CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

For Single-Candidate Committee							
. DATE OF REPORT 2.a. NAME OF CANDID	DATE OR COMMITTEE						
10 19 18 1 JOHN	DECKER						
b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE						
N/A	11/04/18						
.a. CAMPAIGN ADDRESS AND PHONE	State Zin Code Phone						
Street or Rural Route City							
Street or Rural Route LAS BROCKVIEW DR White H	OUSE IN 31188 6153088126						
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)	State Zip Code Phone						
Street or Rural Route City	State						
SAME	NAME OF POLITICAL TREASURER (may be candidate)						
5. OFFICE SOUGHT (include district number, if applicable) 6.	NAME OF POLITICAL TREASURER (IIIa) be contained.						
A) desembed which white House TN	John Legier						
7. CATEGORY OR REPORT (Check one)							
	PRE- PRE- MID-YEAR YEAR-END						
OLARTER QUARTER QUARTER PR	IMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL D. ENDING DATE OF REPORTING PERIOD						
8.a. BEGINNING DATE OF REPORTING PERIOD 8.1							
1/1/18	9/30/18						
9. (Check one)	ontributions (including in-kind) received total \$1,000 or less AND expendi-						
10. I/we do solemnly swear or affirm that the information contained in accurate accounting of campaign contributions and expenditures re Financial Disclosure Act. Additionally, I/we swear or affirm that no benefit of the candidate or for any other nonpolitical purpose as determined by the candidate of candidate of the candidate of candidate date.	this campaign financial disclosure report is true and that this report is an equired to be reported by the candidate committee by the Campaign contributions have been expended for the personal financial						
11. WITNESS SIGNATURE 1 Urthur D-Bushell 16-9-18 signature of witness date	signature of witness date						
12. SUMMARY	. —						
a. BALANCE ON HAND LAST REPORT	5 750000						
b. TOTAL RECEIPTS THIS PERIOD	1200.73						
c. TOTAL DISBURSEMENTS THIS PERIOD	111 73						
d. BALANCE ON HAND (12.a. plus 12.b. minus	OUNTY \$						
ELECTION CON							
e. TOTAL LOANS OUTSTANDING	,						
	. 0						
f. TOTAL OBLIGATIONS OUTSTANDING	\$						
1. 101/12/05/11/01/0							

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD FROM: 4/1/9 TO: 9/20						
	FROM: 1/1/18 TO: 9/36/						
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)							
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 1000 00						
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>500</u>						
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.).	\$ 1520						
16. LOANS RECEIVED THIS REPORTING PERIOD							
17. INTEREST RECEIVED THIS REPORTING PERIOD	1500						
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>1500</u>						
DISBURSEMENTS							
19. EXPENDITURES (other than loan payments)							
a. Expenditures (\$100 or less each payee this period) (must be listed by category -							
VARD Sigms 9/7/18 \$ 578.	<u> </u>						
DOSTAGE 9/19/18 : 500	100						
<u> Deviting 9/18/18</u> \$ 177	~ (4) ~ (
Daistrug 9/18 \$ 193	, 57						
\$							
\$							
\$							
\$							
\$							
	\$						
Total of Expenditures (\$100 or less each payee)							
b. Itemized Expenditures (Over \$100 each payee this period)	138875						
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	: 0						
L 60 LOANDEDAYMENTS 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 2	2.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 12.f.)\$						



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVER	TO: 9/30/18		
VAME OF CANDIDATE OR COMMITTEE	EXE	<u>e</u>	FROM: -9/1/18	Amount		
	NUTIONS EDOM	PECEDING PAC	SE (enter \$0 if first itemized page)			
COMPLETE THE APPROPRIATE ITEMS FO	R EACH ITEMIZED	CONTRIBUTION (CONTRIBUTIONS TOTALING THOSE STATE \$ 1.00	Amount of Contribution		
Name	Middle Name	•	04,10.200	, 2110-2111		
Name/Organization Name			Primary Election General Election	50000		
Goodal	<u> 1R</u>		Runoff (Local Elections Only)	500		
ress Zaz maple	5 5H			Aggregate This Election		
CALLATIN	State - Zi	77066	Date of Contribution			
cupation			9-6-18	TOTAL		
ENTREPREIN	IEK		-	50000		
ployer						
- A Name	Middle Name		Contribution Received For:	Amount of Contribution		
st Name			☐ Primary Election ☐ General Election			
st Name/Organization Name			1			
ddress			Runoff (Local Elections Only)	#1 P1-21-		
ity	State	Zip Code	Date of Contribution	Aggregate This Election		
	11		\dashv			
ccupation						
mployer		-				
	Middle Name		Contribution Received For:	Amount of Contribution		
irst Name	Nigor Harrio		Primary Election General Election			
ast Name/Organization Name						
Address			Runoff (Local Elections Only)			
Audiess	State	Zip Code	Date of Contribution	Aggregate This Election		
City						
Occupation						
Employer						
			Contribution Received For:	Amount of Contribution		
First Name	Middle Nam	e	_			
Last Name/Organization Name			☐ Primary Election ☐ General Election			
			Runoff (Local Elections Only)			
Address		70.00	Date of Contribution	Aggregate This Election		
City	State	Zip Code				
Occupation						
Empkyer						
5. TOTAL ITEMIZED CONTRIBUTIO	NS			50000		
(Carry forward to item 3. of next page if additi (If this is the last page of contributions, this a	ITIOI 21/11 to sense is no	are used.) atem 15h of summar	v.)	JWI		

