CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT,					
10/28/18	2.a. NAMEOFC	ANDIDATE OR CO	OMMITTEE.	61	·-
2.b. IF COMMITTEE, NAME OF CANDIDATE	<u></u>	NEI TK	- Pul	3. ELECTION DAT	E
A CAMPAIGN APPERS					
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		State	Zin Onda	
225 Rolling Acres Dr	Whitel	touse .		Zip Code 7188 /	153005997
CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	t than 4.a.) City		State		
SAME			State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if	applicable)	6. NAME OF	POLITICAL T	REASURER (may b	e candidate)
7. CATEGORY OR REPORT (Check one)	e Tu	Keir	th fu	<u> </u>	
			Q		
QUARTER QUARTER QUARTER	FOURTH QUARTER	PRE- PRIMARY	PRE- GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD		8.b. ENDINGD	ATE OF REPOR	TING PERIOD	SUPPLEMENTAL
9. (Check one)		10/	28/18		
	d attack		•		
a. This campaign is exempt from detailed tures total \$1,000 or less for this report	a disclosure because ting period. (Compl	e contributions (in lete items 12d., 1	ncluding in-kind 2e. and 12f.)	d) received total \$1,0	000 or less AND expendi-
b. This campaign is required to file a deta	ailed financial disclo	siire hecalise co		ludina in-kind) recei:	ed total more than \$1,000
and/or expenditures total more than \$	1,000 for this reporti	ng period.		in tand) (coch	red total more than \$1,000
10. I/we do solemnly swear or affirm that the infraccurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we sbenefit of the candidate or for any other noor.	wear or affirm that r	required to be R	sported by the	candidate committee	
benefit of the candidate or for any other nonp	political purpose as o	defined by the fe	deral internal r	evenue code	dio Cisonal illigitati
Shirt had	10/28/18		N of	الم الما	10/28/18
aignature of candidate	date		signature of	political treasurer	- (8 1 28/1 8 date
11. WITNESS SIGNATURE					
Dan ()) ,	
signature of witness	date date	<u> </u>	signatur	e of witness	10/28/18 date
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT	***************************************		\$		
b. TOTAL RECEIPTS THIS PERIOD		HE	s		
c. TOTAL DISBURSEMENTS THIS PERIOD	A.M.		ノ s P.M.		
d. BALANCE ON HAND (12.a. plus 12.b. mir		040.1.2018	r.ivi. }		S
e. TOTAL LOANS OUTSTANDING	SUMI	NER COUN	NTY		-0
	ELECTIO	ON COMMI	SSION		
f. TOTAL OBLIGATIONS OUTSTANDING		•••••	•••••••	\$	- 0 -



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14 REPORT COV	ERING THE PERIOD
Keith Futch	FROM: (0/1/18	
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)		- otapo
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	***************************************	\$0 -
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>		
<u> </u>	 _	
		
\$	_ _	
		
	<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.)		
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. Unitemized Obligations Outstanding (\$100 or less each)	sO-	
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u>-0-</u>	.
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 1		s -0 -

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COM	AMITTEG			2. REPORT COV FROM: (5 (11)	ERING THE PERIOD			
3. TOTAL ITEMIZED CAMPAIGN C	ONTRIBUTIONS F	ROM PRECEDIN	G PAGE (enter \$0 if first itemized p.	age)	Amount			
4. COMPLETE THE APPROPRIATE IT	EMS FOR EACH ITE	MIZED CONTRIBUT	ION (contributions totaling more than \$	100 from any contribut	tor)			
First Name	Middle N	ame	Contribution Received For:		Amount of Contribution			
Last Name/Organization Name			Primary Election	Primary Election General Election				
Address	Address		Runoff (Local Elections	Runoff (Local Elections Only)				
City	State	Zip Code	Date of Contribution	Date of Contribution				
Occupation								
Employer								
First Name	Middle N	ame	Contribution Received Fee		Amount of Contribution			
Last Name/Organization Name				Contribution Received For:				
Address								
City	ia.	-	Runoff (Local Elections	s Only)				
	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation								
Employer								
First Name	Middle Nar	ne	Contribution Received For:	Contribution Received For:				
ast Name/Organization Name			☐ Primary Election ☐	General Election				
Address			Runoff (Local Elections	Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation								
mployer								
irst Name	Middle Nan	ne	Contribution Received For:		Amount of Contribution			
ast Name/Organization Name			Primary Election	General Election				
ddress	<u> </u>	<u></u>	Runoff (Local Elections	Only)				
ity	State	Zip Code	Date of Contribution		Aggregate This Election			
ccupation			_					
nployer			-					
5. TOTAL ITEMIZED CONTRIBUTION (Carry forward to item 3. of next page if addition (If this is the last page of contributions, this and	onal pages of this form ar	e used.) iem 15b. of summary.)						

