#### **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

### For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT  ARR 8 2019  AMU MU	CANDIDATE OR COMMITTEE  DIS FOR CITY COUNCIL SEAL
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE 8 (27 / 2019
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route P. D. Bo X 9418 (XDXVIUS	2 7 N State Zip Code 865.384.1558
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)  Street or Rural Route  City  City	NUX VILL 9 state 1 No 2 ip Code 865.384.155
5. OFFICE SOUGHT (include district number, if applicable)	6. NAME OF POLITICAL TREASURER (may be candidate)
7. CATEGORY OR REPORT (Check one)  FIRST SECOND THIRD FOURTH  QUARTER QUARTER QUARTER QUARTER  8.a. BEGINNING DATE OF REPORTING PERIOD	PRE- PRE- MID-YEAR YEAR-END PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL  8.b. ENDING DATE OF REPORTING PERIOP)
1/16/2019	3(31/2014
tures total \$1,000 or less for this reporting period. (Co	sclosure because contributions (including in-kind) received total more than \$1,000
accurate accounting of campaign contributions and expendit	ned in this campaign financial disclosure report is true and that this report is an ures required to be reported by the candidate committee by the Campaign nat no campaign contributions have been expended for the personal financial as defined by the federal internal revenue code.  Signature of political treasurer date
11. WITNESS SIGNATURE    11. WITNESS SIGNATURE   4/10/   signature of witness   date	10 Rehinknapp 4/10/2019 signature of witness date
12. SUMMARY  a. BALANCE ON HAND LAST REPORT	\$ - 0 -
b. TOTAL RECEIPTS THIS PERIOD	\$ 28,426
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ 707251
d. BALANCE ON HAND (12.a. plus 12.c.)	\$ <u>21,353.49</u>
e. TOTAL LOANS OUTSTANDING	\$ <u>-</u> 0-
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <del> 0</del>



Page 1 of \_\_\_\_\_

#### **SUMMARY PAGE - CANDIDATE**

13. NAME OF CANDIDATE OR COMMITTEE (In Full)  ANY MIDIS FOR CITY COUNCIL SEAT	14. REPORT COVERING THE PERIOD FROM: (16/2014) TO:3/31/701
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Uniternized Contributions (\$100 or less from each source this period)	\$(40
b. Itemized Contributions (over \$100 from each source this period)	* 58,286
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	. ^/ ( ) / [ - ]
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ _ 0 _
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ _ 0 ~
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ 28,426
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	e.g., printing, postagė, gasoline)
\$	
\$	
See Sheet B for	
Disbursements Breakdown	
\$ <u></u>	
\$	
\$ <u></u>	
\$ <u></u>	
Total of Evacadituses (\$400 or less such assuch	
Total of Expenditures (\$100 or less each payee)	
<ul><li>b. Itemized Expenditures (Over \$100 each payee this period)</li><li>c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)</li></ul>	
20. LOAN REPAYMENTS MADE THIS PERIOD	130
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)	476.26
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.1	5.)\$_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	The state of the s
b. Itemized Obligations Outstanding (Over \$100 each)	
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i ite	m 12.f.)\$



Page Z of 1

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

1. NAME OF CANDIDATE OR COMMITTEE	1 000	NOIL O		REPORT COVER	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	7		8		Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EA					
First Name	Middle Name	***	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			☐ Primary Election ☐	General Election	
Address					
City	-9	See Sheet A	A for	((*************************************	Aggregate This Election
Occupation	Contr	ibutions Bi	eakdown		
Employer			1		
			\$1	*	<b>6</b>
First Name	Middle Nam	Ө	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
Address			Runoff (Local Elections	Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					4
Employer					
e w	Leven				
First Name	Middle Nam	е	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	94
Address			Runoff (Local Elections	Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation		-			
Employer					
First Name	Middle Nam	10	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			- Case Million Control of Case Market Control of Contro	General Election	and a contract contract of the
Address			Runoff (Local Elections		
	I	75-0-4-		Offigy	Account The Fig.
City	State	Zip Code	Date of Contribution	21	Aggregate This Election
Occupation					
Employer					
TOTAL ITEMIZED CONTRIBUTIONS     (Carry forward to item 3. of next page if additional pages (If this is the last page of contributions, this amount mus					28,786

#### ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	12 COUNCIL	SEAL C 2. REPORT COVER	TO:3/3 (/2010
3. TOTAL ITEMIZED IN-KIND CONTRIBUTI	)	,	Amount
		TION (in-kind contributions totaling more than \$100 from any cor	
First Name AMJ	Middle Name	In-Kind Contribution Received For:	Value of In-Kind Contribution
Last Name/Organization Name  HATITAWA		Primary Election General Election	109.92
Address 42 CIRCLE		Date of To-Rand Contribution	Aggregate this Election
		Description of la Vind Continution	
City COXVICE Occupation Employer	1012	Description of In-Kind Contribution  APPLE (25-12)	101
NOT EMPLOYED		WEEL-O PUSEE	-
First Name LAUREN	Middle Name	In-Kind Contribution Received For:  Primary Election  General Election	Value of In-Kind Contribution
Last Name/Organization Name  - ASIE - GOLFA	Nozu	Runoff (Local Elections Only)	316,34
Address 1-0 Rich 141	LLS RD	Date of Tre Kind Contribution	Aggregate this Election
City KNOXVILLE	CESTEN STOREGISTON	Description of In-Kind Contribution BEVEROUS, SUPPL	16 EOR
ANESTHISIST DO	XIMITY	MEET O GREET	
First Name	Middle Name	In-Kind Contribution Received For:	Value of In-Kind Contribution
Last Name/Organization Name		Primary Election General Election	
Address		Runoff (Local Elections Only)  Date of In-Kind Contribution	Aggregate this Election
City	Slate Zip Code	Description of In-Kind Contribution	
Occupation Employer			
First Name	Middle Name	In-Kind Contribution Received For:  ☐ Primary Election ☐ General Election	Value of In-Kind Contribution
Last Name/Organization Name	*	Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution	Aggregate this Election
City	State Zip Code	Description of In-Kind Contribution	
Occupation Employer			
First Name	Middle Name	In-Kind Contribution Received For: Primary Election General Election	Value of In-Kind Contribution
Last Name/Organization Name	11	Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution	Aggregate this Election
City	State Zip Code	Description of In-Kind Contribution	
Occupation Employer			Č.
5. TOTAL ITEMIZED IN-KIND CONTRIBUT		(C) (7)	
(Carry forward to item 3. of next page if additional page (If this is the last page of in-kind contributions, this an		y) 426.26 Page 1 of 1	
SS-1128 (Rev. 2/06)	8 <sup>94</sup>	Page of	RDA 1159

#### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITTE     A M J M D S     TOTAL ITEMIZED CAMPAIGN EXPEND					NG THE PERIOD TO: 3 (3) (20)
4. COMPLETE THE APPROPRIATE ITEMS FO					od)
First Name	Middle Nar		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		1/1		<b>Marine</b>	Amount of Expenditure
		See Sh	eet B for		, another Expenditure
Last Name/Business Name		Disburseme	nts Breakdow	n	
Address				•	
City	State	Zip Code			8
First Name	Middle Na	пе	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code		Til.	13
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address			İ		
City	State	Zip Code	-		
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code	1		
First Name	Middle Nar	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			1		
Address	-		-		
Cily	State	Zip Code	-		
		1	<u></u>	" or a "in bit of	
TOTAL ITEMIZED EXPENDITURES     (Carry forward to item 3. of next page if additional p     (If this is the last page of expenditures, this amoun					
Washing to the reached of experioritines, this attioun	THOUSE DO SHOWITH	THOM TOOL OF SUMMINGLY.)			

