# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT	Onigre-Ca			<del>?es</del>	
1-21-19	2.a. NAMEOFO	CANDIDATE OR C	COMMITTEE	Aprio.	א
2.b. IF COMMITTEE, NAME OF CANDIDATE			1 1100	3. ELECTION D	
MIKE Alvord				11-6	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		State		
4.b. CANDIDATE'S HOME ADDRESS (if different	111-5/16	J U 5 E	1	Zip Code 37188	Phone 6 15-456-4036
	City		State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if a	applicable)	6. NAME C	F POLITICAL 7	REASURER (ma	V he candidate)
MAYOR WHITE HO	10 3E	$\Box$ $C$		50000	y be carroldate)
7. CATEGORY OR REPORT (Check one)	le l'				
FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH	PRE-	L.) PRE-	MID-YEAR	YEAR-END
8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER T	PRIMARY 8.b. ENDING!	GENERAL DATE OF REPOR	SUPPLEMEN	TAL SUPPLEMENTAL
10-78-18			-15-19	(TING PERIOD	
9. (Check one)	······································				<u> </u>
<ul> <li>a.  This campaign is exempt from detailed tures total \$1,000 or less for this reportion.</li> <li>b. This campaign is required to file a detail and/or expenditures total more than \$1,000.</li> </ul>	ed financial dicale		126. allu 121.)		
and/or expenditures total more than \$1,	000 for this reporti	ng period.	•	, , , , , , , , , , , , , , , , , , , ,	ores total more trials \$1,000
I/we do solemnly swear or affirm that the information accurate accounting of campaign contributions Financial Disclosure Act. Additionally, I/we switches benefit of the candidate or for any other nonpositions.  Signature of candidate	Oar or office that -	reduited to be i	chotten by the	candidate commi	te and that this report is an tee by the Campaign for the personal financial
11. WITNESS SIGNATURE  Signature of witness	/ - }	Íd	y y	adows e of witness	1 - >1 - 1 <b>9</b>
12. SUMMARY		`	7 (		
a. BALANCE ON HAND LAST REPORT		J PM:	\$	1458.	-
b. TOTAL RECEIPTS THIS PERIOD	25 RFG	Ð	\$	-0 -	_
c. TOTAL DISBURSEMENTS THIS PERIOD	JAN 25"50	>19 +14 <sup>-[</sup>	\$	16 (.88	
d. BALANCE ON HAND (12.a. plus 12.b. minus	HON COM	MISSION	***************************************	***************************************	\$ 1796.27
e. TOTAL LOANS OUTSTANDING		***************************************		••••	sD-
f. TOTAL OBLIGATIONS OUTSTANDING					s - D -



#### SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIO
MINE ALLOW	FROM: 10-28-18 TO: 1-15-19
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	<u> </u>
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>O</u> _
b. Itemized Contributions (over \$100 from each source this period)	\$
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$0-
16. LOANS RECEIVED THIS REPORTING PERIOD	s
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ -0-
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$0_
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)
GERLO PRINTING -CAMPAIGN BUTTONS \$ 1618	8
<u> </u>	
\$	·
<b></b>	<del></del>
*	
<u> </u>	<del></del>
\$	<u> </u>
<u> </u>	<del></del>
\$ <u> </u>	<del></del>
Total of Expenditures (\$100 or less each payee)	
b. Itemized Expenditures (Over \$100 each payee this period)	
	* <u> </u>
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.)	\$ [61.00
Unitemized in-kind contributions (\$100 or less from each source this period)	0
b. Itemized in-kind contributions (over \$100 from each source this period)	\$
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)  23. OBLIGATIONS	\$
a. Unitemized Obligations Outstanding (\$100 or less each)	·——
b. Itemized Obligations Outstanding (Over \$100 each)	"
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 1	2.f.)



# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO	MMITTEE	<del></del>	2 REPOR	RT COVERING THE PERIOD
Mus A	800D		FROM: NO	28-18 TO: 1-15-19
3. TOTAL ITEMIZED CAMPAIGN (	CONTRIBUTIONS F	ROM PRECEDIN	IG PAGE (enter \$0 if first itemized page)	Amount
4. COMPLETE THE APPROPRIATE IT	TEMS FOR EACH ITE	MIZED CONTRIBU	TION (contributions totaling more than \$100 from any	
First Name	Middle I	lame	Contribution Received For:	Amount of Contribution
Last Name/Organization Name	st Name/Organization Name			
			Primary Election General Ele	ction
Address			Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation	<u> </u>		<del>-  </del>	35 33-10 7.110 2.1000011
Employer				
<b></b>				
First Name	Middle N	ame	Contribution Received For:	
Last Name/Organization Name				Amount of Contribution
East Maines Or ganization Marine			Primary Election    General Elec	tion
Address			Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution	Aggreents This Fig. 11
Occupation		<u> </u>		Aggregate This Election
Employer				
First Name	Middle Na	THE	Contribution Received For:	
asi Name/Organization Name				Amount of Contribution
			Primary Election General Elect	ion
ddress		-	Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution	Aggregate This Florida
ccupation				Aggregate This Election
			<del> </del>	
mployer				
rst Name	Middle Nag	ne .	Contribution Floorie	
st Name/Organization Name	110000 1100		Contribution Received For:	Amount of Contribution
Account of Business Out 14 St. 16			Primary Election General Election	מכ
ldress	· · · · · · · · ·		Runoff (Local Elections Only)	
у	State	Zip Code	Date of Contribution	Aggregate This Election
cupation				Magragate THIS Election
ployer	·	<u> </u>		
•				
TOTAL ITEMIZED CONTRIBUTION				
(Carry forward to item 3. of next page if additional (If this is the last page of contributions, this arr	onal pages of this form are	used.)		-0-
( The state of the	INVESTIGATION OF SHOWIN IN IN	un 100. of summary.)		

## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OF	COMMITTEE		2. REPORT C	OVERING THE PERIOD
Mino A	enors	<del></del>	FROM: 10-3	8-18 TO: 1-15-79
3. TOTAL ITEMIZED IN-KIND	CONTRIBUTIONS	ROM PRECEDING P	AGE (enter \$0 if first itemized page)	Amount
4. COMPLETE THE APPROPRIA	TE ITEMS FOR EACH	ITEMIZED IN-KIND CON	NTRIBUTION (in-kind contributions totaling more than \$100 from	any contributor during the period)
First Name Middle Name			In-Kind Contribution Received For:  Primary Election General Election	Value of In-Kind Contribution
Last Name/Organization Name			Runoff (Local Elections Only)	
Address			Date of In-Kind Contribution	Aggregate this Election
City	Sta	te Zip Code	Description of In-Kind Contribution	
Occupation	Employer	<u> </u>		
First Name	Mid	dle Name	In-Kind Contribution Received For:	Value of In-Kind Contribution
Last Name/Organization Name			Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Address			Date of In-Kind Contribution	Aggregate this Election
City	Stat	B Zip Code	Description of In-Kind Contribution	
Occupation	Employer	<del></del>		
First Name	Mid	Ile Name	In-Kind Contribution Received For:	Value of In-Kind Contribution
Last Name/Organization Name			Primary Election General Election	
Address			Runoff (Local Elections Only)  Date of In-Kind Contribution	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer			
	<u> </u>	<del></del>		
First Name	Midd	ie Name	In-Kind Contribution Received For:  Primary Election General Election	Value of In-Kind Contribution
Last Name/Organization Name			Runoff (Local Elections Only)	
Address	· · · · · · · · · · · · · · · · · · ·		Date of In-Kind Contribution	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution	<u>-</u> -
Occupation	Employer			
irst Name	Middle	Name	In-Kind Contribution Received For:	Value of In-Kind Contribution
ast Name/Organization Name			Primary Election ☐ General Election☐ Runoff (Local Elections Only)	ļ
ddress		<del> </del>	Date of In-Kind Contribution	Aggregate this Election
ity	State	Zip Code	Description of In-Kind Contribution	
ccupation	Employer	<u></u>		
. TOTAL ITEMIZED IN-KIND C (Carry forward to item 3. of next page	if additional pages of this fo	rm are used.)		
(If this is the last page of in-kind contril SS-1128 (Rev. 2/06)	butions, this amount must !	e shown in item 22b. of sum	Page 4 of 7	10-

### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVE	RING THE PERIOD		
		70: 1-15-19 Amount					
TOTAL ITEMIZED CAMPAIGN EXPENDIT     COMPLETE THE APPROPRIATE ITEMS FOR	EACH ITE	OM PRECEDING PA	GE (enter \$0 if first itemized p	age)	<u> </u>		
First Name	Middle N	_	Purpose of Expenditure	U to any payee during the p			
Last Name/Business Name	The state of the s		Campo (ba)	BUTTONS	Amount of Expenditure		
GORAD PRINTING					16088		
Address 7937 Hwy 3/4	)						
Address 7937 Hay 314	State Zip Code 77 37188						
First Name	Middle N	arne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	<del></del>		-				
Address	<del></del>		_				
City	State	Zip Code	-				
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name			-				
Address		<del></del>	1				
City	State	Zip Code	<u>.</u> 				
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name			-				
Address			7				
City	State	Zip Code	1				
First Name	Middle Nan	ne	Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name	<u> </u>		-		,		
Address		<del>_</del>	-				
City	State	Zip Code	-				
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure		
ast Name/Business Name			1				
Address	diress			1			
City	State	Zip Code	-	į	:		
<ol> <li>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</li> </ol>	of this form as be shown in i	e used.) tem 19b. of summary.)			161.88		