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR C	OMMITTEE	,			2. REPORT COVE	RING THE PERIOD
Keit	Lite	<u> </u>			FROM:10/1/18	10:10/28/18
3. TOTAL ITEMIZED IN-KIND CO	ONTRIBUTIO	NS FROM	PRECEDING PAGE	(enter \$0 if first itemized name	a)	Amount
4. COMPLETE THE APPROPRIATE	ITEMS FOR E	ACH ITEMI	ZED IN-KIND CONTRI	BUTION (in-kind contributions totaling	more than \$100 from any co	Itributor during the period)
First Name	· · · · · ·	Middle Na		In-Kind Contribution Receive	Value of In-Kind Contribution	
Last Name/Organization Name		<u> </u>		Primary Election		
Address				Runoff (Local Election	ns Only)	Assessment this Florida
City		State	Zip Code	Description of In-Kind Contribution		Aggregate this Election
Occupation	petion Employer			- Samples of the Value Control		
First Name	rst Name Middle Name			In-Kind Contribution Received		Value of In-Kind Contribution
Last Name/Organization Name				I	General Election	
Address				Runoff (Local Election	s Only)	
City		-	·	Date of In-Kind Contribution		Aggregate this Election
Occupation	T	State	Zīp Code	Description of In-Kind Contribution		
сссирации	Employer					
First Name		Middle Nan	ne	In-Kind Contribution Received	For:	Value of In-Kind Contribution
Last Name/Organization Name					General Election	
Address		···		Runoff (Local Elections Date of In-Kind Contribution	s Only)	
City		Chata	T-0.4			Aggregate this Election
Occupation	Employer	State	Zip Code	Description of In-Kind Contribution		•
	, шижу с					
First Name		Middle Nam		In-Kind Contribution Received	For	Notice of the Control of the Control
Last Name/Organization Name				Primary Election	Value of In-Kind Contribution	
	_		·	Runoff (Local Elections	Only)	
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer			1		
First Name						
		Middle Name		In-Kind Contribution Received Primary Election	For: General Election	Value of In-Kind Contribution
ast Name/Organization Name				Runoff (Local Elections		
Address				Date of In-Kind Contribution		Aggregate this Election
lity		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer	l				
5. TOTAL ITEMIZED IN-KIND COI	NTRIBUTION	s				
(Carry forward to item 3, of next page if ac (If this is the last page of in-kind contributi	ditional pages of	this form are	used.)			
SS-1128 (Rev. 2/06)	, usa ampuni i	muot De SHOY	THE RESERVE SUMMARY	Page	4 of 7	PDA 1150

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR CO	10/1/18 10:10/28/18						
3. TOTAL ITEMIZED CAMPAIGN E	XPENDITURES F	ROM PRECEDING	PAGE (enter \$0 if first itemized page)	Amount			
4. COMPLETE THE APPROPRIATE IT	EMS FOR EACH ITE	MIZED EXPENDITU	RE (expenditures totaling more than \$100 to any pay	ree during the period)			
First Name	Middle		Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name	<u></u>						
Address			_				
City	State	Zip Code					
First Name	Middle N	lame	Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name							
Address		· <u> </u>					
City	State	Zip Code					
First Name	Middle N	ame	Purpose of Expenditure	Amount of Expenditure			
ast Name/Business Name		<u> </u>	-				
Address							
City	State	Zip Code					
First Name	Middle Na	me	Purpose of Expenditure	Amount of Expenditure			
ast Name/Business Name			_				
Address							
City	State	Zip Code					
irst Name	Middle Nar	me	Purpose of Expenditure	Amount of Expenditure			
ast Name/Business Name							
ddress							
ity	State	Zip Code	7				
irst Name	Middle Nan	ne	Purpose of Expenditure	Amount of Expenditure			
st Name/Business Name							
dress							
y	State	Zip Code	-				
Carry forward to item 3. of next page if addit (If this is the last page of expenditures, this a	tional pages of this form a	re used.) item 19b. of summary.)					

