

Please complete and sign this form.

**REPORTING PERIOD:** \_\_\_\_\_ **THROUGH:** \_\_\_\_\_

Director Candidate Name: Brent Loutzenhiser

Director Candidate District: District # 1

**Contributions:** Threshold amounts for each category below include contributions which are either one-time or in aggregate from the same contributor for the reporting period, including monetary and in-kind contributions.

**Section I: Total contributions of less than \$50:**

**Section II: Contributions of \$50 or more, up to \$99.99 (must be individually itemized):**

**Section III: Contributions of \$100 or more from any individual:**

<b>Name of Contributor</b>	<b>Address of Contributor</b>	<b>\$ Amount of Contribution</b>
n/a	n/a	
<b>Occupation:</b>	<b>Name of Employer:</b>	

<b>Name of Contributor</b>	<b>Address of Contributor</b>	<b>\$ Amount of Contribution</b>
<b>Occupation:</b>	<b>Name of Employer:</b>	

<b>Name of Contributor</b>	<b>Address of Contributor</b>	<b>\$ Amount of Contribution</b>
<b>Occupation:</b>	<b>Name of Employer:</b>	

<b>Name of Contributor</b>	<b>Address of Contributor</b>	<b>\$ Amount of Contribution</b>
<b>Occupation:</b>	<b>Name of Employer:</b>	

**Section IV: Contributions of \$100 or more from any organization:**

<b>Name of Organization</b>	<b>Address of Organization</b>	<b>\$ Amount of Contribution</b>

**Organization's Objectives:**

<b>Name of Organization</b>	<b>Address of Organization</b>	<b>\$ Amount of Contribution</b>

**Organization's Objectives:**

<b>Name of Organization</b>	<b>Address of Organization</b>	<b>\$ Amount of Contribution</b>

**Organization's Objectives:**

**Expenditures:** Threshold amounts for each category below include expenditures which are either one-time or in aggregate to the same payee for the reporting period.

## **Section V: Total expenditures of less than \$50:**

**Section VI: Expenditures of \$50 or more (must be individually itemized):**

Name of Payee	Address of Payee	\$ Amount of Expenditure
Vistaprint Grace Mauzy	95 Hayden Ave Lexington MA 11906 County Rd 4001 HoltsSumm mo 65043	556.61 1200.00

If you are including an attachment with additional information, please indicate the number of extra pages: \_\_\_\_.

By signing this Financial Disclosure Form, I certify that this report I am submitting is in compliance with Callaway Electric Cooperative's Board Policy 120.

Signature: \_\_\_\_\_

Printed name: Brent Loutzenhiser

Date: 1.20.2026