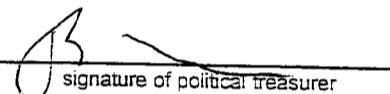
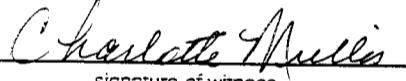
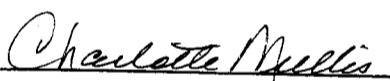


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAME OF CANDIDATE OR COMMITTEE <i>BRS.1 MARCEUX</i>
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <i>810 HYNLE RD TN 37379 37379</i>	
4.b. CANDIDATE'S HOME ADDRESS ¹ (if different than 4.a.) Street or Rural Route City State Zip Code Phone	
5. OFFICE SOUGHT (include district number, if applicable)	6. NAME OF POLITICAL TREASURER (may be candidate)
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD <i>Oct. 17, 2007</i>	8.b. ENDING DATE OF REPORTING PERIOD <i>Oct. 24, 2007</i>
9. (Check one) a. <input checked="" type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. <input type="checkbox"/> 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.	
10. 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;">  signature of candidate _____ date _____ </div> <div style="width: 45%; text-align: center;">  signature of political treasurer _____ date _____ </div> </div>	
11. WITNESS SIGNATURE <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;">  signature of witness _____ date <i>9/25/07</i> </div> <div style="width: 45%; text-align: center;">  signature of witness _____ date <i>9/25/07</i> </div> </div>	
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ <u>0</u>
b. TOTAL RECEIPTS THIS PERIOD	\$ _____
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ _____
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ _____
e. TOTAL LOANS OUTSTANDING	\$ _____
f. TOTAL OBLIGATIONS OUTSTANDING	\$ _____



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Basil Mrazek</i>		2. REPORT COVERING THE PERIOD	
FROM: <i>Freedom Bureau Not</i>		TO: <i>Commission Home office</i>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)			
First Name	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name <i>Freedom Bureau Home office</i>		<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	<i>\$ 1050.</i>
Address <i>810 1426</i>		<input type="checkbox"/> Runoff (Local Elections Only)	
City <i>SD</i>	State <i>SD</i>	Zip Code <i>57379</i>	Date of Contribution
Occupation	Employer		Aggregate This Election
First Name	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address		<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution
Occupation	Employer		Aggregate This Election
First Name	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address		<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution
Occupation	Employer		Aggregate This Election
First Name	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address		<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution
Occupation	Employer		Aggregate This Election
5. TOTAL ITEMIZED CONTRIBUTIONS			
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)			