| 1. DA | | | idate Committ | ees 0 | CT 1 1 2022 |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------|
| | TE OF REPORT | 2.a. NAME OF CANE | | 1 | |
| .b. IF | COMMITTEE, NAME OF CANDIDATE | | erri Bo | 3. ELECTION DELLEC | HINER COUNTY TIPN COMMISSION (4 2022 |
| | MPAIGN ADDRESS AND PHONE eet or Rural Route 334 Fannis Circle | e City Gallat | State | Zip Code 37066 | Phone 629-259-4 |
| | NDIDATE'S HOME ADDRESS (if differe eet or Rural Route | City | State | Zip Code | Phone |
| . OF | FICE SOUGHT (include district number | | NAME OF POLITICAL | TREASURER (may be o | candidate) |
| Co | unty Commissione D | 13 | Hellen | Dest | 21 |
| QL | TEGORY OR REPORT (Check one) | | PRE- PRE- RIMARY GENERAL .b. ENDING DATE OF REP | MID-YEAR SUPPLEMENTAL ORTING PERIOD | YEAR-END SUPPLEMENTAL |
| | 7126/2022 | | 10 1000 | 130/2022 | 2 |
| . (Che | ck one) | | | | |
| ac Fi | we do solemnly swear or affirm that the ccurate accounting of campaign contribu nancial Disclosure Act. Additionally, I/w enefit of the candidate or for any other ne signature of candidate | tions and expenditures re e swear or affirm that no | equired to be reported by t campaign contributions ha fined by the federal interna | he candidate committee t ave been expended for th | by the Campaign |
| . WI | TNESS SIGNATURE | 10/17/2022 | | ature of witness | 2 10/1/22 date |
| | MMARY | | | | |
| 2. SUI | BALANCE ON HAND LAST REPORT | | | \$ 1217.13 | |
| 2. SUI a. | | | | s 1600.00 | |
| | TOTAL RECEIPTS THIS PERIOD | | | 100 Emp. 21 1 1 | |
| a. | TOTAL DISBURSEMENTS THIS PERIOD |) | | | 0.11.1 |
| a. b. | |) | | ψ | 2446.72 |
| а. b. c. | TOTAL DISBURSEMENTS THIS PERIOD |) minus 12.c.) | | \$ | |
| b. | TOTAL DISBURSEMENTS THIS PERIOD |) | | ψ | 74111 |

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SUMMARY PAGE - CANDIDATE

| 13. NAME OF CANDIDATE OR COMMITTEE (In Full) | 14. REPORT COVERING THE PERIOD FROM: 7/24 TO: 9/30/22 | | | | | | | | |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| RECEIPTS 15. 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) | b. Itemized Contributions (over \$100 from each source this period) \$ | | | | | | | | |
| c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) | | | | | | | | | |
| 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.) | \$_1406 | | | | | | | | |
| DISBURSEMENTS | | | | | | | | | |
| 19. EXPENDITURES (other than loan payments) | | | | | | | | | |
| a. Expenditures (\$100 or less each payee this period) (must be listed by category - e | .g., printing, postage, gasoline) | | | | | | | | |
| \$ \$ \$ | TB | | | | | | | | |
| \$\$ | | | | | | | | | |
| \$ | _ | | | | | | | | |
| \$ | | | | | | | | | |
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| \$ | | | | | | | | | |
| \$ | | | | | | | | | |
| \$ | | | | | | | | | |
| | | | | | | | | | |
| Total of Expenditures (\$100 or less each payee) | | | | | | | | | |
| b. Itemized Expenditures (Over \$100 each payee this period) | | | | | | | | | |
| c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) | | | | | | | | | |
| 20. LOAN REPAYMENTS MADE THIS PERIOD | H. | | | | | | | | |
| 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) | A | | | | | | | | |
| c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item | \$ | | | | | | | | |

