CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

2.a. NAME OF CANDIDATE OR COMMITTEE	1
ONATHAN PATE	
2.b. IF COMMITTEE, NAME OF CANDIDATE	18
Phone Phone	<u>!</u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City Street or Rural Route	57071
120 COURTOR PI HOROCASONO IN STORE	<u> </u>
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) City State Zip Code Phone	Ì
Street of Rural Robbe	
OFFICE SOUGHT (include district number, if applicable) NAME OF POLITICAL TREASURER (may be candidate)	1
Alderman Ward 5 Hedd Jett Glowack	
7. CATEGORY OR REPORT (Check one)	
FIRST SECOND THIRD FOURTH PRE- PRE- SUPPLEMENTAL SUPPLEMENT	<u> </u>
QUARTER QUARTER QUARTER QUARTER PRIMARY 8.b. ENDING DATE OF REPORTING PERIOD	}
Tilu 1 2018 Sept 30 2018	
9. (Check one)	pendi-
9. (Check one) a. This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND exempts a. This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND exempts are contributions (including in-kind) received total \$1,000 or less AND exempts are contributions (including in-kind) received total \$1,000 or less AND exempts are contributions (including in-kind) received total \$1,000 or less AND exempts are contributions (including in-kind) received total \$1,000 or less AND exempts are contributions (including in-kind) received total \$1,000 or less AND exempts are contributions (including in-kind) received total \$1,000 or less AND exempts are contributions (including in-kind) received total \$1,000 or less AND exempts are contributions (including in-kind) received total \$1,000 or less AND exempts are contributions (including in-kind) received total \$1,000 or less AND exempts are contributions (including in-kind) received total \$1,000 or less AND exempts are contributions (including in-kind) received total \$1,000 or less AND exempts are contributions (including in-kind) received total \$1,000 or less AND exempts are contributions (including in-kind) received total \$1,000 or less AND exempts are contributed are contri	
b. This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more that and/or expenditures total more than \$1,000 for this reporting period.	
	urtis an
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign accurate accounting of campaign contributions have been expended for the personal final	n l
accurate accounting of Campaign Contributions have been expended to the post-	ICIBI
Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign continuation that he followed by the federal internal revenue code, benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.	10
Character Survey 10-10-18 * Survey Trades week	<u>8/18</u>
signature of candidate date signature of political treasurer	
2 11	
11. WITNESS SIGNATURE	111.18
* sulcher	10 110
signature of witness date signature of witness	iate
signature of minites	
12. SUMMARY NEW REDUCT	
THE PART OF THE PA	
b. TOTAL RECEIPTS THIS PERIODA. M. OCT 102018	
TO THE DEPICE	79
STATE OF THE 12 P SHIMLE CAMMISSION STATE	
c. TOTAL DISBURSEMENTS THIS PERIOD	_
)
TOTAL LOANS OUTSTANDING	
e. TOTAL LOANS OUTSTANDING	

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) 14. REPORT COVERING THE PERIOD FROM: TILL AD TO: 6 / 10 14
RECEIPTS
15. CONTRIBUTIONS (other than loans and interest)
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.g., printing, postage, gasoline)
- Proting 5 99.90
hourly Pay to prep Signs \$ 80,00
Printer \$ 94.04
houly Pan Sign Placements & 10000
SC Elementary PTO 5 100,00
Photo short s 4000
Fuel s 97.39
Meals/meetings s 99,51
Kick off UH more Partly 5 49.10
. 759.55
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)\$_500
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 12.f.)\$



