# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For State and Local Candidates
For Single-Candidate Committees

|               | F0   | r Single-Ca                                      | ndidate (                               | ommitte                               | <del>00</del> 5                       |  |
|---------------|--|--|---|---------------------------------------|---------------------------------------|--|
| 1.            | DATE OF REPORT   | 2.a. NAME OF C                                   | ANDIDATE OR (                           | COMMITTEE                             |                                       | <del></del>                                  |
| <u></u>       | 1/15/19  | Andrew   | (Drew)                                  | Jenni                                 | 200                                   |  |
| 2.b.          | IF COMMITTEE, NAME OF CANDIDATE  |  |   | <u> </u>                              | 3. ELECTION DA                        | TE   |
|               |  |  |   |                                       | Nov                                   | , 2018                                       |
| 4.a.          | CAMPAIGN ADDRESS AND PHONE<br>Street or Rural Route  |  |   | · · · · · · · · · · · · · · · · · · · | 1400                                  | <u> 1010</u>                                 |
| 1 1           |  | City   | 1 :                                     | State                                 | Zip Code                              | Phone  |
| 4 h           | 17 Estell Circle   | Port   | land                                    | <u> VV</u>                            | 37148                                 | 615-957-570                                  |
| 4.0.          | CANDIDATE'S HOME ADDRESS (if different<br>Street or Rural Route                              | it than 4.a.)<br>Citv                            |   | State                                 | 7. 6                                  |  |
|               |  | on,  |   | State                                 | Zip Code                              | Phone  |
| 5.            | OFFICE SOUGHT (include district number,  | f applicable)                                    | 6. NAME C                               | E POLITICAL                           | TDEACURES (                           |  |
|               | Alderman   | ,          |   |                                       | TREASURER (may I                      |  |
| 7.            | CATEGORY OR REPORT (Check one)   |  |   | ommy                                  | Whitta                                | Ker  |
|               |  | <u> M</u>  |   |                                       | Г                                     | $\Box$                                       |
|               | QUARTER QUARTER QUARTER  | FOURTHQUARTER                                    | PRE-<br>PRIMARY                         | PRE-<br>GENERAL                       | MID-YEAR                              | YEAR-END                                     |
| 8.a. E        | BEGINNING DATE OF REPORTING PERIOD   |  |   | DATE OF REPO                          | <u>SUPPLEMENTAI</u><br>RTING PERIOD   | SUPPLEMENTAL                                 |
|               | Oct 28, 2018   |  |   | lanu                                  | ary 15                                | 2016   |
| 9. (C         | neck one)  |  |   | JUTIC                                 | <del>4,9</del> 13,                    | 2019   |
| a             | This campaign is exempt from detaile tures total \$1,000 or less for this repo               | d disclasure becaus                              | a contributions                         | Small collings for Lite               |                                       |  |
|               | tures total \$1,000 or less for this repo  | rting period. (Comp                              | lete items 12d.,                        | including in-kir<br>12e. and 12f.)    | id) received total \$1,               | 000 or less AND expendi-                     |
| b             | This campaign is required to file a det  | ailed financial discle                           | h                                       |                                       |                                       |  |
|               | This campaign is required to file a defand/or expenditures total more than \$                | 1,000 for this reporti                           | sure because c<br>ng period.            | ontributions (in                      | cluding in-kind) recei                | ved total more than \$1,000                  |
|               |  | <del></del>                                      |   | <del></del>                           | ·                                     |  |
| 10.           | I/we do solemnly swear or affirm that the in<br>accurate accounting of campaign contribution | formation contained                              | in this campaid                         | n financial disc                      | docure report is tous                 | and that the                                 |
|               | accurate accounting of campaign contribution   | ns and expenditures                              | required to be                          | reported by the                       | candidate committe                    | and that this report is an e by the Campaign |
|               | Financial Disclosure Act. Additionally, I/we stoenefit of the candidate or for any other non | swear or affirm that r<br>political purpose as r | no campaign con<br>defined by the fo    | ntributions have                      | been expended for                     | the personal financial                       |
|               | Jan Lust   | 1 1  | somica by the it                        | derai internari                       | evenue code.                          | <del></del>                                  |
| <u> </u>      | yeur your  | 1/15/19  |   | rom                                   | Wille                                 | Hhui/15/19                                   |
| /'n           | signature of candidate   | date   |   | signature of                          | political treasurer                   | date   |
| +!            |  |  |   | ·                                     |                                       | date   |
| 14. 1         | VITNESS SIGNATURE  |  |   | _                                     | · · · · · · · · · · · · · · · · · · · |  |
| - <i>[ ]</i>  |  | 11-10  | 100                                     | $\sim$                                | , R                                   | 1 1  |
| $\mathcal{A}$ | A A LOCA   | 1/15/19  | Y                                       | in XII                                | end no                                | us 1/15/19                                   |
|               | signature of witness   | date   | 1                                       | signatu                               | re of witness                         | date   |
