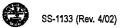
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 2		ANDIDATEOR		0 1		
2.b. IF COMMITTEE, NAME OF CANDIDATE	DAUI	1 W	SATTER	Field		
2.b. IF COMMITTEE, NAME OF CANDIDATE	•		, ,	3. ELECTION DA	ΓE ,	
				Aug.	and	18
4.a. CAMPAIGN ADDRESS AND PHONE			.	 	-	
_	City		State	Zip Code	Phone	
1974 HArtsuille PK	1 GALLAT	, A.	TIL	3 7014	1.15-	452616
4.b. CANDIDATE'S HOME ADDRESS (if different the				J / P * * *	$\mathcal{U}_{\mathcal{I}}^{\vee}$	100 6 18
	city		State	Zip Code	Phone	
				•		
5. OFFICE SOUGHT (include district number, if ap	anlicable)	6. NAME	OE BOLITICAL	TREASURER (may I	oo condidato)	*
· · · · · · · · · · · · · · · · · · ·	opiicable)	U. IVANIL			be candidate)	
Comm, 3rd I	715T1	<u>]</u>	SAMO	<u></u>		
7. CATEGORY OR REPORT (Check one)				_	_	
RST SECOND THIRD	FOURTH	LLi PRE-	LJ PRE-	L_; MID-YEAR	L YEAR	-END
QUARTER QUARTER QUARTER	QUARTER	PRIMARY	GENERAL	SUPPLEMENTA		
8.a. BEGINNING DATE OF REPORTING PERIOD		8.b. ENDING	DATE OF REPO	ORTING PERIOD		-
Take 1/2 7010		m	Areh 3	1 2018		
9. (Check one)				1		
•						
a. This campaign is exempt from detailed of	fisclosure becaus	se contributions	(including in-ki	ind) received total \$1	,000 or less A	ND expendi-
tures total \$1,000 or less for this reporting	ig period. (Comp	piete items 120	., 12e. and 12t.)		
b. This campaign is required to file a detail	ed financial discl	osure because	contributions (i	ncluding in-kind) rece	ived total mor	e than \$1,000
and/or expenditures total more than \$1,0	000 for this report	ting period.				
10. I/we do solemnly swear or affirm that the infor	mation contained	in this campa	ign financial dis	sclosure report is true	and that this	report is an
accurate accounting of campaign contributions	and expenditure	s required to b	e reported by th	ne candidate committe	ee by the Can	paign
Financial Disclosure Act. Additionally, I/we sw- benefit of the candidate or for any other nonpo	ear or affirm that	no campaign o	contributions ha	ve been expended fo	r the personal	financial
benefit of the candidate of for any other nonpo	iliicai puipose as	demied by the	riederai interna	revenue cope.		
Hamilton Korris				C		
Nasin W. Saungill	-1-1-		- 10 - 24	JAMIC		
signature of candidate	date		signature o	of political treasurer		date
						-
11, WITNESS SIGNATURE						
ma mna	من مان					
Marcen 11/1ll	4-3-18					i.
signature of witness	date		signa	ture of witness		date
12. SUMMARY						
a. BALANCE ON HAND LAST REPORT		·		\$ <u> </u>		
A.M.		~		n		
b. TOTAL RECEIPTS THIS PERIOD		PM.		\$	_	
	APR 0.320	J18		n		
c. TOTAL DISBURSEMENTS THIS PERIOD	MNER COL			\$	_	
30N	MINER COL	YTNU			እ	
d. BALANCE ON HAND (12.a. plu Et2E@ii i	ruff Com	MISSION	***********************		\$ <i>O</i>	
			-			_
e. TOTAL LOANS OUTSTANDING		***********************	***************************************		\$	<u>/</u>
						
f. TOTAL OBLIGATIONS OUTSTANDING		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		*************************	. ş <u> </u>	<i></i>
					•	

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING	G THE PERIOR
	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.l	o.)\$	
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, gasol	ine)
<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.)	<u> </u>	
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 2	2.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 i	em 12.f.)\$	