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

	2. REPORT COVER	RING THE PERIOD
IAME OF CANDIDATE OR COMMITTEE	FROM: 7/1	10: 9/30/18
	to V.S. (Standard page)	Amount / /
OTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE	(enter \$0 if first itemized page)	r)
OTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING TAGES OMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (CO	Contribution Received For:	Amount of Contribution
Name Middle Name		l te
Name/Organization Name	Primary Election General Election	1000
Kimbrongh	Runoff (Local Elections Only)	
ess 109 three Port Suite 2	Date of Contribution	Aggregate This Election
State Zip Code	Date of Countringon	
Maria garagera	1	1/1
Attorney	1 8/18	"\ ∞∞
loyer		1
Middle Name	Contribution Received For:	Amount of Contribution
Name Luther Carlor Million Valle	Primary Election General Election	the EA
st Name/Organization Name		1030
dress 113 Consolors Pt Blud	Runoff (Local Elections Only)	
	Date of Contribution	Aggregate This Election
Hend State Zip Code	4	
ccupation	8/18	it.
<u>CFO</u>	7 97	19250
ilpioyes		Amount of Contribution
irst Name Middle Name	Contribution Received For:	5
ast Name Homi How & Victime	Primary Election Defeneral Election	150
Tros	Runoff (Local Elections Only)	(2)
iddress Ille Doltan Circle		Aggregate This Election
State Zip Code	Date of Contribution	Aggregate Time Entered
Hend Tri TN 37075		
Dental Tachnology Exper	FI X31-18	#150
Employer		<u> </u>
Middle Name	Contribution Received For:	Amount of Contribution
First Name Time Morsily M	Primary Election General Election	Amn
Last Name/Organization Name		JUU JUU
Dumop	Runoff (Local Elections Only)	
Address 1070 Sir Francis (+ Zip Code	Date of Contribution	Aggregate This Election
City (slate) State (Zip Coole	<u>4</u>	
Occupation D Change - FPS	9/14/18	十 ~ ~ ~
Occupation Business OWNEL-FPS		900
Employer Self		
5. TOTAL ITEMIZED CONTRIBUTIONS		
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary)	
(ii this is the last page of costumbookia, and distributions)	Page 3 of	9 RDA 11

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

			2. REPORT COVER	NG THE	PERIOD
. NAME OF CANDIDATE OR COMMITTEE			FROM:	TO:	
				Amount	
. TOTAL ITEMIZED CAMPAIGN CONTRIBUTION	S FROM PRECEDING PAGE	(enter \$0 if first itemized	page)		
. TOTAL TIEMIZED CAMPAIGN CONTRIBOTION. COMPLETE THE APPROPRIATE ITEMS FOR EACH	ITEMIZED CONTRIBUTION (cor	indutions totaling more than	1 9 100 Horn dry centristeer,	Amount (of Contribution
irst Name () Mid	die Name	Contribution Received For	: /	Amount	Si Contabbasii
KOB IN		Primary Election	General Election	-11	
ast Name/Organization Name Och is				TE	
Address	6	Runoff (Local Election	ions Only)	/ -	
31 Executive 12	Drive Zip Code	Date of Contribution		Aggrega	te This Election
Handerson v. Vis	TN Zp Code 3005				
Onguestion -		0-7.	- 15	4.	In
Retired		8-25	5 - 1X	T	30
Employer) f	·			<u> </u>	
First Name	lkidle Name	Contribution Received 1	For:	Amount	of Contribution
		☐ Primary Election	General Election	.	
Last Name/Organization Name	scaration.	-	,	110	MA
		Runoff (Local Elec	ctions Only)		
245 M WOW 3	PMB 407	Date of Contribution		Aggreg	ate This Election
City Hund	Zip Code Zip Code				
Convention				8.1	
1 (346)	ire Fighters	8-7	5-18		ω
Employer Fudorsest 34	For Wed 5				
	Middle Name	Contribution Received	For:	Amour	nt of Contribution
First Name So AIN		Primary Election	General Election	1	÷ 60 4
Last Name/Organization Name		L Filliary Decouois		} },	OUC
Flams	1.5	Runoff (Local Ele	ections Only)	4	G - C
Address 155 Cumberlane	d Dr	Date of Contribution		Aggre	gate This Election
City Hend	State Zip Code 30075	Date of Continuous			
Occupation 4	<u> </u>	1 a	1/2-1		
Compience Flaten	<u> </u>	_	1/17/19	A	MA
Employer			• •		000
Retired	Middle Name	Contribution Received	For:	Amou	nt of Contribution
First Name (NOS	PRICE CONTRACTOR		General Election	十; ,	1
Last Mame/Organization Name	~1	Primary Election	College Ciccoo	1/1	100
Short Kmo	_ 1	Runoff (Local E	lections Only)	· •	-
Address 105 River R	नेव हिर्म	Date of Contribution		Agar	egate This Election
city Hand	State Zip Code	Date of Countricut		3.5	•
	1 1		19	47	M 100 A
Occupation Broker Ent	- EDLENOUL	⊣ 1	10	14	3 00
Employer Solf Employee	$\mathcal{Y}_{i-\ell}$				
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages)	of this form are used.)			ŀ	
(Carry forward to item 3. of next page if additional pages (If this is the last page of contributions, this amount mus	be shown in item 15b. of summary.)			1	
			<i>1</i> 0		

