## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

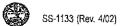
#### For State and Local Candidates **For Single-Candidate Committees**

1. DATE OF REPORT , 2.a. NAME	OF CANDIDATE OR	COMMITTEE		
4/11/2022	Terr	, B	oy t	
2.b. IF COMMITTEE, NAME OF CANDIDATE			May Prin	mary 5/3/22
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City		State	7in Code	5)
3211 5 6 1 6 11	\	State	Zip Code	Phone  Hac-ato-4/70
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)	1417	12	37066	429-259-470
Street or Rural Route City  Same as above		State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if applicable)	6. NAME	OF POLITICAL	TREASURER (may b	e candidate)
County Commissioner District	13 He	len L	Los	
7. CATEGORY OR REPORT (Check one)	ER PRIMARY	PRE- GENERAL	MID-YEAR SUPPLEMENTA	YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD	_ ,		ORTING PERIOD	
9. (Check one)	31	31/20	22	
<ul> <li>a.  This campaign is exempt from detailed disclosure tures total \$1,000 or less for this reporting period.</li> <li>b.  This campaign is required to file a detailed financia and/or expenditures total more than \$1,000 for this</li> </ul>	(Complete items 12d al disclosure because	d., 12e. and 12i	f.)	
10. I/we do solemniy swear or affirm that the information co accurate accounting of campaign contributions and expe Financial Disclosure Act. Additionally, I/we swear or affire benefit of the candidate or for any other nonpolitical purp signature of candidate    Additionally, I/we swear or affire benefit of the candidate or for any other nonpolitical purp date.	nditures required to to to the model of the	pe reported by contributions had been been been been been been been bee	the candidate committe ave been expended fo	ee by the Campaign
11. WITNESS SIGNATURE TO SIGNATURE SIGNATURE OF WITNESS date	<u> </u>	The sign	A By	4//1/2023 date
12. SUMMARY	EU ED			
a. BALANCE ON HAND LAST REPORT	FILED	Руд	\$O	_
b. TOTAL RECEIPTS THIS PERIOD	APR 0 8 202	<b>2</b>	. 5820	- - - -
c. TOTAL DISBURSEMENTS THIS PERIOD	SUMNER COUNT	γ	\$ 28 TO	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	ECTION COMMIS			s \\30
e. TOTAL LOANS OUTSTANDING	انها نما دهاسا			\$ 7,000
f. TOTAL OBLIGATIONS OUTSTANDING	A FILED	PM		.\$
	APR 1 1 20	22		



### **SUMMARY PAGE - CANDIDATE**

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
Terri Boyt	FROM: 1/14/22 TO: 3/31/22
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	~. 00
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 50
b. Itemized Contributions (over \$100 from each source this period)	\$
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	s 50°
16. LOANS RECEIVED THIS REPORTING PERIOD	s 7000 °C
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ 705000
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)
office supplies-Misc \$ 20	90
\$	<del></del>
\$	
\$	<u> </u>
\$	THE STATE OF THE S
\$ \$	<del></del>
<u> </u>	*** Office described**
\$	<u>.</u>
\$	
Total of Expenditures (\$100 or less each payee)	7000
	0()
b. Itemized Expenditures (Over \$100 each payee this period)	- 111
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	
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)	<del>-</del> · ····
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	$\sim$



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

1. NAME OF CANDIDATE OR COMMITTE	E	···		ERING THE PERIOD
Terri Y	troc	FROM:1/14/2		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU	•	M PRECEDING	PAGE (enter \$0 if first itemized page)	Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMIZ	ZED CONTRIBUTIO	ON (contributions totaling more than \$100 from any contrib	
First Name	Middle Name	е	Contribution Received For:	Amount of Contribution
Last Name/Organization Name	<u> </u>		Primary Election General Election	
Address			Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation				
Employer				
First Name	Middle Nan	ne	Contribution Received For:	Amount of Contribution
Last Name/Organization Name	<u>.</u>		☐ Primary Election ☐ General Election	
Address		<u> </u>	Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation		<u>-1</u>		
Employer				
Final	Middle Nan		Contribution Received For:	Amount of Contribution
First Name	IAIIODIE IVSU	iic		
Last Name/Organization Name			Primary Election General Election	
Address			Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation		•		
Employer				
First Name	Middle Nar	me	Contribution Received For:	Amount of Contribution
Last Name/Organization Name		····	Primary Election General Election	
Address	,		Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation	'	•		
Employer				
TOTAL ITEMIZED CONTRIBUTIONS     (Carry forward to item 3. of next page if additional pag     (If this is the last page of contributions, this amount m	ges of this form ust be shown in	are used.) n item 15b. of summan	y.)	0

# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE	OR COMMITTEE		2 REPORT COVER	
<u> </u>		\	FROM: \/\v\zz	TO: 3/3)/27
			GE (enter \$0 if first itemized page)	1 0
4. COMPLETE THE APPROPRIA	TE ITEMS FOR EACH ITEMIZ	ED IN-KIND CONT	RIBUTION (in-kind contributions totaling more than \$100 from any co	
First Name	Middle Nan	ne 	In-Kind Contribution Received For:  ☐ Primary Election ☐ General Election	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	Employer			
First Name	Middle Nar	ne	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	1
Occupation	Employer	<u>.l</u>	<del></del>	
		<del></del>	in-Kind Contribution Received For:	Value of In-Kind Contribution
First Name	Middle Na	me	Primary Election General Election	Value of III-Maid 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	Employer			
First Name	Middle Na	т	In-Kind Contribution Received For:  Primary Election  General Election	Value of In-Kind Contribution
Last Name/Organization Name		·· <u>- · -</u>	Runoff (Local Elections Only)	
Address		<del> </del>	Date of In-Kind Contribution	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution	
Occupation	Emplayer	. <u>l`</u>		
First Name	Middle Na	me	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	
Occupation	Employer			(
	page if additional pages of this form			i.A
(If this is the last page of in-kind	contributions, this amount must be		summary.) Page of	RDA 1159
SS-1128 (Rev. 2/06)			raye 0!	

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	1	2. REPORT COVERI FROM:\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	NG THE PERIOD TO: 3/31/22				
Terri Boi	Amount						
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		Media Advertising					
Navigation Adver	msing	Media Advertising Services	2500				
Address 416 Medical Cen	nter P kwy B	36,0,000					
CILY MY & FREESBORD	State Zip Code 37129						
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure				
Last Name/Business Name		Printing	000				
Addrona	ertising	magnets	1,843				
416 Medical Ca	State Zip Code	signs					
Murtreesburo	TN 37129	4-81475					
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure				
Last Name/Business Name	)	Digital Ad Mailers w/Bstage	1 1107				
Address Address	\ \	Maylors W. Balace	1407				
City Medical (	State Zip Code	1. miles 2 00 10311130					
Murtreesboro	TN 37129						
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure				
Last Name/Business Name							
Address		1					
City	State Zip Code	-	-				
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure				
Last Name/Business Name		-					
Address		-					
City	State Zip Code	<u>-</u>					
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure				
Last Name/Business Name	<u></u>	-					
Address		4					
City	State Zip Code	<u>-</u>					
5. TOTAL ITEMIZED EXPENDITURES			TANCO				
(Carry forward to item 3. of next page if additional page (If this is the last page of expenditures, this amount mu			5800				