Page _5 _ of _ _ _ RDA 1159

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDI	DATE OR COMMITTE	 E						2 PEDOD	T COV	EDIM	THE DEDICE
	K	eith	. Ty	HLL	j			FROM:	L_{\odot}	TO	THE PERIOD
3. COMPLETE THE	APPROPRIATE ITEMS	FOR EACH	ITEMIZ	ZED LOAN	(loans totaling n	nore than	\$100 from any so	urce during the	period)	<u> </u>	10 HZ 8 H 6
	for the Source of the Loan	<u> </u>									
First Name	Middle Na	ame		Outstanding (Beginning	Loan Balance of Period)	Lo Rec	Loan Payments	Outstanding Loan Balance			
Last Name/Organization Nam	me			-	,	1400	91190	rayments		(En	d of Period)
Address				Loan Receiv	red For:			Date of L	oan		
City	State	Zip Code	1 ' 1 —				eral Election				
	l ist All Fode	Oreans or Gua	motom é		(Local Elections (
First Name	ESTAII EIRIC	Middle Nam		or Above Loa	In (If more space	ce is nee	ded please atta	ich a page)			
Last Name 10		I Wildus I Val	<u> </u>						Mid	dle Nam	6
Last Name/Organization Nam	ne 				Last Name/Org	anization	Name				
Address					Address						
City		State	Zip Co	de	City				Stat	e	Zip Code
Amount Guaranteed Outstand	ling		<u> </u>		Amount Guaran	teed Outs	tanding		_1		<u> </u>
First Name		Middle Nam	e		First Name				Middle Name		
Last Name/Organization Nam	e				Last Name/Orga	nization N	lame				
Address			<u></u>		Address						
City		State	Zip Coo	j e	City				State		Zip Code
Amount Guaranteed Outstandi	ing		<u></u>		Amount Guarant	eed Outst	anding	 	June		Др соов
First Name		1010 11					one my				
·		Middle Name	· 		First Name				Mido	lle Name	•
Last Name/Organization Name				·	Last Name/Orga	nization N	ame		•		
Address					Address						
City	·	State	Zip Cod	e	City				State	,	Zip Code
Amount Guaranteed Outstandin	ng	,			Amount Guarante	ed Outsta	nding				
First Name		Middle Name		·	First Name				Middle	e Name	
.ast Name/Organization Name		<u> </u>			Last Name/Organ	ization Na	me	-			_
Address		<u> </u>			Address						
City		State	Zip Code	, (City	<u>.</u>			State		Zip Code
mount Guaranteed Outstandin	g				vmount Guarante	ed Outstar	nding	<u></u>	_		
. Totals for all Loans (cor	mplete on last page of i	emized loar	e)	- 1,) dotoodies I see	Dolari			_		
(Total loans received should al (Total loan payments should al (Total outstanding loan balance	lso be shown in item 16, on so Iso be shown in item 20, on so	immary page.)			Outstanding Loan (Beginning of P		Loans Received	Loar Payme			anding Loan Balance End of Period)
			J-1				<u></u>	_L		I	



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE		ill T	. 1 0	2. REPORT CO	VERING THE DE	TRIOD	
	1/1	ith Fr	Itu	FROM: 10/1			
 COMPLETE THE APPROPRIATE ITEMS OBLIGATION (obligations totaling more the person/vendor at the end of the reporting 	ian \$100 oc	HITEMIZED	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)	
First Name	Middle N	ame					
Last Name/Business Name	_l	<u> </u>	-				
Address			-			-0-	
City	State	Zip Code	-				
Description of Obligation	<u> </u>	<u> </u>					
First Name							
rnst warne	Middle Na	me					
Last Name/Business Name	<u> </u>	<u> </u>	1 1				
Address			1 1				
City	State	Zip Code	1		i	-0	
Description of Obligation		<u> </u>					
First Name	Middle Name						
Last Name/Business Name							
Address						-0-	
City	State	Zip Code					
Description of Obligation		1					
First Name	T						
I II OL PROFILE	Middle Name						
Last Name/Business Name							
Address						-01	
City	State	Zip Code			,		
Description of Obligation							
First Name	Middle Nam	e					
ast Name/Business Name							
ddress						-0	
City	State	Zip Code		}			
Description of Obligation							
TOTALS							
. TOTALS (Total from Outstanding Balance - (End of Period) or in item 23b. on summary page.)	olumn must a	also be shown					
GC 1127 (Day 4/02)							