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ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR CO	MMITTEE				RING THE PERIOD			
MAINE OF CAMPIDATE OF CO.				FROM:	Amount			
TOTAL ITEMIZED IN-KIND CO	NADIDITIONS	EDOM D	DECEDING DAGE	(enter \$0 if first itemized page)				
TOTAL ITEMIZED IN-KIND CO	N I KIBU HUNS	ITEMIZE	D IN-KIND CONTRIL	BUTION (in-kind contributions totaling more than \$100 from any of	ontributor during the period)			
COMPLETE THE APPROPRIATE T				In-Kind Contribution Received For:	Value of In-Kind Contribution			
rst Name	N	diddle Name	<u></u> _	Primary Election General Election				
st Name/Organization Name				Runoff (Local Elections Only)				
ddress				Date of In-Kind Contribution	Aggregate this Election			
Jul 633		State	Zip Code	Description of In-Kind Contribution	<u> </u>			
ity		Sizie		- '				
ccupation	Employer							
	<u> </u>			In-Kind Contribution Received For:	Value of In-Kind Contribution			
irst Name		Middle Nam	e	Primary Election General Election				
ast Name/Organization Name				Runoff (Local Elections Only)				
Address				Date of In-Kind Contribution	Aggregate this Election			
	 1	State	Zip Code	Description of In-Kind Contribution				
City				_				
Occupation	Employer							
				In-Kind Contribution Received For:	Value of In-Kind Contribution			
First Name Middle Name			nė	Primary Election General Election				
Last Name/Organization Name				Runoff (Local Elections Only)				
				Date of In-Kind Contribution	Aggregate this Election			
Address		1 04-4-	Zip Code	Description of In-Kind Contribution				
City		State	ZID CODE					
Occupation	Employer							
				In-Kind Contribution Received For:	Value of In-Kind Contribut			
First Name		Middle Na	ime	Primary Election General Election	1			
Last Name/Organization Name	<u>. </u>	<u>, </u>	-	Runoff (Local Elections Only)	<u> </u>			
				Date of In-Kind Contribution	Aggregate this Election			
Address			7-0-4-	Description of In-Kind Contribution				
City		State	Zip Code	Description of the Control of the Co				
Occupation	Employer							
				In-Kind Contribution Received For:	Value of In-Kind Contribu			
First Name		Middle Na	ime	Primary Election General Election				
Last Name/Organization Name		-		Runoff (Local Elections Only)				
Address				Date of In-Kind Contribution Aggregate this Election				
Municos		Ctr.	Zip Code	Description of In-Kind Contribution				
City		State	др Соце					
Occupation	Employer			_				
The state of the s	CONTRIBUTE	ONS						
5. TOTAL ITEMIZED IN-KIND (Carry forward to item 3. of next pa	aned legalither if and	es of this for	m are used.)					
(If this is the last page of in-kind co	ontributions, this amo	ount must be	shown in item 22b. of s	ummary.)				

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITT			2. REPORT COVERING THE PERIOD			
NAME OF CANDIDATE ON COMMITTEE				FROM:	TO:	
	DITUDES EDO	I DDECEDING D	AGE (enter \$0 if first itemized n	age)	Amount	
TOTAL ITEMIZED CAMPAIGN EXPEN	OR EACH ITEMS	ED EXPENDITUOR	[expenditures totaling more than \$10	0 to any payee during	the period)	
			Purpose of Expenditure		Amount of Expenditure	
rst Name	Middle Nam		I dipose of Expendicular			
ast Name/Business Name						
ddress						
City City City City City City City City	State	Zip Code				
irst Name	Middle Nan	ne	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	
Last Name/Business Name						
Address						
City	State	Zip Code			Amount of Expenditure	
First Name	Middle Na	me	Purpose of Expenditure	Purpose of Expenditure		
Last Name/Business Name					1	
Address						
City	State	Zip Code				
First Name	Middle Na	nne	Purpose of Expenditure	Purpose of Expenditure		
Last Name/Business Name	<u>, 1</u>					
Address						
City	State	Zip Coda				
First Name	Middle N	ame	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
TOTAL ITEMIZED EXPENDITUR (Carry forward to item 3. of next page if addition (If this is the last page of expenditures, this as	onal pages of this for	m are used.) n in item 19b. of summ	ay,)			