| 12 0          | JMMARY   |  | <del></del>                             | <u> </u>                              | <del></del>                           |  |
| 12. 50        |  |  |   |                                       |                                       |  |
| a.            | BALANCE ON HAND LAST REPORT  | •••••  | *****************                       |                                       | 2.051.                                | 18   |
|               |  |  |   |                                       |                                       |  |
| b.            | TOTAL RECEIPTS THIS PERIOD   |  |   |                                       |                                       |  |
| C.            | TOTAL DISBURSEMENTS THIS PERIOD  |  |   |                                       | 1 478.                                | 95   |
|               |  | ***************************************          |   | \$                                    | ++++                                  | . ' -  |
| đ.            | BALANCE ON HAND (12.a. plus 12.b. mir  | nus 12.c.)                                       |   |                                       |                                       | 572.23                                       |
|               |  | ······································           |   | <del></del>                           |                                       |  |
| е.            | TOTAL LOANS OUTSTANDING  |  | *************************************** |                                       |                                       | -0 -   |
|               |  |  |   |                                       | <del></del>                           |  |
| f.            | TOTAL OBLIGATIONS OUTSTANDING  |  | ***********************                 | •••••                                 | e                                     | - 0 -  |
|               |  |  |   |                                       |                                       |  |

#### SUMMARY PAGE - CANDIDATE

| RECEIPTS  15. CONTRIBUTIONS (other than loans and interest)  a. Unitemized Contributions (\$100 or less from each source this period) \$ - \( \frac{1}{28} \) - \( \frac{1}{28} \)   5. Itemized Contributions (over \$100 from each source this period) \$ - \( \frac{1}{28} \)   5. Itemized Contributions (over \$100 from each source this period) \$ - \( \frac{1}{28} \)   5. Itemized Contributions (over \$100 from each source this period) \$ - \( \frac{1}{28} \)   5. Itemized Contributions (over \$100 from each source this period) \$ - \( \frac{1}{28} \)   5. Itemized Contributions (over \$100 from each source this period) \$ - \( \frac{1}{28} \)   5. Itemized Contributions (over \$100 from each source this period) \$ - \( \frac{1}{28} \)   5. Itemized Contributions (over \$100 from each source this period) \$ - \( \frac{1}{28} \)   5. Itemized Contributions (over \$100 from each source this period) \$ - \( \frac{1}{28} \)   5. Itemized Contributions (over \$100 from each source this period) \$ - \( \frac{1}{28} \)   5. Itemized Contributions (over \$100 from each source this period) \$ - \( \frac{1}{28} \)   5. Itemized Contributions (over \$100 from each source this period) \$ - \( \frac{1}{28} \)   5. Itemized Contributions (over \$100 from each source this period) \$ - \( \frac{1}{28} \)   5. Itemized Contributions (over \$100 from each source this period) \$ - \( \frac{1}{28} \)   5. Itemized Contributions (over \$100 from each source this period) \$ - \( \frac{1}{28} \)   5. Itemized Contributions (over \$100 from each source this period) \$ - \( \frac{1}{28} \)   5. Itemized Contributions (over \$100 from each source this period) \$ - \( \frac{1}{28} \)   5. Itemized Contributions (over \$100 from each source this period) \$ - \( \frac{1}{28} \)   5. Itemized Contributions (over \$100 from each source this period)   5. Itemized Contributions (over \$100 from each source this period)   5. Itemized Contributions (over \$100 from each source this period)   5. Itemized Contributions (over \$100 from each source this period)   5. Itemized Contributions ( |
|--|
| 15. CONTRIBUTIONS (other than loans and interest)  a. Uniternized Contributions (\$100 or less 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\$ _ O -   |
| 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)  Drew Jennings - Reimbugement for Facebook \$ 43.06  McDonolds - Pole Worver Breekfast Purchese \$ 13.23  Papa Johns - Pole Worver Lunch \$ 39-29  Facebook - Ads \$ 50.00  Portland Chamber · Membrothip \$ 90.00  \$ \$  |
| Total of Expenditures (\$100 or less each payee)   |
| b. Itemized Expenditures (Over \$100 each payee this period)\$ 1,243.37  |
| c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)\$ 1,478.9  |
| 20. LOAN REPAYMENTS MADE THIS PERIOD   |
| 21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)\$ 1,478.9  |
| 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.)\$ O _  |
| 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.)\$ - \( \int \)   |

## ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

| 1. NAME OF CANDIDATE OR COM                            | MITTEE   |                                       |  |                            |
|--|--|---------------------------------------|--|----------------------------|
| ]  |  |                                       | 2.   | REPORT COVERING THE PERIOD |
|  |  |                                       | FR   | OM: 70:                    |
| 3. TOTAL ITEMIZED CAMPAIGN CO                          | ONTRIBUTIONS   | FROM PRECEDIA                         | IG PAGE (enter \$0 if first itemized page)     | Amount                     |
| 4. COMPLETE THE APPROPRIATE ITE                        | MS FOR EACH IT                                       | EMIZED CONTRIBUT                      | TION (contributions totaling more than \$100 f |                            |
| First Name   | Litera .   | Name OF TRANSPORTED CONTRIBU          | TION (contributions totaling more than \$100 f | rom any contributor)       |
|  | Middle   | Name                                  | Contribution Received For:                     | Amount of Contribution     |
| Last Name/Organization Name                            |  |                                       | ——   Doi                                       | /                          |
|  |  |                                       | Primary Election Ger                           | feral Election             |
| Address  |  | ·- ·- ·-                              | D Dynaff (Land El y                            |                            |
|  |  |                                       | Runoff (Local Elections Only                   | y)                         |
| City   | State  | Zip Code                              | Date of Contribution                           | A                          |
| Occupation   |  |                                       |  | Aggregate This Election    |
| Secupation   |  |                                       |  |                            |
