CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

	oingle-Ca			00 8	
1. DATE OF REPORT	2.a. NAMEOFO	ANDIDATE OR C	ОММПТЕЕ		
10-2-18		nery +	HINTON		
2.b. IF COMMITTEE, NAME OF CANDIDATE	,	7—1		3. ELECTION DAT	E
				7-2-18)
4.a. CAMPAIGN ADDRESS AND PHONE					
Street or Rural Route	City		State	Zip Code	Phone
1029 Hwy 259	FORMIL-WID		7.N	<u> 37'43</u>	6153257258
4.b. CANDIDATE'S HOME ADDRESS (if differen Street or Rural Route	t than 4.a.) City		State	Zip Code	Phone
5 OFFICE SOLICITY (Seeked district		T			
5. OFFICE SOUGHT (include district number, if	applicable)	6. NAME O	_	TREASURER (may be	e candidate)
7. CATEGORY OR REPORT (Check one)	<u> </u>		CAN	DIATE	
7. CATEGORY OR REPORT (Check one)					
FIRST SECOND THIRD	FOURTH	PRE-	PRE-	L_J MID-YEAR	YEAR-END
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY	GENERAL	SUPPLEMENTAL RTING PERIOD	SUPPLEMENTAL
7-25-18				RTINGPERIOD	
9. (Check one)			9 - 2 - 18		
	ما ماند ما ماند				
 a.	d disclosure becaus rting period. (Comp	ie contributions (plete items 12d.,	including in-ki: 12e. and 12f.)	nd) received total \$1,0	00 or less AND expendi-
			•		
 b. This campaign is required to file a det and/or expenditures total more than \$ 	alled financial discid 1,000 for this report	osure because co ting period.	ontributions (in	icluding in-kind) receiv	ed total more than \$1,000
	· · · · · · · · · · · · · · · · · · ·				
10. I/we do solemnly swear or affirm that the in	formation contained	I in this campaid	n financial die	clasura raport in true	and that this are set to
accounte accounting of Carribators Correspond	os and expenditure:	s remilired to be	ranadad by th		
Financial Disclosure Act. Additionally, I/we s benefit of the candidate or for any other non	wear or amm that	no campaign col	atributione hav	m haan avaandad t	the personal financial
	political parpooe do	delined by the it	ociai internar	revenue code.	
land States	10-03-18		SA	ME	
signature of cardidate	date			f political treasurer	date
			•	,	4410
11. WITNESS SIGNATURE				· · · · · · · · · · · · · · · · · · ·	
- (fen of which	10-3-18				
signature of withess	date		signati	ure of witness	date
40. 014444794			 ,		
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT	*******************************	*******************************	421144444444444444444444444444444444444	s <u>303.45</u>	
				II min	
b. TOTAL RECEIPTS THIS PERIOD				s <u>// 00</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD	DELF /	AND FINAN	J. 1055	s 2000 . DE	,
		•			\mathcal{A}
d. BALANCE ON HAND (12.a. plus 12.b. mi	us 12.c.)	war &	••••		(/)
d. BALANCE ON HAND (12.a. plus 12.b. mi	, American				7
e. TOTAL LOANS OUTSTANDING A.: M:		·····	•	S	
	OCT 032018	<u>; \/I </u>			7
f. TOTAL OBLIGATIONS OUTSTANDING	0.0.0010		*************************	····· \$	
CHA	ANU SO.			Ψ	/

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14 PEROPE CO	(EDING THE BESIDE
	FROM: 7-25	VERING THE PERIOD
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	1 7 6 3	1 10.2
a. Unitemized Contributions (\$100 or less from each source this period)	s Mar	
b. Itemized Contributions (over \$100 from each source this period)	•	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15		
16. LOANS RECEIVED THIS REPORTING PERIOD	FIF LOAN	
17. INTEREST RECEIVED THIS REPORTING PERIOD	<i>fare transcripture</i>	7000
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		
DISBURSEMENTS		s [100 A)
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by categor		
, see at 1000 outs! payed this periody (must be listed by categor	y - e.g., printing, postage,	, gasoline)
<u> </u>		
\$		
<u> </u>		
		
<u> </u>	-	
		
<u> </u>		
<u> </u>		İ
<u> </u>		
Total of Expenditures (\$100 or less each payee)	s	
b. Itemized Expenditures (Over \$100 each payee this period)	· · · · · · · · · · · · · · · · · · ·	-
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	7	īs Ø
20. LOAN REPAYMENTS MADE THIS PERIOD	FORGIVED	\$ 2000
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		
22.IN-KIND CONTRIBUTIONS		<u> </u>
a. Unitemized in-kind contributions (\$100 or less from each source this period)	s /00.00	
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		- s //w
23. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	s Ø	
b. Itemized Obligations Outstanding (Over \$100 each)		-
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i		. 6
, and a series of showing		· • — I