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE	-	\1	2. REPORT COVER	NG THE PERIOD
, MARIE OF CAMBIONIE ON COMMITTEE	704	payment His	FROM: 7/1/18	TO: 9/30/18
. TOTAL ITEMIZED IN-KIND CONTRIBUTIO	NS FROM P	RECEDING PAGE (enter \$0 if first itemized page)	
COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMIZE	D IN-KIND CONTRIBU	TION (in-kind contributions totaling more than \$ 100 from any com	ributor during the period)
irst Name	Middle Name		In-Kind Contribution Received For: Primary Election	Value of In-Kind Contribution
ast Name/Organization Name	<u> </u>		Runoff (Local Elections Only)	# <u>>00</u>
			Date of In-Kind Contribution	Aggregate this Election
	State	Zip Code	Description of In-Kind Contribution	<u> </u>
Handeren Me	70	3000	, , ,	-
Entre previous	self		Allowed use of Venu	e tor kicket
First Name	Middle Nam	e	In-Kind Contribution Received For:	Value of In-Kind Contribution
ast Name/Organization Name		<u></u>	☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	,
		<u> </u>	Date of In-Kind Contribution	Aggregate this Election
Address	Tour	Zip Code	Description of In-Kind Contribution	
City	State			
Occupation Employer				
First Name	Middle Nan	ne	In-Kind Contribution Received For:	Value of In-Kind Contribution
			Primary Election General Election	
Last Name/Organization Name			Runoff (Local Elections Only) Date of In-Kind Contribution	Aggregate this Election
Address				
City	Stalle	Zip Code	Description of In-Kind Contribution	
Occupation Employe	ſ			
	Middle Na	ime	In-Kind Contribution Received For:	Value of In-Kind Contribution
First Name	NHUGE IVE		Primary Election General Election	
Last Name/Organization Name			Runoff (Local Elections Only)	Aggregate this Election
Address			Date of In-Kind Contribution	1 199.03
City	State	Zip Code	Description of In-Kind Contribution	
Occupation Employ	er			
	Lierre, M.		In-Kind Contribution Received For:	Value of In-Kind Contribution
First Name Müddle Name			Primary Election General Election	
Last Name/Organization Name			Runoff (Local Elections Only)	Aggregate this Election
Address			Date of In-Kind Contribution	Min share and macana
City	State	Zip Code	Description of In-Kind Contribution	
Occupation Employ	er			
5. TOTAL ITEMIZED IN-KIND CONTRIBI	ITIONS			14-00
the firm 2 of part mage if additional	names of this form	n are used.)	narv)	1"000
(Carry toward to nem 3. or next page it accretion (If this is the last page of in-kind contributions, this	amount must be	SHOWN III REAL ZZD. OF SULIA	Page _5_ of 9_	RDA 1159