| mployer  |  |                                       |  |                            |
| • •  |  |                                       |  |                            |
|  |  |                                       |  |                            |
| irst Name  | Middle N   | lame                                  | Contribution Received For:                     | Amount ( O vin             |
| ast Name/Organization Name                             |  |                                       |  | Amount of Contribution     |
| asstrative/Organization Mame                           |  | $\overline{}$                         | Primary Election  Gene                         | eral Election              |
| Address  |  |                                       |  |                            |
|  |  |                                       | Runoff (Local Elections Only                   | )                          |
| City   | State  | Zió Code                              |  |                            |
|  | ) Singe  | 2000                                  | Date of Contribution                           | Aggregate This Election    |
| ccupation  |  | /                                     | <del>-  </del>                                 |                            |
| <del></del>  |  |                                       | 1  | ,                          |
| mployer  |  | · · · · · · · · · · · · · · · · · · · | <del> </del>                                   | Í                          |
|  |  |                                       | }  | 1                          |
| rst Name   | Middle Na  | The .                                 | Contribution Received For:                     |                            |
|  |  |                                       | Contabbution Received For:                     | Amount of Contribution     |
| ist Name/Organization Name                             | /  |                                       | Primary Election Gener                         | ral Election               |
| Idress   |  | _                                     |  | ai 21000011                |
| odress   |  |                                       | Runoff (Local Elections Only)                  | ł                          |
| <del>y</del> ————————————————————————————————————      | 10:1   | T                                     |  | 1                          |
|  | State  | Zip Code                              | Date of Contribution                           | Aggregate This Election    |
| cupation   |  | <u> </u>                              |  |                            |
|  |  |                                       | ļ  |                            |
| pployer  |  |                                       |  | 1                          |
|  |  |                                       |  |                            |
| it Name  | Middle Nam   | -                                     |  |                            |
|  | Wilder Hall  | ·c                                    | Contribution Received For:                     | Amount of Contribution     |
| Name/Organization Name                                 |  |                                       | Primary Election                               | I Classica                 |
|  |  |                                       | Genera   | I Election                 |
| rest   |  |                                       | Runoff (Local Elections Only)                  |                            |
| <del>/</del>   |  | <del></del>                           | (Escal Elections Only)                         |                            |
|  | State  | Zip Code                              | Date of Contribution                           | Aggregate This Election    |
| pation   | <del></del>  |                                       | <del>- </del>                                  | - 222000 THO ENGLIDIT      |
|  |  |                                       |  | 1                          |
| cyer   | <del></del>  |                                       |  | }                          |
|  |  |                                       | ļ  | ]                          |
| TOTAL ITEMIZED CONTRIBUTIONS                           |  |                                       |  |                            |
| Carry forward to item 3. of next page if additional    |  |                                       |  |                            |
| ,  |  |                                       |  |                            |
| (If this is the last page of contributions, this amour | pages of this form are<br>at in must be shown in it. | used.)<br>m 15h ofsumman \            |  | 1                          |

SS-1131(Rev. 2/06)

## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

| A MANE OF OANDIDATE OF                       | A 5 A 4 A 4 A 5 A 5 A 5 A 5 A 5 A 5 A 5 | · · · · · · · · · · · · · · · · · · ·  |  | /                                     |                                |
|--|---|--|--|---------------------------------------|--------------------------------|
| 1. NAME OF CANDIDATE OR                      | COMMITTEE                               |  |  | 2. REPORT COV                         | ERING THE PERIOD               |
|  |   |  |  | FROM:                                 | TO:                            |
| 3 TOTAL ITEMIZED IN KIND.                    | CONTRIBUTIONS ED                        | M DDEOCDING DA   |  |                                       | Amount                         |
| 4. COMPLETE THE APPROPRIATE                  | CONTRIBUTIONS FRO                       | OM PRECEDING PAG   | SE (enter \$0 if first itemized page       | )                                     |                                |
| 4. COMPLETE THE APPROPRIAT                   | ETTEMS FOR EACH ITE                     | MIZED IN-KIND CONTR  | RIBUTION (in-kind contributions totaling n | nore than \$100 from any o            | contributor during the period) |
| First Name                                   | Middle                                  | Name   | In-Kind Contribution Received              | /For:                                 | Value of In-Kind Contribution  |
| Last Name/Organization Name                  | <u>_</u>                                |  | Primary Election                           |                                       | Table of all faile containing  |
| rastragineror ganization name                |   |  | Runoff (Local Efection                     | e Onto                                | 1                              |
| Address                                      | <u> </u>                                | <del> </del>   | Date of In-Kind Contribution               | s Only)                               |                                |
|  |   |  | Date of the said Contribution              |                                       | Aggregate this Election        |
| City   | State                                   | Zip Code   | Description of In-Mind Contribution        |                                       |                                |
