CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

ı Gı	omy ic callulus	re committ	ees .	OPP TO ORGA
DATE OF REPORT	2.a. NAME OF CANDIDATI	E OR COMMITTEE		7.020
10-13-20	Jennifer M	(YP(P		WILSON COUNTY
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE	ELECTION COMMISSION
			202	•
4.a. CAMPAIGN ADDRESS AND PHONE		· · · · · · · · · · · · · · · · · · ·		
Street or Rural Route	City	State	Zip Code	Phone
217 Sunny Acre	Dr Mt relie	25 11	371226	15/24-7831
4.b. CANDIDATE'S HOME ADDRESS (if differen Street or Rural Route	t than 4.a.) City	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, it	fapplicable) 6. NA	ME OF POLITICAL	TREASURER (may be	candidate)
	4 Commissiones	- 100	'Col Alive	carididate)
7. CATEGORY OR REPORT (Check one)	Janua Crev	ACIU	litel march	<u>C</u>
FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH PRE- QUARTER PRIMAR	PRE- Y GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. EN	DING DATE OF REPO		
7-1-20		<u>9-30</u>	.2 0	
9. (Check one)				
 a. This campaign is exempt from detaile tures total \$1,000 or less for this repo b. This campaign is required to file a det and/or expenditures total more than \$ 	rting period. (Complete items ailed financial disclosure beca	12d., 12e. and 12f.) ause contributions (in	Ì	
10. I/we do solemnly swear or affirm that the in accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we shenefit of the candidate or for any other none signature of candidate.	ns and expenditures required swear or affirm that no campai	to be reported by the ign contributions have the federal internal	e candidate committee I	by the Campaign
11. WITNESS SIGNATURE		10	1/2	
signature of witness	10-13. 20 date	signat	UM ure of witness	10-13-20 date
12. SUMMARY				
a. BALANCE ON HAND LAST REPORT			s 196-32	
b. TOTAL RECEIPTS THIS PERIOD			\$1995.00	
c. TOTAL DISBURSEMENTS THIS PERIOD			\$ 1946-32 \$ 1995.00 \$ 7,016.49	
d. BALANCE ON HAND (12.a. plus 12.b. mi	nus 12.c.)			-482517
e. TOTAL LOANS OUTSTANDING			·	78288
o, TOTAL LOANS OUTSTANDING		***************************************	\$ A	4
f. TOTAL OBLIGATIONS OUTSTANDING			\$ -	-6



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOR
Jenniser Milete	FROM-7-1-20 TO:9-30-20
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$_4 95 .00
b. Itemized Contributions (over \$100 from each source this period)	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ 1,995.06
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) 16. LOANS RECEIVED THIS REPORTING PERIOD	\$ 6,80b.00
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)
Rubberstaups.cem ink staups \$ 77.81	
walkart paper lenvelse : 37.60	}
Idlar Tree pensionielas : 45.00)
Dollar Granosal Deus Pen 1800 : 38 8=	3
MI Consentor Golf Sooner: 75 W	<u>)</u>
Paulal fees fees 931	<u>-</u> +
Constantin Bechetage Libb Day : 450	$\frac{1}{D}$
\$ 10.0	
\$	***************************************
<u> </u>	_
Total of Expenditures (\$100 or less each payee)	\$ <u>328.60</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$6,687.89
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	
20. LOAN REPAYMENTS MADE THIS PERIOD	\$7,016.49
22.IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ 100,00
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 1	

Page _____ of ____

SS-1133 (Rev. 4/02)

