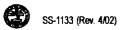
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATI	EOFREPORT	2.a. NAMEOFC	ANDIDATE OR C	OMMITTEE					
	10-3-18 Michele Harrain Committee to Elect for County Comm								
	OMMITTEE, NAME OF CANDIDATE				3. ELECTION DAT	Έ '			
	ichetetlarbin			 -					
	IPAIGN ADDRESS AND PHONE et or Rural Route	City		State	Zip Code	Phone			
	1149 Parkers Cha		Port	Hand Tr	J 37148	615-400-6	733		
	DIDATE'S HOME ADDRESS (if different et or Rural Route	tht than 4.a.) City		State	Zip Code	Phone			
	ICE SOUGHT (include district number,	if applicable)	6. NAME OF POLITICAL TREASURER (may be candidate)						
	EGORY OR REPORT (Check one)	31							
	RST SECOND THERD	FOURTH	PRE-	PRE-	MID-YEAR SUPPLEMENTA	YEAR-END L SUPPLEMENTAI			
	ARTER QUARTER QUARTE INNING DATE OF REPORTING PERIOD	r Quarter	PRIMARY 8.b. ENDING	GENERAL DATE OF REPO	ORTING PERIOD	L CONTRACTOR			
	724/18	!		9/30/18)				
9. (Chec	•			, , _					
а. [This campaign is exempt from deta tures total \$1,000 or less for this re	ited disclosure becau- porting period. (Com	se contributions plete items 12d	(including in-ki , 12e. and 12f.	ind) received total \$1)	,000 or less AND exp	endi-		
b.\[This campaign is required to file a	detailed financial discl	osure because	contributions (i	ncluding in-kind) rece	eived total more than	\$1,000		
	and/or expenditures total more than	1 \$1,000 for this repor	rang penoa.						
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 an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.									
Multiple Hay bin 10-3-18 signature of candidate date signature of political treasurer date									
11. WITNESS SIGNATURE									
1/11 0 10 210 / 11 11									
70	signature of witness	date		signa	ature of witness	dat	e		
12. SUI	MMARY				E	<u>~</u>			
a.	BALANCE ON HAND LAST REPORT	FHE			s 566.6	<u> </u>			
b.	TOTAL RECEIPTS THIS PERIOD		P.M		s 171.0	<u>_</u>			
c.	TOTAL DISBURSEMENTS THIS PERIO	oct 04	501ρ			<u>50</u>			
d.	BALANCE ON HAND (12.a. plus 12.t.	o. minus MANER	COUNTY COUNTY	ИС					
e.	TOTAL LOANS OUTSTANDING	ELECTION CO	J144			\$			
<u> </u>				.					
f.	TOTAL OBLIGATIONS OUTSTANDING	Э			***************************************	\$			

SUMMARY PAGE - CANDIDATE

								
13. NAME OF CANDIDATE OR COMMITTEE (In Full) M. Harbin Committee to glect	14. REPORT COVERING THE PERIOD FROM: 1/2 (1) TO: Al 20 (1)							
RECEIPTS	174 1 104/30/17							
15. CONTRIBUTIONS (other than loans and interest)								
a. Uniternized 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.)	\$ 177.02							
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.)	\$ 177.02							
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)							
SCDP Fundraiser \$ 54.	84							
Volunteer MealS \$ 17.0	Z_							
Volunteermeals \$ 30.8	7							
Volunteer Meals \$ 22.9	15							
Amazon - Printer Ink \$ 53.5								
Act Blue Fee S s 11. 7	22							
	<u>- </u>							
<u> </u>								
\$								
Total of Expenditures (\$100 or less each payee)								
b. Itemized Expenditures (Over \$100 each payee this period)	<u>\$ 293.08</u>							
c. TOTAL EXPENDITURES (other than toan repayments)(add 19.a. and 19.b.)	_							
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ 200.00							
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	<u>\$ 743.50</u>							
22.IN-KIND CONTRIBUTIONS	-1							
Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u></u>							
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.)\$								
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

