



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates

## For Single-Candidate Committees



1. Date: 12/26/23 2.a. Candidate or Committee Name: Aaron Fulcher

2.b. If Committee, Name of Candidate: \_\_\_\_\_ 3. Election Date: 3-5-23

4. Campaign Address: 8886 D Hertsuik PK  
 City: Lebanon State: TN Zip Code: 37007 Phone: 615-920-4755

5. Candidate Home Address: 8886 D Hertsuik PK  
 City: Lebanon State: TN Zip Code: 37007 Phone: 615-920-4755  
 Candidate Email Address: aaron4wcs5@gmail.com

6. Office Sought: (include district number, if applicable) WCS BOE zone 5

7. Name of Political Treasurer (may be candidate): Jessica Kirby  
 Political Treasurer Email Address: FINAL REPORT

### 8. Category or Report: (check one)

- ☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☐ Pre-Primary ☐ Pre-General  
☐ Mid-Year Supplemental ☒ Year-End Supplemental

9. Reporting Period: Start Date: 7/1/23 End Date: 1/15/24

### 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.

Aaron Fulcher 12/26/23  
 Candidate Signature Date

Jessica Kirby 12/26/23  
 Witness Signature Date

Jessica Kirby 12/26/23  
 Political Treasurer Signature Date

Jessica Kirby 12/26/23  
 Witness Signature Date

### 12. Summary:

a. Balance On Hand Last Report ..... \$ 1,753.77

b. Total Receipts This Period ..... \$ 3,590.13

c. Total Disbursements This Period ..... \$ 5,343.90

d. Balance On Hand (12.a. plus 12.b. minus 12.c.) ..... \$ 0.00

e. Total Loans Outstanding ..... \$ 0.00

f. Total Obligations Outstanding ..... \$ 0.00

## SUMMARY PAGE - CANDIDATE



13. Name of Candidate or Committee: Aaron Fulcher

14. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ 516.13  
(Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See *Instructions* for more information.)
- b. Itemized Contributions (over \$100 from each source this period) ..... \$ 3,074.00
- c. Loans Received This Reporting Period..... \$ 0.00
- d. Interest Received This Reporting Period ..... \$ 0.00
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... \$ 3,590.13

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 5,343.90  
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period ..... \$ 0.00
- c. Total Obligation Payments Made This Period..... \$ 0.00
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ 5,343.90

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period ..... \$ 0.00
- b. Itemized In-Kind Contributions Received This Period ..... \$ 0.00
- c. Total In-Kind Contributions Received This Period ..... \$ 0.00

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) ..... \$ 0.00

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Aaron Fulcher  
2. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 0.00



COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Circle K OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 1309 W Main St City: Lebanon State: TN Zip Code: 37087  
Occupation: Gas Station Employer: Circle K  
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)  
Amount of Contribution: \$ 0.50 Date of Contribution: 7-8-23 Aggregate This Election: \$ 0.50

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Debbie Middle Name: \_\_\_\_\_ Last Name: Lanom  
Address: 2393 Big Springs Rd City: Lebanon State: TN Zip Code: 37087  
Occupation: Retired Employer: \_\_\_\_\_  
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)  
Amount of Contribution: \$ 250.00 Date of Contribution: 7-21-23 Aggregate This Election: \$ 250.00

Business or Organization Name: Online Donation-made best effort to get info: alex.roberts369@yahoo.com OR  
First Name: Alexander Middle Name: \_\_\_\_\_ Last Name: Roberts  
Address: NIA City: NIA State: NIA Zip Code: NIA  
Occupation: NIA Employer: NIA  
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)  
Amount of Contribution: \$ 37.84 Date of Contribution: 7-26-23 Aggregate This Election: \$ 37.84

