# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Multicandidate Committees (PACs)

1. DATE OF REPORT 4.13-20	2. NAME OF COMMITTEE	ary Republica	Accepto
2.A. SHORT NAME OF COMMITTEE (IF	APPLICABLE)	Tourier	77 40000
3. ADDRESS AND PHONE			
Street or Rural Route	City	State Zip Code	Phone
P.O. BOX 2029	600 DLETBUILLE	1N 37072	415.420.6040
4. TYPE OF CANDIDATES SUPPORTE	STATE PUBLIC OFFICE	LOCAL PUBLIC OFFICE	вотн
5.A. NAME OF POLITICAL TREASURER	RONY	5.B.	DATE APPOINTED
6. CATEGORY OR REPORT (Check one	) 		
D NEWSTERN STREET, SEE STREET, SEE	HIRD FOURTH PRE-	PRE- MID-YEAR	
QUARTER QUARTER QU. 7.A.BEGINNING DATE OF REPORTING PER	ARTER QUARTER PRIMARY RIOD 7.B.ENDII	GENERAL SUPPLEMEN  NG DATE OF REPORTING PERIOD	ITAL SUPPLEMENTAL
1.1.2820		2020	
8. (Check one)			
A. This committee is exempt from	n detailed disclosures because contribution	and (including in kind) received total	-1 #4 000 I AND
expenditures total \$1,000 or le	ess for this reporting period. I do solemly has complied with all applicable provisio	swear or affirm that the informatio	n contained in this statement
	2		
B. This committee is required to \$1,000 and/or expenditures to	file a detailed financial disclosure becaus tal more than \$1,000 for this reporting pe	e contributions (including in-kind) r	eceived total more than
in this statement is true and the	at the following page(s) are a complete a	and accurate accounting of all cont	ributions and expenditures
required to be reported by poil	itical campaign committees by the Campa	aign Financial Disclosure Act.	
	Villa I		112
	Jell h		_ 4/3.20
	signature of	political treasurer	date
9. WITNESS SIGNATURE			
9. WITNESS SIGNATURE			,
		$\mathcal{L}$	
	Jamel le		_ 4/13/20
V.	signati	ure of witness	/ date /
10. SUMMARY		1970	5.4 - F
a. BALANCE ON HAND LAST REPO	DRT	s //1/V	
L TOTAL DECEMPTS THE DEPLOY		420	
b. TOTAL RECEIPTS THIS PERIOD		\$ 1750	
c. TOTAL DISBURSEMENTS THIS PE	ERIOD	\$ 4500	Mes)
d. BALANCE ON HAND (10.a. plus	10.b. minus 10.c.)		\$ 4510
e. TOTAL LOANS OUTSTANDING			\$
f. TOTAL OBLIGATIONS OUTSTA	NDING		\$

### SUMMARY PAGE - PAC

11. NAME OF COMMITTEE (In Full)	12. REPORT	COVERING THE PERIOD
	FROM	TO:
RECEIPTS 13. 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 13.a. and 13.b.)		
14. LOANS RECEIVED THIS REPORTING PERIOD		
15. INTEREST RECEIVED THIS REPORTING PERIOD		
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)		
DISBURSEMENTS		
17. EXPENDITURES (other than loan payments)		8
a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed less than 100 or less each payee this period)	hy category - e g	printing postage
gasoline)	oy category - e.g	., printing, postage,
300-0VCS 70 / K/7 \$ 300	-	
11 11 11 11 11 11 11	$\nu_{-}$	
\$		
\$		
\$		
Total of Expenditures (\$100 or less each payee)	450	2
b. Itemized Expenditures (Over \$100 each payee this period)		
c. Independent Expenditures		
d. TOTAL EXPENDITURES (other than loan repayments)(add 17.a., 17.b. and 17.c		
18. LOAN REPAYMENTS MADE THIS PERIOD		0/-51
19. TOTAL DISBURSEMENTS (add 17.d. and 18.) (must be shown in item 10.c.)		\$70
20. IN-KIND CONTRIBUTIONS	475	
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 20.a. and 20.	b.)	\$ <del>7 W</del>
21. LOANS		
LOANS OUTSTANDING (must be shown in item 10.e.)		\$
22. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	\$	
b. Itemized Obligations Outstanding (Over \$100 each)	\$	
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i ite	em 10.f.)	\$

# ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

			2. REPORT COVERING THE PERIO		
		FROM:	TO:		
			Amount		
GN CONTRIBUT	IONS FROM PRECEDING PAGE (enter \$0 if fi	irst itemized page)			
		g more than \$100 from any contrib	Amount of Contribution		
M.I.	Last Name/Organization Name		Amount of Contribution		
	1 .				
Ctato	1 7in Code	The state of the s	Date of Contribution		
State	P M		Date of Contribution		
	Employer				
Course Alviko Lovenia			Amount of Contribution		
M.I.	Last Name/Organization Name		Arribuni di Contribution		
State	Zin Code		Date of Contribution		
0.5.5					
	Employer				
			Amount of Contribution		
M.I.	Last Name/Organization Name		7 VIIOLIKO GOTIOLOGIO		
State	Zip Code		Date of Contribution		
	Employer				
Тмі	Last Name/Organization Name		Amount of Contribution		
State	Zip Code		Date of Contribution		
	Employer		-		
M.I.	Last Name/Organization Name		Amount of Contribution		
State	Zip Code		Date of Contribution		
	2				
	Employer				
M.I.	Last Name/Organization Name		Amount of Contribution		
		n .			
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
State	Zip Code		Date of Contribution		
	Employer				
	an project				
TONG					
next page if addition	al pages of this form are used.)				
	TIONS  TE ITEMS FOR EA  M.I.  State  M.I.  State  M.I.  State  M.I.  State  M.I.  State	E ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totalin  M.I. Last Name/Organization Name    State	State   Zip Code   Employer     M.I.		



#### ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE				2. REPORT COVE	ERING THE PERIOD
				FROM:	TO:
					Amount
3. TOTAL ITEMIZED EXPENDITURES					
<ol> <li>COMPLETE THE APPROPRIATE ITEMS penditure is an in-kind contribution to a can the purpose of expenditure section.</li> </ol>	FOR EAC didate, plea	CH ITEMIZED EXPENDI ase remember to include	TURE (expenditures totaling more than \$100 the purpose of the expenditure (e.g. postage, p	) to any payee during the printing) along with the c	ne period). If the ex- andidate's name in
First Name	Middle Nan	ne	Purpose of Expenditure	A	mount of Expenditure
Last Name/Business Name					
Address				Date of Expenditure	
City	State	Zip Code			
First Name	Middle Nar	me	Purpose of Expenditure	A	mount of Expenditure
Last Name/Business Name					
Address		· ·			Date of Expenditure
City	State	Zip Code			
First Name	Middle Na	ne .	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					Date of Expenditure
City	State	Zip Code			
First Name	Middle Na	me	Purpose of Expenditure	A	mount of Expenditure
Last Name/Business Name	<b>1</b>				
Address					Date of Expenditure
City	State	Zip Code			
First Name	Middle Na	me	Purpose of Expenditure	A	rhount of Expenditure
Last Name/Business Name		N. 1. (2. (2. (2. (2. (2. (2. (2. (2. (2. (2			
Address					Date of Expenditure
City	State	Zip Code			
First Name Middle Name		Purpose of Expenditure	A	rhount of Expenditure	
Last Name/Business Name					
Address			,		Date of Expenditure
City	State	Zip Code			
<ol> <li>TOTAL ITEMIZED EXPENDITURES         (Carry forward to item 3. of next page if a (If this is the last page of campaign expert     </li> </ol>		170	•		
CC 1110 E (Pay 1/00)				780	Topical In the State of

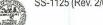
SS-1119-E (Rev. 1/

Page \_\_\_\_\_ of \_\_\_\_

RDA 1159

## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE			2. REPORT COVERING	PERIOD
			FROM: TO:	
2 TOTAL ITEMIZED IN IZIND C	ONTDIBLITIONS EDOM DRECE	NING PAGE (aptor \$0 if first itemized asset)	Amo	ount
4. COMPLETE THE APPROPR	IATE ITEMS FOR EACH ITEMIZE	DING PAGE (enter \$0 if first itemized page)  ED IN-KIND CONTRIBUTION (in-kind contribution	ns totaling more than \$100 from any cont	ributor during the period)
	Middle Name			f In-Kind Contribution
First Name	Nilodie Name	Description of In-Kind Contribution	Value o	in-Kind Contribution
Last Name/Organization Name				
Address				
City	State Zip Ci	de .	Date	of In-Kind Contribution
Occupation				
Employer				
Limpioyer				
First Name	Middle Name	Description of In-Kind Contribution	Value o	f In-Kind Contribution
Last Name/Organization Name				
Last Name/Organization Name				
Address				
			Date	of In-Kind Contribution
City	State Zip C	de		
Occupation				
Employer				
First Name	Middle Name	Description of In-Kind Contribution	Value o	f In-Kind Contribution
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, industrial in	-	Value	in rana contribution
Last Name/Organization Name				
Address				
Noticed				0.10.10.11.6
City	State Zip C	ide	Date	of In-Kind Contribution
Occupation				
Employer			L.	
First Name	Middle Name	Description of In-Kind Contribution	Value	f In-Kind Contribution
T II OCT TO THE	. Today name	Social State of the Father State of the Stat	Value	III Tuna Continuation
Last Name/Organization Name				
Address				
Audicaa				(1.16.10.11.11
City	State Zip C	ode	Date	of In-Kind Contribution
Occupation				
Employer				
,2				
				CARREST CHARLES
5. TOTAL ITEMIZED IN-KIN	ID CONTRIBUTIONS			
(Carry forward to item	n 3 of next page if additional pges o	this form are used.)		
		nt must be shown in item 20.b. of summary.)		
CC 1125 (Day 2/06)				