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ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMM	ITTEE /			2 PEPOPT COVE	RING THE PERIOD				
	2 Henry	کر		FROM: 7-25	TO: 10-2				
3. TOTAL ITEMIZED CAMPAIGN CON	,		O. DA OE /		Amount				
4. COMPLETE THE APPROPRIATE ITEM	S FOR FACH ITEM	AIZED CONTRIBUT	G PAGE (enter \$0 if first itemized p	SE (enter \$0 if first iternized page) contributions totaling more than \$100 from any contributor)					
First Name	Middle Na	me	Contribution Received For:	\$100 from any contribute					
			Continuum Received For:		Amount of Contribution				
Last Name/Organization Name	-		Primary Election	General Election					
Address			Runoff (Local Election	n= O=b3					
			La ronon (Local Stection	is Only)					
City	State	Zip Code	Date of Contribution	Date of Contribution					
Occupation					ļ				
Employer									
First Name	Middle Na	ume	Contribution Received For:		Amount of Contribution				
Last Name/Organization Name			Primary Election	General Election					
			LI Filliary Election	J General Election					
Address	· · · · · ·		Runoff (Local Election	Runoff (Local Elections Only)					
City	State Zip Code			Date of Contribution					
Occupation		<u>-</u> !	- 		1				
Employer			_						
First Name	Middle Name			Contribution Received For:					
Last Name/Organization Name			Primary Election	☐ Primary Election ☐ General Election					
				3 CONCIUN ENCORON					
Address	ddress		Runoff (Local Elections	Runoff (Local Elections Only)					
City	State	Zip Code	Date of Contribution	Date of Contribution					
Occupation		<u>-</u>							
Employer									
				ł					
First Name	Middle Nam	e	Contribution Received For:		Amount of Contribution				
ast Name/Organization Name			☐ Primary Election ☐	General Election					
Address	<u> </u>		Runoff (Local Elections	Only)	ĺ				
City	State	Zip Code	Date of Contribution		Aggregate This Election				
Occupation		<u> </u>	-		33. ogua ina Liaduani				
mployer		· · · · · · · · · · · · · · · · · · ·							
				ļ	Ĭ				
 TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional (If this is the last page of contributions, this amount) 	pages of this form an	sused.)							
parameter, and diffusi		on 100. OI SUITIMARY.)							

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Page _____ of ____

RDA 1159

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OF		\overline{J}			2. REPORT COV	ERING THE PERIOD			
<u> </u>	LAGREY				FROM: 7-25	TO:) D - Z			
3. TOTAL ITEMIZED IN-KIND	CONTRIBUTION	NS FROI	M PRECEDING PA	AGE (enter \$0 if first itemized page	9)	(2)			
	TE ITEMS FOR EA	ACH ITEM	IZED IN-KIND CONT	TRIBUTION (in-kind contributions totaling	more than \$100 from any	contributor during the period)			
	First Name Middle Name				d For: General Election	Value of In-Kind Contributio			
Last Name/Organization Name				Primary Election C					
Address				Date of In-Kind Contribution	is Only)	Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer								
First Name		Middle Na	me	In-Kind Contribution Receive	1 For	Value of In-Kind Contribution			
Last Name/Organization Name		<u>. </u>	· · · · · · · · · · · · · · · · · · ·		General Election	value of in-King Contribution			
				Runoff (Local Election	is Only)				
Address				Date of in-Kind Contribution		Aggregate this Election			
City	State Zip Code			Description of In-Kind Contribution					
Occupation	Employer								
First Name		Middle Na	me	In-Kind Contribution Received		Value of In-Kind Contribution			
t Name/Organization Name				i	General Election				
Address	tress				Runoff (Local Elections Only) Date of In-Kind Contribution				
City		State	Zip Code	Description of In-Kind Contribution		Aggregate this Election			
Occupation	Employer								
First Name		Middle Nan		In Kind Contain the Decision					
ast Name/Organization Name		THIOURE ITEM		In-Kind Contribution Received Primary Election	Value of In-Kind Contribution				
To a second seco	<u> </u>			Runoff (Local Elections	Only)				
Address				Date of In-Kind Contribution		Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution		<u></u>			
ccupation	Employer			7					
rst Name	<u> </u>	liddle Name		In-Kind Contribution Received	For:	Value of In-Kind Contribution			
t Name/Organization Name			Primary Election	General Election	STATE OF THE STATE				
idress				Runoff (Local Elections Date of In-Kind Contribution	Only)	Aggregate this Election			
ly	s	tate	Zip Code	Description of In-Kind Contribution					
cupation	Employer			-					
TOTAL ITEMIZED IN-KIND C									
(Carry forward to item 3. of next page (if this is the last page of in-kind contril	if additional pages of the butions, this amount m	his form are lust be show	used.) vn in item 22b. of summ:	ary.)					
SS-1128 (Rev. 2/06)			-	Page	of .	DDA 1150			