OCT 13 2020

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS N-CANDIDATE

1. NAME OF CANDIDATE O						ERING THE PERIOD			
Jennifer Mi	lele		·····		FROM - 1 30	TO: 9-30-06			
3. TOTAL ITEMIZED IN-KIND	CONTRIBUTION	NS FROM	PRECEDING PAG	E (enter \$0 if first itemized page		Amount			
4. COMPLETE THE APPROPRIA	TE ITEMS FOR EA	СН ГТЕМІ.	ZED IN-KIND CONTRI	BUTION (in-kind contributions totaling	more than \$100 from any c	ontributer during the period)			
First Name and the f	rice	Middle Na	100000000000000000000000000000000000000	In-Kind Contribution Receive	In-Kind Contribution Received For Primary Election General Election				
Last Name/Organization Name OKCCS	as H	Q		Runoff (Local Election	#100.00				
	WWaro!	Phie	ey#25)	Date of In-Kind Contribution Aggregate this Election					
City NJ		State	37100	Description of In-Kind Contribution	601D				
Space (ewal)	Employer			Postcard St	Camps				
First Name		Middie Nan	ne		In-Kind Contribution Received For:				
Last Name/Organization Name				1	General Election				
Address				Date of In-Kind Contribution	Aggregate this Election				
City	<u> </u>	State	Zip Code			Aggregate this Election			
Occupation	Employer		2.9 0000	Description of In-Kind Contribution					
	1								
First Name		Middle Nam	6	In-Kind Contribution Received	For:	Value of In-Kind Contribution			
st Name/Organization Name					General Election				
Address	-			Runoff (Local Elections					
City		- T		Date of In-Kind Contribution		Aggregate this Election			
Occupation		State	Zip Code	Description of In-Kind Contribution					
Occupance	Employer								
irst Name	ı	Viddle Name		In-Kind Contribution Received I		Value of In-Kind Contribution			
ast Name/Organization Name		- w	·	1	General Election				
ddress				Date of In-Kind Contribution	Runoff (Local Elections Only)				
iity	Is	State	Zip Code	Description of In-Kind Contribution		Aggregate this Election			
Occupation	Employer			Description of the Kind Contribution					
st Name	M	iddle Name		In-Kind Contribution Received	For:	Value of In-Kind Contribution			
st Name/Organization Name	1				General Election				
ldress	trasc			Runoff (Local Elections (
				Date of In-Kind Contribution	<i>F</i>	Aggregate this Election			
y Cupation	Sta	ate 2	Zip Code	Description of In-Kind Contribution					
cupation	Employer								
TOTAL ITEMIZED IN-KIND C	ONTRIBUTIONS	e-well-favor-describe			7				
(Carry forward to item 3, of next page if (If this is the last page of in-kind contribution)	fadditional pages of th outions, this amount mu	is form are u ust be showr	sed.) in item 22b. of summary !			#100.00			
SS-1128 (Rev. 2/06)				Page _	<u></u>	RDA 1159			

OCT 132026

ITEMIZED STATEMENT OF CONTRIBUTIONS CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE	S		REPORT COVERING THE PERIOD
			1500 Amount
TOTAL ITEMIZED CAMPAIGN CONTRIB COMPLETE THE APPROPRIATE ITEMS FOR	SEACH SEASTER CONTRIBUTION	GE (enter \$0 if first itemized page) 0
4. COMPLETE THE APPROPRIATE ITEMS FOR		A CONTRACTOR OF THE PROPERTY O	from any contributor)
Pavide Debra	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name Krose S		Primary Election	eneral Election # 25
Address 133 Sollien w	ay Zlud	Runoff (Local Elections O	nly}
City MJ	Silver Zingsou	Date of Contribution Aug	Aggregate This Election
Occupation			
Employer		-	
FirstName Stella + Stigron	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name		☐ Primary Election ☐ Ge	eneral Election
Address 122 Dahlaren	26	Runoff (Local Elections Or	
City MJ	State Zinggode So-	Date of Contribution	Aggregate This Election
Occupation		Aug.	20
Employer			
First Name	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Olganization Name		Primary Election	Feral Election 85 (-2)
Lasi Name/Olganization Name Salvi Address 185 Salvi 185 Salvi 186 Salvi 187 Salvi 188 Salvi		☐ Primary Election ☐ Gen	\$ 50
Last Name/Organization Name Salvi Address St Salveut L City MT	State Zip Code	_	\$ 50
185 Salleat LA	State Zip Code 300	Runoff (Local Elections Onl	Aggregate This Election
185 Salleut LA	State Zip Code 370	Runoff (Local Elections Onl	Aggregate This Election
185 Salleut LA City MS Occupation	State Zip Code 357 357 357	Runoff (Local Elections Onl	Aggregate This Election
185 Salleut LA City MS Occupation Employer	TN 37(3)	□ Runoff (Local Elections Onl Date of Contribution AUG → Contribution Received For:	Aggregate This Election Amount of Contribution
City Occupation Employer First Name Columnation Name TSI ACC	Middle Name	Date of Contribution Aug December 1	Aggregate This Election Amount of Contribution eral Election
City Occupation Employer First Name Last Name/Organization Name TSIACL	Middle Name	□ Runoff (Local Elections Onl Date of Contribution Aug 3 Contribution Received For: □ Primary Election □ Gen.	Aggregate This Election Amount of Contribution eral Election
City Occupation Employer First Name Character Address 473 Ranka Rank	Middle Name Well Apt A	□ Runoff (Local Elections Onl Date of Contribution Contribution Received For: □ Primary Election □ Gen. □ Runoff (Local Elections Only Date of Contribution	Aggregate This Election Amount of Contribution eral Election Aggregate This Election
City MS Occupation Employer First Name Scha ast Name/Organization Name TSLACK Address 473 Banda Re City MS	Middle Name Well Apt A	□ Runoff (Local Elections Onle Date of Contribution Aug 3 Contribution Received For: □ Primary Election □ Gen. □ Runoff (Local Elections Only	Aggregate This Election Amount of Contribution eral Election Aggregate This Election
City City City Cocupation Employer First Name Chan ast Name/Organization Name TSLACK Address 473 Banka R City City Cocupation	Middle Name Middle Name APA State Zin Sold 1000	□ Runoff (Local Elections Onl Date of Contribution Contribution Received For: □ Primary Election □ Gen. □ Runoff (Local Elections Only Date of Contribution	Aggregate This Election Amount of Contribution eral Election Aggregate This Election

