CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT		illiance (<u> </u>	CC3	
	2.a. NAME OF C	A	S	c	WIESON COUNTY
1-1-19	15ee1	wie Asi	h	t	ELECTION COMMISSION
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DA	A T.
-				_	
4 - CAMBAION APPRESS AND BURNE				1 2016	
4.a. CAMPAIGN ADDRESS AND PHONE					
Street or Rural Route	City Leb AVA	* · ·	State	Zip Code	Phone
726 Brockton St	Lebava	<i>5</i> ~	The	77027	65-704-4173
4.b. CANDIDATE'S HOME ADDRESS (if different	than 4 a)		<i>,</i>	77-07	0/8-1 112
Street or Rural Route	City		State	Zip Code	Ph
SAM e	, ,		Clate	Zip Code	Phone
		T			
5. OFFICE SOUGHT (include district number, if	applicable)	6. NAME C	OF POLITICAL	TREASURER (may	be candidate)
Mayon City of Leban	IN/			Ast	
7. CATEGORY OR REPORT (Check one)	- 50		erwit .	~ >7	
		I1	F	<u> </u>	
FIRST SECOND THRD	FOURTH	LJ PRE-	LJ PRE-	74 J	
QUARTER QUARTER QUARTER	QUARTER	PRIMARY	GENERAL	MID-YEAR SUPPLEMENTA	YEAR-END
8.a. BEGINNING DATE OF REPORTING PERIOD			DATE OF REPO	PTING PERIOD	L SUPPLEMENTAL
1-16-19					
9. (Check one)			6-2-	- 1 7	
5. (Check one)					
a. This campaign is exempt from detailed	diaglacura bosque	5-13: Af			
 This campaign is exempt from detailed tures total \$1,000 or less for this report 	ing period (Completing period)	e contributions ((including in-kir	nd) received total \$1	,000 or less AND expendi-
/ / / / / / / / / / / / / / / / / / / /	ung penda. (Compi	ete items 120.,	12e. and 12f.)		
b. This campaign is required to file a deta	iled financial disclo	sure hecause c	ontributions (in	-tradition in trimety was	t titte om menme
and/or expenditures total more than \$1	.000 for this reporti	na period.	ดบบากการเกาะ (แก	cruaing in-kina) rece	eved total more than \$1,000
	'				
40 16 and 1					
I/we do solemnly swear or affirm that the info accurate accounting of campaign contribution	ormation contained	in this campaig	ın financial disc	closure report is true	and that this report is an
Financial Disclosure Act. Additionally, I/we so benefit of the candidate or for any other nonp	wear or annount mar n	in campaion coi	Dicibultane how	0 h00m avanualed f	r the personal financial
Company of the same same same same same same	ouncai baibase as c	letinea by the it	ederai internai i	revenue code.	
A). 00	٠, ١			~ n	
The Cost	1-1-19		Dhe	- ash	7-1-19
signature of candidate	date		signature of	political treasurer	date
				P4	Gate
11. WITNESS SIGNATURE					
TI. WITNESS SIGNATURE			. /	1	
		1	///	1.1	
Uden Varsun	7-1-19	//	hand	Man	7-1-10
signature of witness	date	<i>L</i>	PM 7	17.000	
	uate		/ signatu	re of witness	date
12. SUMMARY					
***				cin 07	
a. BALANCE ON HAND LAST REPORT	***************************************			s <u>90</u>	
				σ C	-
b. TOTAL RECEIPTS THIS PERIOD	601	w fesy	self .	1000	
··································		······································	•		-
c. TOTAL DISBURSEMENTS THIS PERIOD			_	1090.07	
o. TO MEDIODO ROLIVILIA O UIIO LEMOD	***************************************		\$	10.0.	-
4 DALANGE CHUIAND (40					71
d. BALANCE ON HAND (12.a. plus 12.b. minu	us 12.c.)	***************************************		***************************************	\$
		···			
e. TOTAL LOANS OUTSTANDING					1000 €
e. TOTAL LOANS OUTSTANDING		••••••••••			\$ 6000
f. TOTAL OBLIGATIONS OUTSTANDING					



SUMMARY PAGE - CANDIDATE



13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT CO	WHE PAR GOLLAND KEIN
Dervie L. Ash	FROM: 16-19	TON COMMINISSION
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)	\$ <u> </u>	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	******************************	\$
16. LOANS RECEIVED THIS REPORTING PERIOD	Self	s 1000 °C
17. INTEREST RECEIVED THIS REPORTING PERIOD		\$
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		\$ 1000 60
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)
Lebava Sewin Center dovation \$ 100 00	or, promis, poolage	, gasonire)
Lebera Sewin Center dovation \$ 100 00 LHS Chapentry Program dovation \$ 100 00	/ -	
· / 5		
\$		
•		
		
