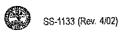
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

2.8. NAME OF CANDIDATE OR COMMITTEE 3. ELECTION DATE 1. A 3 4.a. CAMPAIGN ADDRESS AND PHONE Street or Bural Route City State Zip Code Phone 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone 5. OFFICE SOUGHT (include district number, if applicable) COMMY COMM 1. State Zip Code Phone 5. OFFICE SOUGHT (include district number, if applicable) COMMY COMM 1. State Zip Code Phone 5. NAME OF POLITICAL TREASURER (may be candidate) 1. FIRST SECOND 1. HIRD FOURTH PRE- PRE- PRE- MID-YEAR YEAR-END SUPPLEMENTAL SUPPLEMENTAL SUPPLEMENTAL SUPPLEMENTAL 9. (Check one) a. This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expertance of the contributions (including in-kind) received total more than \$1,000 for this reporting period.
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone 6. NAME OF POLITICAL TREASURER (may be candidate) This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expectations (including in-kind) received total more than \$1.00 or less AND expectations (including in-kind) received total more than \$1.00 or less AND expectations (including in-kind) received total more than \$1.00 or less and received total \$1.00 or less and received total more than \$1.00 or less and received total \$1.00 or less and received to
Street or Rural Route A.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone 5. OFFICE SOUGHT (include district number, if applicable) COMM DIST CATEGORY OR REPORT (Check one) FIRST SECOND THIRD FOURTH PRE-PRE-MID-YEAR YEAR-END GUARTER QUARTER QUARTER QUARTER QUARTER QUARTER QUARTER OUARTER QUARTER QUARTER QUARTER QUARTER QUARTER QUARTER QUARTER QUARTER OUARTER QUARTER OUARTER QUARTER OUARTER QUARTER Q
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone 5. OFFICE SOUGHT (include district number, if applicable) COMPY (OMM) is 22 7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD FOURTH PRE-PRE-MID-YEAR YEAR-END QUARTER QUARTER QUARTER QUARTER PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL SUPPLEMENTAL SUPPLEMENTAL 8.a. BEGINNING DATE OF REPORTING PERIOD 4 / 1 / 2 / 2 / 3 / 4 / 4 / 4 / 4 / 4 / 4 / 4 / 4 / 4
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD FOURTH PRE-PRE-MID-YEAR YEAR-END QUARTER QUARTER QUARTER QUARTER PRIMARY GENERAL SUPPLEMENTAL
FIRST SECOND THIRD FOURTH PRE- PRE- MID-YEAR YEAR-END SUPPLEMENTAL SUP
9. (Check one) a. This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expetures total \$1,000 or less for this reporting period. (Complete Items 12d., 12e. and 12f.) b. This campaign is required to file a detailed financial disclosure because contributions (Including in-kind) received total more than \$1.000 or less for this reporting period.
 a. This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expetures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1.000 or less AND expetures total \$1,000 or less for this reporting period.
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code. 2/26/22 signature of candidate date signature of candidate date
11. WITNESS SIGNATURE Kully & McKinley 4/34/22 Kelly & McKinley 4/24 Agnature of witness date date
12. SUMMARY \$463.77
a. BALANCE ON HAND LAST REPORT
a. BALANCE ON HAND LAST REPORT
12. SUMMARY a. BALANCE ON HAND LAST REPORT
a. BALANCE ON HAND LAST REPORT \$ 3,463.27 b. TOTAL RECEIPTS THIS PERIOD \$ 3,500 c. TOTAL DISBURSEMENTS THIS PERIOD \$ 7,513.05

SUMMARY PAGE - CANDIDATE

3. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING TH	E PERIO
	FROM: TO:	
RECEIPTS 5. CONTRIBUTIONS (other than loans and interest)	0-	
a. Unitemized Contributions (\$100 or less from each source this period)	\$_ <i>\text{\tin}\text{\ti}\\\ \ti}}\\\ \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\texi}\text{\text{\texi{\text{\text{\text{\texi{\text{\texi{\texi\tin\tintet{\text{\ti}}\tint{\ti}\tint{\text{\texi}\texi{\texi{\texi{\texi{\texi{\texi{\ti</i>	
b. Itemized Contributions (over \$100 from each source this period)	\$ 3500	_
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and	d 15.b.)\$ <u> 3</u>	500
6. LOANS RECEIVED THIS REPORTING PERIOD		\mathscr{Q}_{-}
7. INTEREST RECEIVED THIS REPORTING PERIOD	\$	0_
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.))\$	
DISBURSEMENTS		
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by cat	tegory - e.g., printing, postage, gasoline)
\$		
\$		
\$ _		
\$		
\$ _		
\$\$ \$\$		
\$\$\$		
\$\$ \$		
\$\$		
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	9.b.)\$	
20. LOAN REPAYMENTS MADE THIS PERIOD	\$	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 1	12.c.)\$	
22.IN-KIND CONTRIBUTIONS		
a. Unitemized in-kind contributions (\$100 or less from each source this peri	riod)\$	
b. Itemized in-kind contributions (over \$100 from each source this period)	\$	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a	a. and 22.b.)\$	
23. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	\$	
b. Itemized Obligations Outstanding (Over \$100 each)		
e e		