SS-1131(Rev. 2/06)

OCT 13 2020

ITEMIZED STATEMENT OF CONTRIBUTIONS OF CANSODATE

				,01011
1. NAME OF CANDIDATE OR COMMI	TTEE		2. REPORT COV	ERING THE PERIOD
Jemiles Mix	le		FROM 1-26	109-20-21
3. TOTAL ITEMIZED CAMPAIGN CON-	TRIBUTIONS FROM PRECEDING	DACE (Amount #245.00
4. COMPLETE THE APPROPRIATE ITEMS	FOR EACH ITEMIZED CONTRIBUTION	IN (contributions to a first itemized p	age)	P025.00
First-Name	Middle Name	Contribution Received For:	100 from any contribut	CONTROL OF THE PROPERTY OF THE
Last Name/Organization Name		Commoditor Received For:		Amount of Contribution
Si COOL		Primary Election	Leeneral Election	\$ ~~
Address 13 Sunmman	se or	Runoff (Local Election	s Only)	05
City MJ	State Ziponio	Date of Contribution		Aggregate This Election
Occupation		900	3 0	
Employer		1 100	0	
First Name adherine -	Middle Name	Contribution Received For:	likalaren 1980 lehisto errentzia (h. 1901). 1	Amount of Contribution
Last Name/Organization Name		Primary Election	General Election	8 9.
Address 441 Belinda	PVU	Runoff (Local Elections	Only)	- 20
City ME	10 TO 7100	Date of Contribution		Aggregate This Election
Occupation		9-7-20	D	
Employer		1 1/2/		
and the second s				
First Name MCOxico	Middle Name	Contribution Received For:		Amount of Contribution
Last Name Arganization Name		Primary Election	General Election	Am
Address 18 Rickfield	100	Runoff (Local Elections (Only)	\$ 100
City NA: Y	State Zip Code	Date of Contribution		Aggregate This Election
Occupation	10 5/100			Aggregate This Election
mployer		9-1-20) •	
irst Name	Middle Name	Contribution Received For:		Amount of Contribution
ast Name/Organization Name		Primary Election	eneral Election	
ddresg 122 1 29ACY Park	, P.O	Runoff (Local Elections Or		\$100
192 Legacy Park	Sale 1 2000 100 2000 100 2000 100 2000 100 2000 100 2000 100 1	Date of Contribution		
ccupation	111101100	- 3.000	1	Aggregate This Election
Philorop		7-23		
nployer		7-23		
nployer TOTAL ITEMIZED CONTRIBUTIONS		7-33		
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pag (If this is the last page of contributions, this amount me	es of this form are used 3	1-33		F246.00

