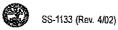
## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

### For State and Local Candidates For Single-Candidate Committees

	3.0 02.10.10.0					
1. DATE OF REPORT  1/23/20 21	2.8. NAME OF CANDIDATE O	RCOMMITTEE FOR ALDCRIMAN L	BRO4			
2.b. IF COMMITTEE, NAME OF CANDIDATE	ct	3. ELECTION DA				
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	State Zip Code				
147 HEDGEARN DR. F	tendersonville	72. 37025 G	715-207-2607			
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	than 4.a.) City	State Zip Code	Phone			
5. OFFICE SOUGHT (include district number, if  ALDER MAN WARD 4- HI  7. CATEGORY OR REPORT (Check one)		E OF POLITICAL TREASURER (may RY TURNER	be candidate)			
FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH PRE- QUARTER PRIMARY	PRE- MID-YEAR GENERAL SUPPLEMENTA	YEAR-END AL SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD  10   ZS   ZU ZU	8.b. ENDIN	NG DATE OF REPORTING PERIOD	, <del></del>			
9. (Check one)		113/600				
<ul> <li>a.  This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)</li> <li>b.  This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.</li> </ul>						
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 fevenue code.						
signature of candidate	1/23/2021 date	signature of political treasurer	//23/202 date			
11. WITNESS SIGNATURE  signature of witness	//23/2021 date	Afect Adsignature of witness	1/23/2021 date			
12. SUMMARY						
a. BALANCE ON HAND LAST REPORT	,	\$ <u>8</u> 76.56	_			
b. TOTAL RECEIPTS THIS PERIOD	DANS RECEIVED FI	LED PM \$ 1938.00	_			
c. TOTAL DISBURSEMENTS THIS PERIOD	AM AM	\$ 7733.00 25 2021 \$ 2801.00	_			
d. BALANCE ON HAND (12.a. plus 12.b. mi	лus 12.c.)	MNER COUNTY	\$ 13,56			
BALANCE ON HAND (12.a. plus 12.b. mi.     TOTAL LOANS OUTSTANDING	SUI ELEC	LION COMM	s 2938.			
f. TOTAL OBLIGATIONS OUTSTANDING			. \$			

#### SUMMARY PAGE - CANDIDATE

13. NAME OF GANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD					
HURY BOCK	FROM/0/25/20 TO: 1/5/21					
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	, ,					
a. Unitemized Contributions (\$100 or less from each source this pe	riod)\$\$					
b. Itemized Contributions (over \$100 from each source this period).	\$6-					
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15	.a. and 15.b.)\$\$					
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ 1938.					
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 william mulpay - Photos	by category - e.g., printing, postage, gasoline)  \$					
MOBILE ASUARTISEMENT-PIAGE						
MOSICE-APVENTISEMENT - PHONE	\$ 60					
mobile ADUMISEMENT - CHON-	\$ 60					
City A	\$ _60					
11. 4 GOZ	\$ <u>774.76</u>					
POLITICAL SOURCING-MAILERS	<b>———</b>					
YOLUSTAR SUURCING - WATELYAS	\$ 2126.08					
	\$					
Total of Expenditures (\$100 or less each payee)	s 95.1L					
b. Itemized Expenditures (Over \$100 each payee this period)						
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. an	d 19.b.) \$ 280)					
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)\$						
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)	<b>1</b>					
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be	·					



#### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVER					
HADY BOAT	TO: 1/15/21					
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	Amount					
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)						
First Name WILLI Am	Middle Name Purpose of Expenditure				Amount of Expenditure	
Last Name/Business Name 140705 BY MURPH		PHOTOS FOR	125.00			
Address 106 BACTON C.F.						
City HOZDORSON/WE	State ノン・	Zip Code 37025				
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					274.76	
Address 129 Commence	<i></i>	IR.	CAMPAIO,	251625		
MQ. SIEN MAN  Address 129 COMMENCE  City HENDERSONVILLE	State TW.	Zip Code 37025				
First Name	Middle Nan		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name PULLICAL SOURSING (	How	P			- 4	
Last Name/Business Name POUTICAL SOURSIMO GROWP  Address Z138 WICKENSHAM LAWE  City State Zip Code			CAMPAIGN &	2126.08		
GERMANTON	State	Zip Code 38,39				
First Name	Middle Name		Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name	Middle Name		Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name	Middle Name		Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name						
Address						
City	State	Zip Code				
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			2525.84			

# ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMI	TTEE						DEDODI	OOVER	10 71 -	
Axor BOCT					F	2. REPORT COVERING THE PERIOD FROM: TO: 1/15/2021				
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the						0/25/	12020 1/15/2021			
Complete the Following for the Source of the				(loane totaling	more than \$100	aom any sour	ce during the p	period)		
erts and a	Idle Name			Loan Balance	Loans		Loan	Outsta	inding Loan Balance	
Last Name/Organization Name	BOCT			(Beginning of Period)		Received Payments		(End of Period)		
	Lost remer/Organization (Vame		\$1000	0.00 1938, -0-			o-	293820		
Address HONGELAUN	DR.		Loan Recei	ved For:	<u> </u>	<u> </u>	Date of Lo	 pan		
City Code State Zip Code			1	eived For: Date of Loan  1/25/ZoZo  aff (Logo) Election  Date of Loan  1//Z5/ZoZo						
		<u> </u>		f (Local Elections	••		1 1			
First Name	Endorsers or Gu Middle Na		or Above Lo	an (If more spa	ace is needed	please attac	n a page)			
Last Name/Organization Name			<del></del>					Middle N	ame	
Cast Hamarorganization Hame				Last Name/Or	ganization Name	9			<u> </u>	
Address		· · · · · · · · · · · · · · · · · · ·		Address				<del></del>	<del></del>	
City	State	Zip Co	ode	City				State	17.0.	
Amount Guaranteed Outstanding			<del></del>	ļ	<del></del>	<del>-</del>		State	Zip Code	
Amount dualantees Oustanding				Amount Guaranteed Outstanding						
First Name	Middle Na	me		First Name				Middle Na	ime	
Last Name/Organization Name	Last Name/Organization Name			Last Name/Organization Name						
Address		<u> </u>			yanızadon Mame					
7001655				Address						
City	State	Zip Co	de	City			<del>-</del>	State	Zip Code	
Amount Guaranteed Outstanding	. <u> </u>	<u> </u>		Amount Guara	nteed Outstandin	10	···-	<u> </u>		
First Name	18.11				·········					
	Middle Nar	ne 		First Name Middle Name						
Last Name/Organization Name				Last Name/Organization Name						
Address		<del></del>		Address						
City	State	Zip Cod	10	City						
Amount Guaranteed Outstanding		1200		City				State	Zip Code	
The state of the s				Amount Guaran	teed Outstanding					
First Name	ame Middle Name		First Name Middle Name							
ast Name/Organization Name			Last Name/Organization Name							
Address										
				Address						
City	State	Zip Code	9	City	<u></u>	· · · · · · · · · · · · · · · · · · ·		State	Zip Code	
Amount Guaranteed Outstanding	•	-		Amount Guarant	eed Outstanding				<del></del>	
. Totals for all Loans (complete on last pag	e of itemized loa	ins)	I	Outstanding Loa	n Balance	Loans	lac-	1.0		
(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.)			(Beginning of Period) Received Payments (End of Period)							
( lotal outstanding loan balance should also be shown in	item 12.e. on front	page.)		1000.	1/	938	-0.	- 8	2938.	
SS-1132 (Rev. 4/02)					Page	<u>4</u> of	4		RDA 1159	