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to a first Name	Amount of Expenditure Amount of Expenditure
4. CCMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to a first Name	Amount of Expenditure Amount of Expenditure
First Name Last Name/Business Name Address City State Zip Code Purpose of Expenditure Purpose of Expenditure Address City State Zip Code Purpose of Expenditure Purpose of Expenditure Address City State Zip Code Purpose of Expenditure Purpose of Expenditure Address City State Zip Code Purpose of Expenditure Purpose of Expenditure Address City State Zip Code Amount of Expenditure Amount of Expenditure	
Last Name/Business Name Address City State Zip Code Purpose of Expenditure Last Name/Business Name Address City State Zip Code Purpose of Expenditure Purpose of Expenditure Address City State Zip Code Purpose of Expenditure Purpose of Expenditure Address City State Zip Code Purpose of Expenditure Address City State Zip Code Purpose of Expenditure Address City State Zip Code	Amount of Expenditure
Address City State Zip Code First Name Middle Name Purpose of Expenditure Last Name/Business Name Address City State Zip Code First Name Middle Name Purpose of Expenditure Address State Zip Code First Name Middle Name Purpose of Expenditure Address Sity State Zip Code First Name Name/Business Name Address Sity State Zip Code Purpose of Expenditure Address Sity State Zip Code	
City State Zip Code First Name Middle Name Purpose of Expenditure Last Name/Business Name Address City State Zip Code First Name Middle Name Purpose of Expenditure ast Name/Business Name ddress City State Zip Code Purpose of Expenditure Purpose of Expenditure Address City State Zip Code First Name Address City State Zip Code Purpose of Expenditure Address City State Zip Code	
First Name Last Name/Business Name Address City State Zip Code Purpose of Expenditure Purpose of Expenditure Address City State Zip Code Purpose of Expenditure Address Sity State Zip Code Purpose of Expenditure Address Sity State Zip Code Purpose of Expenditure Address Sity State Zip Code	
Last Name/Business Name Address City State Zip Code Purpose of Expenditure Purpose of Expenditure Address State Zip Code Purpose of Expenditure Address Sity State Zip Code Purpose of Expenditure Address State Zip Code Purpose of Expenditure Address State Zip Code Purpose of Expenditure	
Address City State Zip Code First Name Middle Name Purpose of Expenditure ast Name/Business Name State Zip Code State Zip Code irst Name Middle Name Purpose of Expenditure State Zip Code State Zip Code State Zip Code State Zip Code	
City State Zip Code First Name Middle Name Purpose of Expenditure ast Name/Business Name Address City State Zip Code Furpose of Expenditure Address City State Zip Code Purpose of Expenditure Address Name Address Name Address Name Address Name Address Zip Code	Amount of Expenditure
First Name Middle Name Purpose of Expenditure Address Dity State Zip Code Purpose of Expenditure Purpose of Expenditure Address State Zip Code State Zip Code State Zip Code State Zip Code	Amount of Expenditure
Address City State Zip Code Purpose of Expenditure Address City State Zip Code Purpose of Expenditure Address State Zip Code State Zip Code Address State Zip Code	Amount of Expenditure
Address City State Zip Code First Name Middle Name Purpose of Expenditure ast Name/Business Name address State Zip Code	
City State Zip Code First Name Middle Name Purpose of Expenditure ast Name/Business Name Address State Zip Code	
irst Name Middle Name Purpose of Expenditure ast Name/Business Name ddress State Zip Code	
ast Name/Business Name Address State Zip Code	
ity State Zip Code	Amount of Expenditure
State Zip Code	
irst Name Middle Name Purpose of Expenditure	Amount of Expenditure
st Name/Business Name	
idress	
State Zip Code	
irst Name Middle Name Purpose of Expenditure	Amount of Expenditure
st Name/Business Name	
dress	
State Zip Code	
. 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.)	

