# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT For State and Local Candidates

		ndidate Committe	ees Hine	nded
DATE OF REPORT      2.b. IF COMMITTEE, NAME OF CANDID.	1 Annex	CANDIDATEOR COMMITTEE	t	
4.a. CAMPAIGN ADDRESS AND PHONE		****	3. ELECTION DATE	-12
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route 4.b. CANDIDATE'S HOME ADDRESS (if d	city	State	Zip Code 37087	Phone
Street or Rural Route	City	State	Zip Code	Phone
5. OFFICE SOUGHT (include district num  A CATEGORY OR REPORT (Check one)	nber, if applicable)	6. NAME OF POLITICAL RANGES OF	TREASURER (may be comed)	andidate)
FIRST SECOND TH	IRD FOURTH	PRE- PRIMARY GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
10 - 1 - 12 9. (Check one)	JU	8.b. ENDING DATE OF REPO	RTING PERIOD  Z7-12	
<ul> <li>a. This campaign is exempt from d tures total \$1,000 or less for this</li> <li>b. This campaign is required to file and/or expenditures total more the</li> </ul>	a detailed financial disclo	peure because contributions (in		
10. I/we do solemnly swear or affirm that the accurate accounting of campaign contributions of the candidate of for any other signature of candidate.	I/we swear or affirm that	no campaign contributions have defined by the federal internal r	candidate committee by	that this report is an the Campaign personal financial
Randy J. Huffor L signature of witness	Jun 14, 13	Aguatu	MCClark the of witness	1-\b-13 date
2. SUMMARY			7	
a. BALANCE ON HAND LAST REPORT		\$	0	
b. TOTAL RECEIPTS THIS PERIOD		\$	-0-	
c. TOTAL DISBURSEMENTS THIS PERIC	DK	\$	0	
d. BALANCE ON HAND (12.a. plus 12.b	o. minus 12.c.)		\$	0-
e. TOTAL LOANS OUTSTANDING			\$	-0-
f. TOTAL OBLIGATIONS OUTSTANDING	)		····· \$ —	-0-



SUMMARY PAGE - CANDIDATE MONDO
13. NAME OF CANDIDATE OR COMMITTEE (In Full)  14. REPORT COVERING THE PERIOD
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)  ReMar
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.) \$\\ \big  \( \big  \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
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 i item 12.f.)\$



## **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

	1 NAME OF CANDIDATE OF CONTRICT				
	NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVE	RING THE PERIOD	-
	MINICAL STATION		FROM: 10-1-12	TO: 10-27-12	7
	3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING	PAGE (enter \$0 if first itemized n	ane)	Amount	-
	4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION	ON (contributions totaling more than \$	100 from any contribute		_
	First Name Middle Name	Contribution Received For:	Too from any contribute	Amount of Contribution	
	Last Name/Organization Name			Amount of Continuation	
		Primary Election	General Election		
	Address 942 M. M. Jelielt Rd.	Runoff (Local Elections	s Only)	15300°	
	City M. Jelet State Zip Gode 712	Date of Contribution		Aggregate This Election	-
	Occupation	<del>Q</del>			
	Employer				
	Шрюуо				
	First Name				
	Aiddle Name	Contribution Received For:	/	Amount of Contribution	
	Last Name/Organization Name	Primary Election	General Election		
H	Address 1001	10.201	0 1000000000000000000000000000000000000	ikadan	2
1	200 Leeanna Lane	Runoff (Local Elections	Only)	#250°	أص
	City State Zip-Code C	Date of Contribution		Aggregata This El di	_
-	Occupation 10 3 1090	2	1	Aggregate This Election	
	,				
1	mployer	110-75	$\setminus \cap \mid$		
		TIO QU	10		
F	irst Name (TP ) Middle Name	Contribution Received For:	/	Amount of Contribution	۹
t	ast Name/Organization Name	Primary Election	General Election	or contribution	
A	ddress			11 - 02	1
L	600 Leeville Like	Runoff (Local Elections (	Only)	18/M	1
C	ty State Zip Code	Date of Contribution		Aggregate This Election	1
Oc	reupation TD 3708	Ц		99. 99ato Trio Election	
	*		1		
En	ployer	110-25-	10		
Eir	* Nama	LIU do	10		
T rin	st Name Middle Name	Contribution Received For:	A	mount of Contribution	
Las	t Name/Organization Name	Primary Election G	eneral Election	obstate Appendix	
Add	responding of tolice			2-00	
	PU BOX 2015	Runoff (Local Elections O	nly)	35()	
City	Lebon on State ZipCode 87	Date of Contribution	A	ggregate This Election	
Occ	upation SROST	1000			
Emp	Over	10-17-18	X		
L =mp	oydi .				
5	TOTAL ITEMIZED CONTRIBUTIONS				
	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.)		1		
w					



