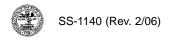
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT	2. NAME OF COMMIT	ree				
2. SHORT NAME OF COMMITTEE (IF APPLICAL	BLE)					
ADDRESS AND PHONE Street or Rural Route	City	State	Zip Code	Phone		
4. MEASURES SUPPORTED OR OPPOSED						
5.A. NAME OF POLITICAL TREASURER			5.B. D.	ATEAPPOINTED		
6. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH PR	ARY GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL		
7.A. BEGINNING DATE OF REPORTING PERIOD	7.	B. ENDING DATE OF REP	PORTING PERIOD			
8. (Check one)						
 A. This committee is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. I do solemnly swear or affirm that the information contained in this statement is true and that the committee has complied with all applicable provisions of the Campaign Financial Disclosure Act. (Items 10d., 10e. and 10f must also be completed.) B. This committee 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. I do solemnly swear or affirm that the information contained in this statement is true and that the following page(s) are a complete and accurate accounting of all contributions and expenditures required to be reported by political campaign committees by the Campaign Financial Disclosure Act. 						
	sig	nature of political treasu	irer	date		
9. WITNESS SIGNATURE						
		signature of witness		date		
10. SUMMARY						
a. BALANCE ON HAND LAST REPORT			\$ ———	_		
b. TOTAL RECEIPTS THIS PERIOD			\$ —	_		
c. TOTAL DISBURSEMENTS THIS PERIOD			\$	_		
d. BALANCE ON HAND (10.a. plus 10.b.	minus 10.c.)			. \$		
e. TOTAL LOANS OUTSTANDING				. \$		
f. TOTAL OBLIGATIONS OUTSTANDING	G			. \$		



SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full)	12. REPORT COVERING THE PERIO						
	FROM: TO:						
RECEIPTS 13. 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 13.a. and 13.t	o.)\$						
14. LOANS RECEIVED THIS REPORTING PERIOD							
15. INTEREST RECEIVED THIS REPORTING PERIOD	\$						
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)	\$						
DISBURSEMENTS							
17. EXPENDITURES (other than loan payments)							
a. Unitemized Expenditures (\$100 or less each payee this period) (must be liste gasoline)	d by category - e.g., printing, postage,						
\$							
\$							
\$							
\$							
\$							
\$							
Total of Expenditures (\$100 or less each payee)	\$						
b. Itemized Expenditures (Over \$100 each payee this period)	\$						
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b)	\$						
18. LOAN REPAYMENTS MADE THIS PERIOD	\$						
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)	\$						
20.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 20.a. and 2	20.b.)\$						
21.LOANS							
LOANS OUTSTANDING (must be shown in item 10.e.)	\$						
22.OBLIGATIONS							
a. Unitemized Obligations Outstanding (\$100 or less each)	\$						
b. Itemized Obligations Outstanding (Over \$100 each)	\$						
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i	item 10.f.)\$						

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ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE			2. REPORT COVE	ERING THE PERIOD	
			FROM:	TO:	
				Amount	
		IONS FROM PRECEDING PAGE (enter \$0 if first itemized pa	-		
		CH ITEMIZED CONTRIBUTION (contributions totaling more than \$100	from any contributor		
First Name	M.I.	Last Name/Organization Name		Amount of Contribution	
Address	•				
City	State	Zip Code			
Occupation					
Employer					
First Name	M.I.	Last Name/Organization Name		Amount of Contribution	
Address	1	I			
City	State	Zip Code			
Occupation					
Employer					
Еприуе					
First Name	M.I.	Last Name/Organization Name		Amount of Contribution	
Address	<u> </u>	<u>I</u>			
City	State	Zip Code			
City	State	Zip Code			
Occupation					
Employer					
First Name	M.I.	Last Name/Organization Name		Amount of Contribution	
Address				ļ	
City	Ct-t-	I7th Code			
City	State	Zip Code			
Occupation					
Employer					
First Name	M.I.	Last Name/Organization Name		Amount of Contribution	
Address					
	_				
City	State	Zip Code			
Occupation		<u> </u>			
Employer					
5.TOTAL ITEMIZED CONTRIBUTIONS					
(Carry forward to item 3. of next page if		pages of this form are used.) t must be shown in item 13b. of summary.)			
(ii tilis is the last page of continuutions,	uno amuull	t mast be shown in item 150. Of summary,			

