

CAMPAIGN FINANCIAL DISCLOSURE STATEMENTED

For State and Local Candidates For Single-Candidate Committees

OCT 29 2024

2.b. If Committee, Name of Candidate: 3. Election Date: 11-5-2024 4. Campaign Address: 137 Brookview Cir City: Millersville State: TN Zip Code: 37072 Phone: 615-425-6756 5. Candidate Home Address: 137 Brookview Cir City: Millersville State: TN Zip Code: 37072 Phone: 615-425-6756 Candidate Email Address: dustin.darnall@gmail.com 6. Office Sought: (include district number, if applicable) City of Millersville Commissioner 7. Name of Political Treasurer (may be candidate): Caitlin Duke Political Treasurer Email Address: cduke@tyleryork.com 8. Category or Report: (check one) First Quarter Second Quarter Third Quarter Fourth Quarter Pre-Primary Pre-General Mid-Year Supplemental Year-End Supplemental Runoff Election 9. Reporting Period: Start Date: 10-1-2024 End Date: 10-26-2024 10. Detailed Disclosure: (Check one) This campaign 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. (Complete items 12.d., 12.e., and 12.f.) 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. 11. 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	1 Date 10 27 2024 2 Candidate or Committee Nam	e: _Dustin Darnall
4. Campaign Address: 137 Brookview Cir City: Millersville		NIOSION,
City: Millersville State: IN Zip Code: 37072 Phone: 615-425-6756 5. Candidate Home Address: 137 Brookview Cir City: Millersville State: TN Zip Code: 37072 Phone: 615-425-6756 Candidate Email Address: _dustin.darnall@gmail.com 6. Office Sought: (include district number, if applicable) _ City of Millersville Commissioner 7. Name of Political Treasurer (may be candidate): _Caitlin Duke Political Treasurer Email Address: _cduke@tyleryork.com 8. Category or Report: (check one) First Quarter Second Quarter Third Quarter Fourth Quarter Pre-Primary Pre-General Mid-Year Supplemental Year-End Supplemental Runoff Election 9. Reporting Period: Start Date: _10-1-2024		3. Election Date. 11-3-2024
5. Candidate Home Address: 137 Brookview Cir City: Millersville		
City: Millersville	City: Millersville State: TN	Zip Code: <u>37072</u> Phone: <u>615-425-6756</u>
Candidate Email Address: _dustin.darnall@gmail.com 6. Office Sought: (include district number, if applicable)City of Millersville Commissioner 7. Name of Political Treasurer (may be candidate):Caltlin Duke Political Treasurer Email Address:cduke@tyleryork.com 8. Category or Report: (check one)	5. Candidate Home Address: 137 Brookview Cir	
6. Office Sought: (include district number, if applicable)	City: Millersville State: TN	Zip Code: <u>37072</u> Phone: <u>615-425-6756</u>
7. Name of Political Treasurer (may be candidate):	Candidate Email Address: <u>dustin.darnall@gmail.com</u>	
Political Treasurer Email Address:cduke@tyleryork.com 8. Category or Report: (check one) First Quarter	6. Office Sought: (include district number, if applicable)	City of Millersville Commissioner
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First Quarter Second Quarter Third Quarter Fourth Quarter Pre-Primary Pre-General Mid-Year Supplemental Year-End Supplemental Runoff Election	Political Treasurer Email Address:cduke@tyleryork.com	
Mid-Year Supplemental Year-End Supplemental Runoff Election	8. Category or Report: (check one)	
9. Reporting Period: Start Date: 10-1-2024 End Date: 10-26-2024 10. Detailed Disclosure: (Check one) This campaign 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. (Complete items 12.d., 12.e., and 12.f.) 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. 11. 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. Condidate Signature	☐ First Quarter ☐ Second Quarter ☐ Third Quarter	Fourth Quarter Pre-Primary Pre-General
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or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.) It is 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. 11. 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. Caudiful III Dell' Political Treasurer Signature Date		
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Candidate Signature Date Political Treasurer Signature Date Witness Signature Date Date Date Political Treasurer Signature Date	and that this report is an accurate accounting of campa by the candidate committee by the Campaign Financi campaign contributions have been expended for the	high contributions and expenditures required to be reported al Disclosure Act. Additionally, I/we swear or affirm that no personal financial benefit of the candidate or for any other revenue code.
Candidate Signature Date Political Treasurer Signature Date Witness Signature Date Date Date Political Treasurer Signature Date	10-27-24	Caulin Tisture 10-27-24
Witness Signature Date Witness Signature Date 12. Summary: a. Balance On Hand Last Report \$ 2,204.13 b. Total Receipts This Period \$ 4,000 c. Total Disbursements This Period \$ 1967.14 d. Balance On Hand (12.a. plus 12.b. minus 12.c.) \$ 4,236.99 e. Total Loans Outstanding \$ 0		
Witness Signature Date Witness Signature Date 12. Summary: a. Balance On Hand Last Report \$ 2,204.13 b. Total Receipts This Period \$ 4,000 c. Total Disbursements This Period \$ 1967.14 d. Balance On Hand (12.a. plus 12.b. minus 12.c.) \$ 4,236.99 e. Total Loans Outstanding \$ 0	0 1/1/2 12/21/21	Va MM 10/27/24
12. Summary: a. Balance On Hand Last Report		Witness Signature Date
a. Balance On Hand Last Report \$ 2,204.13 b. Total Receipts This Period \$ 4,000 c. Total Disbursements This Period \$ 1967.14 d. Balance On Hand (12.a. plus 12.b. minus 12.c.) \$ 4,236.99 e. Total Loans Outstanding \$ 0		
b. Total Receipts This Period		\$ 2,204.13
c. Total Disbursements This Period \$ 1,967.14 d. Balance On Hand (12.a. plus 12.b. minus 12.c.) \$ 4,236.99 e. Total Loans Outstanding \$ 0		
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) \$ 4,236.99 e. Total Loans Outstanding \$ 0		
e. Total Loans Outstanding\$		

