

SS-1109 (Rev. 8/2023)

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 10/2/24 2.a. Candidate or Committee Name:	Jesemy Crumpton
2.b. If Committee, Name of Candidate:	3. Election Date: 11/5/24
4. Campaign Address: 100 Sassalas Cn	
City: Godellsville State: TN 2	Zip Code: 37072 Phone: 815 252 1279
5. Candidate Home Address: 1006 Sassafas La	
City: Goodleffsville State: TN Z	Zip Code: 3707Z Phone: 815 252 1279
Candidate Email Address: Gremy. Crumptone proton . N	ne
6. Office Sought: (include district number, if applicable)	Messalle City Commissioner
7. Name of Political Treasurer (may be candidate): <u>Jeremy</u>	Campton
Political Treasurer Email Address: jeery. Comptone po	don, ne
8. Category or Report: (check one)	
☐ First Quarter ☐ Second Quarter ☑ Third Quarter	☐ Fourth Quarter ☐ Pre-Primary ☐ Pre-Genera
☐ Mid-Year Supplemental ☐ Year-End Supplemental	Runoff Election
9. Reporting Period: Start Date: 124	End Date: 30 Sep 24
10. Detailed Disclosure: (Check one)	
This campaign is exempt from detailed disclosures because or less AND expenditures total \$1,000 or less for this rep	use contributions (including in-kind) received total \$1,000 porting period. (Complete items 12.d., 12.e., and 12.f.)
	losure because contributions (including in-kind) received
11. I/we do solemnly swear or affirm that the information con and that this report is an accurate accounting of campaign by the candidate committee by the Campaign Financial campaign contributions have been expended for the pernonpolitical purpose as defined by the federal internal rev	n contributions and expenditures required to be reported Disclosure Act. Additionally, I/we swear or affirm that no rsonal financial benefit of the candidate or for any other
Candidate Signature Date P	Political Treasurer Signature Date
0 11	0 11 1 1
Witness Signature Namona Thacketin 10-9-2024 Date V	Vitness Signature 10-9-2024 Date
12. Summary:	
a. Balance On Hand Last Report	\$ <u>O</u>
b. Total Receipts This Period	\$ <u>002.22</u>
c. Total Disbursements This Period0.T. 0.9.2024	
d. Balance On Hand (12.a. plus 12.b. minus 1200 NTY	
e. Total Loans OutstandingELECTION COMMISSION	
f. Total Obligations Outstanding	\$

Page ____ of __

SUMMARY PAGE - CANDIDATE

13. Nan	ne of Candidate or Committee: Seremy Compton
14. Rep	orting Period: Start Date: 15124 End Date: 308024
15. Rec	eipts:
a.	Unitemized Contributions (\$100 or less from each source this period)
b.	Itemized Contributions (over \$100 from each source this period)\$\$
c.	Loans Received This Reporting Period\$
d.	Interest Received This Reporting Period\$
e.	Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.)
16. Disk	pursements:
a.	Total Expenditures (other than loan payments)
b.	Loan Repayments Made This Period\$
c.	Total Obligation Payments Made This Period\$
d.	Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)
17. ln-K	ind Contributions:
a.	Unitemized In-Kind Contributions Received This Period \$
b.	Itemized In-Kind Contributions Received This Period
c.	Total In-Kind Contributions Received This Period \$
18. Obli	gations:
a.	Total Obligations Outstanding (must be shown in item 12.f.) \$