#### **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

1. NAME OF CANDIDATE OR C							2. 1	REPORT C	OVERIN	IG THE PERIOD
AMY MINS FIT  3. COMPLETE THE APPROPRI	20174	COUR	) Ci	L, S	EA!	<i>'و</i>	FR0	2M:/201	a l	103/31/2019
3. COMPLETE THE APPROPRI	ATE ITEMS.F	OR EACH I	TEMIZ	ED LOAN (I	oans totaling n	nore than \$100 fr	om any source	during the peri	iod)	
Complete the Following for the Source First Name	e of the Loan Middle Nan			Outstanding L	oon Bolonoo	Loans		oan	Outota	nding Loan Balance
I list Walle	MIGGIE HAIT	16		(Beginning of		Received		ments		End of Period)
Last Name/Organization Name		1117								
Address				Loan Receive		☐ General E	lection	Date of Loar	n	
City	State	Zip Code			Local Elections		iccuon .			
	List All Endo	sers or Guara	antors f	or Above Loa	n (If more spa	ice is needed į	please attach	a page)		
First Name		Middle Name			First Name				Middle N	lame
Last Name/Organization Name					Last Name/Or	ganization Name				
Address					Address					2
City		Stale	Zip C	ode	City				State	Zip Code
Amount Guaranteed Outstanding					Amount Guara	inteed Outstandi	ng			
First Name	= 11,7/24	Middle Name	)	-	First Name				Middle I	Name
Last Name/Organization Name		Last Name/Or	ganization Name	)		<u> </u>				
Address					Address					
City		State	Zip C	Code	City				State	Zip Code
Amount Guaranteed Outstanding		1	118		Amount Guara	anteed Outsland	ng	Va.	1	
First Name		Middle Name	9		First Name			edinae'e	Middle	Name
Last Name/Organization Name					Last Name/O	rganization Name	е		è	7X
Address					Address					
City		Stale	Zip C	Code	City				State	Zip Code
Amount Guaranteed Outstanding			-		Amount Guar	anteed Outstand	ing			
	- "	·					ye -s.		,	
First Name		Middle Nam	е		First Name				Middle	Name
Last Name/Organization Name			Last Name/O	rganization Nam	е					
Address					Address					
City		State	Zip (	Code	City				State	Zip Code
Amount Guaranteed Outstanding					Amount Guar	anteed Outstand	ling	TO-100		
4. Totals for all Loans (complete of (Total loans received should also be should	own in ilem 16. or	summary page	.)			Loan Balance of Period)	Loans Received	Loa Payn	an nenls	Outstanding Loan Balance (End of Period)
(Total loan payments should also be sho (Total outstanding loan balance should a					7	>-1		-		-0-



Page \_\_\_\_\_ of \_\_\_\_

#### **ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE	7 0	UNCIL	(26) (2	2. REPORT COV	ERING THE PER	IOD / CDIO
3. COMPLETE THE APPROPRIATE ITEMS OBLIGATION (obligations totaling more that person/vendor at the end of the reporting person/vendor).	FOR EACH In \$100 ow	ITEMIZED	Outstanding Balance (Beginning of Period)	PROM: (16/19)  Debt Incurred  This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	me				
Last Name/Business Name	1					
Address				,		
City	State	Zip Code				
Description of Obligation	1					
First Name	Middle Na	тө				
Last Name/Business Name						
Address						
City	State	Zip Code		20		
Description of Obligation						
First Name	Middle Na	ame	1		24	
Last Name/Business Name			-			
Address			_			
City	State	Zip Code	1			
Description of Obligation				·		
First Name	Middle N	ame	10, 10 10 10 10 10 10 10 10 10 10 10 10 10			
Last Name/Business Name	1					
Address						
City	State	Zip Code	-			
Description of Obligation				1	1	
First Name	Middle N	arne				
Last Name/Business Name					1	
Address			-			
City	State	Zip Code				
Description of Obligation				1.		4
4. TOTALS				1		1
(Total from Outstanding Balance - (End of Period in item 23b. on summary page.)	) column mu	ust also be shown	-0-			-0-