SUMMARY PAGE - CANDIDATE

13. Nar	ne of Candidate or Committee:	
14. Rep	porting Period: Start Date: <u>10-1-2024</u> End Date: <u>10-26-2024</u>	
15. Rec	reipts:	
a.	Unitemized Contributions (\$100 or less from each source this period)	Ons for more information.)
b.	Itemized Contributions (over \$100 from each source this period)\$	4,000
c.	Loans Received This Reporting Period \$	0
d.	Interest Received This Reporting Period\$	0
e.	Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.)	4,000
16. Dis	bursements:	
a.	Total Expenditures (other than loan payments)	1967.14
b.	Loan Repayments Made This Period \$	
c.	Total Obligation Payments Made This Period\$	1103.58
d.	Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)\$	
17. ln-	Kind Contributions:	
a.	Unitemized In-Kind Contributions Received This Period\$	0
b.	Itemized In-Kind Contributions Received This Period\$	1009.85
c.	Total In-Kind Contributions Received This Period\$	1009.85
18. Ob	ligations:	
a.	Total Obligations Outstanding (must be shown in item 12.f.)\$	1511.34

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee N	Name: Dustin Darnall			
2. Reporting Period: Start D	Date: 10-1-2024	End Date:10-26-202	4	
3. Total campaign contribution	ons from preceding pag	e (enter \$0 if first page)	\$0	
COMPLETE THE ADDRODDIA	FE ITEMS FOR FACILITIES	NZED CONTRIBUTION		
COMPLETE THE APPROPRIAT				
				OR
			Last Name:	
			State: TN Zip Code: 37219	
Occupation:				
			Runoff (Local Elections Only)	
Amount of Contribution: \$_2	2,500 Date of Co	ntribution: 10-11-24	Aggregate This Election: \$ 3,500	
Business or Organization Nar	me: Sumer Realtors			OR
First Name:	Middle Na	me:	Last Name:	
Address: 35 Executive Park	DriveCit	y: Hendersonville	State: <u>TN</u> Zip Code: <u>37075</u>	
Occupation:		Employer:		
			Runoff (Local Elections Only)	
			Aggregate This Election: \$ 1,500	
Business or Organization Nar	ne:			OR
			Last Name:	
			State: Zip Code:	
Occupation:				
			Runoff (Local Elections Only)	
			Aggregate This Election: \$	
Business or Organization Nan	ne:			OR
First Name:	Middle Na	me:	Last Name:	
Address:	Cit	y:	State: Zip Code:	
Occupation:		Employer:		
Contribution Received For:	☐ Primary Election	☐ General Election	Runoff (Local Elections Only)	
			Aggregate This Election: \$	
Total Contributions: \$ 4.00	00			_
(Carry forward to the next p	age if additional pages of	of this form are used. If t	his is the last page of contributions, th	is
amount must be shown in t	he summary on first pag	je.)		