### **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

Compiles the Following for the Source of the Loan First Name First Name Let NomeCognization Name Let NameCognization Name Address City State Zip Code Amount Garanteed Outstanding Amount Garanteed Outstanding Prist Name Notice Name Leat NameCognization Name Address City State Zip Code Amount Garanteed Outstanding	NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD						
3. COMPLETE THE APPROCRIATE ITEMS FOR EACH ITEMIZED LOAN (case stading more hars \$100 from any source during the proteil)  Complete the Following for the Source of the Loan  First Name  Complete the Following for the Source of the Loan  First Name  Complete the Following for the Source of the Loan  First Name  Complete the Following for the Source of the Loan  Complete the Following for the Source of the Loan  Complete the Following for the Source of the Loan  Complete the Following for the Source of the Loan  Complete the Following for the Source of the Loan  Complete the Following for the Source of the Loan  Complete the Following for the Source of the Loan  Complete the Following for the Source of the Loan  Complete the Following for the Source of the Complete for the Comple							FRO	1.	_	2/2/177	
First Name    Copy   State   Copy   State   Copy   State   Copy   State   Copy   State   Copy   Copy											
First Name    Copy   State   Copy   State   Copy   State   Copy   State   Copy   State   Copy   Copy	Complete the Following for the Source of	of the Loan		-			i i			•	
Last Name/Organization Name  Address  City State Zip Code City State Zip Code  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Address  City State Zip Code City State Zip Code  Last Name/Organization Name  Address  City State Zip Code City State Zip Code  City State Zip Code  Arrount Guaranteed Outstanding  Arrount Guaranteed Outstanding  First Name  Middle Name  Last Name/Organization Name  Address  City State Zip Code  Arrount Guaranteed Outstanding  First Name  Middle Name  Last Name/Organization Name  Address  City State Zip Code  Arrount Guaranteed Outstanding  First Name  Middle Name  Last Name/Organization Name  Address  City State Zip Code  Arrount Guaranteed Outstanding	First Name.		•						1		
Address		<u> </u>			Coediminid o	- <del>0</del>				,	end or i dribuy
Hist Name    Middle Name   Middle Name   Middle Name   Middle Name   Middle Name   Middle Name   Middle Name   Middle Name   First Name   Middle Name   First Name   Middle Name   Midd	Boyt -> Self				1,00						1,000
Hist Name  List Name  Middle Name  First Name  Address  City  State  Middle Name  Address  City  Amount Guaranteed Outstanding  First Name  Address  City  State  Middle Name  Middle Name  Andress  Amount Guaranteed Outstanding  First Name  Address  City  State  Middle Name  Middle Name  First Name  Middle Name  First Name  Middle Name  First Name  Middle Name  First Name  Address  City  State  Zip Code  City  State  Zip Code  City  State  Zip Code  City  Amount Guaranteed Outstanding  First Name  Address  City  Amount Guaranteed Outstanding  First Name  Address  Address  Address  Address  City  Amount Guaranteed Outstanding  First Name  Address  Address  Address  Address  City  State  Zip Code  City  Amount Guaranteed Outstanding  First Name  Last Name/Organization Name  Address  Address  Address  Address  City  State  Zip Code  City  State  Middle Name  Last Name/Organization Name  Address  City  State  Zip Code  City  State  Zip Code  Amount Guaranteed Outstanding  First Name  Last Name/Organization Name  Address  City  State  Zip Code  City  State  Zip Code  Amount Guaranteed Outstanding	Address 334 Funn (	ص۱. ۲					Consent		Date of Loar	1. <i>I</i>	,
Hist Name  List Name  Middle Name  First Name  Address  City  State  Middle Name  Address  City  Amount Guaranteed Outstanding  First Name  Address  City  State  Middle Name  Middle Name  Andress  Amount Guaranteed Outstanding  First Name  Address  City  State  Middle Name  Middle Name  First Name  Middle Name  First Name  Middle Name  First Name  Middle Name  First Name  Address  City  State  Zip Code  City  State  Zip Code  City  State  Zip Code  City  Amount Guaranteed Outstanding  First Name  Address  City  Amount Guaranteed Outstanding  First Name  Address  Address  Address  Address  City  Amount Guaranteed Outstanding  First Name  Address  Address  Address  Address  City  State  Zip Code  City  Amount Guaranteed Outstanding  First Name  Last Name/Organization Name  Address  Address  Address  Address  City  State  Zip Code  City  State  Middle Name  Last Name/Organization Name  Address  City  State  Zip Code  City  State  Zip Code  Amount Guaranteed Outstanding  First Name  Last Name/Organization Name  Address  City  State  Zip Code  City  State  Zip Code  Amount Guaranteed Outstanding	City C \	State		Primary Election General Election					2022		
