## CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT  2.a. NAME OF CANDIDATE OF THE CONTROL OF THE CO	COMMITTEE	
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route  548 Thomason Lu Portland	Otate 2.p obde	hone 28,4953
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route  City	State Zip Code P	hone
5. OFFICE SOUGHT (Include district number, if applicable)  6. NAME  6. NAME  6. NAME	of Political TREASURER (may be cand	idate)
7. CATEGORY OR REPORT (Check one)  FIRST SECOND THIRD FOURTH PRE- QUARTER QUARTER QUARTER PRIMARY	PRE- MID-YEAR  GENERAL SUPPLEMENTAL S G DATE OF REPORTING PERIOD	YEAR-END UPPLEMENTAL
4/22/18 6/3	1	
a. This campaign is exempt from detailed disclosure because contribution tures total \$1,000 or less for this reporting period. (Complete items 12)	ns (including in-kind) received total \$1,000 or d., 12e. and 12f.)	less AND expendi-
<ul> <li>This campaign is required to file a detailed financial disclosure becaus and/or expenditures total more than \$1,000 for this reporting period.</li> </ul>		tal more than \$1,000
10. I/we do solemnly swear or affirm that the information contained in this camp accurate accounting of campaign contributions and expenditures required to Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign benefit of the sandidate or for any other nonpolitical purpose as defined by the signature of candidate.	contributions have been expended for the p	that this report is an the Campaign personal financial
11. WITNESS SIGNATURE  Signature of witness date	signature of witness	date
12. SUMMARY	.400,5	
a. BALANCE ON TAINS BIST IN THE SECOND FORM	\$ 50, 0° 2	
TOTAL RECOURSE THIS PERMUL 09 2018	, 407.25	~~
d. BALANCE ON HAND (12.8 Shell 2:10 minus 12:10 minus	\$	42.2
e. TOTAL LOANS OUTSTANDING	\$_	<u></u>
f. TOTAL OBLIGATIONS OUTSTANDING	\$ -	<u>B</u> _

## SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OF COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD				
Michael Guzhrie	FROM-12218 TO: 613618				
RECEIPTS  15. CONTRIBUTIONS (other than loans and interest)	- 00				
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.).	\$ 50.3				
16. LOANS RECEIVED THIS REPORTING PERIOD					
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ 60 00				
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	s <u>SO, B</u>				
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)				
Printing \$ 85.	<u>'</u>				
\$					
\$	<u></u>				
\$					
\$					
\$					
\$					
\$					
\$	·				
	0.2 54				
Total of Expenditures (\$100 or less each payee)					
b. Itemized Expenditures (Over \$100 each payee this period)	s <u>365, 2</u>				
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>40 7.52</u>				
20. LOAN REPAYMENTS MADE THIS PERIOD	ss				
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	s <u>407. E</u>				
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>V</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 it					



## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

R. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)  Amount  Amount  Amount  Amount  Amount  Amount  Amount  Amount  Amount  Amount of Expenditure  City  State  Toruch color  Toruch co	1. NAME OF CANDIDATE OF COMMITTEE	4			2. REPORT COVER	
L COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE: (repossiblers looking more has \$100 to any pages during the period)  First Name  Middle Name  Purpose of Expenditure  Amount of Expenditure  This Name  In Name Business Name  Address  City  State  Top Code  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  First Name  Last Name Business Name  Address  City  State  Zip Code  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  First Name  Last Name Business Name  Address  City  State  Zip Code  Purpose of Expenditure  Amount of Expenditure  State  Zip Code  Purpose of Expenditure  Amount of Expenditure  This is the line juge of opperitures, bis amount must be allows in liter 196- of summary)		Thr	<u>.                                    </u>		FROMIZELY	TO: 6 30/18
L COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE: (repossiblers looking more has \$100 to any pages during the period)  First Name  Middle Name  Purpose of Expenditure  Amount of Expenditure  This Name  In Name Business Name  Address  City  State  Top Code  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  First Name  Last Name Business Name  Address  City  State  Zip Code  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  First Name  Last Name Business Name  Address  City  State  Zip Code  Purpose of Expenditure  Amount of Expenditure  State  Zip Code  Purpose of Expenditure  Amount of Expenditure  This is the line juge of opperitures, bis amount must be allows in liter 196- of summary)	3. TOTAL ITEMIZED CAMPAIGN EXPENDITI	JRES FRO	M PRECEDING PAGE	(enter \$0 if first itemized page	nge)	
Amount of Expenditure  Lest Name  Lest Name  Lest Name  Modes Same  Address  City  State  Lest Name  Mode Name  Mode Name  Mode Name  Mode Name  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  First Name  Lest Name/Business Name  Address  City  State  Zip Code  Purpose of Expenditure  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  First Name  Lest Name/Business Name  Address  City  State  Zip Code  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  State  Zip Code  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  State  City  State  Zip Code  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  State  Zip Code  City  State  Zip Code  Purpose of Expenditure  Amount of Expenditure	4. COMPLETE THE APPROPRIATE ITEMS FOR I	EACH ITEMI	ZED EXPENDITURE (e.	xpenditures totaling more than \$10	) to any payee during the pe	
State   Stat	First Name	Middle Nan	10	1		Amount of Expenditure
State   Stat	Last Name/Business Name	<u> </u>		Campaign	signs	
State   Stat				1		
Substance   Substance   Substance   Purpose of Expenditure   Amount of Expenditure	Address A Standardle	D	~ Ste 10	<b>b</b>		
Hist Name  and Name Name  And defenses  City  State  Zip Code  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  The Name Model Name  Address  City  State  Zip Code  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  The Name Model Name  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  The Name Model Name Purpose of Expenditure  The Name Purpose of Expenditure  Amount of Expenditure  The Name Purpose of Expenditure  Amount of Expenditure  The Name Purpose of Expenditure  Amount of Expenditure  The Name Purpose of Expenditure  The Name P	City	State	Zin Code	]		323. 2-