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: _	Dustin Darnall			
2. Reporting Period: Start Date: 10	1-1-2024 End Date:	10-26-2024		
3. Total in-kind contributions from pr	eceding page (enter \$0 if fi	rst page) \$0		
COMPLETE THE APPROPRIATE ITEMS dollars (\$100) from any contributor during the		BUTION. In-kind contri	ibutions totaling more than one	hundred
Business or Organization Name:				OR
First Name: Dustin	Middle Name:	Las	st Name: Darnall	
Address: 137 Brookview Cir	City: _Millersy	ville Sta	ate: TN Zip Code: 370	72
Occupation: Regulatory and Sustai	nability Lead Employer:	Berry Global		
In-Kind Contribution Received For:	☐ Primary Election ☐	General Election	Runoff (Local Election	ns Only)
In-Kind Contribution Value: \$ 9.85	_ In-Kind Contribution Da	te: <u>10-1-24</u> Agg	regate This Election: \$ 10	9.85
Description of In-Kind Contribution:	Postage at USPS			
Business or Organization Name:Be	st of Tennessee Victory Fun	d		OR
First Name:	Middle Name:	Las	st Name:	16
Address: 414 Union St. Suite 1900				
Occupation:	Employer:			
Occupation: In-Kind Contribution Received For:				
	Primary Election	General Election	Runoff (Local Election	s Only)
In-Kind Contribution Received For:	☐ Primary Election ☐ _ In-Kind Contribution Da	General Election te: Agg	Runoff (Local Election regate This Election: \$ 3,5	ns Only)
In-Kind Contribution Received For: In-Kind Contribution Value: \$ 1,000	☐ Primary Election ☐ _ In-Kind Contribution Da _ Consulting	General Election te: Agg	Runoff (Local Election Runoff (Local Election) Runoff (Local Election: \$_3,5	ns Only)
In-Kind Contribution Received For: In-Kind Contribution Value: \$ 1,000 Description of In-Kind Contribution:	Primary Election In-Kind Contribution Da Consulting	General Election te: Agg	Runoff (Local Election Runoff (Local Election) Runoff (Local Election: \$_3,5	ns Only)
In-Kind Contribution Received For: In-Kind Contribution Value: \$ 1,000 Description of In-Kind Contribution: Business or Organization Name:	Primary Election In-Kind Contribution Da Consulting Middle Name:	General Election te: Agg	Runoff (Local Election regate This Election: \$_3,5	ns Only)
In-Kind Contribution Received For: In-Kind Contribution Value: \$_1,000 Description of In-Kind Contribution: Business or Organization Name: First Name:	Primary Election In-Kind Contribution Da Consulting Middle Name: City:	General Election te: Agg Las	Runoff (Local Election regate This Election: \$_3,5	os Only)
In-Kind Contribution Received For: In-Kind Contribution Value: \$_1,000 Description of In-Kind Contribution: Business or Organization Name: First Name: Address:	Primary Election In-Kind Contribution Da Consulting Middle Name: City: Employer:	General Election te: Agg Las	Runoff (Local Election regate This Election: \$_3,5 est Name: Zip Code:	os Only)
In-Kind Contribution Received For: In-Kind Contribution Value: \$_1,000 Description of In-Kind Contribution: Business or Organization Name: First Name: Address: Occupation:	Primary Election In-Kind Contribution Da Consulting Middle Name: City: Employer: Primary Election	General Election te: Agg Las Sta General Election	Runoff (Local Election regate This Election: \$_3,5 st Name: Zip Code:	os Only) OR OR
In-Kind Contribution Received For: In-Kind Contribution Value: \$_1,000 Description of In-Kind Contribution: Business or Organization Name: First Name: Address: Occupation: In-Kind Contribution Received For:	Primary Election In-Kind Contribution Date Consulting Middle Name: City: Employer: Primary Election In-Kind Contribution Date	General Election te: Las Sta General Election te: Agg	Runoff (Local Election regate This Election: \$_3,5 st Name: Zip Code: Runoff (Local Election regate This Election: \$ zip Election: \$	OR Only)
In-Kind Contribution Received For: In-Kind Contribution Value: \$ _1,000 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:	☐ Primary Election ☐ In-Kind Contribution Da ☐ Consulting ☐ Middle Name: ☐ City: ☐ Employer: ☐ Primary Election ☐ In-Kind Contribution Date	General Election te: Agg Las Sta General Election te: Agg	Runoff (Local Election pregate This Election: \$_3,5 and the standard pregate This Election pregate This Election: \$	os Only) OR OR
In-Kind Contribution Received For: In-Kind Contribution Value: \$ _1,000 Description of In-Kind Contribution: Business or Organization Name: First Name: Address: Occupation: In-Kind Contribution Received For: In-Kind Contribution Value: \$	☐ Primary Election ☐ In-Kind Contribution Date ☐ Consulting ☐ Middle Name: ☐ City: ☐ Employer: ☐ Primary Election ☐ In-Kind Contribution Date	General Election te: Las StaGeneral Election te: Agg	Runoff (Local Election pregate This Election: \$_3,5 and the st Name: Zip Code: Zip Code: Runoff (Local Election pregate This Election: \$ Zip Code:	os Only) OR OR
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In-Kind Contribution Received For: In-Kind Contribution Value: \$_1,000 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: First Name:	Primary Election In-Kind Contribution Date Consulting Middle Name: Employer: Primary Election In-Kind Contribution Date Middle Name: City: City: City: City: City: City:	General Election te: Las Sta General Election te: Agg Las Sta Sta	Runoff (Local Election regate This Election: \$_3,5 and the standard Runoff (Local Election Runoff (Local Election regate This Election: \$	os Only) OR OR OR
In-Kind Contribution Received For: In-Kind Contribution Value: \$_1,000 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: First Name: Address:	☐ Primary Election ☐ In-Kind Contribution Date ☐ Consulting ☐ Middle Name: ☐ City: ☐ Employer: ☐ Primary Election ☐ In-Kind Contribution Date ☐ Middle Name: ☐ City: ☐ Employer: ☐ Employer:	General Election te: Las Sta General Election te: Agg Las Sta Sta	Runoff (Local Election: \$_3,5 st Name: ate: Zip Code: gregate This Election: \$ st Name: ate: This Election: \$ st Name: st Name: st Name:	os Only) OR OR
In-Kind Contribution Received For: In-Kind Contribution Value: \$_1,000 Description of In-Kind Contribution: Business or Organization Name:	☐ Primary Election ☐ In-Kind Contribution Da ☐ Consulting ☐ Middle Name: ☐ Employer: ☐ Primary Election ☐ In-Kind Contribution Da ☐ Middle Name: ☐ City: ☐ Employer: ☐ Primary Election	General Election te: Las Sta Las Sta Las Sta Las Sta Las Las Las Sta Las Sta	Runoff (Local Election: \$_3,5] st Name: ate: Zip Code: Runoff (Local Election: \$ st Name: are This Election: \$ st Name: ate: Zip Code: Runoff (Local Election: \$	or o