Business or Organization Name: Online Donation OR  
First Name: Sam Middle Name: \_\_\_\_\_ Last Name: Spadaro  
Address: 108 Drummers Way City: Mt-Juliet State: TN Zip Code: 37122  
Occupation: NIA Retired Retired Employer: NIA Retired Retired  
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)  
Amount of Contribution: \$ 95.05 Date of Contribution: 8-3-23 Aggregate This Election: \$ 95.05

Total Contributions: \$ \_\_\_\_\_

(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 Name: Aaron Fulcher
2. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 383.39

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Dillards - Campaign POLO returned OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 2140 Abbot Martin RD City: Lebanon State: TN Zip Code: 37215

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: \$ 86.86 Date of Contribution: 8-7-23 Aggregate This Election: \$ 86.86

Business or Organization Name: Online Donation OR

First Name: Brad Middle Name: \_\_\_\_\_ Last Name: Davis

Address: 1946 Ford RD City: Lebanon State: TN Zip Code: 37087

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: \$ 95.05 Date of Contribution: 9-29-23 Aggregate This Election: \$ 95.05

Business or Organization Name: \_\_\_\_\_ OR

First Name: As Middle Name: \_\_\_\_\_ Last Name: McAll

Address: \_\_\_\_\_ City: Lebanon State: TN Zip Code: 37087

Occupation: Owner Employer: D.T. McAll & sons

Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: \$ 1,800 Date of Contribution: 10-10-23 Aggregate This Election: \$ 1,800

Business or Organization Name: Apple OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: Apple Parkway City: Cupertino State: CA Zip Code: 95014

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: \$ 0.30 Date of Contribution: 10-16-23 Aggregate This Election: \$ 0.30

Total Contributions: \$ \_\_\_\_\_

(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 Name: Aaron Fulcher  
2. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1,982.21

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Unlawn Charge (Wander graphic Art design) reimbursement by candidate OR  
First Name: Aaron Middle Name: \_\_\_\_\_ Last Name: Fulcher  
Address: 8886D Hartsville Pk City: Lebanon State: TN Zip Code: 37087  
Occupation: Candidate Employer: Candidate  
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)  
Amount of Contribution: \$ 5.48 Date of Contribution: 10-17-27 Aggregate This Election: \$ 5.48

Business or Organization Name: Donation from 2-27-23 made in check OR  
First Name: Teresa Middle Name: \_\_\_\_\_ Last Name: Fulcher  
Address: 8886D Hartsville Pk City: Lebanon State: TN Zip Code: 37087  
Occupation: Hair Stylist Employer: Self employed  
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)  
Amount of Contribution: \$ 1,024.00 Date of Contribution: 10-17-23 Aggregate This Election: \$ 1,024.00

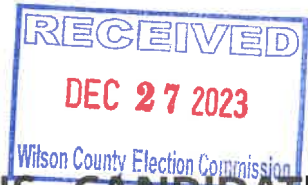
Business or Organization Name: \_\_\_\_\_ OR  
First Name: Jerry Middle Name: \_\_\_\_\_ Last Name: Beavers  
Address: 2020 Hunters Place City: Ht. Swift State: TN Zip Code: 37122  
Occupation: Retired Employer: N/A  
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)  
Amount of Contribution: \$ 100.00 Date of Contribution: 10-17-23 Aggregate This Election: \$ 100.00

Business or Organization Name: Online Donation - Made best effort to obtain information OR  
First Name: Kim Middle Name: \_\_\_\_\_ Last Name: Sprague  
Address: N/A City: N/A State: N/A Zip Code: N/A  
Occupation: N/A Employer: N/A  
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)  
Amount of Contribution: \$ 95.05 Date of Contribution: 10-20-27 Aggregate This Election: \$ 95.05

Total Contributions: \$ 3,890.13

(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Aaron Fulcher
2. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ 0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars (\$100) from any contributor during the period must be reported.