### **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COM	MITTEE			2 PEPOPT COV	EDINO THE BERNOR
				FROM 0-1-1	ERING THE PERIOD
3. TOTAL ITEMIZED CAMPAIGN CO	MTRIRITIONS	EDOM DBECEDING	2ACE (	1-110	Amount
TOTAL ITEMIZED CAMPAIGN CC     COMPLETE THE APPROPRIATE ITE	MS FOR FACH IT	EMIZED CONTRIBUTION	N (contributions totaling areas than 1	page)	
First Name ()	Middle		Contributions totaling more than a	\$100 from any contribu	
K. H.					Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
Address 383 Map	le St		Runoff (Local Election	s Only)	HIMO
city Henderson	State	) Zip Code 3707 49	Date of Contribution		Aggregate This Election
Occupation					
Employer			9-11-1	$\supset$	
FirstName	Middle I	Name	Contribution Received For:	<u> </u>	Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	#10510
Address COT C. L	Manie	or St.	Runoff (Local Elections	s Only)	642-
city Lebonon	State	Zip.Code 7087	Date of Contribution		Aggregate This Election
Occupation			1		
Employer			1		
First Name	Middle Na	ame	Contribution Received For:		Amount of Contribution
ast Name/Organization Name			Primary Election	General Election	
ddress			Runoff (Local Elections	Only)	
ity	State	Zip Code	Date of Contribution		Aggregate This Election
ccupation					
nployer					
rst Name	Middle Nar	ne	Contribution Received For:		Amount of Contribution
st Name/Organization Name			☐ Primary Election ☐ (	General Election	
dress			Runoff (Local Elections (	Only)	
y	State	Zip Code	Date of Contribution		Aggregate This Election
cupation					
ployer					
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional (If this is the last page of contributions, this amoun	pages of this form ar	e used.)			
A CONTRACTOR OF THE CONTRACTOR		o iou. or summary.)			



## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

				FROM: 0	TO: 10-21-12
3. TOTAL ITEMIZED IN-KIN	ID CONTRIE	NITIONS ED	ON DECEDING	PAGE (enter \$0 if first itemized page)	Amount
4. COMPLETE THE APPROPE	RIATE ITEMS F	OR FACH IT	EMIZED IN KIND CO	PAGE (enter \$0 if first itemized page)	
First Name		Lucia	INIZED IN-KIND CO	NTRIBUTION (in-kind contributions totaling more than \$100 to	from any contributor during the period)
		Middle	Name	In-Kind Contribution Received For:  Primary Election General Ele	Value of In-Kind Contrib
Last Name/Organization Name				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ction
Address				Date of In-Kind Contribution	
City		0.1			Aggregate this Election
Occupation	1=	State	Zip Code	Description of In-Kind Contribution	
Oscapalish	Empk	byer			
First Name					
		Middle	Name	In-Kind Contribution Received For:	Value of In-Kind Contribu
Last Name/Organization Name			/	Primary Election General Elec	tion
Address			<del>\</del>	Runoff (Local Elections Only)	
Dity				Date of In-Kind Contribution	Aggregate this Election
		State	Zip Code	Description of In-Kind Contribution	
ccupation	Employ	er		<del>-/</del>	
irst Name		Middle N	ame /	In-Kind Contribution Received For:	Value of In-Kind Contributi
st Name/Organization Name				Primary Election General Election	on Value of III-Killa Contributi
Idress				Runoff (Local Elections Only)	
uress				Date of In-Kind Contribution	Aggregate this Election
у		State	Zip Code	Description of In-Kind Contribution	
cupation	Employe		1/		
t Name		Middle Na	ne	In-Kind Contribution Received For:	
t Name/Organization Name				Primary Election General Election	Value of In-Kind Contribution
		/		Runoff (Local Elections Only)	
ress				Date of In-Kind Contribution	Aggregate this Election
		State	Zip Code	Description of In-Kind Contribution	, aggregate this Election
pation	Employer			Social programme and continuation	
Name		Middle Name			
ame/Organization Name		I Wilder Harrie		In-Kind Contribution Received For:  Primary Election General Election	Value of In-Kind Contribution
GING O'I GAILLE AND				Runoff (Local Elections Only)	
SS				Date of In-Kind Contribution	A
		State	7in Code	4 1800000	Aggregate this Election
ation	Leader	State	Zip Code	Description of In-Kind Contribution	
	Employer			7	
OTAL ITEMIZED IN-KIND CO	NTRIBUTIO	NS			
		110			
arry forward to item 3. of next page if a this is the last page of in-kind contribu	additional pages	of this form are	used.)		



## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

		Z. RE FROM	PORT COVERING THE PERIOD 10-12 TO: 10-27-1
3. TOTAL ITEMIZED CAMPAIG	N EXPENDITURES ERON DRESS	DING PAGE (enter \$0 if first itemized page)	10-1-13 TO: 10-27-1
4. COMPLETE THE APPROPRIAT	E ITEMS FOR FACH ITEMIZED EXPEN	DING PAGE (enter \$0 if first itemized page)	, unount
First Name	LANGE ON EAGITIFEINIZED EXPEN	DING PAGE (enter \$0 if first itemized page)  IDITURE (expenditures totaling more than \$100 to any pay	ee during the period)
	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City			
Oily	State Zip Code		
First Name		)	
	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			- who dritt of Experiolitie
Address			
City	State Zip Code	/	
irst Name	Middle Name	Dumage of Francis	
ast Name/Business Name		Purpose of Expenditure	Amount of Expenditure
- Tollies Halle			
ddress	/		
ty	/		
•	State Zip Code		
st Name			
	Middle Name	Purpose of Expenditure	Amount of E
st Name/Business Name			Amount of Expenditure
dress			
	State Zip Code		
Name	Middle Name	Purpose of Expenditure	
Name/Business Name	/	- diposo of Experiatione	Amount of Expenditure
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ess			
	State Zip Code		
Name	Middle Name	Purpose of Fam. III	
ame/Business Name		Purpose of Expenditure	Amount of Expenditure
S		-	
	State Zip Code		
OTAL ITEMIZED EXPENDITURES			
arry forward to item 3, of next page if additions	d name of the c		
this is the last page of expenditures, this amount	payes of this form are used.)		1

