

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
For State and Local Candidates
For Single-Candidate Committees

OCT 11 2022 PM 04:17

1. DATE OF REPORT <u>10/11/2022</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>AISLINN MCEWEN</u>			
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DATE <u>11/08/2022</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>3188 WISHING STAR CV BARTLETT TN 38134 901.413.4112</u>					
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) <u>BARTLETT CITY SCHOOL BOARD POS 4</u>			6. NAME OF POLITICAL TREASURER (may be candidate) <u>MARY C LAWS</u>		
7. CATEGORY OR REPORT (Check one)					
<input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input checked="" type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL					
8.a. BEGINNING DATE OF REPORTING PERIOD <u>07/01/2022</u>			8.b. ENDING DATE OF REPORTING PERIOD <u>9/30/2022</u>		
9. (Check one)					
a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)					
b. <input checked="" type="checkbox"/> 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 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 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		_____ date		<u>Mary C Laws</u> signature of political treasurer	
_____ signature of witness		_____ date		<u>10/11/2022</u> date	
11. WITNESS SIGNATURE					
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT \$ <u>0</u>					
b. TOTAL RECEIPTS THIS PERIOD \$ <u>2140.32</u>					
c. TOTAL DISBURSEMENTS THIS PERIOD \$ <u>747.00</u>					
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) \$ <u>1398.32</u>					
e. TOTAL LOANS OUTSTANDING \$ <u>0</u>					
f. TOTAL OBLIGATIONS OUTSTANDING \$ <u>0</u>					

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD FROM: _____ TO: _____	
RECEIPTS		
15. CONTRIBUTIONS (other than loans and interest)		
a. Unitemized Contributions (\$100 or less from each source this period)	\$	<u>0</u>
b. Itemized Contributions (over \$100 from each source this period)	\$	<u>2140.32</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$	<u>2140.32</u>
16. LOANS RECEIVED THIS REPORTING PERIOD	\$	<u>0</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$	<u>0</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$	<u>2140.32</u>
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>office supplies</u>	\$	<u>68.08</u>
<u>office supplies</u>	\$	<u>54.01</u>
<u>advertising</u>	\$	<u>10.00</u>
<u>food</u>	\$	<u>62.69</u>
<u>food</u>	\$	<u>28.99</u>
<u>advertising</u>	\$	<u>17.55</u>
<u>office supplies</u>	\$	<u>16.38</u>
<u>advertising</u>	\$	<u>45.00</u>
<u>bank charge</u>	\$	<u>.92</u>
Total of Expenditures (\$100 or less each payee)	\$	<u>See next page</u>
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.)	\$	_____
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)	\$	_____
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.)	\$	_____



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) _____	14. REPORT COVERING THE PERIOD FROM: _____ TO: _____	
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 (cont'd)		
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>Food</u>	\$ <u>170.22</u>	
<u>office supplies</u>	\$ <u>35.11</u>	
<u>advertising</u>	\$ <u>23.05</u>	
<u>advertising</u>	\$ <u>200.00</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total of Expenditures (\$100 or less each payee)	\$ <u>371.78</u>	
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>370.22</u>	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>742.00</u>	
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u>0</u>	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>742.00</u>	
22. IN-KIND CONTRIBUTIONS		
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>0</u>	
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ <u>0</u>	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	\$ <u>0</u>	
23. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>0</u>	
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u>0</u>	
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.)	\$ <u>0</u>	



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE AISLINN McEWEN		2. REPORT COVERING THE PERIOD FROM: 07/2022 TO: 09/2022	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 0
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)			
First Name AISLINN		Middle Name	
Last Name/Organization Name McEWEN		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Amount of Contribution \$100.00	
City	State	Zip Code	Date of Contribution 08/24/2022
Occupation		Aggregate This Election	
Employer			
First Name SUSAN		Middle Name	
Last Name/Organization Name WESTER		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Amount of Contribution \$2500	
City	State	Zip Code	Date of Contribution 09/12/2022
Occupation		Aggregate This Election	
Employer			
First Name LINDA		Middle Name	
Last Name/Organization Name WOODBURY		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Amount of Contribution \$2000	
City	State	Zip Code	Date of Contribution 09/12/2022
Occupation		Aggregate This Election	
Employer			
First Name PATRICIA		Middle Name	
Last Name/Organization Name SEUBERT		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Amount of Contribution \$9662	
City	State	Zip Code	Date of Contribution 09/12/2022
Occupation		Aggregate This Election	
Employer			
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)			