Tiest Name  Address  City  State  Tip Code  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  First Name  Last NameBusiness Name  Address  City  State  Zip Code  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  First Name  Last NameBusiness Name  Address  City  State  Zip Code  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  State  Expenditure  Amount of Expenditure  Amount of Expenditure  State  State  Typ Code  Treat Name Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  State  Typ Code  Typ C	· · · · · · · · · · · · · · · · · · ·		1 * 9 \ \ \ \	Rumase of Expenditure		Amount of Expenditure
Address City State Zip Code  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Purpose of Expenditure  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  First Name  Lost Name-Business Name  Address City State Zip Code  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  5. TOTAL ITEMIZED EXPENDITURES  (Carry loward to litem 3, of nost page if additional pages of this form are used.)  (If this is the lest page of expenditures, bits amount must be shown in fem 198. of summary)	First Name	Middle Nar	ne	Purpose of Experiorate		
City State Zip Code  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  First Name  Last Name/Business Name  Address  City State Zip Code  Purpose of Expenditure  Amount of Expenditure  First Name  Last Name/Business Name  Address  City State Zip Code  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Antique Expenditure  Antique Expenditure  Antique Expenditure  Antique Expenditure  Antique Expenditure  Antique Expenditure  Attiques Expenditure  Total LiteMizeDe Expenditures, this amount must be shown in ferm 19th, of summary)	ast Name/Business Name		<u> </u>	1		
City State Zip Code  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  First Name  Last Name/Business Name  Address  City State Zip Code  Purpose of Expenditure  Amount of Expenditure  First Name  Last Name/Business Name  Address  City State Zip Code  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Antique Expenditure  Antique Expenditure  Antique Expenditure  Antique Expenditure  Antique Expenditure  Antique Expenditure  Attiques Expenditure  Total LiteMizeDe Expenditures, this amount must be shown in ferm 19th, of summary)	Address			-		
First Name Last Name/Business Name Address City State Zip Code  Purpose of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  First Name Last Name/Business Name  Address City State Zip Code  Purpose of Expenditure  Amount of Expenditure  City State Zip Code  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  First Name  Last Name/Business Name  Address City State Zip Code  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Assistance  City State Zip Code  Total InteMizeD Expenditures, this amount must be shown in term 19t. of summary)  (If this is the last page of expenditures, this amount must be shown in term 19t. of summary)		Lau .	I at a v	4		
Last Name/Business Name Address  City State Zip Code  First Name Middle Name Purpose of Expenditure Amount of Expenditure  Last Name/Business Name  Address  City State Zip Code  First Name Middle Name Purpose of Expenditure Amount of Expenditure  Lest Name/Business Name  Address  City State Zip Code  First Name Lest Name/Business Name  Address  City State Zip Code  Purpose of Expenditure Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  State Zip Code  First Name Last Name/Business Name  Address  City State Zip Code  5. TOTAL ITEMIZED EXPENDITURES  (Carry forward to Item 3. of not dpage if additional pages of this form are used.)  (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)	City	State	Zip Code			
Last Name/Business Name Address  City State Zip Code  First Name Middle Name Purpose of Expenditure Amount of Expenditure  Last Name/Business Name  Address  City State Zip Code  First Name Middle Name Purpose of Expenditure Amount of Expenditure  Lest Name/Business Name  Address  City State Zip Code  First Name Lest Name/Business Name  Address  City State Zip Code  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  State Zip Code  First Name Lest Name/Business Name  Address  City State Zip Code  5. TOTAL ITEMIZED EXPENDITURES  (Carry forward to Item 3. of road page if additional pages of this form are used.)  (If this is the last page of expenditures, this amount must be shown in Item 19th, of summary.)		Middle Mar		Purpose of Expenditure		Amount of Expenditure
Address  City State Zip Code  First Name Middle Name Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  First Name Middle Name Purpose of Expenditure  First Name Middle Name Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  First Name Middle Name Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  First Name Middle Name Purpose of Expenditure  Amount of Expenditure  First Name Middle Name Purpose of Expenditure  Amount of Expenditure  First Name Middle Name Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  First Name Middle Name Purpose of Expenditure  Amount of Expenditure	First Name	INKUDIE IVA	<u></u>			
City State Zip Code  First Name Middle Name Purpose of Expenditure Amount of Expenditure  Address  City State Zip Code  First Name Middle Name Purpose of Expenditure Amount of Expenditure  Last Name(Business Name Address  City State Zip Code  First Name Purpose of Expenditure Amount of Expenditure  Address  City State Zip Code  First Name Middle Name Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  State Zip Code  5. TOTAL ITEM/IZED EXPENDITURES  (Carry forward to item 3, of rext page if additional pages of firs form are used.)  (If this is the last page of expenditures, this amount must be shown in item 190, of summary.)	Last Name/Business Name					
First Name	Address	-		1	1	
First Name	O'L.	State	Zin Code	-}		
Last Name/Business Name  Address  City  State  Middle Name  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  City  State  Zip Code  Purpose of Expenditure  Amount of Expenditure  Last Name/Business Name  Address  City  State  Zip Code  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  City  State  Zip Code  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  State  Zip Code  5. TOTAL ITEMIZED EXPENDITURES  (Carry forward to item 3, of next page if additional pages of this form are used.) (If this is the last page of expenditures, bits amount must be shown in item 19b. of summary.)	City	J.				