ITEMIZED STATEMENT OF LOANS - CANDIDATE

. NAME OF CANDIDATE (OR COMMITTEE						2. RE FROM	PORT CC	VERING TO	THE PERIOD	
. COMPLETE THE APPRO	PRIATE ITEMS F	OR EACH IT	ΓΕΜΙΖ	ED LOAN (k	oans totaling n	nore than \$100 from a	ny source dur	ing the perio	d)		
Complete the Following for the	Source of the Loan Middle Nan	ne .		Outstanding L	an Balance	Loans	Loan	•		ng Loan Balance 3 of Period)	
First Name	######################################			(Beginning o	f Period)	Received	Payme	nts	(EIN	3 di Feliuu)	
ast Name/Organization Name	·		. <u> </u>	Loan Receive	d For		<u> </u>	Date of Loan			
Address	ddress			☐ Primary							
City	State	Zip Code		•	Local Elections						
	List All Endo	rsers or Guard	antors f	for Above Loa	n (If more sp	ace is needed plea	se attach a	page)	Lange M. M.		
First Name		Middle Name	е		First Name				Middle Nar	ne	
Last Name/Organization Name					Last Name/0	erganization Name					
Address					Address						
City		State	Zip (Code	City				State	Zip Code	
Amount Guaranteed Outstanding		<u> </u>	_!		Amount Gua	ranteed Outstanding					
First Name		Middle Nam	ne —	<u> </u>	First Name				Middle Name		
LIISTIAGIIG				Last Name/Organization Name							
Last Name/Organization Name		<u>.</u>			Address	Digantzallor, (Valle					
Address					<u> </u>				State	Zip Code	
City		State	Zip	Code	City						
Amount Guaranteed Outstanding					Amount Gua	aranteed Outstanding					
First Name		Middle Nar	mê		First Name				Middle	lam é	
Last Name/Organization Name		<u> </u>			Last Name	Organization Name					
Address					Address		-				
City		State	Žip	p Code	City				State	Zip Code	
Amount Guaranteed Outstanding					Amount Gu	raranteed Outstanding					
		Middle Na	eme		First Name				Middle	Name	
First Name		Madio			Last Name/Organization Name						
Last Name/Organization Name					Address			_			
Address							-		State	Zip Code	
City		State		ip Code	City Amount G	uaranteed Outstandin	9				
Amount Guaranteed Outstanding	9				Allouin G						
4. Totals for all Loans (col (Total loans received should a (Total loan payments should a	lso be shown in item 16 lee be shown in item 20), on summary pa), on summary p	age.) age.)		Outstandi (Begin	ing Loan Balance ning of Period)	Loans Received		oan yments	Outstanding Loan Bala (End of Period)	
(Total loan payments should a (Total outstanding loan balance	should also be shown	in item 12.e. on f	ront pag	e. <u>)</u>				 of		RDA 1159	

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
	FROM: TO:					
COMPLETE THE APPROPRIATE ITEMS I OBLIGATION (obligations totaling more that person/vendor at the end of the reporting p	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)		
First Name	Middle Na	ıme				
Last Name/Business Name						
Address	·					
City	State	Zip Code		1	1	
Description of Obligation	.J		-		 	
First Name	Middle Na	ime		:		
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation	<u> </u>		. <u>.</u>	.[· · · · · ·	
First Name	Middle Na	ıme				
Last Name/Business Name						
Address	ddress					
City	State	Zip Code				
Description of Obligation		•				
First Name	Middle Na	irne				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation	<u>. l</u>				J	£
First Name	Middle Na	irné				
Last Name/Business Name	1					
Address						
City	State	Zip Code		·		
Description of Obligation	1			1	1	<u>, , , , , , , , , , , , , , , , , , , </u>
4. TOTALS			- 	<u> </u>		_
(Total from Outstanding Balance - (End of Period) in item 23b. on summary page.)	column mu	st also be shown				