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD	
				FROM:	TO:
					Amount
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)					
First Name XXXXXXXXXX		Middle Name		In-Kind Contribution Received For:	
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name XXXXXXXXXX				<input type="checkbox"/> 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:	
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name				<input type="checkbox"/> 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:	
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name				<input type="checkbox"/> 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:	
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name				<input type="checkbox"/> 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:	
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
				Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution	
Occupation		Employer			
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS					0
(Carry forward to item 3. of next page if additional pages of this form are used.)					
(If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)					

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVERING THE PERIOD	
		FROM:	TO:
		Amount	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)			
First Name GLENDA	Middle Name	Contribution Received For:	
Last Name/Organization Name GRACE		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address		<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution 09/12/2022
Occupation			Aggregate This Election
Employer			Amount of Contribution \$2379
First Name BILLIE	Middle Name	Contribution Received For:	
Last Name/Organization Name LAKIN		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address		<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution 09/13/2022
Occupation			Aggregate This Election
Employer			Amount of Contribution \$2500
First Name GLORIA	Middle Name	Contribution Received For:	
Last Name/Organization Name PORTER		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address		<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution 09/13/2022
Occupation			Aggregate This Election
Employer			Amount of Contribution \$7000
First Name NASTASYA	Middle Name	Contribution Received For:	
Last Name/Organization Name HNAT		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address		<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution 9/13/2022
Occupation			Aggregate This Election
Employer			Amount of Contribution \$4806
5. TOTAL ITEMIZED CONTRIBUTIONS			
(Carry forward to Item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in Item 15b. of summary.)			

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD		
				FROM:	TO:	
				Amount		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)						
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name JOHN		Middle Name		Contribution Received For:		Amount of Contribution \$2000
Last Name/Organization Name EVANS				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of Contribution		Aggregate This Election
City	State	Zip Code		09/15/2022		
Occupation						
Employer						
First Name KELLY		Middle Name		Contribution Received For:		Amount of Contribution \$4806
Last Name/Organization Name COUGHLAN				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of Contribution		Aggregate This Election
City	State	Zip Code		09/15/2022		
Occupation						
Employer						
First Name CHELSEA		Middle Name		Contribution Received For:		Amount of Contribution \$2379
Last Name/Organization Name CHESHIRE				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of Contribution		Aggregate This Election
City	State	Zip Code		09/18/2022		
Occupation						
Employer						
First Name ZACHARY		Middle Name		Contribution Received For:		Amount of Contribution \$1408
Last Name/Organization Name WEBB				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of Contribution		Aggregate This Election
City	State	Zip Code		09/18/2022		
Occupation						
Employer						
5. TOTAL ITEMIZED CONTRIBUTIONS						
(Carry forward to Item 3. of next page if additional pages of this form are used.)						
(If this is the last page of contributions, this amount must be shown in item 15b. of summary.)						

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD		
				FROM:	TO:	
				Amount:		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)						
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name KAT		Middle Name		Contribution Received For:		Amount of Contribution \$2500
Last Name/Organization Name LEACHE				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address			Date of Contribution		Aggregate This Election	
City	State	Zip Code	09/23/2022			
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution \$12500
Last Name/Organization Name JR CASTING				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address			Date of Contribution		Aggregate This Election	
City	State	Zip Code	09/26/2022			
Occupation						
Employer						
First Name LUNA		Middle Name		Contribution Received For:		Amount of Contribution \$12500
Last Name/Organization Name EVANS				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address			Date of Contribution		Aggregate This Election	
City	State	Zip Code	09/26/2022			
Occupation						
Employer						
First Name ALLAN		Middle Name		Contribution Received For:		Amount of Contribution \$3500
Last Name/Organization Name CREASY				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address			Date of Contribution		Aggregate This Election	
City	State	Zip Code	9/9/2022			
Occupation						
Employer						
5. TOTAL ITEMIZED CONTRIBUTIONS						
(Carry forward to item 3. of next page if additional pages of this form are used.)						
(If this is the last page of contributions, this amount must be shown in item 15b. of summary.)						