# Amy Midis for City Council, At- Large, Seat C Campaign Contributions 1st Quarter 2019 Disclosure

River Sports  None  None  None  None  TCS  Vice Mayor  Self  OIO Hospital Based Physicians  None  None  None  Rest TN Community Design Ctr  None  None  Self Employed  ABIOMED Inc  Comfort Keepers  Knoxville Catholic High School  State	Currently Unemployed	Z		•		Dogge
Sports Sports Sports In Community Design Ctr In Commun			Knoxville	4175 Ridgeway Ln.	Cindy	Spangler
Sports Sports Sports Inspiral Based Physicians Inspiral Based Physicians Inspiral Based Physicians Inspiral Physicans Inspiral Physicians Inspiral Physicans Inspiral Physicians Inspiral		Z	Knoxville	516 Forest Hills Blvd.	Susan	Passarello
Sports Sports  Nayor  Iospital Based Physicians Iospital Based Physici	Caregiver	Z	Knoxville	8718 Fox River Way	Amelie	McCoy
Sports Sports Sports Inspiral Based Physicians Inspiral Based Physicia	Sales A	T	Knoxville	6608 Sherwood	Eric	Bell
Sports Sports lospital Based Physicians rer Surgical Associates	Physician	Z	Knoxville	3003 River Haven Point	Amit	Vora
Sports Sports lospital Based Physicians rer Surgical Associates	Retired / Currently Unemployed N	Z	Knoxville	9406 Island Creek Lane	Julie	Fairbrother
Sports Sports Sports Iospital Based Physicians Iospital Based Physicians Organization Ctr Organization Ctr	Retired / Currently Unemployed N	Z	Knoxville	931 Highland Point Drive	Grier	Novinger
Sports Sports Sports Iospital Based Physicians Iospital Based Physicians In Community Design Ctr	Surgeon	٦ W	Virginia Beach	2921 Sandfiddler Rd.	Nick	Midis
Sports Sports Sports Iospital Based Physicians Iospital Based Physicians In Community Design Ctr	Retired / Currently Unemployed N	×	Virginia Beach	2921 Sandfiddler Rd.	Jen	Midis
Sports Sports Sports Iospital Based Physicians Iospital Based Physicians In Community Design Ctr	None	Z	Knoxville	1518 Wembley Hills Rd	Eleni	Stratigeas
Sports Sports Aayor lospital Based Physicians	Director	Z	Knoxville	3640 Iskagna Dr.	Duane	Grieve
Sports Sports Aayor Jospital Based Physicians	Retired / Currently Unemployed N	컫	Knoxville	4178 Ridgeway Ln.	Charlie	Faulkner
Sports Sports Aayor Jospital Based Physicians	4	Z	Knoxville	4178 Ridgeway Ln.	Terry	Faulkner
Sports Sports Aayor Aayor Jospital Based Physicians		Z	Knoxville	7609 Twining Dr.	Virginia	Anagnost
Sports Sports Aayor	Physician	오	Brecksville	6620 Rockledge Dr	Milton	Midis
Sports Sports Aayor	Restaurant Owner S	Z	Knoxville	310 W. Jackson Avenue	Strutz	Jessica
Sports	City of Knoxville Vi	¥	Knoxville	102 Herron Dr.	Finbarr	Saunders
Sports	Physician	Z	Knoxville	1636 Yachtsman way	Hesamm	Gharavi
Sports	Retired / Currently Unemployed N	Z	Knoxville	4124 Jomandowa Dr.	John	Ulmer
Sports	Retired / Currently Unemployed N	Z	Knoxville	4124 Jomandowa Dr.	Martie	Ulmer
Sports	Retired / Currently Unemployed N	Z	Knoxville	8400 Corteland Dr.	Pete	Psihogios
	Business Owner F	Z	Knoxville	P.O. Box 11047	Εď	McAlister
	Marketing	Į	Knoxville	3221 Riverside Dr.	111111	Kanczukewski
	Retired / Currently Unemployed N	Z	Knoxville	4904 W. Summit Cir.	Maria	Gall
	Knoxville	ž	Knoxville	1540 Agawela Ave	Joyce	Feld
one	Retired / Currently Unemployed N	GA	Atlanta	3310 €. Wood Valley Rd. NW	Panos	Midis
	N/A	GA	Atlanta	3310 E. Wood Valley Rd. NW	Susan	Midis
None	Retired / Currently Unemployed N	X	Spring	7818 Friars Court Ln.	Catherine	Gibbons
	Investment fund founder	ス	Houston	2707 Pittsburg St.	Matthew	Assiff
NE. Texas ENT Center		Z	Powderly	301 County Rd	Mark	Gibbons
	Physician	z	Houston	2707 Pittsburg St.	Lisa	Assiff
Univ. of OK Health Sciences Ctr. \$	Physician	Q Q	Oklahoma City	501 NW 15th Street	Lacy	Harville
	Portfolio mgr. F	Z	Knoxville	428 Kituwah Trl.	Dennis	Owen
	data analyst	Z	Knoxville	5015 W. Summit Cir	Amv	Midis
Premier Surgical \$	Physician F	Z	Knoxville	5015 W. Summit Cir.	Greg	Midis
erties LLC	development	ĭ	Knoxville	6501 Orchard Dr.	Tim	Harrie Harris
mployer	Occupation	State	City	Address	First Name	Last Name



