## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

# For State and Local Candidates For Single-Candidate Committees

DATE OF REPORT	2.a. NAME OF CANDIDATE OR	COMMITTEE	* t
9/28/22	Baker Ring +	or County	en wiss los
2.b. IF COMMITTEE, NAME OF CANDIDATE		3 ELECTION	N DATE
Baker Ring			
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	State Zip Code	Phone
461 Brada 1,	Gallatin	IN 3706	6 brs-885-688
4.b. CANDIDATE'S HOME ADDRESS (If different Street or Rural Route	t than 4.a.) City	State Zip Code	Phone
5. OFFICE SOUGHT (include district number, in	1	DE POLITICAL TREASURER (	may be candidate)
7. CATEGORY OR REPORT (Check one)  FIRST SECOND THIRD  QUARTER QUARTER QUARTER	FOURTH PRE- QUARTER PRIMARY	PRE- MID-YE	ENTAL SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD  7/26/22		DATE OF REPORTING PERIOD	
9. (Check one)		7	tal 04 000 as less AND assessed
This campaign is exempt from detaile tures total \$1,000 or less for this report			tal \$1,000 or less AND expendi-
b. This campaign is required to file a de and/or expenditures total more than \$		contributions (including in-kind	) received total more than \$1,000
10. I/we do solemnly swear or affirm that the ir accurate accounting of campaign contribution. Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other nor signature of candidate	ons and expenditures required to b swear or affirm that no campaign of	e reported by the candidate co ontributions have been expend	mmittee by the Campaign ded for the personal financial
11. WITNESS SIGNATURE  Andrew  signature of witness	9/30/22 Y	Kaneke Harbi	100/20/22
12. SUMMARY			0.04
a. BALANCE ON HAND LAST REPORT		s <u>1350</u>	1.80
b. TOTAL RECEIPTS THIS PERIOD			
c. TOTAL DISBURSEMENTS THIS PERIOD			27
d. BALANCE ON HAND (12.a. plus 12.b. n			s 166-53
e. TOTAL LOANS OUTSTANDING	SUMNER COUNTY ELECTION COMMISSION		s
f. TOTAL OBLIGATIONS OUTSTANDING	3		\$



#### **SUMMARY PAGE - CANDIDATE**

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD							
Baker Ring for County Commission	FROM: 7/26/27 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)	\$							
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.)	s_ <del>-</del>							
DISBURSEMENTS								
19. EXPENDITURES (other than loan payments)								
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.								
Campaign Assistants \$ 501								
Campaign Contributions \$ 100.	00							
\$								
\$								
\$								
\$								
\$								
\$	n							
\$								
Total of Expenditures (\$100 or less each payee)	. 150.00							
total of experiorities (\$100 of less each payer)	634.27							
b. Itemized Expenditures (Over \$100 each payee this period)	784.27							
20. LOAN REPAYMENTS MADE THIS PERIOD	1100.21							
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)  22.IN-KIND CONTRIBUTIONS	\$ 1101121							
CONTRACTOR SECURIORS SECURIORS	0							
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)								
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	2. REPORT COVER	RING THE PERIOD					
1. NAME OF CANDIDATE OR COMMITTEE	FROM: 7/26/27	10:980/2C					
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	age)	Amount					
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)							
First Name					Amount of Contribution		
Last Name/Organization Name			☐ Primary Election ☐	General Election			
Address			Runoff (Local Election				
City	State Zip Code		Date of Contribution	Aggregate This Election			
Occupation		L	-				
Employer							
First Name	Middle Nan	ne	Contribution Received For:		Amount of Contribution		
Last Name/Organization Name			Primary Election	General Election	18.0		
Address	NAME OF TAXABLE PARTY.		Runoff (Local Election	ns Only)			
City	State	Zip Code	Date of Contribution	Aggregate This Election			
Occupation							
Employer							
17 389							
First Name	Middle Name				Amount of Contribution		
Last Name/Organization Name			☐ Primary Election	General Election			
Address			Runoff (Local Election	ns Only)			
City	y State Zip Code		Date of Contribution	Aggregate This Election			
Occupation	ccupation						
Employer							
First Name	Middle Name		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		
Occupation							
Employer							
E TOTAL ITEMIZED CONTROLL							
TOTAL ITEMIZED CONTRIBUTIONS     (Carry forward to item 3. of next page if additional pages of the control							