¢		
3		
Total of Expenditures (\$100 or less each payee)	\$ 200	_
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 250 00	_
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	4500	\$ 450 00
20. LOAN REPAYMENTS MADE THIS PERIOD		.\$ _
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	•••••	\$ 450 00
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)	0	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	0	\$ 0
23. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)\$	_ 0	
b. Itemized Obligations Outstanding (Over \$100 each)\$		
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12		s 1



ITEMIZED STATEMENT OF EXPENDITURES -CANDIDATE

WILSON COUNTY

STOTAL TIEMIZED CAMPAION EXPENDITURES FROM PRECEDING PASE (enter 50 if lins) itemized page; 4. COMPLETE THE APPROPRIATE TIEMS FOR EACH TEMIZED EXPENDITURE (overeithers library mins 15°C is any pave during the period). 4. COMPLETE THE APPROPRIATE TIEMS FOR EACH TEMIZED EXPENDITURE (overeithers library mins 15°C is any pave during the period). 4. COMPLETE THE APPROPRIATE TIEMS FOR EACH TEMIZED EXPENDITURE (overeithers library mins 15°C is any pave during the period). 4. COMPLETE THE APPROPRIATE TIEMS FOR EACH TEMIZED EXPENDITURE (overeithers library for the pave during the period). 4. COMPLETE THE APPROPRIATE TIEMS FOR EACH TEMIZED EXPENDITURE (overeithers library for the pave during the period). 4. COMPLETE THE APPROPRIATE TIEMS FOR EACH TEMIZED EXPENDITURES. 4. Anount of Expenditure for the pave during the period of Expenditure. 4. Anount of Expenditure for the pave during the pave during the period of Expenditure. 4. Anount of Expenditure and Name Business Name 4. Anount of Expenditure 4. Anount of Expenditure 5. State 2 p Code 6. State 2 p Code 6. State 2 p Code 6. TOTAL TIEMIZED EXPENDITURES 6. State 2 p Code 7. State 2 p Code 6. TOTAL TIEMIZED EXPENDITURES 6. State 2 p Code 6. TOTAL TIEMIZED EXPENDITURES	1. NAME OF CANDIDATE OR CO BERNIR A		2. REPORTIGOV	ERNOTHE PERIOD						
A. COMPONETE THE APPROPRIATE TIENS FOR EACH TIENAZED EXPENDITURE (presentative contents \$160 to any passe during the parion) Frathame			POM PRECEDING	DACE (onto 00 if first its in its	FROM: 1-16-19					
First Name Last NameBusiness Name Address No.21 Cury boulout Text Name No.21 Cury boulout First Name No.22 Code Furpose of Expenditure Amount of Expenditure	4. COMPLETE THE APPROPRIATE IT	EMS FOR EACH ITE	MIZED EXPENDITU	RE (expenditures totaling more than \$10	age) 10 to any pavee during the	period)				
Address North Curbuch + Cay Lebruro Sept 77007 First Name Medic Name Last Name Eucliness Name Address City State Cap Code State Zip Code Purpose of Expenditure Amount of Expenditure					, po, po, po, po, po, po, po, po, po, po	a Transis de la comissió de Casa de Ca				
First Name Mode Name Lea Name State City State Zip Code Purpose of Expenditure Amount of Expenditure Purpose of Expenditure Amount of Expenditure Amount of Expenditure To Name Mode Name Purpose of Expenditure Purpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure Purpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure State To Name Mode Name Mode Name Purpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure For Name Amount of Expenditure Amount of Expenditure For Name Purpose of Expenditure Amount of Expenditure Amount of Expenditure For Name North Name Purpose of Expenditure Amount of Expenditure Amount of Expenditure For Name North Name No	Last Name/Business Name MAIN STREET	ist Name/Business Name MAIN STREET Media Iddress			DAY AL					
Lest Name-Business Name Address City State Zip Code From State Zip Code Purpose of Expenditure Amount of Expenditure State Zip Code Purpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure For State Zip Code Purpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure State Zip Code TOTAL ITEM/ZED EXPENDITURES	City Lebavor	G Combent State Ta	Zip Code 37077							
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City State Zip Code First Name Middle Name Purpose of Expenditure Amount of Expenditure ast Name Purpose of Expenditure First Name Middle Name Purpose of Expenditure Amount of Expenditure First Name Middle Name Purpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure First Name Middle Name Purpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure First Name Middle Name Purpose of Expenditure Amount of Expenditure										
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State Zip Code Middle Name Middle Name Purpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure State Zip Code Purpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure State Size Code Purpose of Expenditure Amount of Expenditure Amount of Expenditure State Size Code TOTAL ITEMIZED EXPENDITURES	ast Name/Business Name					·				
irst Name Middle Name Purpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure Purpose of Expenditure Amount of Expenditure St Name Amount of Expenditure St Name/Business Name Amount of Expenditure St Name/Business Name Amount of Expenditure Amount of Expenditure Amount of Expenditure St Name/Business Name Amount of Expenditure	Address									
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Amount of Expenditure St Name/Business Name dress State Zip Code TOTAL ITEMIZED EXPENDITURES	ly	State	Zip Code		:					
TOTAL ITEMIZED EXPENDITURES	rst Name	Middle Nam	е	Purpose of Expenditure		Amount of Expenditure				
State Zip Code TOTAL ITEMIZED EXPENDITURES	st Name/Business Name	<u> </u>								
TOTAL ITEMIZED EXPENDITURES	dress									
	/	State	Zip Code							
(If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)	(Carry forward to item 3, of next page if additi	onal pages of this form ar	re used.)							

