CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

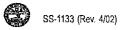
For State and Local Candidates
For Single-Candidate Committees

DATE OF REPORT	2 - NAME OF CAMPIE	TE 00 001 # #		
4/1/22	1 17 17	ATE OR COMMITTEE		
2.b. IF COMMITTEE, NAME OF CANDIDATE	DEN FLAN	(I)	3. ELECTION DATE	
			5/3/22	
4.a. CAMPAIGN ADDRESS AND PHONE			11/00	<u> </u>
Street or Rural Route	City	State	Zip Code	Рһопе
4.b. CANDIDATE'S HOME ADDRESS (if differen	DALLATIN	IN	37066	615-804-2583
Street or Rural Route	t than 4.a.) City	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, i	f applicable) 6.	NAME OF POLITICAL	TREASURER (may be	e candidate)
	۸ ا سنا∧	MY HARRIS		,
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD	D C		☐ MID-YEAR	U YEAR-END
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD		ARY GENERAL ENDING DATE OF REPO	SUPPLEMENTAL DRTING PERIOD	ŞUPPLEMENTAL
1/16/22		4/11/22	KING PERIOD	
9. (Check one)			· · · · · · · · · · · · · · · · · · ·	
This campaign is exempt from detailed tures total \$1,000 or less for this report	ed disclosure because control orting period. (Complete ite	ributions (including in-ki ms 12d., 12e. and 12f.	.nd) received total \$1,0	00 or less AND expendi-
b. This campaign is required to file a de and/or expenditures total more than s	tailed financial disclosure b \$1,000 for this reporting per	ecause contributions (ir iod.	ncluding in-kind) receiv	ed total more than \$1,000
i/we do solemnly swear or affirm that the ir accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we	ons and expenditures requi	red to be reported by th	ne candidate committee	e by the Campaign
benefit of the candidate of for any other nor	political purpose as define	d by the federal interna	l revenue code.	tne personal financial
and the same	11/2/20		a de	1 41/2
signature of candidate	4/1/62 date	Lynnigh	f political treasurer	1 4 70
	dato	signature	political treasurer	date
11. WITNESS SIGNATURE		1100	A A	
(n: 101)	ulala	LIIIRDI	NUNINAL	U-7_1
Chur alpane	1111/2	TULLY	LUJUUM	- 11-ac
signature of witness	date	signa	ture of witness	date
12. SUMMARY	FILE			
a. BALANCE ON HAND LAST REPORT	AM FILE	:D	s <u>O</u>	
b. TOTAL RECEIPTS THIS PERIOD	APR 08	202 2	\$ 6,545.00	- } -
c. TOTAL DISBURSEMENTS THIS PERIOD .	SUMNER CO)UNTY	\$ 4,076.98	* -
d. BALANCE ON HAND (12.a. plus 12.b. n	TO LICIA COM	IMISSION		\$ 2,468.02 \$ 500.00
e. TOTAL LOANS OUTSTANDING				500 °
f. TOTAL OBLIGATIONS OUTSTANDING				\$ <u>O</u>



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)		RING THE PERIOD
BEN HARIRIS	FROM: 1/14/22	TO: 4/11/22
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)		
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 1,795.00	
b. Itemized Contributions (over \$100 from each source this period)	\$ 4,250.00	
c. TOTAL. CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)		\$ 6,045
16. LOANS RECEIVED THIS REPORTING PERIOD	•••••••••••••••••••••••••••••••	.\$ <u>500.00</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD		·
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	•••••	.s <u>6,545</u> 00
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)
CAMPAIGN PRINTING \$ 52.41	1	•
\$		
\$		
\$		
\$		
\$		
\$	<u> </u>	
\$		
\$		
Total of Expenditures (\$100 or less each payee)		_
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 4024, 54	- 4 07, 98
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		s 4,074.
20. LOAN REPAYMENTS MADE THIS PERIOD	•••••	\$ <u>O</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	***************************************	\$ 4,076,98
22.IN-KIND CONTRIBUTIONS		
а. Unitemized in-kind contributions (\$100 or less from each source this period)		_
b. Itemized in-kind contributions (over \$100 from each source this period)	s 660.00	_ ,
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.	o.)	\$ 660.00
23. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>0</u>	-
b. Itemized Obligations Outstanding (Over \$100 each)		
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i iten	n 12.f.)	\$ _0