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVERING THE PERIOD	
		FROM:	TO:
		Amount	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)			
First Name WAYNE		Middle Name	
Last Name/Organization Name RANDALL		Contribution Received For:	
Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
City		Date of Contribution	
State		9/14/2022	
Zip Code		Amount of Contribution	
Occupation		\$500.00	
Employer		Aggregate This Election	
First Name RACHEL		Middle Name	
Last Name/Organization Name FARMER		Contribution Received For:	
Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
City		Date of Contribution	
State		9/14/2022	
Zip Code		Amount of Contribution	
Occupation		\$400.00	
Employer		Aggregate This Election	
First Name FIONA		Middle Name	
Last Name/Organization Name NANN		Contribution Received For:	
Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
City		Date of Contribution	
State		9/14/2022	
Zip Code		Amount of Contribution	
Occupation		\$90.00	
Employer		Aggregate This Election	
First Name DOUG		Middle Name	
Last Name/Organization Name INSCH		Contribution Received For:	
Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
City		Date of Contribution	
State		9/21/2022	
Zip Code		Amount of Contribution	
Occupation		\$300.00	
Employer		Aggregate This Election	
5. TOTAL ITEMIZED CONTRIBUTIONS			
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)			

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD		
				FROM:	TO:	
				Amount		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)						
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name BRIAN		Middle Name		Contribution Received For:		Amount of Contribution \$10000
Last Name/Organization Name PHILLIPS				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of Contribution 9/21/2022		Aggregate This Election
City	State	Zip Code				
Occupation						
Employer						
First Name BILL		Middle Name		Contribution Received For:		Amount of Contribution \$10000
Last Name/Organization Name SILER				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of Contribution 9/21/2022		Aggregate This Election
City	State	Zip Code				
Occupation						
Employer						
First Name JEANIE		Middle Name		Contribution Received For:		Amount of Contribution \$5000
Last Name/Organization Name ORTMAN				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of Contribution 9/21/2022		Aggregate This Election
City	State	Zip Code				
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of Contribution		Aggregate This Election
City	State	Zip Code				
Occupation						
Employer						
5. TOTAL ITEMIZED CONTRIBUTIONS						
<small>(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)</small>						

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD	
			FROM:	TO:
				Amount: <u>6</u>
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)				
First Name	Middle Name	Purpose of Expenditure Food for campaign table at BARTLETT FALL FEST		Amount of Expenditure \$170.22
Last Name/Business Name KROGER				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure CANDIDATE CARDS FOR ADVERTISING		Amount of Expenditure \$200.00
Last Name/Business Name PUSH CARDS				
Address				
City	State			
First Name	Middle Name			
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name			
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name			
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name			
Last Name/Business Name				
Address				
City	State			
5. TOTAL ITEMIZED EXPENDITURES				\$370.22
(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.)				

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE					2. REPORT COVERING THE PERIOD				
					FROM:		TO:		
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		Middle Name		Outstanding Loan Balance (Beginning of Period)		Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	
Last Name/Organization Name									
Address					Loan Received For:			Date of Loan	
					<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election				
City		State	Zip Code		<input type="checkbox"/> Runoff (Local Elections Only)				
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					Last Name/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	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	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	Zip Code	
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding				
4. Totals for all Loans (complete on last page of itemized loans)					Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	
(Total loans received should also be shown in item 16. on summary page.)									
(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.)									



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
				FROM:		TO:	
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)				Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
4. TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)							Ø