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Sereny Coumpton
2. Reporting Period: Start Date: 130124 End Date: 36 Sep 24
3. Total campaign contributions from preceding page (enter \$0 if first page) \$
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.
Business or Organization Name:
First Name: Jesemy Middle Name: Partick Last Name: Compton
First Name: <u>Jeremy</u> Middle Name: <u>Patrick</u> Last Name: <u>Crompton</u> Address: <u>1006e Sassafras Cn</u> City: <u>Groodlettsulle</u> State: <u>TN</u> Zip Code: <u>37072</u> Occupation: <u>Softwe Engree</u> <u>Employer: Castar Gaoup</u>
Occupation: Software Engineer Employer: Caster Group
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ $\frac{29.00}{}$ Date of Contribution: $\frac{8129}{24}$ Aggregate This Election: \$ $\frac{29.00}{}$
Business or Organization Name:OF
First Name: Jesewy Middle Name: Pakitck Last Name: Crumpton
Address: LOGG Sussafeas In City: Goodlettas Ve State: TN Zip Code: 3707Z
Occupation: Software Engineer Employer: Coster Group
Contribution Received For: Frimary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 5,00 Date of Contribution: 9/01/24 Aggregate This Election: \$ 34.60
Business or Organization Name:OF
First Name: <u>Jeremy</u> Middle Name: Politick Last Name: Crompton
Address: 1004 Sassafras Cn City: Goodletteville State: TW Zip Code: 37072
Occupation: Software Engineer Employer: Costar Group
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 15.00 Date of Contribution: 9/03/24 Aggregate This Election: \$ 49.00
Business or Organization Name:OF
First Name: <u>Jeremy</u> Middle Name: <u>Portick</u> Last Name: <u>Crumpton</u>
Address: 1006 Sais for City: Goodleffor le State: TN Zip Code: 57072
Occupation: Software Engineer Employer: Costar Group
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$\\\\ 33251\) Date of Contribution: $\frac{9/9}{24}$ Aggregate This Election: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Total Contributions: \$381,51 (Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Na	ame: Dereny Gromphon	
2. Reporting Period: Start Da	ite: <u>D_124</u> End Date: <u>305ep 24</u>	ages Talk
	ns from preceding page (enter \$0 if first page)	\$ 381.51
COMPLETE THE APPROPRIATE	TITEMS FOR EACH ITEMIZED CONTRIBUTION.	
Business or Organization Nam		OR
First Name: Serenz	Middle Name: Fabrick City: Goodkytsville	Last Name: Complon
Occupation: Software Engry	Employer: Caster Or	σωρ
Contribution Received For:	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)
Amount of Contribution: \$25	Date of Contribution: 9/04/24	Aggregate This Election: $$63.22$
Business or Organization Nam	e:	OR
First Name: Jesemy	Middle Name: Palsack	Last Name: Crempton
Address: 1006 Sassafas	Middle Name: Palitch City: Goodlessille	State: TN Zip Code: 37072
	Aneer Employer: CasterGro	
Contribution Received For:	Primary Election	Runoff (Local Elections Only)
Amount of Contribution: \$_2	9.00 Date of Contribution: 9/29/24	Aggregate This Election: \$ lele2.72
Business or Organization Nam	e:	OR
	Middle Name:	
	City:	
	Employer:	
Contribution Received For:	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$
Business or Organization Nam	e:	OR
	Middle Name:	
Address:	City:	State: Zip Code:
Occupation:	Employer:	
Contribution Received For:	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$
Total Contributions: \$60	17.77	
	age if additional pages of this form are used. If	this is the last page of contributions, this
amount must be shown in th	ie summary on first page.)	

Page Z of Z

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

Candidate or Committee Name:	Denemy Crimpton		
2. Reporting Period: Start Date: \(\subseteq \subseteq \)	124 End Date	: 30 Sep 24	
3. Total in-kind contributions from pro			
COMPLETE THE APPROPRIATE ITEMS F dollars (\$100) from any contributor during the	FOR EACH IN-KIND CONTI	RIBUTION. In-kind cont	ributions totaling more than one hundred
Business or Organization Name:			OR
First Name: Tommy Address: 1124 States Creek &	City: Gasc	Refsville St	tate: TN Zip Code: 3707Z
Occupation: Retired			
In-Kind Contribution Received For:			
In-Kind Contribution Value: \$ 446,7			
Description of In-Kind Contribution:			
Business or Organization Name:			
First Name:			
Address:			
Occupation:			
In-Kind Contribution Received For:			
In-Kind Contribution Value: \$			
Description of In-Kind Contribution:			
Business or Organization Name:			OR
First Name:			
Address:			
Occupation:			
In-Kind Contribution Received For:			
In-Kind Contribution Value: \$	_ In-Kind Contribution D	Date: Ag	gregate This Election: \$
Description of In-Kind Contribution:			
Business or Organization Name:		30(0)	OR
First Name:			
Address:			
Occupation:			
In-Kind Contribution Received For:			
In-Kind Contribution Value: \$	_ In-Kind Contribution D	Date: Age	gregate This Election: \$
Description of In-Kind Contribution:			
T. D. 10. 16. T. T	75		
Total In-Kind Contributions: \$ <u>446</u> (Carry forward to the next page if add contributions, this amount must be sh	itional pages of this form	are used. If this is the	e last page of in-kind