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Page _____ of _____

| 1. NAME OF CANDIDATE OR COMMITTEE | Bay | 1 | | 2. REPORT COVER | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------|----------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| lerri | FROM: 7/24/ | TO: 9130 2022 Amount | | | |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT | | | | | Amount |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR E | States and States and and | | | 100 from any contributor | Sector and the sector |
| First Name Jesse | Middle Nam | le | Contribution Received For: | | Amount of Contribution |
| Last Name/Organization Name | | | Primary Election | General Election | 1,600 |
| Address | | | Runoff (Local Election | | |
| City C-111 | State | Zip Code | Date of Contribution | Aggregate This Election | |
| Callaton IN | TN | 37046 | | 3,2022 | ¥. |
| Occupation Best Effe | 45 | | Set | 1 - | 1,600 |
| Employer | | | | | , |
| First Name | Middle Nam | ne | Contribution Received For: | | Amount of Contribution |
| Last Name/Organization Name | | en e | | General Election | |
| | | | | | |
| Address | | | Runoff (Local Election | is Only) | |
| City | State | Zip Code | Date of Contribution | | Aggregate This Election |
| Occupation | .1 | L | 1 | | |
| Employer | | | - | | |
| | | | | | |
| First Name | Middle Name | e | Contribution Received For: | | Amount of Contribution |
| Last Name/Organization Name | | | Primary Election | General Election | |
| Address | | | Runoff (Local Election | s Only) | |
| City | State | Zip Code | Date of Contribution | | Aggregate This Election |
| | Citato | | Data of Sonabation | | Aggregate this clotter |
| Occupation | | | | | |
| Employer | | | | | |
| First Name | Middle Name | e | Contribution Received For: | | Amount of Contribution |
| Last Name/Organization Name | | | | | |
| | | | | General Election | |
| Address | | Runoff (Local Elections | s Only) | | |
| City | State | Zip Code | Date of Contribution | | Aggregate This Election |
| Occupation | | | | | |
| Employer | and a second second | | | | |
| | | | | | |
| 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 | | | | | 1600 |

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

SS-1131(Rev. 2/06)

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Page _ 3 of _ 7_

RDA 1159

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMI | TTEE | 2. REPORT C | OVERING THE PERIOD |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------|
| | | FROM: | TO: |
| | | | Amount |
| 3. TOTAL ITEMIZED IN-KIND CONTRI | and the second se | | |
| 4. COMPLETE THE APPROPRIATE ITEMS | FOR EACH ITEMIZED IN-KIND CC | ONTRIBUTION (in-Jand contributions totaling more than \$100 from a | any contributor during the period) |
| First Name | Middle Name | In Kind Contribution Received For: | Value of In-Kind Contribution |
| Last Name/Organization Name | | Runoff (Local Elections Only) | |
| Address | | Date of In-Kind Contribution | Aggregate this Election |
| City | State Zip Code | Description of In-Kind Contribution | |
| Occupation Err | nployer | | |
| First Name | Middle Name | In-Kind Contribution Received For: | Value of In-Kind Contribution |
| Last Name/Organization Name | | Runoff (Local Elections Only) | |
| Address | | Date of In-Kind Contribution | Aggregate this Election |
| City | State Zip Code | Description of In-Kind Contribution | |
| Occupation Em | ployer | | |
| First Name | Mddle Name | In-Kind Contribution Received For: | Value of In-Kind Contribution |
| Last Name/Organization Name | / | Primary Election General Election | |
| Address | | Runoff (Local Elections Only) Date of In-Kind Contribution | Aggregate this Election |
| City | State Zip Code | Description of In-Kind Contribution | 1.33.534.6 5.16 2.16 6.16 |
| - | ployer | | |
| | | | |
| First Name | Middle Name | In-Kind Contribution Received For: | Value of In-Kind Contribution |
| Last Name/Organization Name | | Primary Election General Election Runoff (Local Elections Only) | |
| Address | | Date of In-Kind Contribution | Aggregate this Election |
| City | State Zip Code | Description of In-Kind Contribution | I |
| Occupation Em | ployer | | |
| First Name | Middle Name | In-Kind Contribution Received For: | Value of In-Kind Contribution |
| Last Name/Organization Name | I | Primary Election General Election Runoff (Local Elections Only) | |
| Address | | Date of In-Kind Contribution | Aggregate this Election |
| City | State Zip Code | Description of In-Kind Contribution | 1 |
| Occupation Emp | bloyer | | |
| TOTAL ITEMIZED IN-KIND CONTRI (Carry forward to item 3. of next page if addition (If this is the last page of in-kind contributions, the second second | al pages of this form are used.) | | 6 |
| SS-1128 (Rev. 2/06) | na annount muai og antown in item 220, 01 | Page of | 7 RDA 1159 |

