CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Multicandidate Committees (PACs)

1. DATE OF REPORT	2. NAME OF COMMITTEE	una CR	
2.A. SHORT NAME OF COMMITTEE (IF APPL	ICABLE)		· · · · · · · · · · · · · · · · · · ·
3. ADDRESS AND PHONE Street or Royal Route 142 VVVVLasc	City Was Donson, We	State Zip Code 70 370 76	Phone
4. TYPE OF CANDIDATES SUPPORTED	STATE PUBLIC OFFICE	LOCAL PUBLIC OFFICE	вотнист
5.A. NAME OF POLITICAL TREASURER		5.B. DA	TE APPOINTED
6. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER 7. A. BEGINNING DATE OF REPORTING PERIOD		PRE- MID-YEAR GENERAL SUPPLEMENTAL NG DATE OF REPORTING PERIOD	YEAR-END SUPPLEMENTAL
3. (Check one)	<u> </u>	Pt 30/20	
is true and that the committee has cand 10f must also be completed.) B. This committee is required to file a cand show that the committee is required to file a candidate should be shown to the committee is required to file a candidate should be shown to the committee is required to file a candidate should be shown to the committee has candidated by the complete has candidated by the committee has candidated by the complete has candidated by the committee has candidated by the	r this reporting period. I do solemly complied with all applicable provision detailed financial disclosure because one than \$1,000 for this reporting pe tollowing page(s) are a complete a	swear or affirm that the information cons of the Campaign Financial Disclosure contributions (including in-kind) receipted. I do solemly swear or affirm that and accurate accounting of all contributions.	ntained in this statement re Act. (Items 10d., 10e. ved total more than the information contained
	signature of	political treasurer	date
9. WITNESS SIGNATURE	Kelly X. W. signat	(Kunler) re of witness	10 -15 -20 date
10. SUMMARY			
a. BALANCE ON HAND LAST REPORT	FILED	<u> 39.27</u>	<u>.</u>
b. TOTAL RECEIPTS THIS PERIOD AM	PM	\$ <u></u>	_
c. TOTAL DISBURSEMENTS THIS PERIO	OCT 1 3 2020	\$	-
d. BALANCE ON HAND (10.a. plus 10.5)	MINEROCOUNTY TION COMMISSION		s 31, 27
TOTAL LOADS OF THE COLUMN			ş
f. TOTAL OBLIGATIONS OUTSTANDING	G		\$

SUMMARY PAGE - PAC

11. NAME OF COMMITTEE (In Full)	12. REPORT	COVERING THE PERIOD
	FROM	то:
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)		
a. Uniternized Expenditures (\$100 or less each payee this period) (must be	listed by category - e.g	., printing, postage,
gasoline)	, , , ,	
\$	 	
\$		
\$		
\$		
<u> </u>		
\$	·	
Total of Expenditures (\$100 or less each payee)	œ	
b. Itemized Expenditures (Over \$100 each payee this period)		
c. Independent Expenditures		
d. TOTAL EXPENDITURES (other than loan repayments)(add 17.a., 17.b. an		
18. LOAN REPAYMENTS MADE THIS PERIOD		
19. TOTAL DISBURSEMENTS (add 17.d. and 18.) (must be shown in item 10.	C.)	\$
20.IN-KIND CONTRIBUTIONS		
a. Unitemized in-kind contributions (\$100 or less from each source this peri	od) \$	
b. Itemized in-kind contributions (over \$100 from each source this period)	\$	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. a	nd 20.b.)	\$
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 sho	wn i item 10.f.)	\$

SS-1136 (Rev. 11/04)

