CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1.	DATE OF REPORT	2.a. NAME OF CA	ANDIDATE OR C	OMMITTEE						
2.b	IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DATE					
	CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		State	Zip Code	Phone				
4.b	CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	t than 4.a.) City		State	Zip Code	Phone				
5.	OFFICE SOUGHT (include district number, if	applicable)	6. NAME C	F POLITICAL 1	TREASURER (may be ca	andidate)				
7. 8 a	CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER BEGINNING DATE OF REPORTING PERIOD	FOURTH QUARTER	PRE-PRIMARY	PRE- GENERAL DATE OF REPO	MID-YEAR SUPPLEMENTAL RTING PERIOD	YEAR-END SUPPLEMENTAL				
			O.S. ENDING	DATE OF REPORT	WINOT ENGE	_				
•	 9. (Check one) a. This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period. 									
10.	10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.									
_	signature of candidate	date		signature o	f political treasurer	date				
11.	WITNESS SIGNATURE									
	signature of witness	date		signat	ure of witness	date				
12.	SUMMARY									
	a. BALANCE ON HAND LAST REPORT				.\$					
	b. TOTAL RECEIPTS THIS PERIOD				.\$					
	c. TOTAL DISBURSEMENTS THIS PERIOD .				.\$ ———					
	d. BALANCE ON HAND (12.a. plus 12.b. n	ninus 12.c.)			\$	_				
	e. TOTAL LOANS OUTSTANDING				\$.					
	f. TOTAL OBLIGATIONS OUTSTANDING				\$					



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
	FROM: TO:
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	\$
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.	g., printing, postage, gasoline)
\$	
\$	
\$	_
\$	_
\$	<u> </u>
\$	
\$	
\$	
\$	
	•
Total of Expenditures (\$100 or less each payee)	
b. Itemized Expenditures (Over \$100 each payee this period)	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	
20. LOAN REPAYMENTS MADE THIS PERIOD	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$
	•
a. Unitemized in-kind contributions (\$100 or less from each source this period)	
b. Itemized in-kind contributions (over \$100 from each source this period)	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)\$
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	
b. Itemized Obligations Outstanding (Over \$100 each)	
c. TOTAL OBLIGATIONS OUTSTANDING (add 23 a, and 23 b.) (must be shown i item	12 f) \$

SS-1133 (Rev. 4/02)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVE	RING THE PERIOD			
				FROM:	TO:			
A TOTAL ITEMIZED AMBRICAL CONTRIBUT	TONG ED	014 DDE 0EDINO D	MOE / 1 40 KG 1 II 1 1	,	Amount			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT			·	-	<u></u>			
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	Middle Nam		Contributions totaling more than :	5 IOO from any contributo	Amount of Contribution			
First Name	ivildale Nam	ie	Contribution Received For:		Amount of Continbution			
Last Name/Organization Name			Primary Election	General Election				
				0.13				
Address			Runoff (Local Election	ns Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation			\dashv					
Occupation								
Employer								
First Name	Middle Nan	ne	Contribution Received For	:	Amount of Contribution			
Last Name/Organization Name			Primary Election	General Election				
Last Name/Organization Name			Latrimary Election L	- General Election				
Address			Runoff (Local Election	ns Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
City	State	Zip Code	Date of Continbution		Aggregate This Election			
Occupation	•							
Employer			_					
Employer								
First Name	Middle Nam	20	Contribution Received For		Amount of Contribution			
riistivaliie	Middle Naii	ie	Continuation Received For	•	Amount of Contribution			
Last Name/Organization Name			Primary Election	General Election				
			Dunoff /Local Floatio	Runoff (Local Elections Only)				
Address			Runoii (Local Electio	ns Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
•	State	Zip Code	Date of Contribution		Aggregate This Election			
City Occupation	State	Zip Code	Date of Contribution		Aggregate This Election			
•	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation	State Middle Nan		Date of Contribution Contribution Received For:		Aggregate This Election Amount of Contribution			
Occupation Employer First Name			Contribution Received For:	☐ General Election				
Occupation Employer			Contribution Received For:	☐ General Election				
Occupation Employer First Name			Contribution Received For:					
Occupation Employer First Name Last Name/Organization Name Address	Middle Nan	ne	Contribution Received For: Primary Election Runoff (Local Electio		Amount of Contribution			
Occupation Employer First Name Last Name/Organization Name			Contribution Received For:					
Occupation Employer First Name Last Name/Organization Name Address	Middle Nan	ne	Contribution Received For: Primary Election Runoff (Local Electio		Amount of Contribution			
Occupation Employer First Name Last Name/Organization Name Address City Occupation	Middle Nan	ne	Contribution Received For: Primary Election Runoff (Local Electio		Amount of Contribution			
Occupation Employer First Name Last Name/Organization Name Address City	Middle Nan	ne	Contribution Received For: Primary Election Runoff (Local Electio		Amount of Contribution			
Occupation Employer First Name Last Name/Organization Name Address City Occupation Employer	Middle Nan	ne	Contribution Received For: Primary Election Runoff (Local Electio		Amount of Contribution			
Occupation Employer First Name Last Name/Organization Name Address City Occupation	Middle Nan	ne Zip Code	Contribution Received For: Primary Election Runoff (Local Electio		Amount of Contribution			