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

а. С .

| 1. NAME OF CANDIDATE OR COMMITTE | Ξ | | 2. REPORT COVE | RING THE PERIOD |
|----------------------------------------------------------------------------------------------------------------|------------------|--------------------------|-----------------------------------------------------------------|-----------------------|
| | 1770 | Boyt | FROM. July 2 | e TO: Sept 30/2 |
| 3. TOTAL ITEMIZED CAMPAIGN EXPEND | TURES FRO | OM PRECEDING PAGE | E (enter \$0 if first itemized page) | Anoun |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR | R EACH ITEN | IZED EXPENDITURE (e | expenditures totaling more than \$100 to any payee during the p | eriod) |
| First Name SOS Print | Middle Na | ame | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | | | | 158.41 |
| Address 706 Space | Parl | L | Yrinding | 130.1] |
| City Goodlettsuille | State | Zip Code 37072 | | |
| First Name Rost Office | Middle Na | | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | | | Palace | 1000 |
| Address | | | Rostage | 192 |
| City | State | Zip Code | 1 | |
| - First Name | Middle Na | ime | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | | | 5 P | |
| Address | | | - | |
| City | State | Zip Code | | |
| | _ | | | |
| rst Name Middle Name | | | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | | | | |
| Address | | | | |
| City | State | Zip Code | | |
| First Name | Middle Nar | ne | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | | | | |
| Address | | | | |
| City | State | Zip Code | | |
| First Name | Middle Nar | ne | 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 page) | ges of this form | are used.) | | 350,41 |
| (If this is the last page of expenditures, this amount n | nust be shown i | n item 19b. of summary.) | · | |
| SS-1129 (Rev. 4/02) | | | Page 5 of 7 | RDA 1159 |