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

. NAME OF CANDIDATE OR COMMITTEE			2	RING THE PERIOD	
				FROM:	Amount
TOTAL ITEMIZED CAMPAIGN CONTRIE	PRECEDING PA	GE (enter \$0 if first itemized p	age)		
COMPLETE THE APPROPRIATE ITEMS FOR	R EACH ITEMIZED	CONTRIBUTION (contributions totaling more than S	\$100 from any contribut	or)
Nation Name			Contribution Received For		
inst Name			Primary Election	General Election	1,600
ast Name/Organization Name			I I I I I I I I I I I I I I I I I I I	_ 30 // 0.0 / = 12 2 2	110
Black		Runoff (Local Electio	1		
dress			5		Aggregate This Election
gallatin	State Z	ip Code 3266	Date of Contribution		7,93,032,0
cupation					
capation					
nployer and a late					
5/1/			Contribution Received	For:	Amount of Contribution
irst Name	Middle Name			_	
Last Name/Organization Name Wheoler		Primary Election	General Election	300	
		Runoff (Local Electi	ions Only)		
ddress			LI KUNOTI (LOCAL ETECTI	una Omy)	
Sity . 1. 1	State	Zip Code 77066	Date of Contribution		Aggregate This Election
gallatin	1/	1) 7066	-		
Occupation					
Employer					
Selt'					
First Name	Vliddle Name	_ 	Contribution Received	For:	Amount of Contribution
Last Name/Organization Name Holin Back Address		Primary Election	General Election	1//62	
				1,600	
		Runoff (Local Elec	tions Only)	/	
	State	Zip Code	Date of Contribution		Aggregate This Election
City Loursusulle	Ly	2p 0000			
Occupation					
			_		
Employer Self					
First Name	Middle Nam	e	Contribution Received	For:	Amount of Contribution
I HOT IAQUIG			Primary Election	General Election	,
Last Name/Organization Name			Li Filmary Election	Ca Obligital Fleetion	
Addition		Runoff (Local Ele	ctions Only)		
Address		Date of Contribution		Aggregate This Election	
City	State	Zip Code	Date of Contribution		, , , , , , , , , , , , , , , , , , , ,
Occupation		, ,			
Employer					
5. TOTAL ITEMIZED CONTRIBUTION (Carry forward to item 3. of next page if additions)	IS mal names of this form	are used.)			
(Carry forward to item 3, or next page it addition (If this is the last page of contributions, this am	ount must be shown it	item 15b. of summan	.)		

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE	OR COMMITTEE		2 REPORT COVE FROM:	RING THE PERIOD TO:	
				Amount	
TOTAL ITEMIZED IN-KIN	ID CONTRIBUTIONS FROM	PRECEDING PAG	E (enter \$0 if first itemized page)		
COMPLETE THE APPROPE	RIATE ITEMS FOR EACH ITEM	ZED IN-KIND CONTR	IBUTION (in-kind contributions totaling more than \$100 from any	contributor during the period)	
irst Name		In-Kind Contribution Received For: Primary Election General Election	Value of In-Kind Contribution		
ast Name/Organization Name		Runoff (Local Elections Only)			
		Date of In-Kind Contribution	Aggregate this Election		
ity	State Zip Code		Description of In-Kind Contribution		
ccupation	Employer	- · · · · · · · · · · · · · · · · · · ·			
irst Name	Middle Name		In-Kind Contribution Received For: □ Primary Election □ General Election	Value of In-Kind Contribution	
ast Name/Organization Name		Runoff (Local Elections Only)			
Address		Date of In-Kind Contribution	Aggregate this Election		
	State	Zip Code	Description of In-Kind Contribution		
City			 		
Occupation	Employer				
First Name	First Name Viddle Name		In-Kind Contribution Received For: Primary Election General Election	Value of In-Kind Contribut	
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 Name		In-Kind Contribution Received For:	Value of In-Kind Contribu	
Last Name/Organization Name	Notife		Primary Election General Election		
			Runoff (Local Elections Only) Date of In-Kind Contribution	Aggregate this Election	
Address			Description of In-Kind Contribution		
City	State	Zip Code	Description of tra-value contribution		
Оссираtiоn	Employer				
First Name	Middle	Name	In-Kind Contribution Received For:	Value of In-Kind Contrib on	
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				
F TOTAL ITEMIZED II	N-KIND CONTRIBUTIONS				
(Corneforward to item 3.0	f next name if additional pages of this	form are used.)	(cumpant)		
(If this is the last page of it	n-kind contributions, this amount mus	t de shown in tiem 220. O	Page of _	RDA 11	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE				2. REPORT C		
				FROM:	TO:	
TOTAL ITEMIZED CAMPAIGN EVDENDITH DECEDON PRECEDING DACE (color \$0.8.6.			ACE (ontor to it first itemine		Amount	
 TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE 					a the period)	
4. COMPLETE THE APPROPRIATE ITEMS FOR		المستحدث المستحدد		u to any payee durin	Amount of Expenditure	
First Name	Middle Name		Purpose of Expenditure	Purpose of Expenditure		
Last Name/Business Name		Mail		2513.05		
Address	dress					
City	State	Zip Code	_			
·						
rst Name Luko Tirslay Middle Name		Purpose of Expenditure	Purpose of Expenditure Loan NC+nnw			
Last Name/Business Name			Loan 10	(M/L/V	5,000	
Address			and the second s	-		
0.	C1-1-	7:- 0:-				
City	State	Zip Code				
	\$45,July - \$1-		Purpose of Expenditure		Amount of Expenditure	
First Name	Middle Na	THE	Enibose of Exheriorale		Amount or Experiorate	
Last Name/Business Name	- '	1				
Address						
Auditos	<u> </u>					
City	State	Zip Code				
		1				
First Name	First Name Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	<u> </u>					
Address						
City	State	Zip Code				
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name	Middle Na	me	Purpose of Expenditure	Purpose of Expenditure		
Last Name/Business Name	<u> </u>					
Address						
City	State	Zip Code				
5. TOTAL ITEMIZED EXPENDITURES						
(Carry forward to item 3, of next page if additional page (If this is the last page of expenditures, this amount	iges of this form must be shown	rare used.) in item 19b. of summan	y.)			
for any or a to year bade of substitutional true distortion			<u> </u>	·		