# Amy Midis for City Council, At- Large, Seat C Campaign Contributions 1st Quarter 2019 Disclosure

Rider Lauren			<b>4</b> /2			Christensen Wayne	Santomassino Ann			ÿ				020		nman			S	JET				an Jr		-1		sibne	SOI						3		l ast Name Fire	
		ren	₹	ō	w	/ne		ny	ω	à	2	dra	Caroline	D .	Inv	90	François		Catherine	Richard	Ω.	ČV	oh	J. William	Michelle	Andrew	co c	George	Jennifer	Deedee	Ç.	ই	à	<u>6</u> .	3		First Name	
ON VIGIOIDE NO	2028 Malaney Dd	229 E. Scott Ave	406 Eisenhower St.	6906 Stone Mill Dr	1024 Scenic Dr.	1024 Scenic Dr.	801 Forest Heights Rd	606 Forest Hills Blvd.	5016 W Summit Circle	PO Box 11854	6908 Stockton Drive		5800 Central Ave Pike, Apt 2701	8105 Ainsworth dr	1305 Barclay Heights Lane	904 Forest Heights Rd	4917 W Summit Cir	910 Carrington Rd.	7818 Friars Court Ln.	5116 Riverbriar Rd	4534 Old Kingston Pike	459 Circle Hill Dr.	459 Circle Hill Dr.	2076 Lakeside Centre Way	1131 Chickamauga Ave	604 Forest Heights Rd.	2004 Remington Ridge Way	2004 Remington Ridge Way	718 Prince George Parish Dr.	1104 Sharon Rd.	5534 Westover Drive	709 Forest Hills Blvd.	406 Circle Hill Dr.	6049 Cloverland Dr.	6049 Cloverland Dr.	925 Westmoreland Boulevard	Address	
The second second second second	Knoxville	Knoxville	Farragut	Knoxville	Knoxville	Knoxville	Knoxville	Knoxville	Knoxville	Knoxville	Knoxville	-		Knoxville	Knoxville	Knoxville	Knoxville	Knoxville	Spring	Knoxville	Knoxville	Knoxville	Knoxville	Knoxville	Knoxville	Knoxville	Knoxville	Knoxville	Knoxville	Knoxville	Knoxville	Knoxville	Knoxville	Brentwood	Brentwood	Knoxville	City	
	¥	Z	Z	Z	Z	Z	¥	Z	M	N	Z	Z	Z	ĭ	Z	Z	ĭ	T	X	¥	Z	Z	Z	Z	N	ĭ	Z	¥	ĭ	N	Į	Z	Z	ΤN	IN	Z	State	
	Attorney	Librarian	rrently Unemployed	Homemaker	Knoxville	Knoxville	Research	Social worker	Knoxville	Knoxville	waste consultant	Gift Records Specialist III	Currently Unemployed	attorney	Knoxville	Engineer	Knoxville	Retired / Currently Unemployed	Retired / Currently Unemployed	Knoxville	Owner	Veterinarian	Veterinarian	Financial Advisor	Electrician	Best Effort	rrently Unemployed	Perfusionist	Retired / Currently Unemployed	Retired / Currently Unemployed	Knoxville	Retired / Currently Unemployed	Best Effort	Retired / Currently Unemployed	Business Owner	Retired / Currently Unemployed	Occupation	
The same of the sa	Self	Pellissippi State Comminity College	None	Self	None	None	None	Covenant	None	None	RB Perry LLC	University of Tennessee Foundation, Ir	None	Nassios&McLaughlin	None	Tennessee Valley Authority	None	None	None	None	Ashe's Wine & Spirits	Young Williams Animal Center	University of Tennessee	PYA Waltman Capital, LLC	A-1 Electric	Best Effort	None	Volunteer perfusion	None	None	None	None	Best Effort	None	J Graham Inc		Employer	
n	co	69	€0	€n	· ·	6	U	G	· co	69	co	Inc. \$	69	€	G	G	60	G	G	6	U	60	60	6/1	4	60	€A	6/1	€6	U		0	6	6	6	69	Con	
100.00	500.00	150.00	100.00	50.00	100.00	100.00	00.00	100.00	100.00	50.00	100.00	25.00	10.00	500.00	200.00	100.00	100.00	100.00	200.00	250.00	150.00	125.00	125.00	150.00	50.00	50.00	125.00	125.00	250.00	100.00	100.00	100.00	100.00	800.00	800.00	50.00	Primary \$ Contribution	
31-Mar-19	29-Mar-19	29-Mar-19	29-Mar-19	29-Mar-19	29-Mar-19	29-Mar-19	61-JEIM-97	SI-Jain-87	28-Mar-19	28-Mar-19	28-Mar-19	28-Mar 19	28-Mar-19	26-Mar-19	26-Mar-19	25-Mar-19	24-Mar-19	18-Mar-19	81-JBM-81	18-Mar-19	1/-War-19	15-Mar-19	15-Mar-19	14-Mar-19	14-Mar-19	14-Mar-19	14-Mar-19	14-Mar-19	13-Mar-19	I S-Mar-19	12-Wat-12	12-Wat 19	1 -Mar-19	11-Mar-19	II-Mar-19	10-Mar-19	Date	