SS-1128 (Rev. 1/2023)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

Reporting Period: Start Date: 15124 End Date: 2524 End	1. Candidate or Committee Name: Severy C	~mplon		
Total campaign expenditures from preceding page (enter \$0 if first page) \$ O COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in- indicatorifization to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the andidates name in the purpose of the expenditure section. OR Susiness or Organization Name:				
Address: 15 Daley Honor Responditure: \$ \$129/24 Susiness or Organization Name: Campaign Responditure: \$ \$129/24 Susiness or Organization Name: Date of Expenditure: \$ \$91/24 Susiness or Organization Name: Date of Expenditure: \$ \$91/24 Susiness or Organization Name: Date of Expenditure: \$ \$150/24 Susiness or Organization Name: Date of Expenditure: \$ \$150/24 Susiness or Organization Name: Last Name: Last Name: Suppose of Expenditure: \$ \$150/24 Susiness or Organization Name: Usha Pinh Suddress: Level 4, 7 HHI Shout City: Suray HHIS State: Zip Code: 2010 Justice Name: Name: Suppose of Expenditure: \$ \$150/24 Susiness or Organization Name: Usha Pinh Surines Name: Middle Name: Last Name: State: Ma Zip Code: 02451 Suriness or Organization Name: Date of Expenditure: \$ \$91/124 Susiness or Organization Name: State: Ma Zip Code: 02451 Susiness or Organization Name: Suppose of Expenditure: \$ \$91/124 Susiness or Organization Name: Suppose of Expenditure: \$ \$91/124 Susiness or Organization Name: Suppose of Expenditure: \$ \$91/124 Susiness or Organization Name: Suppose of Expenditure: \$ \$91/124 Susiness or Organization Name: Suppose of Expenditure: \$ \$91/124 Suppose of Expenditure: Suppose of Expenditure: \$ \$91/124 Date of Expenditure: \$ \$91/124		1	0	
Middle Name: Last Name: State: MA Zip Code: 01420 Purpose of Expenditure: 5 lk lesting: Amount of Expenditure: 5 lk lesting: Susiness or Organization Name: Campaign Partner OR Middle Name: Last Name: Last Name: State: MA Zip Code: 01420 Purpose of Expenditure: Middle Name: Last Name: State: MA Zip Code: 01420 Purpose of Expenditure: Soo Date of Expenditure: \$ 4/1/24 Business or Organization Name: Brand Cool OR City: Surg Hills State: Zip Code: 2010 Justice Namount of Expenditure: \$ 1500 Date of Ex	kind contribution to a candidate, please remember to include	de the purpose of the expenditure (e.g.	ust be itemized. If the expenditure is an in postage, printing, etc.) along with the	n-
Middle Name: Last Name: State: MA Zip Code: 01420 Purpose of Expenditure: 5 lk lesting: Amount of Expenditure: 5 lk lesting: Susiness or Organization Name: Campaign Partner OR Middle Name: Last Name: Last Name: State: MA Zip Code: 01420 Purpose of Expenditure: Middle Name: Last Name: State: MA Zip Code: 01420 Purpose of Expenditure: Soo Date of Expenditure: \$ 4/1/24 Business or Organization Name: Brand Cool OR City: Surg Hills State: Zip Code: 2010 Justice Namount of Expenditure: \$ 1500 Date of Ex	Business or Organization Name: Campaign	Partner		OR
Address: 15 Dudley St	First Name: Middle	Name:	Last Name:	