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVE	RING THE PERIOD
				FROM:	TO:
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU	TIONS ED	OM DDECEDING DA	CE (antes 60 if first itemined in		Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR E				 	<u></u>
First Name	Middle Nan		Contribution Received For:	TOU from any contribute	
I Data see no	MIGGIE NZI	ire	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election		
Address		- <u>, , , , , , , , , , , , , , , , , , ,</u>	Runoff (Local Elections	s Only)	
City	State	Zip Code	Date of Contribution	<u> </u>	Aggregate This Election
Occupation		•			
Employer			-		
First Name	Middle Nan	ne	Contribution Received For:	Amount of Contribution	
Last Name/Organization Name			Primary Election	General Election	
Address	·		Runoff (Local Elections	s Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation	1	<u> </u>	1		
Employer	<u> </u>		_		
First Name	Middle Nam		Contribution Received For:		Amount of Contribution
		-	_		ANDURE OF BOILD IDENTIFY
Last Name/Organization Name			Primary Election	General Election	
Address			Runoff (Local Elections	only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation		<u> </u>]		
Employer					
First Name	Middle Nam	8	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
Address			Runoff (Local Elections	Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer					

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR	COMMITTEE			2. REPORT COVE	ERING THE PERIOD			
·				FROM:	TO:			
3. TOTAL ITEMIZED IN-KIND (CONTRIBUTIONS FRO	OM PRECEDING PA	GE (enter \$0 if first itemized page	e)	Amount			
			RIBUTION (in-kind contributions totaling		contributor during the period)			
First Name	Middle		In-Kind Contribution Receive	d For:	Value of In-Kind Contribution			
Last Name/Organization Name			l	Runoff (Local Elections Only)				
Address		<u> </u>	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 Receive	ed 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)	11.31.			
Occupation	Employer	- · · · · · · · · · · · · · · · · · · ·						
First Name	Middle	Name	In-Kind Contribution Receive	ed For: General Election	Value of In-Kind Contribution			
Last Name/Organization Name		· · · · · · · · · · · · · · · · · · ·	Primary Election [_				
Address		<u> </u>	Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution	1				
Occupation	Employer	1 <u>~</u> -,						
First Name	Middie	Name	In-Kind Contribution Receiv		Value of In-Kind Contribution			
Last Name/Organization Name	<u>,, l</u>		Primary Election Runoff (Local Election	General Election				
Address	-		Date of In-Kind Contribution					
City	State	Zip Code	Description of In-Kind Contributio	n				
Occupation	Employer	•						
First Name	Middle	Name	In-Kind Contribution Recei		Value of In-Kind Contribution			
Last Name/Organization Name			Primary Election	General Election				
Address		Date of in-Kind Contribution	Vinj	Aggregate this Election				
City	State	Zip Code	Description of In-Kind Contribution	<u>. </u>	<u></u>			
Occupation	Employer							
5. TOTAL ITEMIZED IN-KIND								
(Carry forward to item 3, of next page (If this is the last page of In-kind cor	e if additional pages of this for atributions, this amount must b	rm are used.) be shown in item 22b. of su						
SS-1128 (Rev. 2/06)			Pa	ge of	RDA 1159			

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

I. NAME OF CANDIDATE OR COMMITTEE	ME OF CANDIDATE OR COMMITTEE				TO:		
, TANKE OF CARDIDATE OR COMMITTEE				FROM:			
	IDEC 500	A BDECEDING S	AGE (enter \$0 if first itemized o	age)	Amount		
TOTAL ITEMIZED CAMPAIGN EXPENDITU	KES FRUI	W PRECEDING P	MOE femer to a mot demazed b	M to any navos du	ing the period?		
. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMIZ	ZED EXPENDITURI		∧ to any payee dur	Infinite herion)		
irst Name	Middle Nam	10	Purpose of Expenditure		Amount of Expenditure		
ast Name/Business Name							
Address	-						
City	State	Zip Code			_		
First Name	Middle Nan	ne	Purpose of Expenditure	Purpose of Expenditure			
ast Name/Business Name	<u> </u>						
Address							
City	State	Zip Code					
First Name	Middle Nar	THE	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	1						
Address			_				
City	State	Zip Code]			
First Name	Middle Nar	me	Purpose of Expenditure	Purpose of Expenditure			
Last Name/Business Name	<u></u>	-					
Address							
City	State	Zip Code					
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
5. TOTAL ITEMIZED EXPENDITURES	- a a of this fa	are used)			ļ		
(Carry forward to item 3. of next page if additional pa (If this is the tast page of expenditures, this amount r	ges of this form	in item 19b. of summar	ry.)	_ _			