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTE	E	2	REPORT COVERI	
BEN HARIZIS			FROM:1/10/22	TO: 4/11/22
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	TIONS FROM PRECEDING PAG	E (enter \$0 if first itemized page 1)	age)	Valouting O
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMIZED CONTRIBUTION (C			
First Name DANN (Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name HALE		Primary Election	General Election	250
	LVI)	Runoff (Local Election	s Only)	ω,
City Gaugns	State Zip Code 37000	Date of Contribution		Aggregate This Election
Occupation	MANAGER	3/30/2	יר	
HAW REAL ESTATE		1 7/10 /0	· X	
First Name Bok	Middle Name	Contribution Received F	or:	Amount of Contribution
Last Name/Organization Name		Primary Election C	General Election	\$ 250
Address 393 Marzee St		Runoff (Local Election	ns Only)	770
City GALLATIN	State Zip Code 37066	Date of Contribution		Aggregate This Election
Occupation Resu Estare	110 31-04	3/1/22		
Employer Gouran Homes) 11/22		
Coolatt Howe)				
Circl Marro	Middle Name	Contribution Received F	or:	Amount of Contribution
First Name CAL	Middle Name	Contribution Received F		Amount of Contribution
Last Name/Organization Name	Middle Name	Primary Election	General Election	Amount of Contribution #250
Last Name/Organization Name GENTLY		Primary Election	General Election	\$ 250
Last Name/Organization Name GENTLY		Runoff (Local Election Date of Contribution	General Election	
Last Name/Organization Name GENTRY Address 170 E. Mann S City HENDERSUNVILLE Occupation Picesinom		Runoff (Local Election Date of Contribution	General Election	\$ 250
Last Name/Organization Name GENTRY Address 170 E. Mann S City HENDERSUNVILLE Occupation Pilesinon	State Zip Code 37075	Primary Election	General Election	\$ 250
Last Name/Organization Name GENTRY Address 170 E. Mann S City HENDERSUNVILLE Occupation PRESIDENT Employer SUNTMEASTERN BUILD First Name 77		Runoff (Local Election Date of Contribution	□General Election ns Only)	\$ 250
Last Name/Organization Name GENTRY Address 170 E. Mann S City HENDERSUNVILLE Occupation PRESIDENT Employer SUNTMEASTERN BUILD First Name BILADLEY Last Name/Organization Name Last Name/Organization Name	State Zip Code 37075	Primary Election Runoff (Local Election Date of Contribution 3/23/22 Contribution Received For	□General Election ns Only)	# 250 Aggregate This Election
Last Name/Organization Name GENTRY Address 170 E. Mann S City HENDERSUNVILLE Occupation PRESIDENT Employer SUNTMEASTERN BUILT First Name BILADLEY Last Name/Organization Name JOLLY	State Zip Code 37075	Primary Election Runoff (Local Election Date of Contribution 3/23/22 Contribution Received For	General Election ns Only) r: General Election	# 250 Aggregate This Election
Last Name/Organization Name GENTRY Address 170 E. Mann S City HENDERSUNVILLE Occupation PRESIDENT Employer SUNTHEASTERN BUILT First Name Bilancey Last Name/Organization Name JOLLY Address 236 Wowshake D	State TN Zip Code 37075 ->) NG Middle Name	Primary Election Runoff (Local Election Date of Contribution 3/23/22 Contribution Received For	General Election ns Only) r: General Election	# 250 Aggregate This Election
Last Name/Organization Name GENTRY Address 170 E. Mann S City HENDERSUNVILLE Occupation PRESIDENT Employer SUNMEASTERN BURN First Name BILADLEY Last Name/Organization Name JOLLY Address 236 WOUDLAKE D City GALLATIN Occupation D	State Zip Code 37075	Contribution Received For Runoff (Local Election Date of Contribution Received For Runoff (Local Election Date of Contribution	General Election ns Only) r: General Election ns Only)	Aggregate This Election Amount of Contribution
Last Name/Organization Name GENTRY Address 170 E. Mann S City HENDERSUNVILLE Occupation PRESIDENT Employer SUNTHEASTERN BUILT First Name BILADLEY Last Name/Organization Name JOLLY Address 236 Wowplake D City GALLATIN Occupation Occupation Denty Employer A	State TN Zip Code 37075 ->) NG Middle Name	Primary Election Runoff (Local Election) Date of Contribution 3/23/22 Contribution Received For Primary Election Runoff (Local Election)	General Election ns Only) r: General Election ns Only)	Aggregate This Election Amount of Contribution
Last Name/Organization Name GENTRY Address 170 E. Mann S City HENDERSUNVILLE Occupation PRESIDENT Employer SUMMEASTERN BUILD First Name BIRADLEY Last Name/Organization Name JOLLY Address 236 WOUDLAKE D City GALLATIN Occupation PENTY Employer ASPEN DENTAL	State TN Zip Code 37075 ->) NG Middle Name	Contribution Received For Runoff (Local Election Date of Contribution Received For Runoff (Local Election Date of Contribution	General Election ns Only) r: General Election ns Only)	Aggregate This Election Amount of Contribution 500 Aggregate This Election
Last Name/Organization Name GENTRY Address 170 E. Mann S City Hendersonville Occupation Pileshow Employer Surtheastern Burn First Name Biladury Last Name/Organization Name Jolly Address 236 Woudlake D City Gallarin Occupation Densy Employer A Employer A City Gallarin City Gallarin Cocupation Densy Employer	State Zip Code 37075 State 37075 Widdle Name Zip Code 37066 State 37066	Contribution Received For Runoff (Local Election Date of Contribution Received For Runoff (Local Election Date of Contribution	General Election ns Only) r: General Election ns Only)	Aggregate This Election Amount of Contribution

