

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

| | | | |
|---|---|--|---|
| 1. DATE OF REPORT <u>1-29-16</u> | | 2.a. NAME OF CANDIDATE OR COMMITTEE <u>ANTHONY HOLT</u> | |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE <u>ANTHONY HOLT</u> | | 3. ELECTION DATE | |
| 4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route | | City | State |
| | | Zip Code | Phone |
| 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route | | | |
| | | City | State |
| | | Zip Code | Phone |
| <u>298 KIRK LANE</u> | | <u>GALLATIN TN</u> | <u>37066</u> |
| | | <u>615</u> | <u>497-7968</u> |
| 5. OFFICE SOUGHT (include district number, if applicable) <u>COUNTY EXECUTIVE</u> | | 6. NAME OF POLITICAL TREASURER (may be candidate) <u>CINDY L WILLIAMS</u> | |
| 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 checked="" type="checkbox"/> YEAR-END SUPPLEMENTAL |
| 8.a. BEGINNING DATE OF REPORTING PERIOD <u>7-1-15</u> | | 8.b. ENDING DATE OF REPORTING PERIOD <u>1-15-16</u> | |
| 9. (Check one) | | | |
| a. <input 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 checked="" 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. | | | |
| <u>Anthony Holt</u> signature of candidate | | <u>1/29/2016</u> date | <u>Cindy L Williams</u> signature of political treasurer |
| | | | <u>1/29/16</u> date |
| 11. WITNESS SIGNATURE | | | |
| <u>Joyce L. Gray</u> signature of witness | | <u>1/29/16</u> date | <u>Joyce L. Gray</u> signature of witness |
| | | | <u>1/29/16</u> date |
| 12. SUMMARY | | | |
| a. BALANCE ON HAND LAST REPORT | | \$ <u>25,425.49</u> | |
| b. TOTAL RECEIPTS THIS PERIOD | | \$ <u>FILED</u> | |
| c. TOTAL DISBURSEMENTS THIS PERIOD | | \$ <u>2,580.00</u> | |
| | | <u>JAN 29 2016</u> | |
| d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) | | \$ <u>22,845.49</u> | |
| e. TOTAL LOANS OUTSTANDING | | \$ <u>—</u> | |
| | | <u>SUMNER COUNTY ELECTION COMMISSION</u> | |
| f. TOTAL OBLIGATIONS OUTSTANDING | | \$ <u>—</u> | |



SUMMARY PAGE - CANDIDATE

| | |
|---|--|
| 13. NAME OF CANDIDATE OR COMMITTEE (In Full) <div style="font-size: 1.5em; font-family: cursive; text-align: center;">ANTHONY HOLT</div> | 14. REPORT COVERING THE PERIOD FROM: 7/1/15 TO: 1/15/16 |
| 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) | \$ _____ |
| c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) | \$ _____ |
| 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.) | \$ <u>0</u> |
| 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) | |
| <u>ADVERTISING</u> | \$ <u>50.00</u> |
| <u>DONATIONS</u> | \$ <u>285.00</u> |
| <u>DUES</u> | \$ <u>150.00</u> |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| Total of Expenditures (\$100 or less each payee) | \$ <u>485.00</u> |
| b. Itemized Expenditures (Over \$100 each payee this period) | \$ <u>2095.00</u> |
| c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) | \$ <u>2580.00</u> |
| 20. LOAN REPAYMENTS MADE THIS PERIOD | \$ _____ |
| 21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) | \$ <u>2580.00</u> |
| 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 in item 12.f.) | \$ _____ |



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

| | | | | |
|--|--------------------|--|--|---------------------------|
| 1. NAME OF CANDIDATE OR COMMITTEE ANTHONY BOLT | | | 2. REPORT COVERING THE PERIOD FROM: 7/1/15 TO: 11/15/16 | |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | | Amount 0 |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period) | | | | |
| First Name COURTNEY | Middle Name | Purpose of Expenditure CAMPAIGN CONTRIBUTION | Amount of Expenditure 250.00 | |
| Last Name/Business Name ROGERS | | | | |
| Address 432 CHICKASAW TRAIL | | | | |
| City GOODLETTSVILLE | State TN | Zip Code 37072 | | |
| First Name FERRELL | Middle Name | Purpose of Expenditure CAMPAIGN CONTRIBUTION | Amount of Expenditure 250.00 | |
| Last Name/Business Name HAILE | | | | |
| Address 1900 CAIRO ROAD | | | | |
| City GALLATIN | State TN | Zip Code 37066 | | |
| First Name | Middle Name | Purpose of Expenditure DONATION | Amount of Expenditure 125.00 | |
| Last Name/Business Name PORTLAND EDUCATION FOUNDATION | | | | |
| Address | | | | |
| City PORTLAND | State TN | Zip Code 37148 | | |
| First Name WILLIAM | Middle Name | Purpose of Expenditure CAMPAIGN CONTRIBUTION | Amount of Expenditure 250.00 | |
| Last Name/Business Name LAMBERTH | | | | |
| Address 1002 ANGUS COURT | | | | |
| City COTTONTOWN | State TN | Zip Code 37048 | | |
| First Name | Middle Name | Purpose of Expenditure DUES | Amount of Expenditure 150.00 | |
| Last Name/Business Name HENDERSONVILLE ROTARY | | | | |
| Address P.O. BOX 473 | | | | |
| City HENDERSONVILLE | State TN | Zip Code 37077 | | |
| First Name ALLEN | Middle Name | Purpose of Expenditure CAMPAIGN CONTRIBUTION | Amount of Expenditure 500.00 | |
| Last Name/Business Name DRIVER | | | | |
| Address 135 MT. VERNON ROAD | | | | |
| City BETHPAGE | State TN | Zip Code 37022 | | |
| 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.) | | | | Amount 1,525.00 |

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

| | | | | |
|--|--------------------|--|--|---------------------------|
| 1. NAME OF CANDIDATE OR COMMITTEE ANTHONY HOLT | | | 2. REPORT COVERING THE PERIOD FROM: 7/1/15 TO: 11/15/16 | |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | | Amount 1,525.00 |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period) | | | | |
| First Name MIKE | Middle Name | Purpose of Expenditure CAMPAIGN CONTRIBUTION | Amount of Expenditure 250.00 | |
| Last Name/Business Name CARTER | | | | |
| Address 102 CEDAR RIDGE LANE | | | | |
| City HENDERSONVILLE | State TN | Zip Code 37075 | | |
| First Name | Middle Name | Purpose of Expenditure DUES | Amount of Expenditure 190.00 | |
| Last Name/Business Name HENDERSONVILLE CHAMBER OF COMMERCE | | | | |
| Address 100 COUNTRY CLUB DRIVE, STE 104 | | | | |
| City HENDERSONVILLE | State TN | Zip Code 37075 | | |
| First Name | Middle Name | Purpose of Expenditure DUES | Amount of Expenditure 130.00 | |
| Last Name/Business Name GOODLETTSVILLE CHAMBER OF COMMERCE | | | | |
| Address 100 N. MAIN STREET, STE 0 | | | | |
| City GOODLETTSVILLE | State TN | Zip Code 37072 | | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure | |
| Last Name/Business Name | | | | |
| Address | | | | |
| City | State | Zip Code | | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure | |
| Last Name/Business Name | | | | |
| Address | | | | |
| City | State | Zip Code | | |
| 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.) | | | | 2095.00 |