED STATEMENT OF LOANS - CANDIDATE

| 1. NAME OF CANDIDATE OR COMM  | TTEE                              | · · · · · · · · · · · · · · · · · · · |             |   |  | 2. REPO                    | RT COVER                                 | ING THE PERIOD                                     |
|---|-----------------------------------|---------------------------------------|-------------|---|--|----------------------------|--|--|
| Jaki M  | 11.001                            |                                       |             |   |  | FROM:                      |  | TO:  |
| 3. COMPLETE THE APPROPRIATE IT  | EMS FOR FA                        | CHITEM                                | IZED LOAD   | 1 /1                                    |  | 17-1-                      | -18                                      | 7-26-18  |
|   |                                   | OLL LI EIVII                          | IZED LUA!   | V (loans totaling r                     | nore than \$100 from a                         | any source during th       | ne period)                               | ation of the respectations were appropriate to the |
| Complete the Following for the Source of the First Name Min   |                                   |                                       | <del></del> |   |  |                            |  |  |
| Jackici Dun   | ldle Name                         |                                       |             | ig Loan Balance<br>ig of Period)        | Loans<br>Received                              | Loan<br>Payments           | Outs                                     | tanding Loan Balance<br>(End of Period)            |
| Last Name/Organization Name   |                                   |                                       | -           | ,                                       |  | _                          |  | (End of Pellod)                                    |
| Muephy  |                                   |                                       |             |   |  | 0                          | 1  |  |
| Address SHE Nov. Llas 1.06  | Cobin                             | 0 –1                                  | Loan Rece   |   |  | Date of                    | Loan                                     |  |
| City State  |                                   | de                                    | Prima       | ary Election                            | General Election                               | , <b>F</b>                 | 1-6-1                                    | S.   |
| lebonon T   | 2370                              |                                       | <u>. I </u> | ff (Local Elections (                   |  |                            |  | 5  |
| List All  | Endorsers or G                    | uarantors f                           | or Above Lo | an (If more spac                        | ce is needed pleas                             | e attach a page)           | * *************************************  |  |
| First Name  | Middle I                          | Vame                                  |             | First Name                              |  |                            | Middle N                                 | lame   |
| Last Name/Organization Name   | <u></u>                           | ·                                     |             | Last Name/Orga                          | anization Name                                 | *                          |  |  |
| Murphy  |                                   |                                       |             | 250(110,110,10)                         | anzaben Name                                   |                            |  |  |
| Address Doubly Lob  | Copin                             | Rd                                    |             | Address                                 |  |                            |  |  |
| City ,  | State                             | Zip Co                                | ode         | City                                    |  |                            | State                                    | 17.0   |
| lebonon   |                                   | 3                                     | 1080        |   |  |                            | Sidle                                    | Zip Code   |
| Amount Guaranteed Outstanding 1540  | 0.63                              |                                       |             | Amount Guarant                          | eed Outstanding                                |                            |  |  |
| First Name  | Middle N                          | ame                                   |             | First Name                              |  |                            | Middle N                                 | amo  |
|   |                                   |                                       |             |   |  |                            | winding IV                               | aric   |
| ast Name/Organization Name  |                                   |                                       |             | Last Name/Orga                          | nization Name                                  |                            |  |  |
| Address   | 0                                 |                                       |             | Address                                 | ···  |                            |  |  |
|   |                                   |                                       |             | nucless                                 |  |                            |  |  |
| City  | State                             | Zip Cod                               | de          | City                                    |  |                            | State                                    | Zip Code   |
| mount Guaranteed Outstanding  |                                   |                                       |             | Amount Guarante                         | ed Outstanding                                 |                            | i  |  |
|   |                                   |                                       |             |   | oo oolololanig                                 |                            |  |  |
| irst Name   | Middle Na                         | me                                    |             | First Name                              |  |                            | Middle Na                                | ame  |
| ast Name/Organization Name  | - 1                               | <del></del>                           |             | Last Name/Organ                         | ization Name                                   |                            | <u> </u>                                 |  |
|   |                                   |                                       |             |   | E DUI TI TI TI TI                              |                            |  |  |
| ddress  |                                   |                                       |             | Address                                 |  |                            |  |  |
| ity   | State                             | Zip Code                              | e           | City                                    | · · · · · · · · · · · · · · · · · · ·          |                            | State                                    | 7.00-4   |
| nount Guaranteed Outstanding  | <u> </u>                          |                                       |             |   |  |                            | State                                    | Zip Code   |
| lount Coal anteed Odistanting   |                                   |                                       | Ì           | Amount Guarantee                        | ed Outstanding                                 |                            |  |  |
| rst Name  | Middle Nar                        | ne                                    |             | First Name                              | nullani unin rayun                             |                            | Table 4                                  |  |
|   |                                   |                                       |             |   |  |                            | Middle Nan                               | ne   |
| st Name/Organization Name   |                                   |                                       | 1           | _ast Name/Organiz                       | zation Name                                    |                            | <u> </u>                                 |  |
| idress  |                                   |                                       |             | Address                                 |  |                            |  |  |
| ły  |                                   | T.                                    |             |   | ·  |                            |  |  |
|   | State                             | Zip Code                              | (           | City                                    |  |                            | State                                    | Zip Code   |
| ount Guaranteed Outstanding   |                                   |                                       | Ā           | mount Guaranteed                        | d Outstanding                                  | <del>****</del>            | l  | <u> </u>   |
| otals for all Loans (complete on last page  | of items and                      | the last                              |             |   | na and the constitution of the constitution of | Sungai Paragai and Paragai | en e | nietaus Ministracijos in ingesus                   |
| fotal loans received should also be shown in item 16.   | on cummarian as                   | · · · · · · · · · · · · · · · · · · · | 4 04 42     | Out Itanding Loan B<br>Geginning of Per |  |                            |  | tstanding Loan Balance<br>(End of Period)          |
| otal loan payments should also be shown in item 20, otal outstanding loan balance should also be shown in | on summary page<br>item . On from | )<br>pube.) 2 F                       | 2010        | N                                       |  | 1 9/110                    | <del></del>                              | (End or Follod)                                    |
| SS-1132 (Rev. 4/02)   | (0                                | II SONI C                             | Q.          | -5                                      | Page   | of.                        |  | PDA 1150   |