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE	7. 11		2. REPORT COVER	
	BEN HAIRIS		FROM: 1/16/22	TO: 4/11/22
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	SE (enter \$0 if first itemized page	age)	Amount 1,250	
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	ACH ITEMIZED CONTRIBUTION (c	ontributions totaling more than \$	100 from any contributor)
First Name JESSE	Middle Name	Contribution Received For:	_	Amount of Contribution
Last Name/Organization Name		Primary Election	General Election	1,600
Address 3	ine	Runoff (Local Election	s Only)	
City GALLATIN	State Zip Code 37066	Date of Contribution		Aggregate This Election
Occupation		2/13/22		
Employer Renizer Anz Forze	<u>v</u>	- 117/02		
First Name ANGUA	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name McCuskey		Primary Election	General Election	250
Address 731 PLANTARW B	(vi)	Runoff (Local Election	s Only)	
City GALLATIN	State Zip Code 31066	Date of Contribution		Aggregate This Election
Occupation	aboreuranum	4/4/22		
Employer Renizer		111100		
First Name & CTA1	Middle Name	Contribution Received For.		Amount of Contribution
Tast Name/Organization Name		Primary Election	General Election	\$200
Address 1172 NASHVILLE PIKE		Runoff (Local Election	s Only)	200
City GALLATIN	State Zip Code 37066	Date of Contribution		Aggregate This Election
Occupation NSVITANCE ACENT		4/4/22	:	
State Fairn		11/20		
First Name BILL	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name KEMI7		Primary Election	General Election	\$250
Address 1132 Bilowas Lane		Runoff (Local Election	s Only)	
City GALLATIN	State Zip Code 370W	Date of Contribution	·	Aggregate This Election
Occupation /	LERK	3/7/22		
Employer Sunnbt Co.		2/1/04	;	
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)	of this form are used) be shown in item 15b. of summary.)			¥3,550

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	7. 11.		2. REPORT COVER	
	Sen HARIEIS		FROM: 1/14/22	TO: 4/11/22
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	*****			Amount 3,550
4. COMPLETE THE APPROPRIATE ITEMS FOR EA			100 from any contributor	
First Name MATT	Middle Name	Contribution Received For:	1	Amount of Contribution
Last Name/Organization Name		Primary Election	General Election	1250
Address 1196 ADELICIA HAT	es Cr	Runoff (Local Election	s Only)	
City GALLATIN	State Zip Code 7066	Date of Contribution		Aggregate This Election
Occupation Real Grave		3/7/22		
Employer	, ,	1/102		
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		Primary Election	General Election	\$ 700
Address #11 2	· ->	Runoff (Local Election	s Only)	200
City 🗸	State Zip Code	Date of Contribution		Aggregate This Election
CASTALLAN STRINGS Occupation	TN ZOCOGO			Tiggragate this Election
	DAW.	3/7/22		
CITY OF GALLATIN		, , , , , , , , , , , , , , , , , , ,		
First Name Ro-J	Middle Name	Contribution Received For.		Amount of Contribution
Last Name/Organization Name WILLS		Primary Election	General Election	1250
Address 113 On CAZILAGE	Piace	Runoff (Local Election	s Only)	
City Hensersunvine	State Zip Code 37075	Date of Contribution		Aggregate This Election
Occupation		2/28/2	, <u>)</u>	
Employer		010010	· ~	
First Name	Nicola Value	Carrie East Day 15		
First Name	Middle Name	Contribution Received For:	1	Amount of Contribution
Last Name/Organization Name		·	General Election	
Address		Runoff (Local Election	s 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 pages of (If this is the last page of contributions, this amount must)	of this form are used.) se shown in item 15b. of summary.)			\$4,250