SS-1131(Rev. 2/06)

OCT 13 2020

ITEMIZED STATEMENT OF CONTRIBUTIONS CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE					ERING THE PERIOD
Dennicer Mitege				FROM 1 DE	10:9-30-7
3. TOTAL ITEMIZED CAMPAIGN CONTRIB	UTIONS I	ROM PRECEDING F	PAGE (enter \$0 if first itemized p	age)	Amount Pro, DO
4. COMPLETE THE APPROPRIATE ITEMS FOR First Name /	EACH ITE	MIZED CONTRIBUTION	N (contributions totaling more than S	100 from any contribut	or)
Lach	Middle !	Vame	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	505
City No. 7	ay	Blud	Runoff (Local Election	s Only)	
108	State	377	Date of Contribution	Aggregate This Election	
Occupation			7.00	9 D	
Employer					
First Name	Middle N	ame	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	\$
Address 05 REQDO			Runoff (Local Elections	Only)	\$1,500
City Hamitage	State	1 2ip 37/707	Date of Contribution		Aggregate This Election
Occupation			9-28-2	0	
Employer					
First Name	Middle Nan	ne	Contribution Received For:		Amount of Contribution
Last Name/Organization Name	<u> </u>		Primary Election	General Election	Amount of Contribution \$1505.
Address	······································		Runoff (Local Elections (Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer	<u></u>				
	a se assistina a come				
First Name	Middle Name	е	Contribution Received For:	Amount of Contribution	
ast Name/Organization Name	7		Primary Election G	eneral Election	
Address			Runoff (Local Elections O	nly)	
ity	State	Zip Code	Date of Contribution	7	Aggregate This Election
ccupation					
mployer					1
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	this form are shown in ite	used.} m 15b. of summary.}		.£	1,995.00
(Carry forward to item 3, of next page if additional pages of	this form are shown in ite	used.) m 15b. of summary.)		1	1,995.00

OCT 13 2020

ITEMIZED STATEMENT OF EXPENDITURES ON COLAINDIDATE

				EFECTION COMP	MISSION
1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COV	ERING THE PERIOD			
	·	·		FROM	0 TO: 9-30- 20 Amount
TOTAL ITEMIZED CAMPAIGN EXPEND COMPLETE THE APPROPRIATE ITEMS FOR	OTURES FE	ROM PRECEDING PA	GE (enter \$0 if first itemized p	page)	1
4. COMPLETE THE APPROPRIATE ITEMS FO	Middle f	and the second section of the sectio		00 to any payee during the	
First Name Last Name/Business Name	i i i i i i i i i i i i i i i i i i i	valle	Purpose of Expenditure		Amount of Expenditure
Lust Humbrudstriess Warie			Postage		Augen
Address					\$ 1628.40
City	State	Zip Code			
First Name					
Japles IVI	Middle N	ame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			10000 100	005	
Address < NAYIZA			Foner-pa	ger	8146.71
SNIRO City	State	Zip Code	-		
M	To	37100			
First Name GADAT PLOCE , CE	Middle Na	AND SECURITY OF SE	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	m y C		Q BOUNDALON		
Address	·		Campaign Marrials	\ -	\$1282.0
			Meterial	\supset	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
City	State	Žip Code			
First Name () / 2/	Middle Nan	ne	Durnoco of Evenandia		
ast Name/Business Name	Wilddie Nai	ile .	Purpose of Expenditure		Amount of Expenditure
Lot Number Desiries a Manie			Polace		
Address NMTRA			Postage		\$435,00
City	State	Zip Code			
11/7	ITO	3/100			
irst Name Super angen Sign	Middle Nam	m	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name			56M5		
ddress			Signs cloor may	oness	\$205921
ity	State	Zip Code	40	J -	1.0(
irst Name Acacl Bantost	Middle Name		Purpose of Expenditure		Amount of Expenditure
st Name/Business Name			Aman al man		
Idress On D Ai An Or		CIONGERION		\$100,00	
20) Belinda Ma	W4	Za Cada			100,00
· MS	State	3/100			
. TOTAL ITEMIZED EXPENDITURES					
(Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount mus	of this form are	e used.) em 19b. of summany l			\$5651.42
74					