(Carry forward to the 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 the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name:Dustin	Darnall		
2. Reporting Period: Start Date: 10-1-202	24 End Date: 10-26-202	24	
3. Total campaign expenditures from preced	ding page (enter \$0 if first page))\$0	
COMPLETE THE APPROPRIATE ITEMS FOR Exind contribution to a candidate, please remember to candidate's name in the purpose of the expenditure	o include the purpose of the expenditu	ures must be itemized. If the expenditure is a ure (e.g., postage, printing, etc.) along with the	n in-
Business or Organization Name: Shirtwel	I		OF
First Name: N	Middle Name:	Last Name:	
Address: 10045 Scott Circle	City: _Omaha	State: NE Zip Code: 68122	
Purpose of Expenditure: Shirts			
Amount of Expenditure: \$ 307.50	Date of Expenditure: \$ _	10-7-2024	
Business or Organization Name: W Signs	N Printing		_ OF
First Name: N	Niddle Name:	Last Name:	
Address: 1411 Dickerson Pike	City: Goodlettsville	State: <u>TN</u> Zip Code: <u>37072</u>	
Purpose of Expenditure: Palm Cards			Mar.
Amount of Expenditure: \$ _52.00	Date of Expenditure: \$ _	10-1-2024	
Business or Organization Name: Farmers	Bank		OR
First Name: N			
Address: 1250 Louisville Hwy			
Purpose of Expenditure: Checks			
Amount of Expenditure: \$ 16.49	Date of Expenditure: \$ _	10-2-2024	
Business or Organization Name:	Supply Co		OR
First Name: N	Middle Name:	Last Name:	
Address: 2901 Highway 31W	City: White House	State: <u>TN</u> Zip Code: <u>37188</u>	
Purpose of Expenditure: <u>T-Posts and Zip</u>	Ties		
Amount of Expenditure: \$ _52.57	Date of Expenditure: \$ _	10-6-24	
Business or Organization Name: _Smart Po	int Data Strategies		OR
First Name: N	Niddle Name:	Last Name:	
Address: 2750 1st Ave S Apt 304	City: _Altoona	State: <u>IA</u> Zip Code: <u>50009</u>	
Purpose of Expenditure: <u>Data Manageme</u>	ent Services		11
Amount of Expenditure: \$ 435	Date of Expenditure: \$	10.20.2024	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