Page _____ of ____

ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE			2. REPORT COV	ERING THE PERIOD
			FROM:	TO:
				Amount
		TIONS FROM PRECEDING PAGE (enter \$0 if first itemized pa		
		CHITEMIZED CONTRIBUTION (contributions totaling more than \$100	rom any contributor	
First Name	M,I.	Last Name/Organization Name		Amount of Contribution
Address	· · · · · · · · · · · · · · · · · · ·	****		
City	State	Zip Code		Date of Contribution
Occupation		Employer		
FirstName	M.L	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		Date of Contribution
Occupation	!	Employer		
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address	1			
City	ity State Zip Code			
Convention	<u> </u>			Date of Contribution
Occupation		Empkyer		
First Name	M.J.	Last Name/Organization Name		Amount of Contribution
Address	•			
City	State	Zip Code		Date of Contribution
Occupation	<u> </u>	Employer		
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address	L			
City	State	Zip Code		Date of Contribution
Occupation	<u> </u>	Employer		:
FirstName	M.I.	Last Name/Organization Name		Amount of Contribution
Address				T S POST CO CON EL CONCE
City	State	Zip Code		Date of Contribution
Occupation		Employer		
5.TOTAL ITEMIZED CONTRIBUTIONS				
(Carry forward to item 3. of next page if a				
(a time to the read of continuations, till	- GINGUIL 1	nast be enough in non- rob. of abinancey.)		



ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE		 		2. REPORT C	COVERING THE PERIOD	
				FROM:	TO:	
2 TOTAL ITEMIZED EVDENDITUDED	CDOM		05/		Amount	
3. TOTAL ITEMIZED EXPENDITURES4. COMPLETE THE APPROPRIATE ITEM	SFORE	ACH ITEMIZED EX	(PENDITURE (expenditures totaling more than \$1)	00 to any payee duri	ng the period). If the ex-	
penditure is an in-kind contribution to a car the purpose of expenditure section.	ididate, pi	lease remember to i	include the purpose of the expenditure (e.g. postage,	, printing) along with t	he candidate's name in	
First Name	Middle N	ame	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	<u> </u>	····				
Address					Date of Expenditure	
			1		Date of Expenditure	
City	State	Zip Code			İ	
First Name	Middle N	ame	Purpose of Expenditure	 -	Amount of Expenditure	
Last Name/Business Name	<u> </u>					
					i	
Address					Date of Expenditure	
City	State	Zip Code				
First Name	Middle N	ame	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					:	
Address					D-10-065	
					Date of Expenditure	
City	State	Zip Code				
First Name	Middle Name		Purpose of Expenditure	Purpose of Expenditure		
Last Name/Business Name	<u> </u>					
Address					Date of Expenditure	
City	State	Zip Code				
First Name	Middle Na	ime	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	l <u></u>					
Add						
Address					Date of Expenditure	
City	State	Zip Code				
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	J					
Address					Date of Expenditure	
City	State	Zio Codo				
Ony	State	Zip Code				
5. TOTAL ITEMIZED EXPENDITURES	Julia: *					
(Carry forward to item 3, of next page if a (If this is the last page of campaign expens						
SS-1119-E (Rev. 1/00)			Page	of	RDA 1159	

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE				2. REPORT COVE	
				FROM:	TO:
3. TOTAL ITEMIZED IN-KIND CON	TRIBUTIONS FRO	M PRECEDING PAGE	GE (enter \$0 if first itemized page)		Amount
4. COMPLETE THE APPROPRIAT	E ITEMS FOR EAC	CH ITEMIZED IN-KIN	GE (enter \$0 if first itemized page) ND CONTRIBUTION (in-kind contribution	s totaling more than \$100 from a	ny contributor during the period)
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name	J				
Address					
Audiess					
City	State	Zip Code			Date of In-Kind Contribution
Occupation					
Employer					
First Name	Middle Name		Description of In-Kind Contribution	"	Value of In-Kind Contribution
Last Name/Organization Name		·····			
·					
Address					
City	State	Zip Code			Date of In-Kind Contribution
Occupation			 		
Employer		·	_		
First Name	Middle Name		Description of In-Kind Contribution	 	Value of In-Kind Contribution
(Authoritan)					Value of It Tana Completion
Last Name/Organization Name					
Address		7538.11			
City	State	Zip Code			Date of In-Kind Contribution
Occupation			_		
Employer			_		
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name	<u>l</u>				
Address	·	·			
rivalicos					
City	State	Zip Code			Date of In-Kind Contribution
Occupation		<u> </u>	7		
Employer		·	7		
5. TOTAL ITEMIZED IN-KIND CO	ONTRIBUTIONS		Ī		
(Carry forward to item 3 of r	next page if addition	al pges of this form an	e used.)	ļ	İ
(If this is the last page of in-	kind contributions, t	his amount must be si	hown in item 20.b. of summary.)		
SS-1125 (Rev. 2/06)	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
SS-1125 (Rev. 2/06)			Pa	ageof	RDA 1159