ITEMIZED STATEMENT OF LOANS - CANDIDATE

| Media Name Outstanding Lon Balance (Bagoring of Pred) and NameOrganization Name Lower Received Lower Premeria Outstanding Lon Balance (End of Pred) Outstanding Difference (End of Pred) Outstanding Difference (End of Pred) Outstanding Difference Difference Outstanding Difference Outstanding Difference Difference Difference </th <th>1. NAME OF CANDIDATE OR COMMITTEE</th> <th></th> <th></th> <th></th> <th>2. REPORT (</th> <th>COVERING</th> <th>G THE PERIOD</th> | 1. NAME OF CANDIDATE OR COMMITTEE | | | | 2. REPORT (| COVERING | G THE PERIOD | |
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| 3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (tons: totaling once that \$100 itom my source during the ported | Terri Bout | | | | | 6 TO | Soft 30 | |
| Media Name Outstanding Lon Balance (Bagoring of Pred) and NameOrganization Name Lower Received Lower Premeria Outstanding Lon Balance (End of Pred) Outstanding Difference (End of Pred) Outstanding Difference (End of Pred) Outstanding Difference Difference Outstanding Difference Outstanding Difference Difference Difference </td <td></td> <td></td> <td></td> <td>(loans totaling more than \$100 from any</td> <td>y source during the pe</td> <td>riod)</td> <td></td> | | | | (loans totaling more than \$100 from any | y source during the pe | riod) | | |
| ant Nerrag Dispartation Name Ican Faceward Control Permots End of Period) ant Nerrag Dispartation Name Loan Faceward Cont Date of Loan 5 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 | Complete the Following for the Source of the Loan | | | | | | | |
| List AI Endores or Guarantors for Above Loan (If more space is needed please attach a page) List AI Endores or Guarantors for Above Loan (If more space is needed please attach a page) Mddle Name ast Name/Organization Name Last Name/Organization Name Address City State Zip Code Div State Zip Code City State Zip Code Div State Zip Code cmount Guaranteed Outstanding Annount Guaranteed Outstanding Mddle Name Inst Name Mddle Name First Name Mddle Name First Name Mddle Name Inst Name/Organization Name Inst Name/Organization Name Address City State Zip Code Div State Zip Code City State Zip Code Div State Zip Code Div City State Zip Code Div State Zip Code Div City State Zip Code Div State Zip Code Div State Zip Code City State Zip Code City State Zip Code Div State Zip Code | Tari | ne | (Beginning | of Period) Received | Payments | (Er | nd of Period) | |
| List AI Endores or Guarantors for Above Loan (If more space is needed please attach a page) List AI Endores or Guarantors for Above Loan (If more space is needed please attach a page) Mddle Name ast Name/Organization Name Last Name/Organization Name Address City State Zip Code Div State Zip Code City State Zip Code Div State Zip Code cmount Guaranteed Outstanding Annount Guaranteed Outstanding Mddle Name Inst Name Mddle Name First Name Mddle Name First Name Mddle Name Inst Name/Organization Name Inst Name/Organization Name Address City State Zip Code Div State Zip Code City State Zip Code Div State Zip Code Div City State Zip Code Div State Zip Code Div City State Zip Code Div State Zip Code Div State Zip Code City State Zip Code City State Zip Code Div State Zip Code | | | 10, | 100 | | 10 | ,100 | |
| List AI Endores or Guarantors for Above Loan (If more space is needed please attach a page) List AI Endores or Guarantors for Above Loan (If more space is needed please attach a page) Mddle Name ast Name/Organization Name Last Name/Organization Name Address City State Zip Code Div State Zip Code City State Zip Code Div State Zip Code cmount Guaranteed Outstanding Annount Guaranteed Outstanding Mddle Name Inst Name Mddle Name First Name Mddle Name First Name Mddle Name Inst Name/Organization Name Inst Name/Organization Name Address City State Zip Code Div State Zip Code City State Zip Code Div State Zip Code Div City State Zip Code Div State Zip Code Div City State Zip Code Div State Zip Code Div State Zip Code City State Zip Code City State Zip Code Div State Zip Code | Address 334 Fannis (| 1 | Date of Loa | n | 5/2/202 | | | |
| Middle Name Middle Name First Name Middle Name ast Name(Organization Name Last Name(Organization Name) Address City State Zip Code Dity State Zip Code City State Zip Code Dity State Zip Code mount Gaaranteed Outstanding Middle Name Middle Name Middle Name First Name Middle Name Middle Name Middle Name First Name Middle Name Last NameOrganization Name Vice Adress Zip Code Oty State Zip Code City State Zip Code Oty State Zip Code City State Zip Code Oty State Zip Code City State Zip Code Oty State Zip Code InstrumeOrganization Name Middle Name First Name Middle Name First Name Middle Name First Name Middle Name City State Zip Code City State Zip Code Trist Name Middle Name First Name Middle Name State Zip Code City State Zip Code City State Zip Code <tr< td=""><td>City Gulletin State</td><td>370</td><td>ey l</td><td></td><td></td><td>1 120</td><td>22</td></tr<> | City Gulletin State | 370 | ey l | | | 1 120 | 22 | |
| Name Organization Name Last Name/Organization Name Last Name/Organization Name Address Address Address City State Zip Code Oty State Zip Code mount Guaranteed Outstanding Amount Guaranteed Outstanding Mode Name Image: State Zip Code rist Name Organization Name Mode Name First Name Mode Name Mode Name ast Name/Organization Name Address Address State Zip Code Rown Organization Name Mode Name City State Zip Code State Zip Code mount Guaranteed Outstanding State Zip Code City State Zip Code Zip Code mount Guaranteed Outstanding First Name Mode Name Mode Name Zip Code Zip Code state Name/Organization Name Mode Name First Name Organization Name Xiste Zip Code Zip Code rist Name/Organization Name Mode Name First Name/Organization Name Xiste Zip Code stat Name/Organization Name Last Name/Organization Name State Zip Code Xiste Zip Code <t< td=""><td>Company Company and the Company of the Common State of the Company of the</td><td>and the second second</td><td></td><td></td><td>attach a page)</td><td>Middle Nar</td><td>ne</td></t<> | Company Company and the Company of the Common State of the Company of the | and the second second | | | attach a page) | Middle Nar | ne | |