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR	COMMITTEE					ERING THE PERIOD			
					FROM:	TO:			
3. TOTAL ITEMIZED IN-KIND (CONTRIBUTIO	NS FROM	PRECEDING PAGE	(enter \$0 if first itemized page	e)	Amount			
4. COMPLETE THE APPROPRIAT	E ITEMS FOR E	ACH ITEMIZ	ZED IN-KIND CONTRIE	BUTION (in-kind contributions totaling	more than \$100 from any	contributor during the period)			
First Name		Middle Nar	me		In-Kind Contribution Received For: Primary Election General Election				
Last Name/Organization Name				Runoff (Local Electio					
Address				Date of In-Kind Contribution Aggregate this Election					
City	State	Zip Code	Description of In-Kind Contribution	l					
Occupation	Employer								
First Name Middle Name			me	In-Kind Contribution Received	Value of In-Kind Contribution				
Last Name/Organization Name				☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)					
Address				Date of In-Kind Contribution		Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution	ı				
Occupation	Employer			7					
First Name Middle Name				In-Kind Contribution Received	ed For: General Election	Value of In-Kind Contribution			
Last Name/Organization Name		•		Runoff (Local Elections Only)					
Address				Date of In-Kind Contribution	Aggregate this Election				
City		State	Zip Code	Description of In-Kind Contribution	1				
Occupation	Employer	•		1					
First Name	'	Middle Na	me	In-Kind Contribution Received For: In-Kind Contribution Received For: In-Kind Contribution Received For: Value of In-Kind Contribution					
Last Name/Organization Name				Runoff (Local Election					
Address				Date of In-Kind Contribution Aggregate this Election					
City		State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer	<u>I</u>		7					
First Name		Middle Nan	ne	In-Kind Contribution Receiv	red For:	Value of In-Kind Contribution			
Last Name/Organization Name				Primary Election					
Address				Runoff (Local Elections Only) Date of In-Kind Contribution Aggregate this Election					
City		State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer								
5. TOTAL ITEMIZED IN-KIND (Carry forward to item 3. of next page (If this is the last page of in-kind con	ge if additional pages	of this form a		arv.)					
(ii tiiis is the last page of iii-killa coil	iu ivuuutis, tilis ailituu	iii iiiust ne Sl	IOWITHITHGITIZZD. UI SUITIITIO	ıı y.,					

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVER FROM:	ING THE PERIOD TO:		
2 TOTAL ITEMIZED CAMPAIGN EVPENDITU)	Amount				
 TOTAL ITEMIZED CAMPAIGN EXPENDITU COMPLETE THE APPROPRIATE ITEMS FOR E. 			<u> </u>	•	iod)	
First Name	Middle Nan	·	Purpose of Expenditure	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Amount of Expenditure	
Last Name/Business Name						
Address						
City	State Zip Code					
First Name	irst Name Middle Name				Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name	Middle Nan	ne	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 Nam	е	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name	Middle Nam	е	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 mus						