ITEMIZED STATEMENT OF LOANS - CANDIDATE

				_011110		DAIL	1
1. NAME OF CANDIDATE OR	COMMITTEE				2. REPORT C	COVERING THE	DEDIOD
					FROM:	TO:	PERIOD
3 COMPLETE THE APPROPR	IATE ITEMS FOR EAC				10-1-12	/ / /	27-12
3. COMPLETE THE APPROPR	IATE ITEMS FOR EAC	HITEMIZED	LOAN (loans totaling m	nore than \$100 from any s	ource during the per	iod)	2010
Complete the Following for the Sour	ce of the Loan					1	
First Name	Middle Name	Out	standing Loan Balance	Loans	Loan	Outstanding Loan	Balance
Last Name/Organization Name		(B	eginning of Period)	Received	Payments	(End of Perio	od)
January Marie		- 1		1	/ /		
Address		Loa	n Received For:	<del>/</del>	Date of Loan		
0.1			Primary Election	General Elegition	Date of Loan		
City	State Zip Code	1_					
	Viet All Endomon C.		Runoff (Local Elections O		1		
First Name	Dist All Endorsers or Gua	irantors for Abo		e is needed please at	ach a page)		
	Middle Nar	ne	First Name	/ -/		Middle Name	
Last Name/Organization Name			Last Name/Orga	nization Name			
Address							
	//		Address				
City	State	Zip Code	City	/			
						State Zip Cod	de
Amount Guaranteed Outstanding		1	Amount Guarante	ed Outstanding			
First Name	Middle Nam		Finally				Total Colonia
	Wilder Hall	°\/	First Name		٨	/liddle Name	
Last Name/Organization Name		$\overline{}$	Cast Name/Organ	ization Name			
Add				ization Name			
Address			Address				
City	State	Zip Code	V City				
		Zip code	City		Si	tate Zip Code	)
mount Guaranteed Outstanding			Amount Guarantee	ed Outstanding			
First Name	Assessi	/					
	Middle Name		First Name		M	fiddle Name	
ast Name/Organization Name	/ /		Last Name/Organiz	zation Name			
ddress	/ /		\				
/			Address	1			
City	State	Zip Code	City	1	1.00		
nount Guaranteed Outstanding			0.1,		St	ate Zip Code	'
lount Guaranteed Outstanding			Amount Guaranteed	Outstanding	\		
st Name	I Middle Man						
	Middle Name		First Name	\	Mid	ldle Name	
st Name/Organization Name	<u> </u>		Last Name/Organiza	ation Name			
dress							
			Address				$\neg$
y /	State	Zip Code	City	<del></del>	10)		
ount Guaranteed Outstanding				\	Stat	Zip Code	
			Amount Guaranteed	Outstanding	\		
otals for all Loans (complete on las	t page of itemized loans	3)	Outstanding Loan Ba	lance Loans	Lasi	10.1	
otal loans received should also be shown in it otal loan payments should also be shown in it	em 16. on summary page.)	ā.	(Beginning of Period		Loan	Outstanding Loan (End of Perio	Balance
tal outstanding loan balance should also be s	nown in item 12.e. on front pag	e.)				1 1	
SS-1132 (Rev. 4/02)				Page _ ( _ c	, 0		
				raye_ ( _(	) <u>)</u>	RDA 1	159

#### **ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD				
4				FROM: 10-1-1	a / 17	10-27-12	
3. COMPLETE THE APPROPRIATE ITEM	S FOR EACH ITEMIZ	ZED (	Outstanding Balance	Debt Incurred	Payments	Outstanding Balan	
OBLIGATION (obligations totaling more t	han \$100 owed to an	ıy (I	Beginning of Period)	This Period	This Period	(End of Period)	
person/vendor at the end of the reporting	period)					,	
First Name	Middle Name		****		1		
Last Name/Business Name				//			
Lost Hallo Busiless Halle		1		//			
Address					1		
City						1	
City	State Zip Cod	e		/ /			
Description of Obligation	<del>\</del>			/			
			/	/			
First Name	Middle Name						
Last Name/Business Name	1		///		1		
Address	11					1	
City	State Zip Code		///				
	State Zip Code	, //	/ /				
Description of Obligation			/				
		X	/				
First Name	Middle Name	//	\				
Last Name/Business Name		//					
250 Name Bashess Paris	,	/ /					
Address						1	
City	Tau 15/2 /	/					
Oily	State Zip Code		\				
Description of Obligation	1/		1				
First Name	Middle Name			\			
ast Name/Business Name	1//						
Sot Harrior Dustriess Harrie	/ /		1				
ddress	/						
City	/						
	State Zip Code						
Description of Obligation	<u> </u>						
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ast Name/Business Name							
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ity	State Zip Code				7 /		
escription of Obligation							
7						,	
TOTALS /			T				
Total from Outstanding Balance - (End of Period) co	lumn must also be sho	own				1	
in item 23b. on summary page.)							