Last Name/Business Name  City State Zip Code  First Name Middle Name Purpose of Expenditure  Address  City State Zip Code  First Name Middle Name Purpose of Expenditure  Address  City State Zip Code  First Name Middle Name Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  City State Zip Code  5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3, of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19th, of summary.)	First Name	Middle Nar	ne	Purpose of Expenditure	•	Amount of Expenditure
Address  City  State  Zip Code  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Address  City  State  Zip Code  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  First Name  Middle Name  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  5. TOTAL ITEMIZED EXPENDITURES  (Carry forward to item 3, of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)		<u> </u>		-{		
City State Zip Code  Middle Name Purpose of Expenditure Amount of Expenditure  Address  City State Zip Code  First Name Middle Name Purpose of Expenditure Amount of Expenditure  Address Purpose of Expenditure  Amount of Expenditure  First Name Middle Name Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  5. TOTAL ITEMIZED EXPENDITURES (Carry forward to liem 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)	Last Name/Business Name					
First Name  Last Name/Business Name  Address  City  State  Zip Code  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  5. TOTAL ITEMIZED EXPENDITURES  (Carry forward to item 3, of next page if additional pages of this form are used.)  (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)	Address					
First Name  Last Name/Business Name  Address  City  State Zip Code  First Name  Middle Name  Purpose of Expenditure  Amount of Expenditure  Address  City  State Zip Code  5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3, of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)	City	State	Zip Code	1		
First Name  Last Name/Business Name  Address  City  State Zip Code  First Name  Middle Name  Purpose of Expenditure  Amount of Expenditure  Address  City  State Zip Code  5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3, of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)						
Address  City State Zip Code  First Name Middle Name Purpose of Expenditure Amount of Expenditure  Last Name/Business Name  Address  City State Zip Code  5. TOTAL ITEMIZED EXPENDITURES (Carry forward to litern 3, of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)	First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure
Address  City State Zip Code  First Name Middle Name Purpose of Expenditure Amount of Expenditure  Last Name/Business Name  Address  City State Zip Code  5. TOTAL ITEMIZED EXPENDITURES (Carry forward to litern 3, of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)	Last Name/Business Name		- - -			
City  State Zip Code  First Name  Middle Name  Purpose of Expenditure  Amount of Expenditure  Address  City  State Zip Code  5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)						
First Name Middle Name Purpose of Expenditure Amount of Expenditure  Address  City State Zip Code  5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)	Address					
Last Name/Business Name  Address  City State Zip Code  5. TOTAL ITEMIZED EXPENDITURES  (Carry forward to item 3. of next page if additional pages of this form are used.)  (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)	City	State	Zip Code			
Last Name/Business Name  Address  City State Zip Code  5. TOTAL ITEMIZED EXPENDITURES  (Carry forward to item 3. of next page if additional pages of this form are used.)  (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)		Middle Ste		Purpose of Expenditure		Amount of Expenditure
Address  City State Zip Code  5. TOTAL ITEMIZED EXPENDITURES  (Carry forward to item 3. of next page if additional pages of this form are used.)  (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)	First Name	Middle Name		- aipood of Experience		
City State Zip Code  5. TOTAL ITEMIZED EXPENDITURES (Carry forward to litem 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)	Last Name/Business Name					1
5. TOTAL ITEMIZED EXPENDITURES  (Carry forward to item 3. of next page if additional pages of this form are used.)  (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)	Address		1			
5. TOTAL ITEMIZED EXPENDITURES  (Carry forward to item 3. of next page if additional pages of this form are used.)  (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)	City	State	Zip Code	-[		
	OII)				<u>, i                                   </u>	
	5. TOTAL ITEMIZED EXPENDITURES					
	(Corry forward to item 3 of pext page if additional page)	ages of this form	n are used.) in item 19b. of summary.)			323.21
		IIII DE GIONII	n, ioni ioni o oni ini o jej		7 3	