Business or Organization Name: \_\_\_\_\_ **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: \$ \_\_\_\_\_ In-Kind Contribution Date: \_\_\_\_\_ Aggregate This Election: \$ \_\_\_\_\_

Description of In-Kind Contribution: \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: \$ \_\_\_\_\_ In-Kind Contribution Date: \_\_\_\_\_ Aggregate This Election: \$ \_\_\_\_\_

Description of In-Kind Contribution: \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: \$ \_\_\_\_\_ In-Kind Contribution Date: \_\_\_\_\_ Aggregate This Election: \$ \_\_\_\_\_

Description of In-Kind Contribution: \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

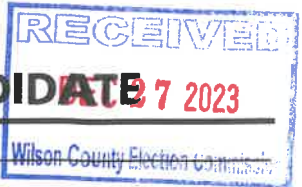
In-Kind Contribution Value: \$ \_\_\_\_\_ In-Kind Contribution Date: \_\_\_\_\_ Aggregate This Election: \$ \_\_\_\_\_

Description of In-Kind Contribution: \_\_\_\_\_

Total In-Kind Contributions: \$ 0.00

(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: Aaron Fucher
2. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Circle K OR  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: 1309 W Main St City: Lebanon State: TN Zip Code: 37087  
 Purpose of Expenditure: Campaign Gas - Aaron Fucher  
 Amount of Expenditure: \$ 50.01 Date of Expenditure: \$ 7-5-23

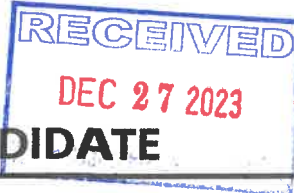
Business or Organization Name: Apple Bill (Facebook verified) OR  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: Apple Parkway City: Cupertino State: CA Zip Code: 95014  
 Purpose of Expenditure: Verification for Official Campaign Account - Aaron Fucher  
 Amount of Expenditure: \$ 16.45 Date of Expenditure: \$ 7-10-23

Business or Organization Name: Shell OR  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: 1324 W Main St City: Lebanon State: TN Zip Code: 37087  
 Purpose of Expenditure: Campaign Gas - Aaron Fucher  
 Amount of Expenditure: \$ 45.00 Date of Expenditure: \$ 7-9-23

Business or Organization Name: Office Max OR  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: 417 S Cumberland St City: Lebanon State: TN Zip Code: 37087  
 Purpose of Expenditure: Campaign Printing - Aaron Fucher  
 Amount of Expenditure: \$ 0.30 Date of Expenditure: \$ 7-10-23

Business or Organization Name: Apple Bill : (Wonder Graphic art design) OR  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: Apple Parkway City: Cupertino State: CA Zip Code: 95014  
 Purpose of Expenditure: Unknown expenditure - Reimbursed by Candidate - Aaron Fucher  
 Amount of Expenditure: \$ \$ .48 Date of Expenditure: \$ 7-15-23

Total Expenditures: \$ \_\_\_\_\_  
 (Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)



## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Aaron Fulcher
2. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ ~~17.25~~ 117.24

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Office Max OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 417 S Cumberland St City: Lebanon State: IN Zip Code: 37087  
Purpose of Expenditure: Campaign Printing - Aaron Fulcher  
Amount of Expenditure: \$ 1.86 Date of Expenditure: \$ 7-15-23

Business or Organization Name: Apple Bill: (Facebook Verified) OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: Apple Parkway City: Cupertino State: CA Zip Code: 95014  
Purpose of Expenditure: Verification for Official Campaign Account - Aaron Fulcher  
Amount of Expenditure: \$ 16.45 Date of Expenditure: \$ 7-15-23

Business or Organization Name: SouthEast Impressions OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 114 Leeville PkE City: Lebanon State: IN Zip Code: 37087  
Purpose of Expenditure: Campaign T-Shirts - Aaron Fulcher  
Amount of Expenditure: \$ 439.00 Date of Expenditure: \$ 7-17-23