Date of Expenditure: \$ 24.00 Date of Expenditure: \$ 8/29/24 Business or Organization Name: Campaign Partner OR Business or Organization Name: City: PIHSburgh State: MA Zip Code: O1420 Purpose of Expenditure: \$ 5.00 Date of Expenditure: \$ 9/1/24 Business or Organization Name: Drawl Crowd OR Business or Organization Name: Middle Name: Last Name: State: Zip Code: 2010 Australian Name: Last Name: State: Zip Code: 2010 Australian Name: Last Name: Date of Expenditure: \$ 4/5/24 Business or Organization Name: Vista Part OR Business or Organization Name: Date of Expenditure: \$ 9/4/24 Business or Organization Name: Date Of Expenditure: \$ 9/4/24 Business or Organization Name: Date Of Expenditure: \$ 9/4/24 Business or Organization Name: Date Of Expenditure: \$ 9/4/24 Business or Organization Name: Date Of Expenditure: \$ 9/4/24 Business or Organization Name: Date Of Expenditure: \$ 9/4/24 Business or Organization Name: Date Of Expenditure: \$ 9/4/24 Business or Organization Name: Date Of Expenditure: \$ 9/4/24 Business or Organization Name: Date Of Expenditure: \$ 9/4/24 Business or Organization Name: Date Of Expenditure: \$ 9/4/24 Business or Organization Name: Date Of Expenditure: \$ 9/4/24 Business or Organization Name: Date Of Expenditure: \$ 9/4/24 Business or Organization Name: Date Of Expenditure: \$ 9/4/24 Business or Organization Name: Date Of Expenditure: \$ 9/4/24 Business or Organization Name: Date Of Expenditure: \$ 9/4/24 Business or Organization Name: Date Of Expenditure: \$ 9/4/24 Business or Organization Name: Date Of Expenditure: \$ 9/4/24 Business or Organization Name: Date Of Expenditure: \$ 9/4/24 Business or Organization Name: Date Of Expenditure: \$ 9/4/24 Business or Organization Name: Date Office: Date Office: Date Office: Date Office: Date Office: Date Office: D	Address: 15 Dudley St	City: Piltsburgh	State: M Zip Code: 01420	
Address: 15 Dollay St City: PHSburgh State: M4 Zip Code: 01420 Purpose of Expenditure: \$ 5,00 Date of Expenditure: \$ 9/1/24 Business or Organization Name: Band Cross Office State: Address: Love 4, 2 Hill Sheet City: Sury Hills State: Zip Code: 2010 Austra Cruss Office State: Address: Love 4, 2 Hill Sheet City: Sury Hills State: Zip Code: 2010 Austra Cruss Office	Purpose of Expenditure: 7th Hosting			
City: PIHSburgh State: MA Zip Code: O1420 Purpose of Expenditure: Down Registration Amount of Expenditure: \$ 5,00 Date of Expenditure: \$ 9/1/24 Business or Organization Name: Middle Name: Last Name: State: Zip Code: 2010 Australian Name: Last Name: Zip Code: 2010 Australian Name: Last Name: Namount of Expenditure: \$ 15,00 Date of Expenditure: \$ 1/5/24 Business or Organization Name: Vista Pint OR Business or Organization Name: Middle Name: Last Name: State: Name: State: Name: N	Amount of Expenditure: \$ 29,00	Date of Expenditure: $$\frac{8/2}{}$	9/24	
City: PHSburgh State: MA Zip Code: 01420 Purpose of Expenditure: Down Registration Amount of Expenditure: \$ 5,00 Date of Expenditure: \$ 9/1/24 Business or Organization Name: Middle Name: Last Name: Zip Code: 2010 Justice Amount of Expenditure: \$ 15,00 Date of Expenditure: \$ 9/1/24 Business or Organization Name: Last Name: Zip Code: 2010 Justice Amount of Expenditure: \$ 15,00 Date of Expenditure: \$ 1/5/24 Business or Organization Name: Vista Pint OR Business or Organization Name: Middle Name: Last Name: State: MA Zip Code: 02451 Business or Organization Name: Brochures & City: Waltham State: MA Zip Code: 02451 Business or Organization Name: Brochures & Cards Amount of Expenditure: \$ 332.51 Date of Expenditure: \$ 9/4/24 Business or Organization Name: Last Name: State: TX Zip Code: 786.45 Business or Organization Name: Middle Name: Last Name: State: TX Zip Code: 786.45 Business or Organization Name: Diff Chara Stans OR Business or Organization Name: Signage Amount of Expenditure: Signage Amou	Business or Organization Name: Campaign	Partner		OR
