JUL 7 - 2014

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT MISSION

For State and Local Candidates
For Single-Candidate Committees

DATE OF REPORT 2.a. NAME OF CANDIDATE OR COMMITTEE								
2.b. IF COMMITTEE, NAME OF CANDIDATE	Dian	e 6.	Wear					
2.D. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DAT August	The second secon			
4.a. CAMPAIGN ADDRESS AND PHONE	0.1		0	7				
Street or Rural Route	City Traling	1 -	State	Zip Code	Phone			
4.b. CANDIDATE'S HOME ADDRESS (if different	than 4.a.)		170	91122	613-202-3131			
Street or Rural Route Same	City		State	Zip Code	Phone			
5. OFFICE SOUGHT (include district number, if		6. NAME	OF POLITICAL	TREASURER (may b	e candidate)			
16th District County Com	nissimer	Dia	1e 6. le	<i>leather</i>	5			
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH	PRE-	PRE-	MID-YEAR	YEAR-END			
8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY 8.b. ENDING	GENERAL GDATE OF REPO	SUPPLEMENTAL RTING PERIOD	SUPPLEMENTAL			
April 1, 2014		Ju	ne 30,	2014				
9. (Check one)								
 This campaign is exempt from detailed tures total \$1,000 or less for this report 	d disclosure becaus ting period. (Comp	e contributions lete items 12d	s (including in-kir I., 12e. and 12f.)	nd) received total \$1,0	000 or less AND expendi-			
b. This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000								
and/or expenditures total more than \$	1,000 for this report	ing period.			Collision de Califré d'Administration de l'Assert des déclares Toute d'Assert de l'Assert d'Assert de l'Assert d'Assert			
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an 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.								
Signature of candidate	4-30-ry	_	signature o	f political treasurer	<u>le 30-14</u> date			
11. WITNESS SIGNATURE								
Signature of witness	6/30/14 date	_	Signat	Ueathur ure of witness	6/30/14 date			
12. SUMMARY								
a. BALANCE ON HAND LAST REPORT				.\$ <u>D</u>	_			
b. TOTAL RECEIPTS THIS PERIOD				.\$	-			
c. TOTAL DISBURSEMENTS THIS PERIOD				\$ 1,519.67	_			
d. BALANCE ON HAND (12.a. plus 12.b. mi				-	\$			
e. TOTAL LOANS OUTSTANDING					s			
f. TOTAL OBLIGATIONS OUTSTANDING					\$			

SUMMARY PAGE - CANDIDATE 13. NAME OF CANDIDATE OR COMMITTEE (In Full) 14. REPORT COVERING FROM: 4/1/14 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).....\$ c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)\$ 16. LOANS RECEIVED THIS REPORTING PERIOD\$ 17. INTEREST RECEIVED THIS REPORTING PERIOD\$ 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 category - e.g., printing, postage, gasoline) son County Election Commission Total of Expenditures (\$100 or less each payee)\$ 20. LOAN REPAYMENTS MADE THIS PERIOD\$ 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)\$



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATESION

1. NAME OF CANDIDATE OR COMMITTEE Diane G. Weat	2. REPORT COVER	TO: 6/30/14						
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	Amount							
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)								
First Name	Middle Nar	ne	Purpose of Expenditure	0	Amount of Expenditure			
Last Name/Business Name Premier Sign & Trophy Address		Yard Signs	Post Cards,					
Address Ma Creary Rd		Yard Signs, PostCards, Business Cards, 4'X6'Sign						
city Lebanon	State	Zip Code 31087	4 NO SIGN		\$1,419.83			
First Name	Middle Name		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 Name		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 Name		Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
Address								
City	State	Zip Code						
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)					#1,419.83			

SS-1129 (Rev. 4/02)

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