SS-1129 (Rev. 4/02)

ITEMIZED STATEMENT OF LOANS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE						2. REPORT COVERING THE PERIOR FROM: TO:				
2. COMPLETE THE ADDRODDIA	TE ITEMO E	OD EAOLLI	TENAIZ	TED LOAN.						
3. COMPLETE THE APPROPRIA		OR EACH I	I EMIZ	ED LOAN (loans totaling r	nore than \$100) from any source	e during the per	riod)	
Complete the Following for the Source First Name	e of the Loan Middle Nam	10		Outstanding L	oan Ralance	Loans		_oan	Oute	tanding Loan Balance
i list Name				(Beginning		Receive		Payments		(End of Period)
Last Name/Organization Name				=						
					ed For:	_	ı	Date of Loa	n	
City	State	Zip Code		□ Primary Election □ General Election □ Runoff (Local Elections Only)			I Election			
	List All Endor	norn or Cuara	ntoro f				d places attack) o nogo)		
First Name	LIST AII ETIUUI	Middle Name		of Above Loa	First Name	ice is neede	d please attacl	i a page)	I Middle	Namo
		iviluule Name	,						ivildule	Ivairie
Last Name/Organization Name					Last Name/Or	ganization Na	me			
Address					Address					
City		State	Zip Co	ode	City				State	Zip Code
Amount Guaranteed Outstanding		ı			Amount Guara	nteed Outstan	iding			
First Name		Middle Name)		First Name Middle Name					Name
					Last Name/Organization Name					
Last Name/Organization Name					Last Name/Or	ganization Na	me			
Address		_			Address					
City State Zip Code					City				State	Zip Code
Amount Guaranteed Outstanding					Amount Guara	inteed Outstan	ding			
First Name		Middle Name	:		First Name				Middle	e Name
Last Name/Organization Name					Last Name/Or	ganization Na	me			
Address					Address					
City		State	Zip Co	ode	City				State	Zip Code
Amount Guaranteed Outstanding		<u>I</u>	<u> 1 </u>		Amount Guaranteed Outstanding					
Final Name		I Middle News			First Name				LMalata	News
First Name		Middle Name	,		First Name Middle Name					Name
Last Name/Organization Name					Last Name/Or	ganization Na	me			
Address					Address					
City		State	Zip Co	ode	City				State	Zip Code
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding					
4. Totals for all Loans (complete or					Outstanding L		Loans	Loa		Outstanding Loan Balance
(Total loans received should also be show (Total loan payments should also be show (Total outstanding loan balance should also	n in item 20. on	summary page.)		(Beginning	ot Period)	Received	Paym	ents	(End of Period)



SS-1132 (Rev. 4/02) Page _____ of _____ RDA 1159

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
3. COMPLETE THE APPROPRIATE ITEMS F	OR EACH	ITEMIZED	Outstanding Balance	FROM: Debt Incurred	TO:	Outstanding Balance
OBLIGATION (obligations totaling more than person/vendor at the end of the reporting person	(Beginning of Period)	This Period	This Period	(End of Period)		
First Name	Irst Name Middle Name					
Last Name/Business Name			7			
Address			1			
City	State	Zip Code				
Description of Obligation						
First Name	Middle Nan	ne				
Last Name/Business Name			1			
Address			7			
City	State	Zip Code				
Description of Obligation		•	•			
First Name Middle Name						
Last Name/Business Name						
Address						
City	State	Zip Code	7			
Description of Obligation		•	•			
First Name	Middle Nan	ne				
Last Name/Business Name	l		1			
Address			1			
City	State	Zip Code	1			
Description of Obligation	ı	1				
First Name	Middle Nan	ne				
Last Name/Business Name			1			
Address			1			
City	State	Zip Code				
Description of Obligation	•	•	1			
4. TOTALS (Total from Outstanding Release. (End of Region) of	olumn m	t alaa ha aha				
(Total from Outstanding Balance - (End of Period) c in item 23b. on summary page.)	oiumn musi	also de snown		_		