1. NAME OF CANDIDATE OR COMMITTEE 1. HOURD CO	M Mi	Her Jo 61	ect	2. REPORT COVER	RING THE PERIOD ,
	·			Amount	
TOTAL ITEMIZED CAMPAIGN CONTRIBUT COMPLETE THE APPROPRIATE ITEMS FOR EARTH.			· · · · · · · · · · · · · · · · · · ·	<u>ι Ψ</u>	
First Name Michely	Middle Nami		Contribution Received For:		Amount of Contribution
Last Name/Organization Name		 	Primary Election	- ^	
Address 1140 D 1 0 Cla	. 001	Dd	Runoff (Local Election	175°0	
Address 1149 Parkers Cha	State /	Zo Gode	Date of Contribution	Aggregate This Election	
Portland 1	TAI	²⁴ 34 148	,	3	
Occupation Candidate			7/25	17500	
Employer			,,,,,,		·
First Name	Middle Nam	e	Contribution Received For:		Amount of Contribution
Last Name/Organization Name	L		☐ Primary Election ☐		
Address			Runoff (Local Election		
City	State	Zip Code	Date of Contribution	Aggregate This Election	
Occupation					
Employer					
First Name	•	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name			Primary Election		
Address		Runoff (Local Election			
City State Zip Code			Date of Contribution		Aggregate This Election
Occupation	L	<u> </u>			
Employer					
		Ocatal Nac D			
First Name Middle Name			Contribution Received For:	_	Amount of Contribution
Last Name/Organization Name			Primary Election		
Address		Runoff (Local Election			
City State Zip Code			Date of Contribution	Aggregate This Election	
Occupation					
Employer					
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages (if this is the last page of contributions, this amount must	17500				

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE 1. NAME OF CANDIDATE OR COMMITTEE	nitlee	to Ele	et	2. REPORT COVER	TO: 9/30/18)				
		. ,	E (enter \$0 if first itemized pa		Amount				
TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)									
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure				
Last Name/Business Name			Drinks Snack	s, Ice,	_				
Address Walmart			Cash to par volunteers	152.50					
City O I lou l'	State	Zip Code	volunteers	(\$100)					
Gallotin	Zip Gode 3704 Le								
First Name	Middle Na	me	Purpose of Expenditure	Amount of Expenditure					
Last Name/Business/Name		-, <u>-</u>	Diday Su	polies					
Address			Printer Sup Paper	Picol	140.58				
civ Seattle	Zip Code	taper							
First Name	Middle Nar	ne	Purpose of Expenditure	Amount of Expenditure					
Last Name/Business Name									
Address				ĺ					
City	7-0-4								
Gity .	State	Zip Code							
First Name	e	Purpose of Expenditure	Amount of Expenditure						
Last Name/Business Name									
Address									
City	State	Zip Code							
First Name		D	- 1						
	Middle Nam	e	Purpose of Expenditure	:	Amount of Expenditure				
Last Name/Business Name									
Address									
City	State	Zip Code							
First Name	е	Purpose of Expenditure	Amount of Expenditure						
Last Name/Business Name									
Address									
State Zip Code									
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages (if this is the last page of expenditures, this amount must					793.08				

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE							2. REPORT COVERING THE PERIOD					
M Harbin Committee to Elect						`	FROM: 7/24 TO: 9/30/18			9/30/18		
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)												
Complete the Following for the Source of the Loan												
First Name Middle Nam	Outstanding (Beginning	Loan Balance Loans of Period) Received			1				Loan Balance of Period)			
Last Name/Organization Name HOW 101			26	O					ď			
Address 1149 Parkers CV	apel To	20	Loan Receiv	,	\d\c	al Election	- 1	Date of Loa	an		<u>-,</u> -	
City Portland Start Docode Primary					_	ai ejection						
List All Endor	n (If more spa	ce is need	ed please	attach	a page)							
First Name	Middle Name		- "	pan (If more space is needed please attach a page) First Name Middle Name								
Last Name/Organization Name	<u> </u>			Last Name/Organization Name								
Address		_	-	Address								
City	State	Zip Co	xde	City					State		Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding								
First Name Middle Name				First Name Middle Name								
Last Name/Organization Name				Last Name/Organization Name								
Address				Address								
City State Zip Code			de	City					State		Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding								
First Name Middle Name				First Name Middle Name								
Last Name/Organization Name				Last Name/Organization Name								
Address				Address								
City State Zip Code			de	City					State		Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding								
First Name Middle Name				First Name Middle Name								
Last Name/Organization Name				Last Name/Organization Name								
Address				Address								
City State Zip Code			le	City State Zip Code					Zip Code			
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding						_		
4. Totals for all Loans (complete on last page of iternized loans) (Total loans received should also be shown in item 16. on summary page.) (Total loan payments should also be shown in item 20. on summary page.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)				Outstanding Loa (Beginning of		Loar Recei					nding Loan Batance and of Period)	

SS-1132 (Rev. 4/02)

Page _____ of _____ RDA 1159