CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT		ANDIDATEORC		// /		
July 23, 2018		1erro1	N. 1	yde.	ATE	
2.b. IF COMMITTEE, NAME OF CANDIDATE				8. ELECTION D	1 2	2018
4.a. CAMPAIGN ADDRESS AND PHONE				I Augus	L. K.	~~ /a
Street or Rural Route	City		State	Zip Code	Phone	
103 Rebecca DR.	<u>Henders</u>	onville	7 <u>N.</u>	3700	(613) 82	23866
4.b. CANDIDATE'S HOME ADDRESS (if different or Rural Route	City		State	Zip Code	Phone	9
(Same)					h.a. aalidate	
5. OFFICE SOUGHT (include district number	r, if applicable)	6. NAME O	_	TREASURER (ma	, ,	;) !
7. CATEGORY OR REPORT (Check one)	strict 8	<u></u>	/Her	rolN.	yyde	
	D FOURTH	□ PRE-	X PRE-	MID-YEAF	₹ YE	AR-END
QUARTER QUARTER QUART	ER QUARTER	PRIMARY	GENERAL DATE OF REP	SUPPLEMEN ORTING PERIOD	TAL SUPPI	LEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD		a.b. LINDING		018		
9. (Check one)	·	July	r., ~	710		
This compoint is exempt from de	ailed disclosure becau	se contributions	(including in-	kind) received total	\$1,000 or less	AND expendi-
tures total \$1,000 or less for this r	eporting period. (Com	piete items 120.	, 126. and 121	•1	•	
b. This campaign is required to file a and/or expenditures total more the	detailed financial discion \$1,000 for this repo	losure because in Iting period.	contributions ((including in-kind) re	eceived total m	ore than \$1,000
					 	<u></u>
I/we do solemnly swear or affirm that the accurate accounting of campaign contril						
I Programme And Additionally [NUA SWEAT OF AMEM INS	t no cambaiun c	of the particular is	GAC DOCIL CYbounds.	for the perso	nal financial
benefit of the candidate or for any other	nonpolitical purpose a	s delined by the	legeral linem	al levelled doub.		, , ,
mend nifele	1/23/18		Mu	affile		2/23/18
signature of candidate	date		signature	of political treasur	er	/ dave
11 WITNESS SIGNATURE	·					
P1 1 10 11	1 1 110			1.40 1/1	Sma 1	17/27/18
Joseph Harmo	n <u>7/23/18</u>	Q.	sion	nature of witness	umon.	date
signature of witness	, uate				<u> </u>	
12. SUMMARY					•	
a. BALANCE ON HAND LAST REPORT				\$		
TOTAL PROFIDENTIAL HE PERIOD	・ルトレ			s	<u> </u>	
b. TOTAL RECEIPTS THIS PERIOD		P.M.	***************************************	N		
c. TOTAL DISBURSEMENTS THIS PER	1811 7 5 2018 ···			\$	<u></u>	_
d. BALANCE ON HAND (12.a. plus 12	b. minus 12.6) rrikt	fΥ		***************************************	\$	<i>P</i>
SUI	ANER COMMIS	SION				6
e. TOTAL LOANS OUTSTANDING	ION COMM					
f. TOTAL OBLIGATIONS OUTSTANDIN	۱G		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$	<u>Ø</u>
f. TOTAL OBLIGATIONS OUTSTANDII						

SUMMARY PAGE - CANDIDATE

	11 55555 501	EDING THE BEDIOD
13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COV FROM: 7-1-18	TO: 7-23-18
Merrol N. Hyde	1101111-18	1-1510
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	- 4	
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	***************************************	\$
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	e.g., printing, postage	, gasoline)
\$	_	
		ļ
\$		
* \$		
*		
\$		
\$		
\$		
\$		•
	Ø	
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. Uniternized 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	2.b.)	\$
23. OBLIGATIONS	•	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$	_
h Itemized Obligations Outstanding (Over \$100 each)	\$	_
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i it	em 12.f.)	\$