| Occupation                                   | Employer                                |  | $\dashv$ /                                 |                                       |                                |
|  |   |  |  |                                       |                                |
|  |   |  |  |                                       |                                |
| First Name                                   | Middle !                                | Name   | In-Kind Contribution Received              |                                       | Value of In-Kind Contribution  |
| Last Name/Organization Name                  |   |  | Primary Election                           | General Election                      |                                |
|  |   |  | Runoff (Local Elections                    | s Only)                               |                                |
| Address                                      |   |  | Date of In-Kind Contribution               |                                       | Aggregate this Election        |
|  | <del></del>                             |  | ,  |                                       | Vââicâte tii≥ Electióti        |
| City   | State                                   | Zip Code ,   | Description of In-Kind Contribution        |                                       | <del></del>                    |
| Occupation                                   | Employer                                | _ <del> _</del>  | -  |                                       |                                |
|  |   | /  |  |                                       |                                |
| P  |   |  |  |                                       |                                |
| First Name                                   | Middle A                                | tame /   | In-Kind Contribution Received              |                                       | Value of In-Kind Contribution  |
| Last Name/Organization Name                  |   | <del>/</del>   | Primary Election                           | General Election                      |                                |
|  |   |  | Runoff (Local Elections                    | Only)                                 |                                |
| Address                                      |   | /  | Date of In-Kind Contribution               |                                       | Aggregate this Election        |
| City   |   | /  |  |                                       | 98.9820 EUO C.2000()           |
| City   | State                                   | / Zip Code   | Description of In-Kind Contribution        | _                                     |                                |
| Occupation                                   | Employer                                | <del>-  </del>   |  |                                       |                                |
|  |   |  |  |                                       |                                |
| First Name                                   | 4.553.6.35                              | <del></del>  |  |                                       |                                |
|  | Middle N                                | ame  | In-Kind Contribution Received              |                                       | Value of In-Kind Contribution  |
| Last Name/Organization Name                  |   |  | i <u> </u>                                 | General Election                      |                                |
|  | <del></del>                             |  | Runoff (Local Elections                    | Only)                                 | ľ                              |
| Address                                      |   |  | Date of In-Kind Contribution               |                                       | Aggregate this Election        |
| City   | State                                   | Zip Code   | Description of the Unit On the U           |                                       |                                |
| ·  | /                                       | 24000  | Description of In-Kind Contribution        |                                       |                                |
| Occupation                                   | Employer                                | -  | 7  |                                       |                                |
|  | 1                                       |  |  |                                       |                                |
| irst Name                                    | Middle Na                               | The Control of the Co | In-Kind Contribution Received              | For                                   | Value of In-Kind Contribution  |
|  |   |  |  | General Election                      | value of in-Mild Commonori     |
| ast Name/Organization Name                   |   |  |  |                                       | ]                              |
| Address                                      |   | ······································   | Runoff (Local Elections                    | Only)                                 |                                |
|  |   |  | Date of In-Kind Contribution               |                                       | Aggregate this Election        |
| City /                                       | State                                   | Zip Code   | Description of In-Kind Contribution        | · · · · · · · · · · · · · · · · · · · | <u> </u>                       |
| ccupation                                    | Employer                                | <u> </u>   | 4  |                                       |                                |
|  | 1                                       |  |  |                                       | İ                              |
| . TOTAL ITEMIZED IN-KIND C                   | ANTRIBITIONS                            | ——————————————————————————————————————   |  |                                       |                                |
| (Carry forward to item 3, of next page if    | additional names of this form :         | are used \   |  |                                       |                                |
| (If this is the last page of in-kind contrib | utions, this amount must be sl          | nown in item 22b, of summa   | ry.)                                       |                                       |                                |
| SS-1128 (Rev. 2/06)                          | <u> </u>                                |  | <del></del>                                | 4 7                                   |                                |
| pr · · · ·                                   |   |  | Page _                                     | <b>9</b> of                           | RDA 1159                       |

#### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMITTEE  |                                  | . <u> </u>                        |                                       | 2. REPORT COVE             | RING THE PERIOD       |