| Address Address City State Zip Code OTy State Zip Code mount Guaranteed Outstanding Amount Guaranteed Outstanding Mddle Name Mddle Name Mddle Name Mddle Name First Name Mddle Name First Name Mddle Name Mddle Name Mddle Name att Name/Organization Name Last Name/Organization Name Mddle Name Mddress Zip Code City State Zip Code City State Zip Code State Zip Code City State Zip Code Mddress City State Zip Code City State Zip Code City State Zip Code City State Zip Code City State Z | | | | | | | | |
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| First Name Middle Name First Name Middle Name Att Name/Organization Name Last Name/Organization Name Address Address Address City State Zip Code City State Zip Code City State Zip Code mount Guaranteed Outstanding Amount Guaranteed Outstanding Middle Name Middle Name Middle Name First Name Middle Name First Name Middle Name Middle Name Middle Name First Name Middle Name First Name Middle Name Middle Name Middle Name City State Zip Code City State Zip Code Zip Code City State Zip Code City State Zip Code Zip Code Inst Name Middle Name Eirst Name Middle Name Zip Code Zip Code Inst Name/Organization Name Last Name/Organization Name Last Name/Organization Name Zip Code Zip Code Inst Name/Organization Name Eirst Name Middle Name Zip Code Zip Code Zip Code Zip Code Zip Code Zip Cod | City | State | Zip Code | City | | State | Zip Code | |
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| ast Name/Organization Name Last Name/Organization Name Address Address City State Zip Code City State Zip Code City State Zip Code City State Zip Code Totals for all Loans (complete on last page of itemized loans) Address Amount Guaranteed Outstanding Outstanding Loan Balance Loans Loans Outstanding Loan Balance (Total loans received should also be shown in item 16. on summary page.) Outstanding Loan Balance Loans Loan Outstanding Loan Balance (Total outstanding loan balance should also be shown in item 20. on summary page.) Outstanding Coan Balance Loans Payments City of Period) (Total outstanding loan balance should also be shown in item 12.e. on front page.) Outstanding Loan Balance Loans Payments City of Period) | Amount Guaranteed Outstanding | | | Amount Guaranteed Outstanding | | | | |
| Address Address City State Zip Code City State Zip Code City State Zip Code City State Zip Code mount Guaranteed Outstanding Amount Guaranteed Outstanding Amount Guaranteed Outstanding Amount Guaranteed Outstanding Totals for all Loans (complete on last page of itemized loans) Outstanding Loan Balance Loans Loan Outstanding Loan Balance (Total loans received should also be shown in item 16. on summary page.) Outstanding Loan Balance Loans Payments Cited of Period) (Total outstanding loan balance should also be shown in item 20. on summary page.) Outstanding Coan Balance Loans Payments Cited of Period) (Total outstanding loan balance should also be shown in item 12.e. on front page.) Outstanding Loan Balance Loans Payments Cited of Period) | First Name | Middle Name | | First Name | | Middle Name | | |
| City State Zip Code City State Zip Code mount Guaranteed Outstanding Amount Guaranteed Outstanding Amount Guaranteed Outstanding State Zip Code Totals for all Loans (complete on last page of itemized loans) Outstanding Loan Balance Loans Loans Outstanding Loan Balance (Total loans received should also be shown in item 16. on summary page.) Outstanding Loan Balance Loans Received Payments (Total outstanding loan balance should also be shown in item 20. on summary page.) Outstanding Or Period) Received Payments (End of Period) (Total outstanding loan balance should also be shown in item 12.e. on front page.) Outstanding Loan Balance Loans Loans Loans (End of Period) | Last Name/Organization Name | 1 | | Last Name/Organization Name | | | | |
| mount Guaranteed Outstanding Amount Guaranteed Outstanding Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.) (Total loan seceived 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.) (Total outstanding loan balance should also be shown in item 12.e. on front page.) | Address | | | Address | | | | |
| Totals for all Loans (complete on last page of itemized loans) Outstanding Loan Balance Loans Loans Outstanding Loan Balance (Total loans received should also be shown in item 16. on summary page.) Outstanding of Period) Received Payments (End of Period) (Total outstanding loan balance 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.) (Total outstanding loan balance should also be shown in item 12.e. on front page.) (Total outstanding loan balance should also be shown in item 12.e. on front page.) | City | State | Zip Code | City | | State Zip Code | | |
| (Total loans received should also be shown in item 16. on summary page.) (Beginning of Period) Received Payments (End of Period) (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.) (Total outstanding loan balance should also be shown in item 12.e. on front page.) | Amount Guaranteed Outstanding | | | Amount Guaranteed Outstanding | | | | |
| (Total outstanding loan balance should also be shown in item 12.e. on front page.) | | | | | 22.224 (Sec. 1997) | | | |
| Page of RDA 1159 | (Total outstanding loan balance should also be shown in iter | | | Page | U of 7 | | RDA 1159 | |