Date of Expenditure: \$\frac{\text{Davam Registation}}{\text{Susiness or Organization Name:}} \text{Date of Expenditure: \$\frac{\text{9/1/24}}{\text{Davam Registation}}} \text{OR} O	First Name: Middle	Name:	Last Name:	
Date of Expenditure: \$\frac{\text{Davam Registation}}{\text{Susiness or Organization Name:}} \text{Date of Expenditure: \$\frac{\text{9/1/24}}{\text{Davam Registation}}} \text{OR} O	Address: 15 Duckey St	City: 7145burgh	State: MA Zip Code: 01420	
Amount of Expenditure: \$ \(\frac{\sqrt{200}}{\sqrt{200}} \) Date of Expenditure: \$ \(\frac{911/24}{\sqrt{200}} \) Business or Organization Name: Branch Cross Middle Name: Last Name: State: Zip Code: \(\frac{2010}{\sqrt{2010}} \) Expenditure: \$ \(\frac{100}{\sqrt{2010}} \) Date of Expenditure: \$ \(\frac{913/24}{\sqrt{200}} \) Business or Organization Name: \(\frac{100}{\sqrt{200}} \) Date of Expenditure: \$ \(\frac{913/24}{\sqrt{200}} \) Business or Organization Name: \(\frac{100}{\sqrt{200}} \) Date of Expenditure: \$ \(\frac{913/24}{\sqrt{200}} \) Business or Organization Name: \(\frac{100}{\sqrt{200}} \) Date of Expenditure: \$ \(\frac{913/24}{\sqrt{200}} \) Business or Organization Name: \(\frac{100}{\sqrt{200}} \) Date of Expenditure: \$ \(\frac{914/24}{\sqrt{200}} \) Business or Organization Name: \(\frac{100}{\sqrt{200}} \) Date of Expenditure: \$ \(\frac{914/24}{\sqrt{200}} \) Business or Organization Name: \(\frac{100}{\sqrt{200}} \) Date of Expenditure: \$ \(\frac{914/24}{\sqrt{200}} \) Business or Organization Name: \(\frac{100}{\sqrt{200}} \) Date of Expenditure: \$ \(\frac{914/24}{\sqrt{200}} \) Business or Organization Name: \(\frac{100}{\sqrt{200}} \) Date of Expenditure: \$ \(\frac{914/24}{\sqrt{200}} \) Business or Organization Name: \(\frac{100}{\sqrt{200}} \) Date of Expenditure: \$ \(\frac{914/24}{\sqrt{200}} \) Business or Organization Name: \(\frac{100}{\sqrt{200}} \) Business or Organization Name: \(\frac{1000}{\sqrt{200}} \) Business or Organization Name: \(\frac{1000}{\sqrt	Purpose of Expenditure: Donah Registration	\		
Middle Name: Last Name: Last Name: Address: Level 4, 2 Hill Sheet City: Surg Hills State: Zip Code: 2010 Austra Durpose of Expenditure: \$ 15:00 Date of Expenditure: \$ 9/3/24 Date of Expenditure: \$ 9/3/24 Date of Expenditure: \$ 9/3/24 Date of Expenditure: \$ 9/4/24 Date of Expenditure: \$ 100 Code: 100 Cod	Amount of Expenditure: \$	Date of Expenditure: \$q/1,	124	
Middle Name: Last Name: Last Name: Address: Level 4, 2 Hill Sheet City: Surg Hills State: Zip Code: 2010 Austra Durpose of Expenditure: \$ 15:00 Date of Expenditure: \$ 9/3/24 Date of Expenditure: \$ 9/3/24 Date of Expenditure: \$ 9/3/24 Date of Expenditure: \$ 9/4/24 Date of Expenditure: \$ 100 Code: 100 Cod	Business or Organization Name: Promul Con	x.cl		OR.