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR C	COMMITTEE	_			2. REPORT COVER	
Merrol N	Hude				FROM: 7-1-18	TO: 7-23-18
			-050W0 DA	DE (anter \$0) Frot itemized to	200)	Amount
3. TOTAL ITEMIZED CAMPAIG	N CONTRIBUTIONS F	ROM PRI	CEDING PAC	SE (enter 50 it ilist iternized p	*100 from any contributor	1
1. COMPLETE THE APPROPRIATI			NTRIBUTION (Contribution Received For:	\$ 100 IIOIII arry contributor	Amount of Contribution
First Name	Middle N	ame		Contribution Received For.		
ast Name/Organization Name				Primary Election		
				Runoff (Local Election	ne Only)	
Address			Runon (Local Election	ils Olly)		
City	State	Zip Co	de	Date of Contribution	ı	Aggregate This Election
Occupation			-			
Employer	<u> </u>					
First Name	Middle I	Name		Contribution Received Fo	г	Amount of Contribution
Last Name/Organization Name				Primary Election	General Election	
Address	<u> </u>		<u> </u>	Runoff (Local Election		
City	State	Zip C	ode	Date of Contribution		Aggregate This Election
Occupation				1		
Employer				-		
First Name	Middle l	Name		Contribution Received Fo	or,	Amount of Contribution
Last Name/Organization Name				Primary Election	General Election	
COST (ABILITY OF BESTEEDINGS) LANGE						
Address				Runoff (Local Electi		
City	State	Zip	Code	Date of Contribution		Aggregate This Election
Occupation				7		
Employer						
First Name	Middle	Name	····	Contribution Received For		Amount of Contribution
Last Name/Organization Name		·· <u>·</u> ·		Primary Election	General Election	
Address				Runoff (Local Elect	ions Only)	
City	State	Zip	Code	Date of Contribution	*	Aggregate This Election
Occupation	-					
Employer					<u>.</u>	
TOTAL ITEMIZED CONTF (Carry forward to item 3, of next pa	one if additional pages of this fo	om are use	d.)			Ø
(If this is the last page of contributi	ions, this amount must be show	wn in item 1:	ob. of summary.)			