|--|----------------------------------|-----------------------------------|---------------------------------------|----------------------------|-----------------------|
| Andrew (Drew) J.   | cnn.h                            | 2-2                               |                                       | FROM: 10-28-18             |                       |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDIT  | URES FRO                         | OM PRECEDING PAG                  | E (enter \$0 if first itemized pa     | ige)                       | Amount                |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR  | EACH ITEN                        | IIZED EXPENDITURE (               | expenditures totaling more than \$100 | to any payee during the pe | riod)                 |
| First Name   | Middle Na                        | ame                               | Purpose of Expenditure                |                            | Amount of Expenditure |
| Last Name/Business Name  | - <del> </del>                   |                                   | Victory dr                            | rner                       |                       |
| Senjor tojitas   |                                  | con                               | for election                          |                            | 1122 41               |
| 14B W. Night   |                                  | ·•                                | Workers                               |                            | 120.41                |
| City Piv Hand  | State                            | Zip Code<br>37148                 | Muces                                 |                            | 1                     |
| First Name GV  | Middle Na                        |                                   | Purpose of Expenditure                |                            | Amount of Expenditure |
| Last Name/Business Name  | 1                                |                                   | 1 ,                                   |                            |                       |
| Address 0 0  |                                  | ·                                 | Mail Pie<br>(Postcaro                 | ce                         | 1125 00               |
| Address 2625 Crandview   | $A_{\underline{\wedge}}$         | A.                                | 1/()                                  | \                          | 425.80                |
| Nashville Nashville  | State 77                         | Zip Code<br>372((                 | (tost care                            | )                          |                       |
| First Name   | Middle Na                        | nhe                               | Purpose of Expenditure                |                            | Amount of Expenditure |
| Last Name/Business Name  |                                  |                                   | -                                     |                            |                       |
| Address Over T   |                                  |                                   | May Do                                | 1                          | 697.16                |
| _ d625 Grandvice   | <u>, А</u>                       | ve                                | Mail Piece                            | Large                      | 017,16                |
| Neshville  | State                            | Zip Code<br>37 み 1 (              | (replayment check to                  | stin wall                  |                       |
| First Name   | Middle Nam                       | NB                                | Purpose of Expenditure                |                            | Amount of Expenditure |
| Last Name/Business Name  | L                                | <del></del>                       | ]                                     |                            |                       |
| Address  | <u>-</u> -                       |                                   |                                       |                            |                       |
| City   | State                            | Zip Code                          |                                       |                            |                       |
|  |                                  |                                   |                                       |                            |                       |
| First Name   | Middle Nam                       | •                                 | Purpose of Expenditure                |                            | Amount of Expenditure |
| Last Name/Business Name  |                                  |                                   |                                       |                            | Í                     |
| Address  |                                  |                                   |                                       |                            | :                     |
| City   | State                            | Zip Code                          |                                       |                            |                       |
| First Name   | Middle Nam                       | 9                                 | Purpose of Expenditure                |                            | Amount of Expenditure |
| Last Name/Business Name  |                                  | <del>-</del>                      |                                       |                            |                       |
| Address  |                                  |                                   |                                       |                            |                       |
| City   | State                            | Zip Code                          |                                       |                            | :                     |
| TOTAL ITEMIZED EXPENDITURES  (Carry forward to item 3. of next page if additional pages (Iff this is the last page of expenditures, this amount must | of this form ar<br>be shown in i | e used.)<br>tem 19b. of summary.) |                                       |                            | 1,243.37              |

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

| 3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans training more than \$100 from any source during the period)  Complete the Following for the Source of the Loan  First Name    Modie Name   Outstanding Loan Balance   Coass   Canal Payment  | 1. NAME OF CANDIDATE O  | R COMMITTEE                                |                              | •           |               |                               |               |                    | REPORT<br>ROM:                        | COVE          | RING<br>TØ: | THE PERIOD                              |
|--|---|--|------------------------------|-------------|---------------|-------------------------------|---------------|--------------------|---------------------------------------|---------------|-------------|---|