Business or Organization Name: Mini Mart OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 1112 N Cumberland St City: Lebanon State: IN Zip Code: 37087  
Purpose of Expenditure: Campaign Ads - Aaron Fulcher  
Amount of Expenditure: \$ 45.00 Date of Expenditure: \$ 7-21-23

Business or Organization Name: Sacred Space OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 8 Clarkson St City: New York State: NY Zip Code: 310014  
Purpose of Expenditure: Campaign Website - Aaron Fulcher  
Amount of Expenditure: \$ ~~25.25~~ 25.24 Date of Expenditure: \$ 7-21-23

Total Expenditures: \$ \_\_\_\_\_

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)





## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Aaron Fulcher
2. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 527.55

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: APPLE BILL: (Campaign Ad Storage) OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: APPLE PARKWAY City: CUPERTINO State: CA Zip Code: 95014  
Purpose of Expenditure: Storage for campaign Ads - videos + graphics - Aaron Fulcher  
Amount of Expenditure: \$ 0.99 Date of Expenditure: \$ 7-22-23

Business or Organization Name: APPLE BILL: (Campaign Video + Design) OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: APPLE PARKWAY City: CUPERTINO State: CA Zip Code: 95014  
Purpose of Expenditure: Campaign Video Ad maker - Aaron Fulcher  
Amount of Expenditure: \$ 14.26 Date of Expenditure: \$ 7-24-23

Business or Organization Name: MURPHY EXPRESS OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 603 S CUMBERLAND ST City: LEBENON State: TN Zip Code: 37087  
Purpose of Expenditure: Gas - Aaron Fulcher  
Amount of Expenditure: \$ 36.00 Date of Expenditure: \$ 7-31-23

Business or Organization Name: PILOT OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 921 MURFREESBORO RD City: LEBENON State: TN Zip Code: 37087  
Purpose of Expenditure: Gas - Aaron Fulcher  
Amount of Expenditure: \$ 36.00 Date of Expenditure: \$ 8-5-23

Business or Organization Name: DILLGROS OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 2140 ABBOTT MARTIN DR City: NASHVILLE State: TN Zip Code: 37215  
Purpose of Expenditure: Campaign Polo - Returned Not Sure if expenditure Allowed - Aaron Fulcher  
Amount of Expenditure: \$ 86.86 Date of Expenditure: \$ 8-5-23

Total Expenditures: \$ \_\_\_\_\_

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)



## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Aaron Fulcher
2. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 174.11

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Office Max OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 419 S Cumberland St City: Lebanon State: TN Zip Code: 37087  
Purpose of Expenditure: Campaign Printing - Aaron Fulcher  
Amount of Expenditure: \$ 1.35 Date of Expenditure: \$ 8-12-23

Business or Organization Name: Facebook OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 1 Hacker Way City: Menlo Park State: CA Zip Code: 94025  
Purpose of Expenditure: Campaign Ads - Aaron Fulcher  
Amount of Expenditure: \$ 35.00 Date of Expenditure: \$ 8-12-23

Business or Organization Name: Apple Bill: (Facebook verified + Remini-Digital Design) OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: Apple Parkway City: Cupertino State: CA Zip Code: 95014  
Purpose of Expenditure: Verification for official campaign account + digital design - Aaron Fulcher  
Amount of Expenditure: \$ 27.41 Date of Expenditure: \$ 8-15-23

Business or Organization Name: Square Space OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 8 Clarkson St City: New York State: NY Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Campaign Website - Aaron Fulcher  
Amount of Expenditure: \$ 25.24 Date of Expenditure: \$ 8-21-23

Business or Organization Name: Apple Bill: (Campaign Ad Storage) OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: Apple Parkway City: Cupertino State: CA Zip Code: 95014  
Purpose of Expenditure: Campaign Ad Storage - Aaron Fulcher  
Amount of Expenditure: \$ 0.99 Date of Expenditure: \$ 8-22-23

Total Expenditures: \$ \_\_\_\_\_

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)



## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Aaron Fulcher
2. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 89.99