Address: Level 4, 2 Hill Shreet City: Surry Hills State: Zip Code: 2010 Justian Purpose of Expenditure: Logo Service Amount of Expenditure: \$ 15100 Date of Expenditure: \$ 9/3/24 Business or Organization Name: Vista Pint OR First Name: Middle Name: Last Name: State: Ma Zip Code: 02451 Durpose of Expenditure: \$ 332.51 Date of Expenditure: \$ 9/4/24 Business or Organization Name: Diet Cheap Styns OR First Name: Middle Name: Last Name: State: TX Zip Code: 78645 Durpose of Expenditure: \$ 5400 Lohman Ford Rd City: Lago Vista State: TX Zip Code: 78645 Durpose of Expenditure: \$ 251.71 Date of Expenditure: \$ 9/4/24			Last Name:	OIL
Purpose of Expenditure: Logo Service Amount of Expenditure: \$ 15:00 Date of Expenditure: \$ 9/3/24 Business or Organization Name: Vista Pint OR First Name: Middle Name: Last Name: Last Name: State: Ma Zip Code: 07:451 Purpose of Expenditure: Brochures & Cards Amount of Expenditure: \$ 332.51 Date of Expenditure: \$ 9/4/24 Business or Organization Name: Diet Chap Styres OR First Name: Middle Name: Last Name: State: TX Zip Code: 786.45 Purpose of Expenditure: \$ 5490.45 Purpose of Expenditure: \$ 251.71 Date of Expenditure: \$ 9/4/24	Address: Level 4. 2 Hill Street	City: Sura Hills	State: Zip Code: Zo 10 1	rista
Date of Expenditure: \$ 15:00 Date of Expenditure: \$ 9/3/24 Business or Organization Name: Middle Name: Last Name: State: Ma Zip Code: 07:451 Purpose of Expenditure: \$ 332.51 Date of Expenditure: \$ 9/4/24 Business or Organization Name: Middle Name: Date of Expenditure: \$ 9/4/24 OR OR OR OR OR OR OR OR OR O				0,74.0
Middle Name:	Amount of Expenditure: \$ 15:00	Date of Expenditure: \$ 4/3/z	4	
Middle Name:	Business or Organization Name: Vista Por	+		O P
Address: 275 Myman Street City: Waltham State: M4 Zip Code: 02451 Purpose of Expenditure: 3372.51 Date of Expenditure: \$ 9/4/24 Business or Organization Name: Dict Cheap Styres OR First Name: Middle Name: Last Name: State: TX Zip Code: 78645 Purpose of Expenditure: \$ 251.71 Date of Expenditure: \$ 9/4/24		Name:	Last Name:	OIL
Amount of Expenditure: \$ 332.51 Date of Expenditure: \$ 9/4/24 Business or Organization Name: D&+ Cheap Styrs OR First Name: Middle Name: Last Name: State: TX Zip Code: 786.45 Purpose of Expenditure: Signage Amount of Expenditure: \$ 251.71 Date of Expenditure: \$ 9/4/24	The Settlement and Control of the Co			
Amount of Expenditure: \$ 332.51 Date of Expenditure: \$ 9/4/24 Business or Organization Name: D&+ Cheap Styrs OR First Name: Middle Name: Last Name: State: TX Zip Code: 786.45 Purpose of Expenditure: Signage Amount of Expenditure: \$ 251.71 Date of Expenditure: \$ 9/4/24	Purpose of Expenditure: Brochures + Car	cls		
Address:	Amount of Expenditure: \$ 332.51	,	124	
Address:	Rusiness or Organization Name: Dect Chase	Stare		
Address: 6706 Lohman Ford Rd City: Lago VISta State: TX Zip Code: 78645 Purpose of Expenditure: 5/9/4/24 Amount of Expenditure: \$ 251.71 Date of Expenditure: \$ 9/4/24		1 0	Last Names	On
Amount of Expenditure: 5 251.71 Date of Expenditure: \$ 9/4/24				5
Amount of Expenditure: \$ 251.71 Date of Expenditure: \$ 9/4/24		- 5.5.	21p code. 100 /2	
(-23 1)	Amount of Expenditure: \$ 25171	Date of Expenditure: \$ 9/4	1124	
Total Expenditures: \$ しゅうしょのか	Total Expenditures: \$633.22			_
Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this	(Carry forward to the next page if additional page		the last page of expenditures, this	