| First Name Middle Name Outstanding Loan Balanco (Beginning of Period)  List Name/Organization Name  Address  Loan Received For: Primary Bection General Eccions Chly)  List All Endorsers or Guarambars for Above Loan (if more space is needed please attach a page)  First Name Middle Name Frist Name Middle Name  Last Name/Organization Name  Address  City State Zip Code City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name Frist Name Middle Name  Last Name/Organization Name  Address  City State Zip Code City State Zip Code  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name Frist Name Middle Name  Last Name/Organization Name  Address  City State Zip Code City State Zip Code  City State Zip Code  City State Zip Code  City State Zip Code  City State Zip Code  City State Zip Code  City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name  Last Name/Organization Name  Address  City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name  Last Name/Organization Name  Address  City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name  Address  City State Zip Code  Amount Guaranteed Outstanding  | 3. COMPLETE THE APPROP  | PRIATE ITEMS                               | FOR EACH                     | ITEMIZ      | ZED LOAN      | loans totaling m              | ore than \$10 | 00 from any source | e during the pe                       | eriod)        | 1           |   |
| Geginning of Period)   Received   Payments   Gend of Period)   Received   Payments   Gend of Period)   |   | ource of the Loan                          | )<br>                        |             |               |                               |               |                    | /                                     |               |             |   |
| List Name/Organization Name  Address  City  State  Zip Code  Amount Guaranteed Outstanding  First Name  Middle Name  Last Name/Organization Name  Address  City  State  Zip Code  Amount Guaranteed Outstanding  First Name  Middle Name  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Address  Addr | First Name  | Middle Na                                  | me                           |             |               |                               |               |                    |                                       | Out           |             |   |
| Primary Election   General Election     Runoff (Local Elections Only)  | Last Name/Organization Name   |  |                              | •           |               | ·                             |               |                    |                                       |               | ,           | ,                                       |
| City   State   Zip Code   Runoff (Local Elections Only)  |   |  |                              |             |               |                               | ☐ Genera      | al Election        | Date of Lo                            | an            |             | -                                       |
| First Name Middle Name First Name Middle Name  Last Name/Organization Name  Address  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name First Name Middle Name  Last Name/Organization Name  Address  City State Zip Code  City State Zip Code  City State Zip Code  Address  City State Zip Code  Address  City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name First Name  Address  City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name First Name Middle Name  Last Name/Organization Name  Last Name/Organization Name  Address  City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name Middle Name  Address  City State Zip Code  City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name Middle Name Middle Name  First Name First Name Middle Name Middle Name  | City  |  | <u> </u>                     |             | <u> </u>      | f (Local Elections Only)      |               |                    |                                       |               |             |   |
| Last Name/Organization Name  Address  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name First Name Middle Name  Last Name/Organization Name  Address  City State Zip Code City State Zip Code  City State Zip Code  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  First Name Middle Name  Middle Name  First Name Middle Name  Middle Name  Middle Name  First Name Middle Name  Middle Name  First Name Middle Name  Middle Name  First Name Middle Name  First Name Middle Name  First Name Middle Name  First Name Middle Name  Middle Name  First Name Middle Name  |   | List All Endo                              |                              |             | for Above Loa |                               | ce is neede   | please attacl      | n a page)                             |               |             |   |
| Address  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name First Name Middle Name  Last Name/Organization Name  Address Address  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name First Name Middle Name  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Amount Guaranteed Outstanding  First Name Middle Name First Name Middle Name  City State Zip Code  Amount Guaranteed Outstanding   | First Name  |  | Middle Nan                   | ne          |               | First Name                    |               |                    |                                       | Middle        | Name        |   |
| City State Zip Code City State Zip Code  Amount Guaranteed Outstanding Amount Guaranteed Outstanding  First Name Middle Name First Name Middle Name  Last Name/Organization Name  Address  City State Zip Code City 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                          | Last Name/Organization Name   |  |                              | •           |               | Last Name/Org                 | anization Na  | arne               |                                       | · -           |             |   |
| Amount Guaranteed Outstanding  First Name  Middle Name  First Name  Middle Name  Last Name/Organization Name  Address  City  State  Zip Code  City  Amount Guaranteed Outstanding  First Name  Middle Name  First Name  Middle Name  Last Name/Organization Name  Address  City  State  Zip Code  City  Amount Guaranteed Outstanding  First Name  Middle Name  Last Name/Organization Name  Last Name/Organization Name  Address  Address  City  State  Zip Code  City  State  Address  Address  Address  Address  Address  Address  Address  Address  Address  Amount Guaranteed Outstanding  First Name  Middle Name  First Name  Middle Name  First Name  Middle Name  First Name  Middle Name   | Address   |  |                              |             |               | Address                       | ,             |                    |                                       |               |             |   |