#### **ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE**

1. NAME OF CANDIDATE OR C	OMMITTEE +	an C	ounty (	ommsser	FROM:	OVERING THE PERIOD  Amount				
3. TOTAL ITEMIZED IN-KIND CO			/							
4. COMPLETE THE APPROPRIATE	ITEMS FOR EA	CH ITEMIZ	ED IN-KIND CONTR	IBUTION (in-kind contributions totaling	more than \$100 from any co	ntributor during the period)				
First Name Middle Name			In-Kind Contribution Receive		Value of In-Kind Contribution					
Last Name/Organization Name				Runoff (Local Election	ns Only)					
Address				Date of In-Kind Contribution	Date of In-Kind Contribution					
City		State	Zip Code	Description of In-Kind Contribution						
Occupation	Employer									
First Name		Middle Nan	ne	In-Kind Contribution Receive	d For:  General Election	Value of In-Kind Contribution				
Last Name/Organization Name		<b>!</b>		Runoff (Local Election						
Address				Date of In-Kind Contribution		Aggregate this Election				
City	ity State Zip Code				Description of In-Kind Contribution					
Occupation	Employer									
First Name	First Name Middle Name				In-Kind Contribution Received For:  ☐ Primary Election ☐ General Election					
Last Name/Organization Name				Runoff (Local Elections Only)						
Address				Date of In-Kind Contribution	Date of In-Kind Contribution					
City		State	Zip Code	Description of In-Kind Contribution						
Occupation	Employer			8						
First Name Middle Name				In-Kind Contribution Received	_	Value of In-Kind Contribution				
Last Name/Organization Name				☐ Primary Election ☐ Runoff (Local Election	General Election					
Address				Date of In-Kind Contribution	Date of In-Kind Contribution					
City		State	Zip Code	Description of In-Kind Contribution						
Occupation	Employer									
First Name		Middle Name		In-Kind Contribution Receive	ed For:  General Election	Value of In-Kind Contribution				
Last Name/Organization Name				Runoff (Local Election						
Address			Date of In-Kind Contribution							
City		State	Zip Code	Description of In-Kind Contribution		1				
Occupation	Employer									
TOTAL ITEMIZED IN-KIND Co (Carry forward to item 3, of next page if (If this is the last page of in-kind contrib	additional pages of	f this form are		ary.)		0				
SS-1128 (Rev. 2/06)			n unitario de la Tarrillo	Page	e of	RDA 1159				

### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE  Baker Ring for County Commission  2. REPORT COVERING THE PERIOD  FROM 1/26/22 TO BEST 2							
	Amount /634.27						
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)  4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)							
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure				
Last Name/Business Name Fox Printing and Me	ailine.	Mailes 3	329.27				
Address 30 Old Cohone	n Rd						
City Herm, tage	State Zip Code 76		,				
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure				
Last Name/Business Name Kelly JM Kinley Address , L	Branding Marke	Web, Media and Design	105.00				
142 Moen Chias		and Design					
City Gallatin	State Zip Code 37066						
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure				
	Lyander book all	Contribation	200.00				
Address 700 Dan BHen	on Dr						
City Callat, is	State Zip Code 37065						
First Name Baker	Middle Name	Purpose of Expenditure	Amount of Expenditure				
Last Ring		Loan	400.00				
Address 961 Brady In		Re-Paymer	1				
City Galledin	State Zip Code 37060		\				
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 mus		. 634.27					

## ITEMIZED STATEMENT OF LOANS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE						2. REPORT COVERING THE PERIOD FROM: TO:			
Baker King to County Commissia 1/4/27 9/30/22									
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH DEMIZED 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	e		Outstanding L (Beginning o	Loan Balance Loans Loan Outstanding Loan Balance of Period) Received Payments (End of Period)					
Last Name/Organization Name			400	.00 400.00 Ø					Ø
Address // /			Loan Receive				Date of Loa	in	
Addiess 481 Brady Lr	7		☐ Primary						
City Galladin State	Zip Code	6	☐ Runoff (	Local Elections	Only)		>1	9/2	~~
List All Endors	sers or Guara	ntors fo	or Above Loa	With the second	ace is needed	d please atta	ach a page)	HINS - NO.	
First Name	Middle Name			First Name				Middle Na	ame
Last Name/Organization Name				Last Name/Or	ganization Nar	ne			
Address				Address					
City	State	Zip Co	ode	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	City State Zip Code			City State Zip Code					Zip Code
Amount Guaranteed Outstanding				Amount Guara	inteed Outstan	ding			
First Name Middle Name			S - 8 - 1 - 1 - 1 - 1	First Name			V.	Middle N	lame
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City	State	Zip Co	de	City		with the same of t		State	Zip Code
Amount Guaranteed Outstanding				Amount Guara	nteed Outstan	ding			
First Name	rst Name Middle Name			First Name Middle Name					
Last Name/Organization Name		Last Name/Organization Name							
Address			Address						
City	State	Zip Co	de	City				State	Zip Code
Amount Guaranteed Outstanding				Amount Guara	nteed Outstan	ding			
4. Totals for all Loans (complete on last page of	temized loa	ns)	A. Selle Sel	Outstanding L	oan Balance	Loans	Loa	n (	Outstanding Loan Balance
(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)	Receive		ents	(End of Period)
(Total outstanding loan balance should also be shown in item			6	1700	000	8	100	0,00	9