### ITEMIZED STATEMENT OF INDEPENDENT EXPENDITURES - PAC

1. NAME OF COMMITTEE			2. REPORT CO	VERING THE PERIOD
			FROM:	TO:
				Amount
		PRECEDING PAGE (enter \$0 if first itemize		
<ol> <li>COMPLETE THE APPROP period). Please remember</li> </ol>	RIATE ITEMS FOR EACH ITEMIZED IN to include the purpose of the expenditur	IDEPENDENT EXPENDITURE (expenditures to e (e.g. postage, printing) and the name of the ca	taling more than \$100 to undidate supported or o	any payee during the pposed.
First Name	Middle Name	Furpose of Expenditure		Amount of Expenditure
ast Name/Business Name				
Address		Candidate Supported or Opposed & Office Sough	Opposed	Date of Expenditure
City	State Zip Code		Supported	
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name	1			
Address		Candidate Supported or Opposed & Office Sough	Opposed	Date of Expenditure
City	State Zip Code		Supported	
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name				
Address		Candidate Supported or Opposed & Office Sough	Opposed	Date of Expenditure
City	State Zip Code	,	Supported	
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address		Candidate Supported or Opposed & Office Sough	ht Opposed	Date of Expenditure
City	State Zip Code		Supported	
First Name	Middle Name	Furpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address		Candidate Supported or Opposed & Office Soug	ht Opposed 🗆	Date of Expenditure
City	State Zip Code		Supported	
First Name	Middle Name	Furpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address		Candidate Supported or Opposed & Office Soug	ht Opposed	Date of Expenditure
City	State Zip Code		Supported	
5 (a) Itemized Independent Ex	kpenditures		\$	
	Expenditures		\$	
(c) Total Independent Exper	nditures (If this is the last page of ind. ex	penditures, this amount must be showin in item	17c. of summary page.	.)   \$

SS-1139 Rev. 1/00

# ITEMIZED STATEMENT OF LOANS - PAC

1. NAME OF COMMITTEE				2. REPORT COVERING THE PERIOD		
. NAME OF COMMITTEE			FROM:	TO:		
B. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 owed to any person/business at the end of the reporting period)		Outstanding Balance (Beginning of Period)	Loans Received This Period	Loan Payments This Period	Outstanding Balance (End of Period)	
rst Name	Middle Name	e e				
		ē.				
st Name/Business Name			-			
Liver						
Idress			,			
ity	State	Zip Code	Date of Loan			
rst Name	. Middle Nam	ne		ETHERESULETES SEE		
			_			
ast Name/Business Name						
			-			
ddress						
Sity	State	Zip Code	Date of Loan			
,						
First Name	Middle Nar	ne				
ast Name/Business Name						
Address			-			
Address						
City	State	Zip Code	Date of Loan	l		
olly		*				
First Name	Middle Na	me				
,						
Last Name/Business Name						
Address						
Address						
City	State	Zip Code	Date of Loan			
First Name	Middle Na	ame				
Last Name/Business Name						
Add						
Address						
City	State	Zip Code	Date of Loan			
TOTALO	CONTRACTOR OF STREET			Sales de la Editoria de la Composición		
4. TOTALS (Total from "Outstanding Balance - (En	nd of Period)" colun	nn must also be shown				
in item 21 on summary page.)						

### **ITEMIZED STATEMENT OF OBLIGATIONS - PAC**

1. NAME OF COMMITTEE					2. REPORT COV	ERING THE PERIOD
			·*		FROM:	TO:
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED     OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)			Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	me				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation			LL			L
First Name	Middle Na	ame				
Last Name/Business Name						
Address	· · · · · · · · · · · · · · · · · · ·					
City	State	Zip Code				
Description of Obligation		1		-		1
First Name	. Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation		3	L			
First Name	Middle Na	ime		A STATE OF THE STA		
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation		I	<u> </u>		Д	
First Name	Middle Na	ime				
Last Name/Business Name						
Address .		-				
City	State	Zip Code				
Description of Obligation		L				
4. TOTALS						
(Total from "Outstanding Balance - (End of Period in item 22.b on summary page.)	d)" column mu	ust also be shown				