SS-1129 (Rev. 4/02)

007 13 2020

WILSON COUNTY ITEMIZED STATEMENT OF EXPENDITURES MISO ANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	RING THE PERIOD				
3. TOTAL ITEMIZED CAMPAIGN EXPENDIT		ROM PRECEDING PA	GE (enter \$0 if first itemized p	ane)	Amount 85,651,42
4. COMPLETE THE APPROPRIATE ITEMS FOR	EACH ITE	MIZED EXPENDITURE	(expenditures totaling more than \$10	0 to any payee during the p	eriod)
First Name MJPD	Middle f	Control of the Control of State Andrews of the Control of the Cont	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Address City Ci	State	37/20	Sponsof Botha	ern.	\$126.00
First Name The Chronodic OPM Last Name/Business Name	Middle N	ame	Purpose of Expenditure		Amount of Expenditure
Address	-		Ads		8527.52
City	State	Zip Code 37/33			11 11 11 11 11 11 11 11 11 11 11 11 11
First Name PMQ ZON-LOW	Middle Na	ime	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Address		Envelope	5	#23635	
City	State	Zip Code	<u> </u>		
First Name Face book LOW	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			1 1 2 2		
Address			Ad3		\$177.60
City	State	Zip Code			
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle Nam	е	Purpose of Expenditure		Amount of Expenditure
.ast Name/Business Name					
Address					
Sity	State	Zip Code			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3, of next page if additional pages o (If this is the last page of expenditures, this amount must be	f this form ar	e used.) lem 19b. of summary.)		4	\$6,687.89

001 13 2020

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE	E				······································		2.		2000	WESIEWERIOD
Jennifer Mülel-	2							OM:)Ò	9-20-20
3. COMPLETE THE APPROPRIATE ITEMS		HITEMIZE	ED LOAN	(loans totaling r	nore than	\$100 from an	y source	during the p	eriod)	1 220
Complete the Following for the Source of the Loa	n						e-algo-ava-	gye (comové de disting deposits		
First Name Middle N	lame		Outstanding (Beginning	Loan Balance of Period)	1	ans eived		oan ments	Out	standing Loan Balance (End of Period)
Last Name/Organization Name MCHCR		7	100	0.88			1	0		
Address 217 Suny Acres	500	'	Loan Receiv		<u> </u>			Date of Lo	an	
City State	Zip.Code_	7	☐ Primar ☐ Runoff	y Election (Local Elections (eral Election				
# . 	orsers or Gua			n (If more spa		ded please	attach a	a page)		
First Name Parcernal) trans	Middle Nan	an entrange profession and	er e	First Name	10 1 60	a a()	J		Middle	Name
Last Name/Organization Name	<u> </u>			Last Name/Org	anization I	Name	e	er\		
# 606.00				Address	00	0.0	<u>ル</u> カ			
92830 Caty	State	Zip Code	e	City	9,0) 50			State	Zip Code
Amount Guaranteed Outstanding			-		food Outsi				State	Zip Code
	tiga et et en	ere e de la companya	en e	Amount Guaran	teed Ouisi	anoing	, oceaniteis est	Santagen and the	grave po	
First Name Personal Lecev	Middle Nam	ie		First Name	G	meQ	C	es .	Middle I	Name
Last Name/Organization Name #3 ()/)	.06			Last Name/Orga	nization N	lame A		O.C	>O	
Address 9,32,20		***************************************		Address	~ * * * * * * * * * * * * * * * * * * *	9.7	-	<u>ک</u> ر		
City	State	Zip Code		City	•			<u> </u>	State	Zip Code
Amount Guaranteed Outstanding				Amount Guarant	eed Outsta	anding		·	1	
First Name Portamo 1 1800 01	Middle Name	9		First Name	~ 1	a c(7	100	ر بارة	Middle	Name
Last Name/Organization Name	<u>ა</u> ე			Last Name/Orga		1aC ame F		4	<u></u>	
Address				Address				0,0		
City PL4-20	State	Zip Code		City		7-11-	oc	, 	State	Zip Code
Amount Guaranteed Outstanding	<u> </u>			Amount Guarante	ed Outsta	nding	~			
First Name	I Mindle Alexandr	***************************************			e e e e e e e e e e e e e e e e e e e	Web-transfer	ales en en en en en en en	alestatistististist	vaenan ganaiga	
1000000 logo	Middle Name			First Name	Son	al v	Me		Middle N	ame
# 100.0b				ast Name/Organ	ization Na	me #	200	00		
Address 9600			F	Address	5	808	1	2 0		
City	State	Zip Code	(City				T	State	Zip Code
Amount Guaranteed Outstanding			A	mount Guarante	ed Outstan	nding		L	•	
Totals for all Loans (complete on last page of (Total loans received should also be shown in item 16. on s	itemized loa	ns)	C	Outstanding Loan		Loans		Loan		Outstanding Loan Balance
(Total loan payments should also be shown in item 15, on a (Total loan payments should also be shown in item 20, on a (Total outstanding foan balance should also be shown in item	ummary page.)		F	(Beginning of P ノクスタ, 8	Ć.	Receive 3.60) / ->	Paymen		(End of Period)
SS-1132 (Rev. 4/02)		-3-1		lasta	for F	age 101	Sof_			RDA 1159
					•	/X	rge	-		

