

CAMPAIGN FINANCIAL DISCLOSURE STATEMEND MISSION

For State and Local Candidates
For Single-Candidate Committees

For Single-Candidate Committees						
DATE OF REPORT 2.a. NAME OF CANDIDATE OR CO	DMMITTEE					
10/6/14 Rout	SP:H					
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE					
	Auro 7 2011					
4.a. CAMPAIGN ADDRESS AND PHONE	7,2017					
Street or Rural Route	State Zip Code Phone					
(000 V-RAINIA HILL DRIVET	1N 37122 615758-082					
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)	77700					
Street or Rural Route City	State Zip Code Phone					
JAME						
5. OFFICE SOUGHT (include district number, if applicable) 6. NAME OF	POLITICAL TREASURER (may be candidate)					
Lone 4, School Board	an Boit					
7. CATEGORY OR REPORT (Check one)						
FIRST SECOND THIRD FOURTH PRE-	PRE- MID-YEAR YEAR-END					
QUARTER QUARTER QUARTER PRIMARY	PRE- MID-YEAR YEAR-END GENERAL SUPPLEMENTAL SUPPLEMENTAL					
	ATE OF REPORTING PERIOD					
7/29/14 9/	30/14					
9. (Check one)						
 This campaign is exempt from detailed disclosure because contributions (intures total \$1,000 or less for this reporting period. (Complete items 12d., 12d.) 	ncluding in-kind) received total \$1,000 or less AND expendi-					
h This campaign is required to file a detailed financial disclosure because as	Additional Control of the Line Control of the					
.b. This campaign is required to file a detailed financial disclosure because co and/or expenditures total more than \$1,000 for this reporting period.	ontributions (including in-kind) received total more than \$1,000					
10. I/we do solemnly swear or affirm that the information contained in this campaign accurate accounting of campaign contributions and expenditures required to be r Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contend the candidate or for any other nonpolitical purpose as defined by the fe	eported by the candidate committee by the Campaign					
11. WITNESS SIGNATURE harm f. Butt 10-6-14 signature of witness date	Spalin & Britt 10-6-14 signature of witness date					
12. SUMMARY						
a. BALANCE ON HAND LAST REPORT	s					
b. TOTAL RECEIPTS THIS PERIOD	\$ 789.26					
c. TOTAL DISBURSEMENTS THIS PERIOD	s 789.26					
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	ss					
e. TOTAL LOANS OUTSTANDING	s_@s					
f. TOTAL OBLIGATIONS OUTSTANDING	\$\$					



OCT 7 - 2014 5 WILSON COUNTY

SUMMARY PAGE - CANDIDATE

ELECTION COMMISSION

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD				
	FROM: 7/29 TO: 9/30/19				
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)	\$ 789.26				
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ 789.26				
16. LOANS RECEIVED THIS REPORTING PERIOD	s				
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$				
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ 789.26				
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)				
<u> </u>					
\$					
\$					
\$					
\$					
	- A				
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					
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 189.26				
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.)	<u> </u>				
23. OBLIGATIONS					
a. Unitemized Obligations Outstanding (\$100 or less each)	.\$				
b. Itemized Obligations Outstanding (Over \$100 each)	.\$O				
TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)\$					





ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATEISSION

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVE	RING THE PERIOD
KON BRITT				FROM: 7/29	TO: 9/30/19
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU	ITIONS FR	OM PRECEDING PA	GE (enter \$0 if first itemized p	page)	Amount 789.76
4. COMPLETE THE APPROPRIATE ITEMS FOR	EACH ITEM	IZED CONTRIBUTION	(contributions totaling more than	\$100 from any contributo	r)
First Name	Middle Na		Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
Address 1000 Migainia	Vianina HII DR		Runoff (Local Elections Only)		789.26
City At Fuliet	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation Refixed	- (.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8/5/1	X	
Employer V/A					
First Name	Middle Nar	me	Contribution Received For		Amount of Contribution
Last Name/Organization Name				Selection and control and address and reduced and redu	
9				J General Election	
Address			Runoff (Local Election	ns Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation			1		
Employer			1		
First Name	Middle Nam	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
Occupation					Aggregate This Election
Employer					
First Name	Middle Name	е	Contribution Received For:		Amount of Contribution
.ast Name/Organization Name		☐ Primary Election ☐ General Election			
Address			Runoff (Local Elections	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 be 	of this form are	e used.) em 15b. of summary.)			789.26
					1.00



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE 2. REPORT GOVER FROM: 7/29					
FROM: 7/29				TO: 9/30/14	
3. TOTAL ITEMIZED CAMPAIGN EXPENDIT	789.26				
4. COMPLETE THE APPROPRIATE ITEMS FOR	EACH ITEN	VIZED EXPENDITURE (e	expenditures totaling more than \$100) to any payee during the pe	eriod)
First Name Restive GRAPH	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address / DC OAK St		MAILERS	fage	~ 789.26	
City Lbanon	State Zip Code 7087				
First Name			Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address			-		
City	State	Zip Code	1		
First Name	Middle Na	ime	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			
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure
.ast Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle Name		Purpose of Expenditure	-	Amount of Expenditure
ast Name/Business Name					
ddress					
ity	State	Zip Code			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of (If this is the last page of expenditures, this amount must	of this form a	re used.) item 19b. of summary.)			789.26
					/