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

COTAL TEMBZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) Amount of Expenditure North Little March Control of Expenditure North Little Co	NAME OF CANDIDATE OR COMMIT	EE -	2. REPORT COVER	TO: 9 /30/18
South Purpose of Expenditure In Name Both Head Note Name Note N			<u>, , , , , , , , , , , , , , , , , , , </u>	Amount
Note Name Both Hand N	TOTAL ITEMIZED CAMPAIGN EXPE	NDITURES FROM PRECEDING PAGE	expenditures totaling more than \$100 to any payee during the pe	niod)
Name Both Lead Southern Promotions Southern Promotions Southern Promotions South Tin 37075 Purpose 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 Purpose of Expenditure	COMPLETE THE APPROPRIATE ITEMS	TOR EACH TEMIZED DO ENDING TO	Purpose of Expenditure	Amount of Expenditure
Tame Plante Surface Name Name Plante Surface Name Note Name Plante Surface Name Name Name Name Name Name Name Nam	st Name Bothy Head	WINGE		
There I Sale To Code The State	st Name/Business Name	Promotions	1 T Shirts	159-(0)
State St	Idress IId	00		
Name Business Name Name Business Name Purpose of Expenditure	ity	State Zip Code		
Amount of Expenditure State Purpose 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 Purpose of Expenditure Purpose of Expenditure Amount of Expenditure Purpose of Expenditure			Purpose of Expenditure	Amount of Expenditure
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State Zip Code North Corollina State Zip Code	Direct		1	141189
State Zip Code North Corollina State Zip Code	ast Name/Business Mane	wals	- Mochina	1969 81
Inst Name CAPITOL Middle Name ast Name/Business Name Parafrons Iddress Clenerade PA State PA 19038 Purpose of Expenditure Amount of Expenditure I ARP 22 I ARP	ASS 767	- 4638		
Amount of Expenditure Purpose of Expenditure Amount of Expendit	City N IV C. O.	, ' '		
ast Name/Business Name 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 Amount of Expenditure The Taylor of Expenditure At a Taylor of Expenditure The Tay	101		Purpose of Expenditure	1
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State Zip Code PA 1903 Purpose of Expenditure Amount of Expenditure Amount of Expenditure Purpose of Expenditure Amount of Expenditure Purpose of Expenditure Purpose of Expenditure Amount of Expenditure At State S	Last Namerbusiness name	2013	- JARY NS	11000
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First Name Last Name/Business Name City State State Zip Code This Name Purpose of Expenditure Purpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure Address Address Address Address City State Zip Code This Name Purpose of Expenditure Purpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure City State Zip Code This Name Purpose of Expenditure Amount of Expenditure Amount of Expenditure City This Name State City City State This Name Purpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure City This Name This Name Purpose of Expenditure Amount of Expenditure Amount of Expenditure	City (Louisida	1		
Address City State Typ Code Tirst Name Last Name/Business Name Last Name/Business Name City State Typ Code			Purpose of Expenditure	Amount of Expenditure
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City State Zip Code The State Zip Code First Name Purpose of Expenditure Amount of Expenditure Address Address City State Zip Code The Stat	Los (Adultamonicae Lange		- Kirkmi)	7 111-0-
First Name Last Name/Business Name Last Name/Business Name City State TN State Typ Code	Address Socn to LN	State 7 in Code	 	
Last Name/Business Name Last Name/Business Name City State TN State TN State TN State Carry forward to item 3. of next page if additional pages of this form are used.)	City	1 2		Amount of Evnenditure
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.)	First Name 11 A I - A		Purpose of Expenditure	
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.)	110-0-31		- Limber	13456.8
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.)		<u> </u>	- 1/2/1/11	
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.)	Spance L	State Zip Code		
(Carry forward to item 3. of next page if additional pages or twis form are used.)	City Nach IN	TN 3721)	
(Carry forward to item 3. or next page of expenditures, this amount must be shown in item 19b. of summary.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)				
	(Carry forward to item 3. of next page if a (If this is the last page of expenditures, the	his amount must be shown in item 19b, of summa	4	9 RDA 115

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITTE	Ē			ROM: TO:
				Amount
TOTAL ITEMIZED CAMPAIGN EXPEND	ITURES FROM	PRECEDING PAC	SE (enter \$0 if first itemized page)	1 in the exist
COMPLETE THE APPROPRIATE ITEMS FO	R EACH ITEMIZ	ED EXPENDITURE	expenditures totaling more than \$100 to an	Amount of Expenditure
st Name SAMS	Middle Name)	Purpose of Expenditure	Aircount of Expenditure
t Name/Business Name			TATL	. 1200
tress IL Main			1AI Gote	God
Leino	STN.	Zip Code 7075	<u></u>	
st Name	Middle Nam	e	Purpose of Expenditure	Amount of Expenditure
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dress				
ty	State	Zip Code		
rst Name	Middle Nan	ne	Purpose of Expenditure	Amount of Expenditure
st Name/Business Name				
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ity	State	Zip Code	7	·
irst Name	Middle Nan	ne	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name	<u></u> .			
ddress				
City	State	Zip Code		
First Name	Middle Na	me	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name				
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City	State	Zip Code		
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Last Name/Business Name		<u>, , , , , , , , , , , , , , , , , , , </u>	_	
Address			_	
City	State	Zip Code		
TOTAL MENTED EVOCADITION	<u> </u>			* FTTTA
 TOTAL ITEMIZED EXPENDITURE (Carry forward to item 3. of next page if addition (If this is the last page of expenditures, this am 	nai nanes of this for	n are used.)		#5778