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Apple Bill: C Pixiecut Graphic Design OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: Apple Parkway City: Cupertino State: CA Zip Code: 95014  
Purpose of Expenditure: Graphic design for Pos - Aaron Fulcher  
Amount of Expenditure: \$ 10.96 Date of Expenditure: \$ 8-22-23

Business or Organization Name: Action Awnings & Signs OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 105 W High St City: Lebanon State: TN Zip Code: 37087  
Purpose of Expenditure: Yard Signs - Aaron Fulcher  
Amount of Expenditure: \$ 768.25 Date of Expenditure: \$ 8-25-23

Business or Organization Name: Circle K OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 1309 W Main St City: Lebanon State: TN Zip Code: 37087  
Purpose of Expenditure: Pos - Aaron Fulcher  
Amount of Expenditure: \$ 20.00 Date of Expenditure: \$ 8-25-23

Business or Organization Name: Fallbear OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 1 Hacker Way City: Menlo Park State: CA Zip Code: 94025  
Purpose of Expenditure: Campaign Ad - Aaron Fulcher  
Amount of Expenditure: \$ 5.00 Date of Expenditure: \$ 8-25-23

Business or Organization Name: Murphy Express OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 603 S Cumberland St City: Lebanon State: TN Zip Code: 37087  
Purpose of Expenditure: Pos - Aaron Fulcher  
Amount of Expenditure: \$ 26.01 Date of Expenditure: \$ 8-28-23

Total Expenditures: \$ \_\_\_\_\_

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)



## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Aaron Fulcher
2. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 830.22

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Falckbar OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 1 Hacker Way City: Menlo Park State: CA Zip Code: 94025  
Purpose of Expenditure: Campaign Ad - Aaron Fulcher  
Amount of Expenditure: \$ 35.00 Date of Expenditure: \$ 8-28-23

Business or Organization Name: Wilson Bank & Trust OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 623 W Main St City: Lebanon State: IN Zip Code: 37087  
Purpose of Expenditure: Checks - Aaron Fulcher  
Amount of Expenditure: \$ 17.17 17.70 Date of Expenditure: \$ 8-29-23

Business or Organization Name: Falckbar OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 810 S Cumberland St City: Lebanon State: IN Zip Code: 37087  
Purpose of Expenditure: Gas - Aaron Fulcher  
Amount of Expenditure: \$ 15.00 Date of Expenditure: \$ 8-31-23

Business or Organization Name: Murphy Express OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 603 S Cumberland St City: Lebanon State: IN Zip Code: 37087  
Purpose of Expenditure: Gas - Aaron Fulcher  
Amount of Expenditure: \$ 25.00 Date of Expenditure: \$ 9-6-23

Business or Organization Name: Falckbar OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 1 Hacker Way City: Menlo Park State: CA Zip Code: 94025  
Purpose of Expenditure: Campaign Ad - Aaron Fulcher  
Amount of Expenditure: \$ 35.00 Date of Expenditure: \$ 9-7-23

Total Expenditures: \$ \_\_\_\_\_

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)





## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Aaron Fulcher
2. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 127.70

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Apple Bill: C VoxyBox & Beat Pro - Audio Design OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: Apple Parkway City: Cupertino State: CA Zip Code: 95014  
Purpose of Expenditure: Audio Design for Ads - Aaron Fulcher  
Amount of Expenditure: \$ 38.39 Date of Expenditure: \$ 9-8-23

Business or Organization Name: Facebook OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 1 Hacker Way City: Menlo Park State: CA Zip Code: 94025  
Purpose of Expenditure: Campaign Ad - Aaron Fulcher  
Amount of Expenditure: \$ 50.00 Date of Expenditure: \$ 9-9-23

Business or Organization Name: Apple Bill: (Facebook Verified) OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: Apple Parkway City: Cupertino State: CA Zip Code: 95014  
Purpose of Expenditure: Verification for Official Campaign Account - Aaron Fulcher  
Amount of Expenditure: \$ 16.45 Date of Expenditure: \$ 9-13-23