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

. NAME OF CANDIDATE OR	COMMITTEE				2. REPORT COVER	ING THE PERIOD	
Merrol N. Hyde					FROM: 7-1-18	TO: 7-23-18 Amount	
. TOTAL ITEMIZED IN-KIND			RECEDING PAGE (enter \$0 if first itemized page		Ø	
COMPLETE THE APPROPRIAT	E ITEMS FOR EACH	ITEMIZE	D IN-KIND CONTRIBL	JTION (in-kind contributions totaling	more than \$100 from any con	tributor during the period)	
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUT rst Name Middle Name			in-Kind Contribution Receive		Value of In-Kind Contribution		
ast Name/Organization Name				Runoff (Local Election	ns Only)		
ddress			Date of In-Kind Contribution Aggregate this Election				
City	S	State	Zip Code	Description of In-Kind Contribution	1		
Occupation	Employer			1			
First Name		Middle Name	8	In-Kind Contribution Receiv	ed For: General Election	Value of In-Kind Contribution	
ast Name/Organization Name				Runoff (Local Election	ons Only)		
Address		•		Date of In-Kind Contribution		Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution	n		
Occupation	Employer				·		
First Name Middle Name			In-Kind Contribution Received	ved For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name				Runoff (Local Election	ions Only)		
Address				Date of In-Kind Contribution		Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution	on		
Occupation	Employer						
First Name		Middle Nar	ne	In-Kind Contribution Recei	ived For: General Election	Value of In-Kind Contribution	
Last Name/Organization Name				Runoff (Local Elec	tions Only)		
Address				Date of In-Kind Contribution		Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribut	ion	-	
Occupation	Employer	l—					
First Name		Middle Nan	ne	In-Kind Contribution Rec		Value of In-Kind Contribution	
Last Name/Organization Name	<u> </u>	<u> </u>	. <u> </u>	☐ Primary Election ☐ Runoff (Local Elec			
Address				Date of In-Kind Contribution	uses singl	Aggregate this Election	
City	<u> </u>	State	Zip Code	Description of In-Kind Contribut	ion		
Occupation	Employer	<u> </u>	1	-			
5. TOTAL ITEMIZED IN-KIN (Carry forward to item 3. of next	nage if additional nages	of this form	are used.)			0	
(If this is the last page of in-kind	contributions, this amou	nt must be s	hown in item 22b, of sumr	nary.)	n A. at 7	PDA 1159	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITTI	EE .			Z. REPORT COVE	TO:	
NAME OF CANDIDATE OR COMMITTIES.	TRUM: 7-1-18	TO: 7-23-18 Amount				
TOTAL ITEMIZED CAMPAIGN EXPEN	U DITURES FRO	M PRECEDING P	AGE (enter \$0 if first itemized pa	age)	0	
COMPLETE THE APPROPRIATE ITEMS F	OR EACH ITEM	ZED EXPENDITUR	E (expenditures totaling more than \$10	0 to any payee during the p	eriod)	
	Middle Name				Amount of Expenditure	
irst Name			Purpose of Expenditure			
ast Name/Business Name						
Address	 					
- Colons	160	Zip Code	_		1	
City	State	Zip code		, and the second second		
irsi Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
list Manie						
ast Name/Business Name						
ddress				·		
	State	Zip Code	- -			
City	Jalaic	Elp 5550				
	Middle Na	me.	Purpose of Expenditure		Amount of Expenditure	
First Name	Middle Na					
ast Name/Business Name						
Address						
	Diete	Zip Code				
City	State	Zip Coze				
	Middle Na	mė.	Purpose of Expenditure	* <u>* * * * * * * * * * * * * * * * * * </u>	Amount of Expenditure	
First Name	INIOGIC IAG					
Last Name/Business Name						
Address		<u> </u>				
· · · · · · · · · · · · · · · · · · ·	1000	Zip Code		_		
City	State	Zip Code				
	والمرازع المرازع		Purpose of Expenditure		Amount of Expenditure	
First Name	Middle Na		1 dibose of Exhaustra			
Last Name/Business Name						
Address	· · · · · ·					
Violege	16.0	7in Carlo				
Cily	State	Zip Code		<u> </u>		
First Name	Middle N	ame	Purpose of Expenditure	-	Amount of Expenditure	
First Name						
Last Name/Business Name						
Address						
Civil To Codo						
City	State	Thouge			<u> </u>	
5. TOTAL ITEMIZED EXPENDITURE	: c				*	
(Come forward to item 3 of payt page if addition	nal naces of this for	m are used.)				
(If this is the last page of expenditures, this am	ount must be show	n in item 19b. of summa	ary.)			

SS-1129 (Rev. 4/02)