First Name  Middle Name  Last Name/Organization Name  Address  City  State  Zip Code  City  Amount Guaranteed Cutstanding  First Name  Middle Name  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Address  City  State  Zip Code  City  Amount Guaranteed Cutstanding  First Name  Address  City  State  Zip Code  City  State  Zip Code  City  State  Zip Code  City  Middle Name  Middle Name  Last Name/Organization Name  Middle Name  First Name  Middle Name  First Name  Middle Name  First Name  Middle Name  City  State  Zip Code  City  State  Zip Code  City  State  Middle Name  Last Name/Organization Name  Address  City  State  Zip Code  City  State  Xip Code  City  Middle Name  Middle Name  Last Name/Organization Name  Address  City  State  Zip Code  City  State  Zip Code  City  State  Zip Code  City  Middle Name  Address  City  State  Zip Code	Jallatin	ist All Endor			·			nlease attach	a nage)		
Last Name/Organization Name Address Address City State Zip Code City State Zip Code Amount Guaranteed Outstanding First Name Middle Name Last Name/Organization Name Address City State Zip Code City State Zip Code Amount Guaranteed Outstanding First Name Middle Name Last Name/Organization Name Address City State Zip Code City State Zip Code Amount Guaranteed Outstanding First Name Middle Name Last Name/Organization Name Address City State Zip Code City State Zip Code City State Zip Code Amount Guaranteed Outstanding First Name Middle Name Last Name/Organization Name Address City State Zip Code City State Zip Code Amount Guaranteed Outstanding Address City State Zip Code City State Zip Code City State Zip Code Amount Guaranteed Outstanding Address City State Zip Code City State Zip Code City State Zip Code Amount Guaranteed Outstanding Address City State Zip Code City State Zip Code City State Zip Code		ISTAII ENGON			UI ADOVE LUAI		ice is needed	picase attack)	a page/	Middle N	lame
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City State Zip Code City State Zip Code City State Zip Code Amount Guaranteed Outstanding  First Name Middle Name  Last Name/Organization Name  Address  City State Zip Code City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  First Name Outstanding  Amount Guaranteed Outstanding  First Name Middle Name  First Name Middle Name  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Address  City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name  City State Zip Code  City State Zip Code  City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name  Last Name/Organization Name  Address  City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name  First Name Middle Name  Andress  City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name  First Name Middle Name  City State Zip Code  Amount Guaranteed Outstanding  First Name State Zip Code  Oty State Zip Code  Amount Guaranteed Outstanding  City State Zip Code  Amount Guaranteed Outstanding	Last Name/Organization Name					Last Name/U	ganization Nam	e			
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First Name  Middle Name  Last Name/Organization Name  Last Name/Organization Name  Address  City  State  Zip Code  City  Amount Guaranteed Outstanding  First Name  Middle Name  First Name  Middle Name  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Address  City  State  Zip Code  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  First Name  Middle Name  Last Name/Organization Name  Last Name/Organization Name  Address  City  State  Zip Code  City  State  Zip Code  Amount Guaranteed Outstanding  Middle Name  Last Name/Organization Name  Last Name/Organization Name  Address  City  State  Zip Code  City  State  Zip Code  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding	City		State	Zip C	ode	City				State	Zip Code
Last Name/Organization Name  Last Name/Organization Name  Address  City  State  Zip Code  City  Amount Guaranteed Outstanding  First Name  Middle Name  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Address  City  State  Zip Code  City  Amount Guaranteed Outstanding  First Name  Middle Name  Last Name/Organization Name  Address  City  State  Zip Code  City  Amount Guaranteed Outstanding  First Name  Middle Name  Address  City  Amount Guaranteed Outstanding  First Name  Middle Name  First Name  Middle Name  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Address  Address  City  State  Zip Code  Amount Guaranteed Outstanding  Address  City  State  Zip Code  Amount Guaranteed Outstanding  Address  Amount Guaranteed Outstanding	Amount Guaranteed Outstanding		1	<u>-</u>		Amount Guar	enteed Outstand	ling		1	