ITEMIZED STATEMENT OF INDEPENDENT EXPENDITURES - PAC 1. NAME OF COMMITTEE 2. REPORT COVERING THE PERIOD FROM: TO: Amount 3. TOTAL ITEMIZED INDEPENDENT EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED INDEPENDENT EXPENDITURE (expenditures totaling more than \$100 to any payee during the

			e (e.g. postage, printing) and the name of the candid	1,		
First Name	rst Name Middle Name		Purpose of Expenditure	Purpose of Expenditure		
Last Name/Business Name						
Address		Candidate Supported or Opposed & Office Sought	Opposed [Date of Expenditure		
City	State	Zip Code		Supported		
First Name	Middle N	lame	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	<u></u>					
Address			Candidate Supported or Opposed & Office Sought	Opposed	Date of Expenditure	
City	State	Zip Code		Supported 🔲		
First Name	Middle N	ame	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	•					
Address			Candidate Supported or Opposed & Office Sought	Opposed	Date of Expenditure	
City	State	Zip Code		Supported 🗀		
st Name Middle Name		Purpose of Expenditure	Purpose of Expenditure			
Last Name/Business Name		,				
Address			Candidate Supported or Opposed & Office Sought	Opposed	Date of Expenditure	
City	State	Zip Code		Supported		
First Name	Middle Name		Purpose of Expenditure	Purpose of Expenditure		
ast Name/Business Name						
oddress			Candidate Supported or Opposed & Office Sought	Opposed 🗀	Date of Expenditure	
Sity	State	Zip Code		Supported		
irst Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
ast Name/Business Name	1			;		
ddress		·	Candidate Supported or Opposed & Office Sought	Opposed 🗀	Date of Expenditure	
ity	State	Zip Code		Supported 🔲		
			\$			
(b) Unitemized Independent Expenditures			\$ <u></u>			
(c) Total Independent Expenditures (If this	is the last	page of ind. expen	nditures, this amount must be showin in item 17c. of s	ummary page.)	\$	
SS-1139 Rev. 1/00			Page	of	RDA 1159	

ITEMIZED STATEMENT OF LOANS - PAC

1. NAME OF COMMITTEE				·····	2. REPORT COV	ERING THE PERIOD
					FROM:	TO:
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)
First Name	Middle Name					
Last Name/Business Name						
Address						
			l			
City	State	Zip Code	Date of Loan	*	<u> </u>	
First Name	Middle N	ame				
	<u> </u>					
Last Name/Business Name						
Address						
City	State	Zip Code	Date of Loan		<u>.</u>	ļ
First Name	Middle Na	ame .		<u> </u>		
Last Name/Business Name	l					
Address			ļ			
City	State	Zip Code	Data of Law			
		_,	Date of Loan			
First Name	Middle Name					
Loof Morro Durings Name						
Last Name/Business Name						
Address	 ,					
				,		
City	State	Zip Code	Date of Loan	·	<u> </u>	
First Name						
First Name	Middle Na	те				
Last Name/Business Name	<u>L</u>					
Address				·		
City	State	Zip Code	Bulling			
			Date of Loan			
4. TOTALS						
Total from "Outstanding Balance - (End of Period)" column	must also be shown		}		ļ
n item 21 on summary page.)		<u> </u>	<u></u>			

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	Раутents This Period	Outstanding Balance (End of Period)
First Name	Middle	Name				
Last Name/Business Name	L		1			
Address						
City	State	Zip Code				
Description of Obligation	I				<u> </u>	
First Name	Middle i	lame				
Last Name/Business Name						
Address		·· · · · · · · · · · · · · · · · · · ·				
City	State	Zip Code				
Description of Obligation	- · · · · · · · · · · · · · · · · · · ·				<u> </u>	
First Name	Middle N	ame 1				
Last Name/Business Name			ļ		1	
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name			ļ			
Address		İ			i	
City	State	Zip Code				
Description of Obligation						
irst Name	Middle Na	me				
ast Name/Business Name						
Address	 -					
ity	Tour T	7:01				
	State	Zip Code				
Description of Obligation		<u>_</u>				
TOTAL 0						
. TOTALS Total from "Outstanding Balance - (End of Perio	d)" column mus	it also be shown				
item 22.b on summary page.)						