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMM	AITTEE Z	J HAIRR		RING THE PERIOD
	1)67	V FITTICICI	FROM: ///2	70: 4/n/16
3. TOTAL ITEMIZED IN-KIND CONTRIB			· · · · · · · · · · · · · · · · · · ·	10
4. COMPLETE THE APPROPRIATE ITEMS F	OR EACH ITEMIZE	ED IN-KIND CONTRIBU	TION (in-kind contributions totaling more than \$100 from any	contributor during the period)
First Name APKIL	Vijddle Nam	e 	In-Kind Contribution Received For: Primary Election General Election	Value of In-Kind Contribution
Last Name/Organization Name BARKGZ			Runoff (Local Elections Only)	400.
Address 1091 KAAL Fita	4	Deve	Date of In-Kind Contribution 46/22	Aggregate this Election
City GALLARW	Share	Zip Code WCL	Description of In-Kind Contribution 1 bsrep A Mar + Gra	eti
	SZOCKI) ALE	GALLATIN	AT FOXLAND	
First Name	Middle Nam	ie .	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 Em	ployer			
First Name	Middle Nan	10	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 Em	ployer			
First Name	Middle Nar	me	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	
Occupation Em	nplayer	<u> </u>	1	
				** [
First Name	Middle Nam	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 Em	ployer			-
TOTAL ITEMIZED IN-KIND CONTR (Carry forward to item 3. of next page if addition (If this is the last page of in-kind contributions,	nal pages of this form a	are used.)	nv)	\$ 660.00
(if this is the last page of m-kind contributions,	ona amount must be Si	IOMATIC ROTT ZZD. DI SUITIFII		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	Ben HAZZIS	2. REPORT COVER FROM: ((ルタン	ING THE PERIOD TO: 4/11/22
2 TOTAL ITEMIZED CANDAION CVDCNICTS			Amount #
TOTAL ITEMIZED CAMPAIGN EXPENDITU COMPLETE THE APPROPRIATE ITEMS FOR EXPENDING TEMPS.	 	enter \$0 if hirst itemized page) penditures totaling more than \$100 to any payee during the peri	od)
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name AGGLES PRINT	- + Cozy	MALLERS + DOOR HANCER	\$890-41
Address 203 W. Maw ST		•	
City GALLARIN	State Zip Code 37000		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Donar Comm	UNICATIONS	latery Silves	\$430.30
Address 1026 LANGIGNE CT			
HENDERSONVILLE	State Zip Code 37675		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name GAZCIAS 520.	ers Grice	MEET + GREET	\$619.99
Address 971 MGNORY LAVE	Suite 106		
GALLATIN	TN 3704		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name CTAZY CHEAD SE	ens com	YARIN SILNS	\$316.00
Address 205 NATIONAL PZ	Unit 123		
LONGWOOD	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name FCI PRonc		T-SHETS, STILLERS	\$537.54
Address 467 CHESTOUT ST		* CAIRIS	
MASHUILLE	State Zip Code 37203		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name USPS		MAILING SUPPLIES	\$1480
Address 380 MAPLE ST			
GALLATIN	State Zip Code 37066		
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional page (If this is the last page of expenditures, this amount must			\$ 3,274.26