| First Name  Middle Name  First Name  Middle Name  Last Name/Organization Name  Last Name/Organization Name  Address  City  State  Zip Code  City  Amount Guaranteed Outstanding  First Name  Middle Name  Last Name/Organization Name  Last Name/Organization Name  Middle Name  Address  City  State  Zip Code  City  State  Zip Code  City  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  Address  Address  Address  Address  Address  First Name  Middle Name  First Name  Middle Name  First Name  Middle Name  First Name  Middle Name  Middle Name  | City  |  | State                        | Zip C       | ode           | City                          |               |                    |                                       | State         |             | Zip Code                                |
| Last Name/Organization Name  Address  Address  City  State  Zip Code  City  Amount Guaranteed Outstanding  Middle Name  First Name  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Address  Address  City  State  Zip Code  City  State  Zip Code  City  State  Address  Address  Address  Address  First Name  Middle Name  First Name  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  First Name  Middle Name  First Name  Middle Name  First Name  Middle Name   | Amount Guaranteed Outstanding   |  |                              |             |               | Amoylat Guarar                | nteed Oulsta  | nding              |                                       |               | •           |   |
| Address  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name First Name Maddress  City State Zip Code  Address  City State Zip Code City State Zip Code  Address  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name First Name  Address  Address  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name First Name Middle Name  | First Name  |  | Middle Nал                   | nei         |               | First Name Middle Name        |               |                    |                                       |               |             |   |
| City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  First Name  Middle Name  Last Name/Organization Name  Last Name/Organization Name  Address  Address  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  First Name  Middle Name  | Last Name/Organization Name   |  |                              | <del></del> |               | Last Name/Organization Name   |               |                    |                                       |               |             |   |
| Amount Guaranteed Outstanding  First Name  Middle Name  First Name  Last Name/Organization Name  Address  Address  City  State  Zip Code  City  State  Zip Code  Amount Guaranteed Outstanding  First Name  Middle Name  Middle Name  First Name  Middle Name  Middle Name  First Name  Middle Name  | Address   |  |                              | •           |               | Address                       |               |                    |                                       |               |             |   |
| First Name Middle Name First Name Middle Name  Last Name/Organization Name  Address Address  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name First Name Middle Name   | City  |  | State                        | Zip C       | ode           | City                          |               |                    |                                       | State         |             | Zip Code                                |
| Last Name/Organization Name  Address  Address  City  State  Zip Code  City  State  Zip Code  Amount Guaranteed Outstanding  First Name  Middle Name  First Name  Middle Name  Middle Name  | Amount Guaranteed Outstanding   |  | /                            | 7           |               | Amount Guaran                 | iteed Outstar | nding              |                                       |               | •           |   |
| Address  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name First Name Middle Name   | First Name  |  | Middle Nam                   | ner         |               | First Name                    |               |                    | · · · · · · · · · · · · · · · · · · · | Middl         | e Name      |   |
| City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name First Name Middle Name  | Last Name/Organization Name   |  | /                            |             |               | Last Name/Org                 | anization Na  | те                 |                                       |               |             | -                                       |
| Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  First Name  Middle Name  Middle Name  Middle Name  | Address   |  | -                            |             |               | Address                       |               |                    |                                       |               |             |   |
| First Name First Name Middle Name Middle Name  | City  |  | State                        | Zip Co      | ode           | City                          |               |                    | State                                 |               | Zip Code    |   |
|  | Amount Guaranteed Outstanding   |  |                              |             |               | Amount Guaran                 | teed Outstar  | nding              |                                       |               |             |   |
| Last Name/Organization Name  Last Name/Organization Name   | First Name Middle Name  |  |                              | e           |               | First Name Midd               |               |                    | Middle                                | idle Name     |             |   |
|  | Last Name/Organization Name   |  |                              |             |               | Last Name/Organization Name   |               |                    |                                       |               |             |   |
| Address Address  | Address   | 1  |                              |             |               | Address                       | ·. ··         |                    |                                       | · · · · · · · |             |   |
| City State Zip Code City State Zip Code  | City  | -  | State                        | Zip Co      | ode           | City State Z                  |               |                    | Zip Code                              |               |             |   |
| Amount Guaranteed Outstanding Amount Guaranteed Outstanding  | Amount Guaranteed Outstanding   |  |                              |             |               | Amount Guaranteed Outstanding |               |                    |                                       |               |             |   |
|  | (Total loans received should also be s<br>(Total loan payments should also be s | hown in item 16. on<br>hown in item 20. on | summary page<br>summary page | e.)<br>e.)  |               |                               |               |                    |                                       |               |             | tanding Loan Balance<br>(End of Period) |