Business or Organization Name: Office Max OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 419 S Cumberland St City: Liberty State: IN Zip Code: 37087  
Purpose of Expenditure: Campaign Printing - Aaron Fulcher  
Amount of Expenditure: \$ 12.46 Date of Expenditure: \$ 9-15-23

Business or Organization Name: Citigo OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 8451 Corbin Ave City: Liberty State: IN Zip Code: 37087  
Purpose of Expenditure: Gas - Aaron Fulcher  
Amount of Expenditure: \$ 20.00 Date of Expenditure: \$ 9-16-23

Total Expenditures: \$ \_\_\_\_\_

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)



## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Aaron Fulcher
2. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 137.24

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Office Max OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 419 S Cumberland St City: Lebanon State: TN Zip Code: 37087  
Purpose of Expenditure: Campaign Printing - Aaron Fulcher  
Amount of Expenditure: \$ 0.62 Date of Expenditure: \$ 9-15-23

Business or Organization Name: CO-OP OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 107 Babbs Dr City: Lebanon State: TN Zip Code: 37087  
Purpose of Expenditure: Gas - Aaron Fulcher  
Amount of Expenditure: \$ 25.01 Date of Expenditure: \$ 9-20-23

Business or Organization Name: Square Space OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 8 Clarkson St City: New York State: NY Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Campaign Website - Aaron Fulcher  
Amount of Expenditure: \$ 28.24 Date of Expenditure: \$ 9-21-23

Business or Organization Name: Office Max OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 419 S Cumberland St City: Lebanon State: TN Zip Code: 37087  
Purpose of Expenditure: Campaign Printing - Aaron Fulcher  
Amount of Expenditure: \$ 18.60 Date of Expenditure: \$ 9-21-23

Business or Organization Name: CO-OP OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 107 Babbs Dr City: Lebanon State: TN Zip Code: 37087  
Purpose of Expenditure: Gas - Aaron Fulcher  
Amount of Expenditure: \$ 30.00 Date of Expenditure: \$ 9-22-23

Total Expenditures: \$ \_\_\_\_\_

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)



## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Aaron Fulcher
2. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 99.47

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: APPLE BILLS (AD STORAGE) OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: APPLE PARK WAY City: CUPERTINO State: CA Zip Code: 95014  
Purpose of Expenditure: AD STORAGE - Aaron Fulcher  
Amount of Expenditure: \$ 0.99 Date of Expenditure: \$ 9-22-23

Business or Organization Name: Facebook OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 1 HACKER WAY City: MENLO PARK State: CA Zip Code: 94025  
Purpose of Expenditure: Campaign Ads - Aaron Fulcher  
Amount of Expenditure: \$ 75.00 Date of Expenditure: \$ 9-24-23

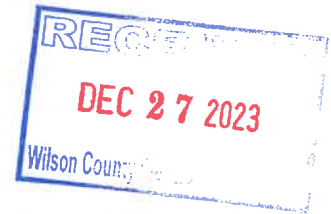
Business or Organization Name: Facebook OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 1 HACKER WAY City: MENLO PARK State: CA Zip Code: 94025  
Purpose of Expenditure: Campaign Ad - Aaron Fulcher  
Amount of Expenditure: \$ 1.31 Date of Expenditure: \$ 9-25-23

Business or Organization Name: Wilson Bank & Trust OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 623 W Main St City: Lebanon State: TN Zip Code: 37007  
Purpose of Expenditure: Service Charge - Aaron Fulcher  
Amount of Expenditure: \$ 10.00 Date of Expenditure: \$ 9-29-23

Business or Organization Name: Office Max OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 414 S Cumberland St City: Lebanon State: TN Zip Code: 37007  
Purpose of Expenditure: Campaign Printing - Aaron Fulcher  
Amount of Expenditure: \$ 41.16 Date of Expenditure: \$ 10-2-23