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	٦. ١	- HAZRIS		2. REPORT COVER	
					TO: 4/11/22 Amount 47 774 20
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU					1
4. COMPLETE THE APPROPRIATE ITEMS FOR E	NO.			to any payee during the per	
First Name	Middle Nam	ne :	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Pont Marison	+Bus	swess Contact	MAIL SUPPL	ies	×475.00
Address 544 W. Man ST					
City GALLATIN	State	Zip Code 37044			
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	PPLY		SIGN POSTS		\$115 28
Address 670-A NASHVILLE	Pike				117.22
CITY GALLATIN	State TN	Zip Code 37066			
First Name	Middle Nam		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name ToxLAN) M	4ilker	-	GAS		\$ 1100,00
Address 200 Doublas Ban		R ₂			100
CALATIN	State TN	Zip Code 37066			
First Name	Middle Nam		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	L				:
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					14,024.54

ITEMIZED STATEMENT OF LOANS - CANDIDATE

3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period) Complete the Following for the Source of the Loan First Name Loan Middle Name Middle Name Loan Seceived Payments (Regaining of Petiod) State To Source of the Loan Outstanding Loan Balance (Regaining of Petiod) Potential Payments In Primary Election To Source of the Loan City Cut List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page) First Name Last Name/Organization Name Address City State Zip Code To State Zip Code To Source of the Loan Middle Name Last Name/Organization Name Last Name/Organization Name Address	
Complete the Following for the Source of the Loan First Name Coulstanding Loan Balance Coans Received Payments Coans Coans Received Payments Coans Coans	11/22
First Name Scale	·
Cast Name/Organization Name	
Loan Regaived For: Date of Loan	eriod)
City Galatta	<u> </u>
City List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page) 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 First Name Middle Name Last Name/Organization Name Last Name/Organization Name Last Name/Organization Name Last Name/Organization Name	
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page) First 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	
Last Name/Organization Name Address Address City State Zip Code City Amount Guaranteed Outstanding First Name Middle Name Last Name/Organization Name Middle Name Last Name/Organization Name Last Name/Organization Name	
Address Address City State Zip Code City State Z Amount Guaranteed Outstanding Amount Guaranteed Outstanding First Name Middle Name First Name Middle Name Last Name/Organization Name	
City State Zip Code City State Z Amount Guaranteed Outstanding Amount Guaranteed Outstanding First Name Middle Name First Name Middle Name Last Name/Organization Name Last Name/Organization Name	
Amount Guaranteed Outstanding First Name Middle Name First Name Middle Name Last Name/Organization Name Last Name/Organization Name	
First Name Middle Name First Name Middle Name Last Name/Organization Name Last Name/Organization Name	ip Code
Last Name/Organization Name Last Name/Organization Name	
Address Address	
City State Zip Code City State Z	ip Code
Amount Guaranteed Outstanding Amount Guaranteed Outstanding	
First Name Middle Name First Name Middle Name	
Last Name/Organization Name Last Neme/Organization Name	
Address 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 Last Name/Organization Name	
Address Address	
City State Zip Code City State Z	Zip Code
Amount Guaranteed Outstanding Amount Guaranteed Outstanding	
1 (Total loans received should also be shown in item 16. on summary page.) (Seginning of Period) Received Payments (E	nding Loan Balance
(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.)	End of Period)

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE COMPLETE THE APPROPRIATE ITEMS OBLIGATION (obligations totaling more than	FOR EACH	HAICIZI I ITEMIZED	Outstanding Balance	FROM: IIIVIO		1111/22
OBLIGATION (obligations totaling more that	FOR EACH	ITEMIZED	Outstanding Ralance	Dobt Inguesed		
person/vendor at the end of the reporting	period)	ed to any	(Beginning of Period)	This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	me				
Last Name/Business Name	. 		1		!	
Address		······································	1			
City	State	Zip Code				
Description of Obligation	<u> </u>	<u>-L</u>	L		<u> </u>	1
First Name	Middle Na	me				
Last Name/Business Name	_		-			
Address			7			
City	State	Zip Code				
Description of Obligation			<u> </u>		•	· ·
First Name	Middle Na	ame				
Last Name/Business Name						
Address			-			
City	State	Zip Code				:
Description of Obligation						
First Name	Middle N	ame				
Last Name/Business Name	<u>, L</u>		-		,	
Address			-			
City	State	Zip Code	7			
Description of Obligation		1		<u> </u>		
First Name	Middle N	lame				
Last Name/Business Name	<u> </u>	-				
Address			_			
City	State	Zip Code				
Description of Obligation		<u>, L</u>		.1		<u> </u>
4. TOTALS						1
(Total from Outstanding Balance - (End of Perio in item 23b. on summary page.)	d) column m	ust also be shown				