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ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE 2. R				2. REPORT COVE	RING THE PERIOD
				FROM:	TO:
			401641		Amount
3. TOTAL ITEMIZED EXPENDITURES F 4. COMPLETE THE APPROPRIATE ITEM			er \$0 if first itemized page) IDITURE (any expenditures totaling more than	\$100 to a sigle payer	during the period
must be itemized.)	IS I OK L	ACITITE WILZED EXTEN	TOTI ONE (arry experional cost totaling more than	\$ 100 to a sigle payee t	during the period,
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address			†		
	10	T-, .	<u> </u>		
City	State	Zip Code			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			1		
Address					
City	State	Zip Code	1		
First Name Middle Name Purpose of Expenditure					Amount of Expenditure
Last Name/Business Name			1		
Address			<u> </u>		
Address					
City	State	Zip Code			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address			1		
	1	1			
City	State	Zip Code			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			<u> </u>		
Last indifferences indiffe					
Address			†		
City	State	Zip Code	1		
	Oldio	Lip oddo			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			1		
			1		
Address					
City	State	Zip Code	†		
E TOTAL ITEMIZED EVDENDITUDES					
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if a	dditional p	ages of this form are used	.)		
(If this is the last page of campaign expen					

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ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE				2. REPORT COVERING PERIOD	
				FROM:	TO:
3. TOTAL ITEMIZED IN-KIND CONTRIBU	TIONS EROM D	DECEDING PAGE (antar \$0 if first itamizad naga)		Amount
4. COMPLETE THE APPROPRIATE ITEM	IS FOR EACH IT	EMIZED IN-KIND C	CONTRIBUTION (in-kind contributions	totaling more than \$100 from an	y contributor during the period)
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name	1				
Address					
City	State	Zip Code			
Occupation	•	•			
Employer					
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name					
Address					
City	State	Zip Code			
Occupation					
Employer					
First Name Middle Name			Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name					
Address					
City	State	Zip Code			
Occupation					
Employer					
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name					
Address					
City	State	Zip Code			
Occupation					
Employer					
5. TOTAL ITEMIZED IN-KIND CONTR					
(Carry forward to item 3 of next p (If this is the last page of in-kind c	age if additional properties and additional properties and a second contributions, this	oges of this form are u amount must be sho	ised.) wn in item 20.b. of summary.)		

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ITEMIZED STATEMENT OF LOANS - SMC

NAME OF COMMITTEE	2. REPORT COVERING THE PE			ERING THE PERIOD			
					FROM:	TO:	
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 owed to any person/business at the end of the reporting period)			Outstanding Balance (Beginning of Period)	Loans Received This Period	Loan Payments This Period	Outstanding Balance (End of Period)	
First Name	Middle Na	ame					
Last Name/Business Name							
Address							
City	State	ZipCode	Date of Loan		L		
First Name	Middle Na	ame					
L IAI (D : AI			_				
Last Name/Business Name							
Address			-				
City	City State Zip Code		Date of Loan				
First Name	Middle Name						
			-				
Last Name/Business Name							
Address			-				
City	State	Zip Code	Date of Loan				
First Name	Middle Na	ame			1		
Tistivane	st Name Milodie Name						
Last Name/Business Name			-				
Address			_				
Address							
City	State	Zip Code	Date of Loan				
First Name	Middle Na	ame					
			_				
Last Name/Business Name Address							
		-					
City	State	Zip Code	Date of Loan		1		
4. TOTALS							
(Total from "Outstanding Balance - (End of Period)" column must also be shown in item 21 on summary page.)							



ITEMIZED STATEMENT OF OBLIGATIONS - SMC

1. NAME OF COMMITTEE					2. REPORT COVE	ERING 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 Na	ame				
Last Name/Business Name			-			
Address			-			
City	State Zip Code		-			
Description of Obligation						
First Name	Middle Na	ame				
Last Name/Business Name	•					
Address			-			
City	State	Zip Code	-			
Description of Obligation						
First Name	First Name Middle Name					1
Last Name/Business Name						
Edit Name/Dusiness Name						
Address						
City	State	Zip Code				
Description of Obligation	•		l		I	,I
First Name Middle Name						
Last Name/Business Name	Last Name/Business Name					
Address			-			
City	State	Zip Code	-			
	State	Zip Code				
Description of Obligation						
First Name	Middle Na	ame				
Last Name/Business Name			-			
Address			-			
City	State	Zip Code	-			
Description of Obligation	1	I	1	I	I	L
			1		1	
(Total from "Outstanding Balance - (End of Period)"	4. TOTALS (Total from "Outstanding Balance - (End of Period)" column must also be shown					
in item 22.b on summary page.)						1