RECEIVED SK

ITEMIZED STATEMENT OF LOANS - CANDIDATE

									TIESON COUNTY		
1. NAME OF CANDIDATE OF	······································		···	1	2. REPOI		RING FAR PERIOD				
Bernie					FROM:	· **	10:6-2-19				
3. COMPLETE THE APPROPI	RIATE ITEMS FOR EAC	CH ITEMI	ZED LOAN	(loans totaling r	nore than	\$100 from any spi	I - /6	- /9	6-2-19		
Complete the Following for the Sou			gagtas manya Kabupatana		Maria agregativa	and the second second second second	or coming th	e penou)	taria terdengan panjak termatan panjah terdesa panjan da		
First Name	Middle Name		Outstanding	Loan Balance of Period)	•	pans	Loan	Oi	itstanding Loan Balance		
1) Lewile Last Name/Organization Name							Payments	ł	(End of Period)		
As 4	£500	50 "	4/00	ye as .	0	45	6000 =				
726 Reachte	w Str		Loan Recei	Received For: Date of Loan							
City / /	726 Brocktew St. ity Lebourn State Zip Code The 37087			ry Election		neral Election		7-	20 -19		
Lebousu		187		(Local Elections (
First Name	List All Endorsers or Gu		or Above Loa		e is nee	ded please atta	ch a page)		****		
	Wildule IV	ante		First Name				Middle	e Name		
Last Name/Organization Name				Last Name/Org.	anization	Name					
Address		<u>-</u>		Address	·			***			
City	State	Zip Co	ode	City				State	Zip Code		
Amount Guaranteed Outstanding		1		Amount Guarant	eed Outs	tanding		_			
First Name	Middle No.	mo.									
	rirst Name Middle Name			First Name Middle Name							
Last Name/Organization Name				Last Name/Orga	nization N	lame	***************************************				
Address				Address					·		
City	State	Zip Coo	ie.	City				Tou.	15: 0		
ount Guaranteed Outstanding				State Zip Code							
should obtain the co-outstanding				Amount Guarante	ed Outsta	anding					
First Name	Middle Nan	ne		First Name Middle Name							
ast Name/Organization Name	I			Last Name/Organ	ization N	ame					
Address				Address							
			ľ	Addiess							
City	State	Zip Codi	e	City				State	Zip Code		
mount Guaranteed Outstanding				Amount Guarantee	ed Outsta	nding		1			
rst Name	lame Middle Name			First Name Middle Name							
st Name/Organization Name				Last Name/Organization Name							
ddress											
				ddress							
ity	State Zip Code			City State Zip Code				Zip Code			
nount Guaranteed Outstanding				Amount Guaranteed Outstanding							
Totals for all Loans (complete on	last page of itemized loa	ins)	0	utstanding Loan E		Loans	Loar	1 (Outstanding Loan Balance		
fotal loans received should also be shown in item 16, on summary page.) otal loan payments should also be shown in item 20, on summary page.)			<u> </u>	(Beginning of Pe	riod)	Received	Payme	ents	(End of Period)		
tal outstanding loan balance should also be shown in item 12.e. on front page.)				\$ 5000		\$1000 m	0	- 4	6 6000 00		



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATECOUNTY

			······································		ELEC	TION COMMISSION
1. NAME OF CANDIDATE OR COMMI	1 /	2. REPORT COVERING THE PERIOD				
1. NAME OF CANDIDATE OR COMMITTEE Servic As4 3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)			54	FROM: 1-16	-19 TO:	6-2-19
			Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Baland (End of Period)
First Name	Middle	Name				
Last Name/Business Name				\$ 60		Berger
Address	·		\$5000	1 /000 -	0	6000
City	State	Zip Code				
·	Otate	Zip Gode				
Description of Obligation						
First Name	Middle N	lame				
Last Name/Business Name	· · · · · · · · · · · · · · · · · · ·					
Address	······································					
City	State	Zip Code				
Description of Obligation						
First Name	Middle N	ame				
Last Name/Business Name	···					
Address	<u> </u>					
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na					
	Wilddle Na	me				
ast Name/Business Name						
ddress						
City	State	Zip Code				
Description of Obligation		<u> </u>				
Îrst Name	Middle Na	ne	gen () and a state of the stat			
ost Name/Business Name			_			
ddress						
ity	State	Zip Code				
escription of Obligation						
TOTALS		en e		4 . 1		
Total from Outstanding Balance - (End of Perio in item 23b. on summary page.)	d) column must	also be shown	\$500000	1000 00	0	\$ 6000 00