Candidate or Committee Name: <u>Dustin Dari</u>	nall				
2. Reporting Period: Start Date: 10-1-2024	End Date: 10-26-2024				
3. Total campaign expenditures from preceding p	age (enter \$0 if first page) \$ _	863.56			
COMPLETE THE APPROPRIATE ITEMS FOR EACH E kind contribution to a candidate, please remember to include candidate's name in the purpose of the expenditure section.	le the purpose of the expenditure (e	must be itemized .g., postage, printi	. If the expending, etc.) along	diture is an with the	in-
Business or Organization Name: Shell Miller S	ebastian Advertising				OR
First Name: Middle	Name:	_ Last Name:			_
Address: 4014 North Roan Street	City: Johnson City	_ State: _TN	Zip Code:	37601	
Purpose of Expenditure: <u>Mailer and Postage</u>					
Amount of Expenditure: \$ 436.91	Date of Expenditure: \$10	-23-2024			
Business or Organization Name: Shell Miller Sel	bastian Advertising				OR
First Name: Middle		_ Last Name:			
Address: 4014 North Roan Street	City: Johnson City	State: TN	Zip Code:	37601	
Purpose of Expenditure: Consulting, Copyrigh	ting, Design Services				- 12
Amount of Expenditure: \$ 666.67	Date of Expenditure: \$ 10-	23-2024			
Business or Organization Name:					OR
First Name: Middle					
Address:					
Purpose of Expenditure:					
Amount of Expenditure: \$					
Business or Organization Name:					OR
First Name: Middle					
Address:	City:	_ State:	Zip Code:		
Purpose of Expenditure:					
Amount of Expenditure: \$	Date of Expenditure: \$				
Business or Organization Name:					OR
First Name: Middle	Name:	_ Last Name:			
Address:	City:	State:	Zip Code:		
Purpose of Expenditure:					
Amount of Expenditure: \$	Date of Expenditure: \$				
Total Expenditures: \$1967.14 (Carry forward to the next page if additional page amount must be shown in the summary on first page 1967.14 (Carry forward to the next page 1967.14 (Carry forward to the		s the last page	of expendit	tures, thi	s

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: _	Dustin Darnall		,		
2. Reporting Period: Start Date:1	0-1-2024 Er	nd Date:	10-26-2024		
3. Complete the appropriate items f	or each loan totali	ng more th	an one hundred dollar	s (\$100).	
Complete the following for the source of e	ach loan received and	l/or outstandi	ng during the period.		
Business or Organization Name:					
First Name:	Middle Name:		Last Name:		
Address:	City:	76 W ST	State:	Zip Code:	
Outstanding Loan Balance (Beginnin	g)	\$			
Loans Received		\$			
Loan Payments		\$			
Outstanding Loan (End)		\$			
Loan Received For: Primary El	ection Gene	eral Election	Runoff (Local Ele	ections Only)	
Date of Loan:					
List all endorsers or guarantors for above	loan (If more space is	needed, pleas	e attach additional pages.)	
Business or Organization Name:					OR
First Name:					
Address:					
Amount Guaranteed Outstanding: \$					
Business or Organization Name:					OF
First Name:	Middle Name	e:	Last Na	me:	
Address:	City:		State:	Zip Code:	
Amount Guaranteed Outstanding: \$		-			
Business or Organization Name:					OF
First Name:	Middle Nam	e:	Last Na	me:	
Address:	City:		State:	Zip Code:	
Amount Guaranteed Outstanding: \$					
Business or Organization Name:					OF
First Name:	Middle Nam	e:	Last Na	me:	
Address:	City:		State: _	Zip Code:	
Amount Guaranteed Outstanding: \$					
Totals for all loans (Complete this page Total loans received and loan payments show	for each outstanding l	oan during the ary page. Outs	period. Complete this sect tanding loan balance should	ion only on last page of I be shown on front pag	loans. ge.)
Balance (Beginning)		0			
Loans Received					
Loan Payments	\$	0			
Outstanding Loan (End)					

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

f the reporting peri	iod.
	iod.
er and Postage	
Payments This Period	Outstanding Balance (Period End)
\$ 436.91	\$ 0
lting, Copyrighting	, Design Services
Payments This Period	Outstanding Balance (Period End)
\$ 666.67	\$ 0
t Mail	
Payments This Period	Outstanding Balance (Period End)
67 \$ 0	\$ 755.67
t Mail	
Payments This Period	Outstanding Balance (Period End)
67 \$ 0	\$ 755.67
Payments	Outstanding Balance (Period End)
	This Period riod This Period Ref \$ 0 This Period This Period This Period This Period This Period This Period