Page <u>5</u> of <u>7</u>

RDA 1159

ITEMIZED STATEMENT OF LOANS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE				EPORT COVERING	
			FRO		7-25-18
Merrol N.	Hyc	e			17516
. COMPLETE THE APPROPRIATE ITEMS I	FOR EACH IT	EMIZED LOAN (I	ans totaling more than \$ 100 from any source t	Iding ins perios	
omplete the Following for the Source of the Loan				Outelary	ding Loan Balance
irst Name Middle Na	mje	Outstanding Lo (Beginning D	Jail Dalaice Louis	nents (E	nd of Period)
Merrol A	<u>, </u>		J 1,515.28 R	of for	given by
ast Name/Organization Name		1 1	//3/301/2		mol Hyde
Hyde		Loan Receive	. 1	Date of Loan	
103 Rebecca Dr.	T	Primary	Election General Election	N	/A
103 Rebease Dr. State Try	Zip Code	75 🗆 Runoff (Local Elections Only)		
liet All Find	orsers or Guara	ntors for Above Loa	n (If more space is needed please attach	a page)	
والمستوادين والمستوادين والمستوادين	Middle Name		First Name	Middle Na	алие
First Name			Last Name/Organization Name		
Last Name/Organization Name			Last Name/Organization Name		
Aldren			Address		
Address				State	Zip Code
City	State	Zip Code	City		
10 detailer		<u> </u>	Amount Guaranteed Outstanding		
Amount Guaranteed Outstanding				Middle N	lame
First Name	Middle Name	0	First Name	Michigan	
			l		
Last Name/Organization Name			Last Name/Organization Name		
Address			Address		
Address				State	Zip Code
City	State	Zip Code	City		
Amount Guaranteed Outstanding			Amount Guaranteed Outstanding		
Amount Guarantees Guarantees				1 Middle	Name
First Name	Middle Nan	nė	First Name	Wildelie	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Land Consolination Name			Last Name/Organization Name		
Last Name/Organization Name					
Address			Address		
	State	Zip Code	City	State	Zip Code
City	Jidio		10 (1 - 1)		
Amount Guaranteed Outstanding			Amount Guaranteed Outstanding		j
Ullibrate Cher retires a series					
Ulibrit Off aimes Asiamican		<u> </u>	First Name	Middle	Name
First Name	Middle Na	me	First Name	Middle	e Name
First Name	Middle Na	me	First Name Last Name/Organization Name	Middle	e Name
	Middle Na	me	Last Name/Organization Name	Middle	Name
First Name	Middle Nar	me		Middle	
First Name Last Name/Organization Name Address	Middle Nar	Tip Code	Last Name/Organization Name	Middle	
First Name Last Name/Organization Name Address City			Last Name/Organization Name Address		
First Name Last Name/Organization Name Address			Last Name/Organization Name Address City Amount Guaranteed Outstanding	State	Zip Code
First Name Last Name/Organization Name Address City Amount Guaranteed Outstanding	State	Zip Code	Last Name/Organization Name Address City Amount Guaranteed Outstanding Outstanding Loan Balance Loans	State	
First Name Last Name/Organization Name Address City	State ge of itemized 6. on summary pa	Zip Code	Last Name/Organization Name Address City Amount Guaranteed Outstanding	State Loan Payments	Zip Code Outstanding Loan Balance

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

OF CAMPIDATE OF COMMITTEE				2. REPORT COVERING THE PERIOD			
NAME OF CANDIDATE OR COMMITTEE Merrol W.		FROM: 7-1-	18 TO: 1	Outstanding Balance			
COMPLETE THE APPROPRIATE ITEMS FOR OBLIGATION (obligations totaling more than person/vendor at the end of the reporting per	\$ 100 OWG	ITEMIZED	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	(End of Period)	
Irst Name	Middle Nan	ne					
ast Name/Business Name							
ddress							
City	State	Zip Code				<u> </u>	
Description of Obligation					_	-	
First Name	Middle Na	me					
ast Name/Business Name	<u> </u>						
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Middle N	ame					
Last Name/Business Name	<u>.l</u>						
Address							
City	Stale	Zip Code					
Description of Obligation							
First Name	Middle N	Name					
Last Name/Business Name		· ·····			-	,	
Address							
City	State	Zip Code					
Description of Obligation	<u>-</u>				_		
FI 131	Middle	Name					
First Name Last Name/Business Name							
	<u></u>						
Address	State	Zip Code				:	
City Provide of Obligation							
Description of Obligation							
4. TOTALS (Total from Outstanding Balance - (End of Perio	od) column	must also be sho	wn			Ø	
in item 23b. on summary page.)					7 0 7	RDA 11	