ELECTION COMMISSION

#### ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

| 1. NAME OF CANDIDATE OR C   | COMMITTEE  |                        |   |                                      | VERING THE PE  |  |
|---|--|------------------------|---|--------------------------------------|--|--|
| COMPLETE THE APPROPRI<br>OBLIGATION (obligations total<br>person/vendor at the end of the control | ATE ITEMS FOR EAC  | CH ITEMIZED wed to any | Outstanding Balance (Beginning of Period) | FROM: 7-1- Debt Incurred This Period | Payments<br>This Period  | 0utstanding Bala<br>(End of Period)    |
| First Name  | Middle N   | ame                    |   |                                      |  | 0                                      |
| Last Name/Business Name   |  |                        |   |                                      |  |  |
| Address   |  |                        |   |                                      |  |  |
| City  | State  | Zip Code               |   |                                      |  |  |
| Description of Obligation   |  |                        |   |                                      |  |  |
| First Name  | Middle Na  | ime                    |   |                                      | All the second s |  |
| Last Name/Business Name   |  |                        | _   |                                      |  |  |
| Address   |  |                        | _   |                                      |  |  |
| City  | State  | Zip Code               |   |                                      |  |  |
| Description of Obligation   | ,  |                        |   |                                      |  |  |
|   | 14. 4  |                        |   |                                      |  |  |
| First Name  | Middle Nar   | ne                     |   |                                      |  |  |
| Last Name/Business Name   |  |                        | -   |                                      | į  |  |
| Address   |  |                        | -   |                                      |  |  |
| City  | State  | Zip Code               | 1   |                                      |  |  |
| Description of Obligation   |  | <u> </u>               |   |                                      |  |  |
| First Name  | Middle Nam   | e                      |   |                                      |  | ************************************** |
| ast Name/Business Name  |  |                        |   |                                      |  |  |
| ddress  | W  |                        |   |                                      |  |  |
| City  | State  | Zip Code               |   |                                      |  |  |
| Description of Obligation   |  |                        |   |                                      |  |  |
| Irst Name   | Middle Name  |                        |   |                                      | na mada sa   |  |
| st Name/Business Name   |  |                        |   |                                      |  |  |
| dress   | •  |                        |   |                                      |  |  |
| ty  | State  | Zip Code               |   |                                      |  |  |
| escription of Obligation  |  |                        |   |                                      |  |  |
| TOTALS  | and the second s |                        |   |                                      |  | į                                      |
| Total from Outstanding Balance - (End o   | of Period) column must a   | so be shown            | VEU                                       |                                      |  |  |
| in item 23b. on summary page.)  SS-1127 (Rev. 4/02)   |  | <u>: 101 20</u>        | 2010 5                                    |                                      |  |  |

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