### **ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE**

|   |                          |                        | <del></del>                                  |                              |                         |                                       |
|---|--------------------------|------------------------|--|------------------------------|-------------------------|---------------------------------------|
| 1. NAME OF CANDIDATE OR C   | COMMITTEE                | •                      |  | 2. REPORT CO                 | VERING THE PE           | RIOD                                  |
|   |                          |                        |  | FROM:                        | TO:                     | . 1145                                |
| COMPLETE THE APPROPRI<br>OBLIGATION (obligations total<br>person/vendor at the end of the | ling more than \$100 o   | CH ITEMIZED wed to any | Outstanding Balance<br>(Beginning of Period) | Debt Incurred<br>This Period | Payments<br>This Period | Outstanding Balanc<br>(End of Period) |
| First Name  | Middle N                 | ame                    |  |                              | <del>- /-</del>         |                                       |
| Last Name/Business Name   |                          |                        |  | 1                            |                         |                                       |
| Address   | <del></del>              | <del></del>            |  | ] /                          | ľ                       |                                       |
|   |                          |                        | _  | /                            |                         |                                       |
| City  | State                    | Zip Code               |  |                              |                         |                                       |
| Description of Obligation   |                          |                        |  |                              |                         |                                       |
| First Name  | Middle N                 | arne                   |  |                              |                         |                                       |
| Last Name/Business Name   |                          |                        | _  |                              |                         |                                       |
|   | ······                   |                        | _  /   |                              |                         | 1                                     |
| Address   |                          |                        | 7 /  |                              |                         |                                       |
| City  | State                    | Zip Code               | -  | '                            |                         | ļ                                     |
| Description of Obligation   |                          | <u> </u>               | <del></del>                                  |                              |                         | <u> </u>                              |
|   |                          |                        |  |                              |                         |                                       |
| First Name  | Middle Na                | me                     | 1  |                              |                         |                                       |
| Last Name/Business Name   |                          |                        | 4 (  |                              |                         |                                       |
| Address   | <del>-</del>             |                        | -  |                              |                         | ı                                     |
|   |                          |                        | 1  |                              |                         |                                       |
| City  | State                    | Zip Ode                |  |                              |                         |                                       |
| Description of Obligation   |                          |                        |  |                              |                         |                                       |
| First Name  | Middle Nar               | ne                     |  |                              |                         |                                       |
|   |                          |                        |  |                              |                         | ·                                     |
| Last Name/Business Name   |                          |                        | ]  |                              | ;                       |                                       |
| Address   |                          |                        | 1  |                              | 1                       |                                       |
| City  | State                    | Zip Code               | -  |                              |                         |                                       |
| Description of Obligation   | <u>/</u>                 | <u> </u>               |  |                              | <u></u>                 | ··-                                   |
|   |                          |                        |  |                              |                         | J                                     |
| First Name  | Middle Nam               | 6                      |  |                              |                         |                                       |
| ast Name/Business Name  |                          |                        |  | ľ                            | İ                       |                                       |
| ddress  |                          |                        |  |                              |                         |                                       |
| City City   |                          |                        |  | }                            | }                       | }                                     |
|   | State                    | Zip Code               |  |                              |                         | ļ                                     |
| escription of Obligation  |                          |                        | 1  | <del></del> -                |                         |                                       |
| TOTALS  |                          | -                      |  | <del> </del>                 |                         |                                       |
| (Total from Outstanding Balance - (End  | of Period) column must a | ilso be shown          |  |                              |                         |                                       |
| in item 23b. on summary page.)  | _                        |                        |  |                              |                         | ĺ                                     |