## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAMEOFC	ANDIDATE OR CO	XMMITTEE					
4-5-18	Michele Ho	urbin Comi	nittee to	Elect for	County Commission			
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DA	TE /			
Michele Harbin				8-2-1	8			
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	C14-		C4-4-		<b>DL</b>			
1110 77 14 04 157	City	ء اد	State	Zip Code	Phone			
4.b. CANDIDATE'S HOME ADDRESS (if different	ad Portla	<del>na</del>	IN	81149	615-400-6933			
Street or Rural Route	City		State	Zip Code	Phone			
OFFICE SOUGHT (include district number, if	applicable)	6. NAME O	POLITICAL '	TREASURER (may	be candidate)			
County Commission, Dist	rict 2	Rach	el Mac	keu				
7. CATEGORY OR REPORT (Check one)			_	<del></del>				
PRST SECOND THRD	FOURTH	LJ PRE-	∐ PRE-	L.J MID-YEAR	∐ YEAR-END			
QUARTER QUARTER QUARTER	QUARTER	PRIMARY	GENERAL	SUPPLEMENT	AL SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD		_		RTINGPERIOD				
1-16-18 9. (Check one)		Ü	-31-20	שוי				
<ul> <li>a.  This campaign is exempt from detaile tures total \$1,000 or less for this repo</li> </ul>					1,000 or less AND expendi-			
	•		•					
b. This campaign is required to file a del and/or expenditures total more than \$			ontributions (in	icluding in-kind) red	eived total more than \$1,000			
and expenditures to the more than t	1,000 tot una repor	ung pened.						
10. I/we do solemnly swear or affirm that the in	formation contained	f in this campaid	n financial dis	closure report is to	ue and that this report is an			
accurate accounting of campaign contribution	ns and expenditure	s required to be	reported by th	e candidate commi	ttee 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.								
0 1074								
1 Sichelotlaron	4-5-18	) <u></u>	< Colu		16-18			
signature of candidate	date	7	signature o	political (reasurer	date			
11. WITNESS SIGNATURE			1	1. 1.	INT			
drummash White	4/5/18		$\sim$ $\lambda$ M/1 $M$	nm DWI YI	MILL 4/5/18			
signature of witness	date		Siona Siona	ture of witness	date			
12. SUMMARY								
a. BALANCE ON HAND LAST REPORT	1			. Ø				
a. BALANCE ON HAND LAST REPORT	<b>F</b> -1			2000	<del>_</del>			
b. TOTAL RECEIPTS THIS PERIOD	<u> </u>	Sames Runary Flore	. <u>45</u>	<u>, 2095 9</u> , 1183. Z	<del></del>			
	A.M.	. o = 0040	T . /!	1193 7	5			
c. TOTAL DISBURSEMENTS THIS PERIOD.	API	{ሁ. <b>ታ.ሂሀ</b> ነው		\$ 1100.0	<u></u>			
1					<u>\$ 911.75</u>			
d. BALANCE ON HAND (12.a. plus 12.b. n	ELECTION	<u>T COMMIS</u>	<del>SION -</del>					
e. TOTAL LOANS OUTSTANDING	ELECTION				\$ 90000			
					d			
f. TOTAL OBLIGATIONS OUTSTANDING		******			\$ <u>~~</u>			

## **SUMMARY PAGE - CANDIDATE**

13. NAME OF CANDIDATE OR COMMITTEE (IN Full) Michele Harbin Committee to Elect County Commissio	14. REPORT COVERING THE PERIOD  FROM: 1 - 16 - 19 TO: 3-31-18						
RECEIPTS	71						
15. CONTRIBUTIONS (other than loans and interest)							
a. Unitermized Contributions (\$100 or less from each source this period)\$ 1,195.00							
b. Itemized Contributions (over \$100 from each source this period)\$							
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15	.b.)\$ <u>1[95.00</u>						
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>900.00</u>						
17. INTEREST RECEIVED THIS REPORTING PERIOD	s <u>Ø</u>						
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>2095.00</u>						
DISBURSEMENTS							
19. EXPENDITURES (other than loan payments)							
a. Expenditures (\$100 or less each payee this period) (must be listed by categor	ry - e.g., printing, postage, gasoline)						
Networking Fundraising Dinner \$ 25	<u> </u>						
<u>Candidate Forum</u> \$ 25	5						
<u>Graphic Design</u> s 1	<u>[</u>						
Web Hosting s 4	<u>8</u>						
URL \$ 27	.34						
Email s 65	5.42						
PayPal Fees \$ 26	22						
Checks s 6.							
	<del></del>						
Total of Expenditures (\$100 or less each payee)	s <u>234.08</u>						
b. Itemized Expenditures (Over \$100 each payee this period)	_						
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) .	s <u>1193.25</u>						
20. LOAN REPAYMENTS MADE THIS PERIOD							
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)\$							
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. Uniternized Obligations Outstanding (\$100 or less each)	s <u>Ø</u>						
b. Itemized Obligations Outstanding (Over \$100 each)\$							
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)\$							

## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE  1. NAME OF CANDIDATE OR COMMITTEE  2. REPORT COVERING THE PERIOD  2. REPORT COVERING THE PERIOD  1. NAME OF CANDIDATE OR COMMITTEE  2. REPORT COVERING THE PERIOD  2. REPORT COVERING THE PERIOD  1. NAME OF CANDIDATE OR COMMITTEE  2. REPORT COVERING THE PERIOD  3. 3-31-18							
	Amount						
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)  4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)							
First Name	Middle Name		Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name  Hot CardS		5000 4"x9"  Push Cards	\$328.58				
Address 2400 Superior A	Address 2400 Superior Avenue East		( pure Coo				
on Cleveland	State Zip Code OH 44114						
First Name	Middle Name		Purpose of Expenditure	Amount of Expenditure			
Last Name Business Name YOW TOON			Animation Software for Campaign Videos	\$228.00			
Address 28 Church Road	storess 28 Church Road		Campaign Videos	422000			
London, UK HAT	State	Zip Code	O. P. 0				
First Name	Middle Nam	e	Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name X+reme Graphix			T-Shirts	\$ 392.59			
103 M. Russell	address 103 M. Russell Street						
on Portland.	State 77	37148					
First Name	Middle Name		Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name			1				
Address							
City	State	Zip Code					
First Name	Middle Name		Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name							
Address							
City	State	Zip Cade					
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	\$ 949.17						

## **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE 2. REPORT COVERING THE PERIOD										
Michele Harbin Committee to Electror County Commission 1-16-18 3-31-18  3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling mole than \$100 from any source during the period)										
3. COMPLETE THE APPROPRIATE ITEMS F	OR EACH IT	EMIZE	D LOAN (	cans totaling m	nore than \$100	from any source	during the per	iod)		
Complete the Following for the Source of the Loan					_					
First Name Middle Name Middle Name				Outstanding Loan Balance Loans Loan (Beginning of Period) Received Paymen				1		
Last Name/Organization Name + Aur bir			\$900			$\infty$	\$900			
Address 149 Parkers Chapel Road Primary				☐ General	Flection	Date of Loa				
Portland   State   Zip Code   Runoff (Local Elections Only)   2-19-18					-18					
List All Endors	sers or Guaran		r Above Loa	n (If more spa	ce is needed	l please attach	a page)			
First Name	Middle Name			First Name				Middle	Name	
Last Name/Organization Name	Last Name/Organization Name			Last Name/Organization Name						
Address				Address						
City	State	Zip Co	de	City					Zip Code	
Amount Guaranteed Outstanding	<u> </u>			Amount Guaranteed Outstanding						
First Name	st Name Middle Name			First Name Middle Name					Name	
Last Name/Organization Name			Last Name/Organization Name							
Address			Address							
City	State	Zip Co	de	City State Zip Code						
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding						
First Name	First Name Middle Name			First Name Middle Name					Name	
Last Name/Organization Name			Last Name/Organization Name							
Address			Address							
City	State	<b>Z</b> ip Co	de	City		<u></u>	···	State	Zip Code	
Amount Guaranteed Outstanding			Amount Guaranteed Outstanding							
First Name Middle Name			·	First Name Middle Name						
Last Name/Organization Name			Last Name/Organization Name							
Address			Address							
City	State	Zip Co	de	City				State	Zip Code	
Amount Guaranteed Outstanding	Amount Guaranteed Outstanding			Amount Guaranteed Outstanding						
4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.)			Outstanding L (Beginning		Loans Received	Loa Paym		Outstanding Loan Balance (End of Period)		
(Total loan payments should also be shown in item 20. on (Total outstanding loan balance should also be shown in item				9	<i>b</i>	\$900	2	5	\$900	
SS-1132 (Rev. 4/02)					F	,age	of		RDA 1159	