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ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMITTEE | 2. REPORT COVERING THE PERIOD | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------|----------------------------------------------|------------------------------|-------------------------------|----------------------------------------|
| | | | -1 | FROM: | TO: | |
| COMPLETE THE APPROPRIATE ITEMS I OBLIGATION (obligations totaling more that person/vendor at the end of the reporting p | n \$100 ow | | 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 | | | | | | |
| First Name | Middle Na | me | | | | |
| Last Name/Business Name | | | | | | |
| Address | | | 1/ | | | |
| City | State | Zip Code | 1 | | | |
| Description of Obligation | | | | | | L |
| First Name | Middle Nar | me | | | | |
| Last Name/Business Name | | | _ | | | |
| | | | 4 | | | |
| Address | T | | 4 | | | |
| City | State | Zip Code | | | | |
| Description of Obligation | / | | | | | |
| First Name | Middle Nar | ne | | | | |
| Last Name/Business Name | 1 | | | | | |
| Address | / | | 1 | | | |
| City | State | Zip Code | - | | | |
| Description of Obligation | | | 1 | | | |
| First Name | Middle Nan | ne | | | | |
| Last Name/Business Name | | | - | 2 | | |
| Address | | | | | | |
| | 0.1 | 7.0.1 | | | | |
| City / | State | Zip Code | | | | |
| Description of Obligation | | | | | | |
| 4. TOTALS | | | | | Antipe Mark - Mark - Contract | |
| (Total from Outstanding Balance - (End of Period) c in item 23b. on summary page.) | olumn must | also be shown | | | | |
| | | | | <u>``</u> | | |

SS-1127 (Rev. 4/02)

6 F 6 6

Page _____ of _____ RDA 1159