ITEMIZED STATEMENT OF LOANS - CANDIDATE

I. NAME OF CANDIDATE OR COMMITTEE	··· -·· -··	,				2. I		OVERING	THE PERIOD
JON ATH	4+1	14	AYES	`			7/1/	18	9/30/18
3. COMPLETE THE APPROPRIATE ITEMS FO	R EACH ITE	MIZ	ED LOAN (16	ans totaling π	nore than \$100 from	any source	during the peri	od)	
Complete the Following for the Source of the Loan		- 1	Outstanding Lo	an Balance	Loans	1 [oan	Outstand	ding Loan Balance
First Name Middle Name	£4		(Beginning of	Period)	Received	Pay	ments		nd of Peniod)
Last Name/Organization Name			/		*1,000			年1	00
Address 120 Imp Pt BI	رها	ï	Loan Received Primary		General Elect	ion	Date of Loar		
city Hand Star	Zip Code	75	1	ocal Elections	Only)		7/1	3/	18
List All Endors			or Above Loar	(If more spa	ace is needed ple	ase attacl	a page)		
First Name	Middle Name			First Name			_,	Middle Na	ime
Last Name/Organization Name				Last Name/O	rganization Name		_		
Address				Address					
City	State	Zip C	ode	City				State	Zip Code
Amount Guaranteed Outstanding	L	<u> </u>		Amount Guar	anteed Outstanding			<u> </u>	
First Name	Middle Name			First Name				Middle N	ame
				1 (1) 10	Organization Name				
Last Name/Organization Name	,			<u> </u>	жужигацон тчан-				
Address				Address				1.0	The section
City	State	Zip (Code	City				State	Zip Code
Amount Guaranteed Outstanding				Amount Gua	ranteed Outstanding				
First Name	Middle Name			First Name				Middle	Nаme
Last Name/Organization Name	<u>.l</u>			Last Name/	Organization Name			•	·
Address				Address					
City	State	Zip	Code	City				State	Zip Code
Amount Guaranteed Outstanding	1	1	 	Amount Gua	aranteed Outstandin	9			
Villanii Ordi dished opposition.3	.,			le-, 11-				Middle	Name
First Name	Middle Nam	e 		First Name			·		
Last Name/Organization Name				Last Name	Organization Name				
Address				Address					
City	State	Zip	Code	City				State	Zip Code
Amount Guaranteed Outstanding	1			Amount Gu	aranteed Outstandin	1 9			
4. Totals for all Loans (complete on last page of (Total loans received should also be shown in item 16, or	n summary page	9.j		(Beginn	ng Loan Balance ing of Penod)	Loans Receive	d Pa	oan yments	Outstanding Loan Balance (End of Period)
(Total loan payments should also be shown in item 20. of (Total outstanding loan balance should also be shown in it	n summary dage	B.)	.)			1100	<u> </u>	<u>Y_</u>	11000
00 4422 (Rev. 4/02)		_			Pa	ge <u> </u>	_ of	_	RDA 1159

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
	100	MATHAN	HAYPS	FROM:	1 % TO:	9 30 18
 COMPLETE THE APPROPRIATE ITEMS FO OBLIGATION (obligations totaling more than person/vendor at the end of the reporting pe 	\$100 owe	ITEMIZED ed to any	Outslanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Name		d			/
Last Name/Business Name			1 (1)	8	Ø	
Address					/	1
City	State	Zip Code			1	
Description of Obligation						
First Name	Middle Nar	me				
Last Name/Business Name	L		1			:
Address			1			1
City	State	Zip Code	<u> </u>			
Description of Obligation	<u> </u>			-		
First Name	Middle Na	me				
Last Name/Business Name	<u> </u>		-			
Address	-		1			
City	State	Zip Code	7			
Description of Obligation						
First Name	Middle Na	me				
Last Name/Business Name	<u> </u>					
Address	<u>.</u>		-			
City	State	Zip Code	-			
Description of Obligation				<u> </u>		
First Name	Middle Na	те			ļ	
Last Name/Business Name	<u>L</u>	<u> </u>	-			
Address	<u> </u>		-			
City	Stale	Zip Code	1			
Description of Obligation	1				L	
4. TOTALS			<u> </u>			
(Total from Outstanding Balance - (End of Period) in item 23b. on summary page.)	column mu	st also be shown				