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR CO	DMMITTEE							2 PEROP	TCOV	COIN	3 THE PERIOD
/ /]:2.4	How					ľ	FROM:	II COV	TO	
3 COMPLETE THE ADDRODDIA					7-25	/8		10-2-18			
3. COMPLETE THE APPROPRIA	TETYEMS	FUR EACH	II EMIZ	ZED LOAN	(loans totaling r	more than !	100 from any so	ource during the	period)		
Complete the Following for the Source	of the Loan										
First Name	Middle Na	-		Outstanding	Loan Balance		ans	Loan	J	Outstand	ling Loan Balance
LARLI Last Name/Organization Name		<u>ري</u>		(Regiutini	of Period)	Rec	eived	Payments	.М	(Er	d of Period)
L				20	200	200	00	ong sh			6 5
Address	9			Loan Recei				Date of	_!		<u> </u>
				Prima		TT Can	oral Election	Date of	LUMI		
City	State	Zip Code			Primary Election General Election Runoff (Local Elections Only)						
	int All Carles	1									
First Name	ISLAII ENGO			or Above Lo	an (If more spa	ce is nee	ded please att	ach a page)			
Liter Marine		Middle Nam	e		First Name				Mid	dle Nan	nê
Last Name/Organization Name		<u> </u>	·-·		Last Name/Org	janization l	Vame				
Address					Address						
City		State	Zip Co	vde.	City		<u> </u>				
·		1000	= = =	rue .	City				Stat	е	Zip Code
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding						
First Name Middle Name				·	First Name Middle Name						
Last Name/Organization Name				Last Name/Orga	anization N	lame					
Address				 .							
Avaress					Address						
City	State Zip Code				City State Zip Code						Zip Code
Amount Guaranteed Outstanding			<u> </u>		Amount Guarant	teed Outsta	anding			_	<u> </u>
First Name Middle Name				First Name				 _			
		- Was die Hairb			LIIZEIASKUS				Midd	de Nam	e
ast Name/Organization Name		-			Last Name/Orga	mization N	ame				
Address					Address						
City	State Zip Code			e	City				State	•	Zip Code
mount Guaranteed Outstanding			L		Amount Guaranteed Outstanding						
rst Name Middle Name				First Name Middle Name							
ast Name/Organization Name			<u> </u>	Last Name/Organization Name							
ddress					Address						
Dity		State	Zip Code	,	City				C+-4:		7.0-1-
nount Guaranteed Outstanding					Zip Code					∠ip ∪00e	
				ľ	mount Guarante	ed Outstan	iding				
Totals for all Loans (complete on last page of itemized loans) Total loans received should also be shown in item 16. on summary page.)					Outstanding Loan (Beginning of P		Loans Received	Loa Paym		Outst	anding Loan Balance
Total loan payments should also be shown in it Total outstanding loan balance should also be s	lam 20 on sur	f anen vaemm	ge.)				. www.	raym	onia.		End of Period)
00 4400 (D. 400)		,									

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO	OMMITTEE	<u></u>		2. REPORT COVERING THE PERIOD				
2 COMPLETE THE APPROPRIA	COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED			FROM: 7-25-18 TO: 10-8-18				
OBLIGATION (obligations totali person/vendor at the end of the	ing more than \$100 or	H ITEMIZED wed to any	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)		
First Name	Middle N	ame						
Last Name/Business Name				,				
Address			-					
City	State	Zip Code						
Description of Obligation		<u></u>						
First Name	1							
	Middle Na	ime						
Last Name/Business Name			_			ļ		
Address			_					
City	State	Zip Code	┪ (
Description of Obligation	<u> </u>	<u> </u>		l		<u> </u>		
First Name	Middle Na	me				 		
Last Name/Business Name			_					
Address			_			!		
				1				
City	State	Zip Code	7					
Description of Obligation				<u></u>				
First Name	Middle Nan	ne						
Last Name/Business Name		<u> </u>	-					
Address			-			<u> </u>		
City	State	Zip Code						
Description of Obligation		<u> </u>						
First Name	Middle Nam	9			······································			
ast Name/Business Name	 l		-					
ddress		 .	1					
City	State	Zip Code	-					
Description of Obligation								
TOTALO			<u> </u>			<u> </u>		
. TOTALS (Total from Outstanding Balance - (End of in item 23b. on summary page.)	of Period) column must	also be shown				0)		
B.		 	<u> </u>			<u> </u>		