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

1. NAME OF CANDIDA	ATE OR COMMITTE	<u> </u>						2 PEDADT	COVE	DINO:	TUE DEDICO
40	ANOW	<del>.</del>					<b>-</b>	FROM:	COVE	TO:	THE PERIOD
LATINE	MENOUD						i	10-24-	18		- 15 -19
3. COMPLETE THE AF	PPROPRIATE ITEMS	FOR EACH	ITEMIZ	ZED LOAN	(loans totaling n	nore than \$1	100 from any so	urce during the p	xeriod)		<del></del>
Complete the Following fo	r the Source of the Loar	1	-								
First Name	Middle Na	ame		Outstanding (Beginning	Loan Balance	Loar		Loan	Tou		Loan Balance
Last Name/Organization Name				- (peghunnig	oi renouj	Recei	ved	Payments	Ī	(End c	of Period)
and the state of t	,						1		1		
Address		·		Loan Receiv	ed For:		<u>L</u>	Date of Lo	an		
City				☐ Primar	Primary Election General Election						
0.0	State	Zip Code		☐ Runoff	Runoff (Local Elections Only)			İ			
	List All Endo	orsers or Guar	rantors fo	or Above Loa	an (If more spa	ce is need	ed please att	ach a page)			
First Name		Middle Nam			First Name				l Midd	le Name	
Last Name/Organization Name		<u> </u>			1						
East Harrier Organization (1881)					Last Name/Org	janization N	ame				
Address					Address				m		<u> </u>
City		1 aug	15: 0		1						
Oity		State	Zip Co	oge	City				State		Zip Code
Amount Guaranteed Outstandin	19	<u> </u>	-1		Amount Guaranteed Outstanding						
First Name		Middle Nam	e	·	First Name Middle Name						
					First Name Middle Name						
Last Name/Organization Name			'		Last Name/Org	anization Na	ame		-1		
Address				_	Addanas						
					Address						
City		State	Zip Co	ode	City		_		State	Ţ	Zip Code
Amount Guaranteed Outstanding	g	<u> </u>	<del></del> _		Amount Guaran	teed Outsta	nding				-
First Name		Timen er		-							
- Filst Name		Middle Name	)		First Name				Midd	le Name	
Last Name/Organization Name	· ·				Last Name/Orga	anization Na	me				
Address			_	<del></del> .	Address						
City		State	Zip Cox	de	City				State		Zip Code
Amount Guaranteed Outstanding	i	<u> </u>		_	Amount Guarant	eed Outstar	nding		<u>.                                    </u>		
				<u> </u>							
First Name		Middle Name			First Name				Middle	Name	
Last Name/Organization Name		1	-		Last Name/Orga	nization Nar	me		Ι		
Address		<del></del>			Address						·
City		State	7:00:		0:1			<del></del>	<u> </u>		
	-	Sidie	Zip Cod		City				State		čip Code
Amount Guaranteed Outstanding					Amount Guarante	ed Oulstan	ding				
4. Totals for all Loans (corr	plete on last page of	temized loa	ns)	- : <u></u>	Outstanding Loa	n Balance	Loans	Loar	1	Outstar	nding Loan Balance
(Total loan payments should als	Total loans received should also be shown in item 16. on summary page.) Total loan payments should also be shown in item 20. on summary page.)					Beginning of Period) Received Payments (End of Period			-		
(Total outstanding loan balance s	should also be shown in item	12.e. on front p	age.)		~0		_0 ~		_	<u> </u>	0 —
KY75											

### ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OF CON	2. REPORT COVERING THE PERIOD						
1 TILE HOL	10 hD	<del></del>		FROM: 10-78-18 TO: 1-15-19			
COMPLETE THE APPROPRIATE OBLIGATION (obligations totaling person/vendor at the end of the results).	more than \$100 o	CH ITEMIZED wed to any	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balan (End of Period)	
First Name	Middle i	iame					
Last Name/Business Name	st Name/Business Name						
Address		<del></del>					
City	State	Zip Code	$\dashv$				
Description of Obligation		<u> </u>		<u> </u>			
First Name	Middle N	ame	<del></del>			-	
Last Name/Business Name		<del> </del>	_				
Address		·					
City	State	Zip Code					
Description of Obligation							
First Name	Middle Na	me					
Last Name/Business Name	<del></del>		7				
Address	<u></u>		1				
City	State	Zip Code	†				
Description of Obligation		<u> </u>	<del></del>			<u> </u>	
First Name	Middle Nar	пе					
.ast Name/Business Name		<del></del>	-				
Address			-				
City	State	Zip Code	-				
Description of Obligation		<u> </u>					
First Name	Middle Nam	ne					
ast Name/Business Name	<del>-  </del>		1				
ddress			1				
Dity	State	Zip Code	1				
escription of Obligation		<u> </u>	<u></u>				
TOTALS	<del></del>			<del></del>	<del></del>		
Total from Outstanding Balance - (End of P in item 23b. on summary page.)	eriod) column must	also be shown	-0-	-0-	-0-	-0-	
<b>A</b>			<del></del>				