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City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name First Name Middle Name  Last Name/Organization Name  Address  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  First Name Middle Name First Name Middle Name  Last Name/Organization Name  Address  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name First Name Middle Name  Last Name/Organization Name  Address  City State Zip Code City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  Address  City State Zip Code City State Zip Code City State Zip Code  Amount Guaranteed Outstanding	Last Name/Organization Name					Last Name/Organization Name					
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Last Name/Organization Name  Address  City State Zip Code City Amount Guaranteed Outstanding  First Name  Middle Name  Last Name/Organization Name  Last Name/Organization Name  First Name  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Address  Address  City State Zip Code  City State Zip Code  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  Address  Address  Address  Address  Address  Address  Address  Address  Amount Guaranteed Outstanding	Amount Guaranteed Outstanding	· · · · · · ·	.,			Amount Guar	anteed Outstand	ding	-	•	
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City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name First Name Middle Name  Last Name/Organization Name  Address Address  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding	Last Name/Organization Name	<del></del>	<u> </u>			Last Name/Organization Name					
Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  First Name  Middle Name  First Name  Last Name/Organization Name  Last Name/Organization Name  Address  City  State  Zip Code  City  State  Zip Code  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding	Address					Address					
Amount Guaranteed Outstanding  First Name  Middle Name  First Name  Middle Name  Last Name/Organization Name  Last Name/Organization Name  Address  City  State  Zip Code  City  State  Zip Code  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding	City		State	Zip (	Code	City	<del> </del>			State	Zip Code
First Name Middle Name First Name Middle Name  Last Name/Organization Name  Address Address  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding		_		<u> </u>		Amount Guar	anteed Outstan	ding			
Last Name/Organization Name  Last Name/Organization Name  Address  Address  City  State  Zip Code  City  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding											
Address Address  City State Zip Code City State Zip Code Amount Guaranteed Outstanding Amount Guaranteed Outstanding	First Name Middle Name				First Name Middle Name					Name	
City State Zip Code City State Zip Code Amount Guaranteed Outstanding Amount Guaranteed Outstanding	Last Name/Organization Name			Last Name/Organization Name							
Amount Guaranteed Outstanding Amount Guaranteed Outstanding	Address					Address					<del></del>
	City		State	Zip (	Code	City				State	Zip Code
A Table Favel II area (samplete an last naga of itemized legge) Outstanding Loca Polance Legge Legge Containsing Loca Polance	Amount Guaranteed Outstanding				Amount Guaranteed Outstanding						
	4. Totals for all Loans (complete on last page of itemized loans)			Outstanding	Loan Balance	Loans	Lo		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.) (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 loan payments should also be shown	ı in item 20. on	summary page	.)		(esthing)	()				

#### **ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMIT	2. REPORT COVERING THE PERIOD					
	110 500 5	1 (721 1177	- Io	FROM:	TO:	/
COMPLETE THE APPROPRIATE ITE     OBLIGATION (obligations totaling mor     person/vendor at the end of the report	e than \$100 ov	H ITEMIZED wed to any	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle N	ame		/		
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation				/	·	
First Name	Middle N	ame	/	1		
Last Name/Business Name			7			
Address			7 /			
City	State	Zip Code	7 /			
Description of Obligation						•
First Name	Middle N	lame				
Last Name/Business Name	<u> </u>		_/ /			
Address			_/			
City	State	Zip Code	7			1
Description of Obligation	<b>L</b>		/			
First Name	Middle 1	Name /				
Last Name/Business Name					,	
Address						
City	State	Zip Code				
Description of Obligation				-d-,		<u> L , </u>
First Name	Middle I	Name				
Last Name/Business Name		<del>/</del>				
Address						
City	State	Zip Code				
Description of Obligation				1		
4. TOTALS	<del></del>				()	(1)
(Total from Outstanding Balance - (End of I in item 23b. on summary page.)	Period) column m	nust also be shown	0		0	