	28,286.00	TOTAL \$ 28,286.00							
SI-IRM-IS OUTOIL	00.00	4	WellStar Health System	Finance	GA	Atlanta	1267 Avalon Place	ษ	Thomas
50-00 31-War-15	500.00	•	ETCH	RN	Z	Knoxville	P.O Box 10885		Smith
SI-Mai-I	200.00	4	Labsolutions	Management	Z	Knoxville	10212 Thimble Fields Dr.		Saliba
JI-IBIN-IC	1,000.00 31-Wat-18	) <del>(</del>	None	Retired / Currently Unemployed None	Z	Knoxville	4312 Shawnee Lane	Kirstin	<b>Cropilak</b>
1.00 SI-IVIAI-18	1.00	9	Covenant Health	Web Developer	Z	Knoxville	2322 East Glenwood Ave		Salyon
100.00 SI-Wal-13	100.00	9 4	None	Knoxville	뒫	Knoxville	700 Jonathan Ave	Thomas	Fisher
400.00 31-Wat-19	100.00	9 4	None	Knoxville	Z	Knoxville	903 Windgate St	Caroline	Cooley
Date	Contribution	, S	Employer	Occupation	State	City	Address	First Name	Last Name

#### SHEET B

### Amy Midis for City Council, Seat C Campaign Expenses – Disbursements

#### 1<sup>st</sup> Quarter 2019

<u>Payee</u>	Purpose of Expenditure	<u>Amount</u>
John Galyon	Website development	\$1,000.00
Don Black*	Campaign consultant	\$3,000.00
1 <sup>st</sup> Tenn. Bank	Service fee	\$5.00
Heritage Advertising	Yard sign posts	\$392.20
Brandon's	Campaign promo items	\$72.11
TN Democratic Party	Voter database	\$250.00
Stripe	Online contrib. payment fees	\$285.64
U.S. Postal Service	P.O. Box rental	\$134.00
Hart Graphics	Campaign stationery	\$136.56
Parrott Printing	Yard signs	\$1,529.50
Amy Midis	Reimbursement – GreenGeeks (web hosting)	\$59.40
Amy Midis	Reimbursement – Parrott Printing (yard sign printing)	\$93.17
Amy Midis	Reimbursement – Finch Photo (campaign website photographs)	\$114.93
	Total	\$7,072.51

<sup>\*3001</sup> Rivertowne Way, Apt. 306, Knoxville 37920

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