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR C	COMMITTEE						2. REF			G THE PERIOD O:
3. COMPLETE THE APPROPRI	ATE ITEMS	OD EACH IT	EMI7	ED LOAN #	oans totaling n	oore than \$100 fro	om anv source durit	ng the perio		
		OR EAGITI	∟IVIIZ.	LD EOXIV IX	Jans totaling in				_	
Complete the Following for the Source First Name	ce of the Loan Middle Nan)A		Outstanding Lo	oan Balance	Loans	Loan	$ \top$		nding Loan Balance
First Name	Wildio 1431			(Beginning o	f Period)	Receiv ed	Paymen	ts	(E	end of Period)
Last Name/Organization Name										
Address				Loan Receive	d For:	<u> </u>	D:	ate of Loan		
	Tour	To Code		☐ Primary	Election	General El	ection			
City	State	Zip Code	_		Local Elections			····		
	List All Endo	sers or Guara	ntors f	or Above Loar		ice is needed p	olease attach a p	age)		
First Name		Middie Name			First Name				Middle N	ame
Last Name/Organization Name		<u> </u>			Last Name/O	ganization Name				
Address					Address			_		
City		Stale	Zip C	ode	City				State	Zip Code
Amount Guaranteed Outstanding			<u>' </u>		Amount Guaranteed Outstanding					
First Name		Middle Name			First Name				Middle N	lame
Last Name/Organization Name				Last Name/Organization Name						
Address	-	-		.	Address					
City		State	Zip C	Code	City		<u>-</u>		State	Zip Code
Amount Guaranteed Outstanding					Amount Guar	anteed Outstandi	ing			
First Name		Middle Name	÷	-	First Name				Middle	Name
Last Name/Organization Name		<u> </u>			Last Name/C	rganization Name	e			
Address					Address					
City		Stale	Zip (Code	City				State	Zip Code
Amount Guaranteed Outstanding		_1		·· <u>···</u>	Arnount Gua	ranteed Outstand	ing			
First Name		Middle Name	8		First Name Middle Name			Name		
Last Name/Organization Name		<u> </u>	-	<u> </u>	Last Name/0	Organization Nam	<u></u>		L	
Address	·				Address	<u></u>				
City		State	Zip	Code	City				State	Zip Code
Amount Guaranteed Outstanding	•				Amount Gua	ranteed Outstand	gnig			
4. Totals for all Loans (complete (Total bans received should also be si	rown in item 16. o	n summary bade).)			Loan Balance ng of Period)	Loans Received	Loa Paym		Outstanding Loan Balance (End of Period)
(Total loan payments should also be si (Total outstanding loan balance should	nown in item 20. c also be shown in i	tem 12.e. on fron	t page.)		<u> </u>					RDA 1159
A						P	age _ of			UDW 1109

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
				FROM:	TO:	· · · · · · · · · · · · · · · · · · ·
COMPLETE THE APPROPRIATE ITEMS FOO OBLIGATION (obligations totaling more than person/vendor at the end of the reporting person/vendor at the end of the reporting person/vendor.)	n \$100 owed to any		Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Name					
Last Name/Business Name				:		
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Nал	ne .				
Last Name/Business Name						
Address						
City	State	Zip Code		<u> </u>		
Description of Obligation						<u></u>
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code			<u> </u>	
Description of Obligation						
First Name	Middle Nar	ne			:	·
Last Name/Business Name		-				
Address						
City	State	Zip Code			<u></u>	
Description of Obligation				·		
First Name	Middle Nar	me				
Last Name/Business Name		<u>.</u>				
Address	_					
City	State	Zip Code				
Description of Obligation	• .	<u> </u>			·	,
4. TOTALS	eeluma mii	t also he shows				
(Total from Outstanding Balance - (End of Period) in item 23b. on summary page.)	column mus	T GISO DE SHOWN		<u> </u>	<u> </u>	<u> </u>