Total Expenditures: \$ \_\_\_\_\_

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)



## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Aaron Fulcher
2. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 128.46

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: School Board camp OR  
First Name: Aaron Middle Name: \_\_\_\_\_ Last Name: Fulcher  
Address: 8886 Harrisville Pike City: Lebanon State: IN Zip Code: 37087  
Purpose of Expenditure: Reimbursement made to Teresa Fulcher on 7-27-23 - Aaron Fulcher - Pol Election Comm.  
Amount of Expenditure: \$ 1,024.00 Date of Expenditure: \$ 10-17-23

Business or Organization Name: SquareSpace OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 8 Clarkson St City: New York State: NY Zip Code: \_\_\_\_\_  
Purpose of Expenditure: camp website - Aaron Fulcher  
Amount of Expenditure: \$ 25.24 Date of Expenditure: \$ 10-23-23

Business or Organization Name: Facebook OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 1 Hacker Way City: Menlo Park State: CA Zip Code: 94025  
Purpose of Expenditure: camp ad - Aaron Fulcher  
Amount of Expenditure: \$ 40.01 Date of Expenditure: \$ 10-26-23

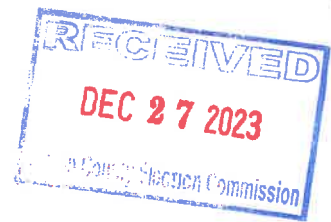
Business or Organization Name: Action Awnings & Signs OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 165 W High St City: Lebanon State: IN Zip Code: 37087  
Purpose of Expenditure: Yard Signs - Aaron Fulcher  
Amount of Expenditure: \$ 600.00 Date of Expenditure: \$ 10-25-23

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Jerry Middle Name: \_\_\_\_\_ Last Name: Beavers  
Address: 2020 Hunters Place City: Ht. Juliet State: IN Zip Code: 37122  
Purpose of Expenditure: Reimbursement of Donation - Aaron Fulcher  
Amount of Expenditure: \$ 100.00 Date of Expenditure: \$ 11-27-23

Total Expenditures: \$ \_\_\_\_\_

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)





## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Aaron Fulcher
2. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1,789.25

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Jessica Hill For School Board OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: IN Zip Code: 37067  
Purpose of Expenditure: Donation to close out account - Aaron Fulcher  
Amount of Expenditure: \$ 1,322.67 Date of Expenditure: \$ 12-1-23

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: \$ \_\_\_\_\_

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: \$ \_\_\_\_\_

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: \$ \_\_\_\_\_

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: \$ 5,343.90

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

# ITEMIZED STATEMENT OF LOANS - CANDIDATE



1. Candidate or Committee Name: Aaron Fucher
2. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: \_\_\_\_\_ OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Outstanding Loan Balance (Beginning) ..... \$ \_\_\_\_\_

Loans Received ..... \$ \_\_\_\_\_

Loan Payments ..... \$ \_\_\_\_\_

Outstanding Loan (End)..... \$ \_\_\_\_\_

Loan Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Date of Loan: \_\_\_\_\_

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: \_\_\_\_\_ OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount Guaranteed Outstanding: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount Guaranteed Outstanding: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount Guaranteed Outstanding: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount Guaranteed Outstanding: \$ \_\_\_\_\_

**Totals for all loans** (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) ..... \$ 0.00

Loans Received ..... \$ 0.00

Loan Payments ..... \$ 0.00

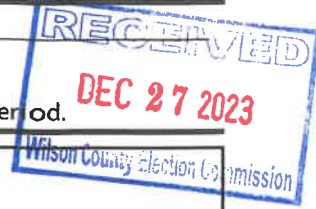
Outstanding Loan (End)..... \$ 0.00

# ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: ACORN FULNER

2. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.



Business Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

## TOTALS

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period End)
\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00