OCT 13 2020

ITEMIZED STATEMENT OF LOANS - CANDIDATE

4. NAME OF THE PERSON							- C.1111111	OOIOIA
NAME OF CANDIDATE OR COMMITTE							RT COVE	RING THE PERIOD
Jemiler Mitel						FROM:	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	TO: 9 20 3
3. COMPLETE THE APPROPRIATE ITEM	S FOR EAC	H ITEMIZ	ZED LOAI	V (loans totaling)	more than \$100 from an	y source during th	e period)	17-30-0
Complete the Following for the Source of the Loa				Estate estat e			economic and an experience	Petrokalismini sentra salah mela kemini kacampanyan yang dalah
First Name Middle Middle M				g Loan Balance	Loans	Loan	Out	standing Loan Balance
Last Name/Organization Name			(peginnii	ng of Period)	Received	Payments	ar.	(End of Period)
Address					めれ十		07	7,828.88
217 Suanu Acer	100	i	Loan Rece			Date of	Loan	9200
City State	Zin Code	m		ary Election ff (Local Elections (Only)			
List All End	orsers or Gua	erantors fo			ce is needed please	attach a page)	····	
Morania / Comal / Coma	Middle Na		naredness med ask	First Name	2000-1	(4-500	Midale	Name
Last Name/Organization Name 500.00				Last Name/Org	anization Name	206.	<u>(か</u>	
Address		Address			,			
City City	State	Zip Coo	le .	City	8-	123		· · · · · · · · · · · · · · · · · · ·
America		2 000		City			State	Zip Code
Amount Guaranteed Outstanding	CONTROL OF STREET			Amount Guarant	leed Outstanding			· · · · · · · · · · · · · · · · · · ·
First Name Paccion (100)	Middle Nam	ie	ever servi jegani sere	First Name	. 01		Middle N	ame
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<i>50</i> 0.9)			Last Name/Orga	nization Name	3000	00	
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mount Guaranteed Outstanding	·	<u> </u>		Amount Guarantee	d Outstanding			
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irst Name	Middle Name		!	First Name Middle				ne
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ity T	State	7in Cod						
nount Guaranteed Outstanding	VIOLE	Zip Code		City		<u></u> .	State	Zip Code
			A	mount Guaranteed	Outstanding			
Totals for all Loans (complete on last page of ite	mized loan	s)	o	utstanding Loan B	alance Loans	Loan	On	Istanding Loan Balance
Total loans received should also be shown in item 16. on sur Total loan payments should also be shown in item 20. on sur	mmany nana i			(Beginning of Per	iod) Received	Paymer	its	(End of Period)
otal outstanding loan balance should also be shown in item 1	2.e. on front pa	ge.)	٥	4,678.	88 3,000		\$	7.898.88
SS-1132 (Rev. 4/02)			F	neu pae	88 3,000 10 Page 1005	<u>'e' ——</u>		RDA 1159