Page \perp of \geq

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name:	enny C	rmphen			
2. Reporting Period: Start Date: 1212					
3. Total campaign expenditures from pre				<u></u>	_
COMPLETE THE APPROPRIATE ITEMS FO kind contribution to a candidate, please remember candidate's name in the purpose of the expendit	er to includ	le the purpose of the expenditu	ures must be itemized ure (e.g., postage, printi	. If the expenditure is an in- ng, etc.) along with the	8
Business or Organization Name: Cay	Moalan 4	Partner			OR
First Name:	Middle	Name:	Last Name:		
First Name: Address: 15 Dedley 5+		City: Pittsburgh	State: TMA	Zip Code: 01420	
Purpose of Expenditure: Sole Hoshing	_	9			
Amount of Expenditure: \$ 29.00			9/29/24		
Business or Organization Name:					OR
First Name:					
Address:					
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure: \$			
Business or Organization Name:					OF
First Name:					
Address:					
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure: \$			
Business or Organization Name:					OR
First Name:	_ Middle	Name:	Last Name:		_
Address:					
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure: \$			
Business or Organization Name:					OR
First Name:	Middle	Name:	Last Name:		
Address:					
Purpose of Expenditure:			171	15	
Amount of Expenditure: \$		Date of Expenditure: \$	the state of the s		
Total Expenditures: \$(Carry forward to the next page if additionamount must be shown in the summary			this is the last page	of expenditures, this	

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name:			
2. Reporting Period: Start Date:	End Date:		
3. Complete the appropriate items for	or each loan totaling more th	nan one hundred dollars (\$	5100).
Complete the following for the source of e	ach loan received and/or outstand	ing during the period.	
Business or Organization Name:			OF
First Name:	Middle Name:	Last Name:	
Address:	City:	State:	Zip Code:
Outstanding Loan Balance (Beginning	g) \$		
Loans Received	\$		
Loan Payments	\$		
Outstanding Loan (End)	\$		
Loan Received For: Primary Ele	ection General Election	Runoff (Local Election	ons Only)
Date of Loan:			
List all endorsers or guarantors for above I	oan (If more space is needed, plea	se attach additional pages.)	
Business or Organization Name:			OR
First Name:			
Address:	City:	State:	Zip Code:
Amount Guaranteed Outstanding: \$_			
Business or Organization Name: _			OF
First Name:	Middle Name:	Last Name:	
Address:	City:	State:	Zip Code:
Amount Guaranteed Outstanding: \$_			
Business or Organization Name: _			OF
First Name:	Middle Name:	Last Name:	E
Address:	City:	State:	Zip Code:
Amount Guaranteed Outstanding: \$_			
Business or Organization Name: _			
First Name:	Middle Name:	Last Name:	
Address:	City:	State:	Zip Code:
Amount Guaranteed Outstanding: \$_			
Totals for all loans (Complete this page Total loans received and loan payments should	for each outstanding loan during the	e period. Complete this section o	nly on last page of loans.
Balance (Beginning)	\$	<u> </u>	
Loans Received			
Loan Payments	\$\$		
Outstanding Loan (End)	\$		

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SS-1132 (Rev. 1/2023)

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

 Candidate or Com 	nmittee Name:				
	Start Date: End Da				
3. Complete the app	propriate items for each obligation owed to	a person/vendor at the	ne end of the re	eporting period	d
Business Name:		Description of			
First Name:	Middle Name:	Obligation:			
Last Name:					
Address:		Outstanding	Debt	Payments	Outstanding
City:		Balance (Period Beginning)	Incurred This Period	This Period	Balance (Period End)
State:	Zip Code:	\$	\$	\$	\$
Business Name:		Description of Obligation:			
First Name:	Middle Name:				
Last Name:					
Address:		Outstanding	Debt	Payments This Period	Outstanding Balance
City:		Balance (Period Beginning)	Incurred This Period	This Period	(Period End)
State:	Zip Code:	\$	\$	\$	\$
No.					
Business Name:		Description of Obligation:			
First Name:	Middle Name:				
Last Name:		_			
Address:		Outstanding	Debt	Payments	Outstanding
City:		Balance (Period Beginning)	Incurred This Period	This Period	Balance (Period End)
	Zip Code:	\$	\$	\$	\$
-					
Business Name:		Description of Obligation:			
First Name:	Middle Name:				
Last Name:					
Address:		Outstanding Balance (Period	Debt Incurred	Payments This Period	Outstanding Balance
City:		Beginning)	This Period		(Period End)
State:	Zip Code:	\$	\$	\$	\$
TOTALS		Outstanding	Debt	Dayments	Outstandin
form are used. If this	e next page if additional pages of this s is the last page of obligations, the	Outstanding Balance (Period Beginning)	Incurred	Payments This Period	Outstanding Balance (Period End)
Total from "Outstan	ding Balance - (Period End)" column				

must also be shown on the summary on first page.)