## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

# For State and Local Candidates For Single-Candidate Committees

1. DAT	EOFREPORT   2.8 4/10/19	a. NAMEOFC	NDIDATE OR C	OMMITTEE	ILU,	Am	5
2.b. IF (	COMMITTEE, NĂME OF CANDIDATE				3. ELECTION	B.Z.	7,2019
	MPAIGN ADDRESS AND PHONE			Di-t-	7:- 0-1-		
508	Hollyward Dr., KW	OXVILL	E, TN	State 37	Zip Code 909	100	hone 256-1828
	NDIDATE'S HOME ADDRESS (If different thateet or Rural Route		-	State	Zip Code		hone
Stre	et of Kurai Route	.y		State	Zip Code		none
5. OF	FICE SOUGHT (include district number, if app	olicable)	6. NAME C	F POLITICAL	. 1	` _	idate)
CVT		large		Havi	MY 130	51	
7. CA	EGOBY-OR REPORT (Check one)			П	,		
30990	FIRST SECOND THIRD	FOURTH	PRE-	PRE-	MID-Y		YEAR-END
	ARTER QUARTER QUARTER GINNING DATE OF, REPORTING PERIOD	QUARTER	PRIMARY 8.b. ENDING	GENERAL DATE OF REPO	SUPPLEN RTHNG PERIOD		JPPLEMENTAL
	1/16/19			3/31	119		
9. (Ched				- 1 - 0	t		
a.	This campaign is exempt from detailed di	isclosure becaus	se contributions	(including in-ki	nd) received to	otal \$1,000 or	less AND expendi-
	tures total \$1,000 or less for this reporting					• .,	TOTAL ON PONCE
b.	☐ This campaign is required to file a detaile	ed financial discl	osure because	contributions (ir	ncluding in-kind	d) received to	tal more than \$1,000
	and/or expenditures total more than \$1,0	00 for this repor	ting 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.							
	signature of candidate	4/6/19 date	7	Narry signature	of political trea	surer	4/6/19 date
11. WI	TNESS SIGNATURE			iges ou			
13.0	signature of witness	4/b/19 date	]	Bothan	W B	SV s	4/6/19 date
12. SU	MMARY				( 0 -	7 7.1	
а.	BALANCE ON HAND LAST REPORT				\$ <u>600°</u>	tv74	et :
b.	TOTAL RECEIPTS THIS PERIOD				\$ _55	0.00	
c.	TOTAL DISBURSEMENTS THIS PERIOD				\$ _58	4.00	
d.	BALANCE ON HAND (12.a. plus 12.b-) กฎีฟ	us 12.c.)				\$ <u>=</u>	5973.74
e.	TOTAL LOANS OUTSTANDING						0
f.	TOTAL OBLIGATIONS OUTSTANDING.					\$ —	0

## **SUMMARY PAGE - CANDIDATE**

13. NAME OF CANDIDATE OR COMMITTEE (In Full)  14. REPORT COVERING THE PERIOD  FROM: 1/16/19 TO: 3/31/19						
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)						
a. Unitemized Contributions (\$100 or less from each source this period)\$						
b. Itemized Contributions (over \$100 from each source this period)\$ 500.00						
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)\$ 550.00						
16. LOANS RECEIVED THIS REPORTING PERIOD\$						
17. INTEREST RECEIVED THIS REPORTING PERIOD						
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)						
DISBURSEMENTS						
19. EXPENDITURES (other than loan payments)						
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)						
Btt 5/c \$ 30,00						
\$						
s						
\$						
\$						
\$						
\$						
\$						
Total of Expenditures (\$100 or less each payee)						
b. Itemized Expenditures (Over \$100 each payee this period)						
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)\$ 59 ± 00						
20. LOAN REPAYMENTS MADE THIS PERIOD\$						
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)\$						
22.IN-KIND CONTRIBUTIONS						
a. Unitemized in-kind contributions (\$100 or less from each source this period)\$						
b. Itemized in-kind contributions (over \$100 from each source this period)\$						
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)\$						
23. OBLIGATIONS						
a. Unitemized Obligations Outstanding (\$100 or less each)\$						
b. Itemized Obligations Outstanding (Over \$100 each)\$						
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)\$						



### **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE	110	CIAM	S	2. REPORT COVER FROM: 16/9	TO: 3/31/19	
	Amount <sup>i</sup>					
<ol> <li>TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page).</li> <li>COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)</li> </ol>						
First Name 5 Fever	Middle Name	W	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name		Primary Election	500.00			
Address DO BOX 27	7	Runoff (Local Election				
City Krb&VILLE	City Lub & VILCE State 70 37929			Date of Contribution		
Occupation Refived Employer						
	T					
First Name	Middle Nam	ne	Contribution Received For	_	Amount of Contribution	
Last Name/Organization Name			Primary Election	General Election		
Address			Runoff (Local Election			
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation	Occupation					
Employer						
First Name	Middle Nam	e	Contribution Received For	,	Amount of Contribution	
Last Name/Organization Name			☐ Primary Election	General Election		
Address			Runoff (Local Electio			
	State	Zip Code	Date of Contribution		Aggregate This Election	
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation						
Employer						
First Name	Middle Nan	ne	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name		☐ Primary Election 【	General Election			
Address			Runoff (Local Election			
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation	1	1				
Employer						
5. TOTAL ITEMIZED CONTRIBUTIONS					500,00	

### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	NI	LUA	MS E	1/10/10	0:3/3///9	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	Amount?					
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)						
First Name	Middle Nam	e	Purpose of Expenditure	F	Amount of Expenditure	
BIKE BILCB	105		55400			
Address 00 Box 9292			Adverti	0 - 0		
CINKNOX VICER	VW.	Zip Code 37440	4			
First Name	Middle Nam		Purpose of Expenditure	,	Amount of Expenditure	
Last Name/Business Name	*					
Address				Ì		
City	State	Zip Code				
First Name Middle Name			Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	1					
Address						
City	State	Zip Code				
First Name Middle Name			Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name	irst Name Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		1				
Address			]			
City	State	Zip Code				
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code	2			
5. TOTAL ITEMIZED EXPENDITURES  (Carry forward to item 3. of next page if additional pages of this form are used.)  (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)					554 00	

Page 4 of 4