

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

|   |  |   |  |
|---|--|---|--|
| 1. DATE OF REPORT<br><u>1/15/2017</u>   | 2.a. NAME OF CANDIDATE OR COMMITTEE<br><u>TOMMY ELSTEN FOR Mayor</u> |   |  |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE  |  | 3. ELECTION DATE<br><u>11/08/16</u>   |  |
| 4.a. CAMPAIGN ADDRESS AND PHONE<br>Street or Rural Route                      City                      State                      Zip Code                      Phone<br><u>138 COUNTRY CLUB DR. HENDERSONVILLE TN 37075 (423)533-7090</u>   |  |   |  |
| 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)<br>Street or Rural Route                      City                      State                      Zip Code                      Phone   |  |   |  |
| 5. OFFICE SOUGHT (include district number, if applicable)<br><u>Mayor - HENDERSONVILLE</u>  |  | 6. NAME OF POLITICAL TREASURER (may be candidate)<br><u>JOHN I. GREGORY</u> |  |
| 7. CATEGORY OR REPORT (Check one)   |  |   |  |
| <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input checked="" 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<br><u>10/30/2016</u>  |  | 8.b. ENDING DATE OF REPORTING PERIOD<br><u>1/15/2017</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.)<br>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. |  |   |  |
| <u>[Signature]</u><br>signature of candidate  |  | <u>1/15/17</u><br>date  | <u>[Signature]</u><br>signature of political treasurer |
|   |  |   | <u>1/15/17</u><br>date                                 |
| 11. WITNESS SIGNATURE   |  |   |  |
| <u>[Signature]</u><br>signature of witness  |  | <u>1/15/17</u><br>date  | <u>[Signature]</u><br>signature of witness             |
|   |  |   | <u>1/15/17</u><br>date                                 |
| 12. SUMMARY   |  |   |  |
| a. BALANCE ON HAND LAST REPORT .....  |  | \$ <u>5934<sup>00</sup></u>   |  |
| b. TOTAL RECEIPTS THIS PERIOD .....   |  | \$ <u>6061<sup>85</sup></u>   |  |
| c. TOTAL DISBURSEMENTS THIS PERIOD .....  |  | \$ <u>11995<sup>85</sup></u>  |  |
| d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .....   |  | \$ <u>0</u>   |  |
| e. TOTAL LOANS OUTSTANDING .....  |  | \$ <u>0</u>   |  |
| f. TOTAL OBLIGATIONS OUTSTANDING .....  |  | \$ <u>0</u>   |  |

FILED

A.M.                      P.M.  
JAN 24 2017

SUMNER COUNTY  
ELECTION COMMISSION





# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

|  |  |                        |  |   |                          |                                     |  |
|--|--|------------------------|--|---|--------------------------|-------------------------------------|--|
| 1. NAME OF CANDIDATE OR COMMITTEE<br><b>County ELSTEN FOR Mayor</b>  |  |                        |  | 2. REPORT COVERING THE PERIOD<br>FROM: <b>10/30/14</b> TO: <b>1/15/17</b> |                          |                                     |  |
| 3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)   |  |                        |  |   | Amount                   |                                     |  |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)   |  |                        |  |   |                          |                                     |  |
| First Name   |  | Middle Name            |  | In-Kind Contribution Received For:  |                          | Value of In-Kind Contribution       |  |
| Last Name/Organization Name  |  | Address                |  | Date of In-Kind Contribution  |                          | Aggregate this Election             |  |
| City   |  | State                  |  | Zip Code  |                          | Description of In-Kind Contribution |  |
| Occupation   |  | Employer               |  |   |                          |                                     |  |
| <b>RANCHO CANTINA</b>  |  | <b>624 W. MAIN ST.</b> |  | <b>11/8/16</b>  |                          | <b>1000</b>                         |  |
| <b>HENDERSONVILLE</b>  |  | <b>TN</b>              |  | <b>37075</b>  |                          | <b>CATERING</b>                     |  |
| First Name   |  | Middle Name            |  | In-Kind Contribution Received For:  |                          | Value of In-Kind Contribution       |  |
| Last Name/Organization Name  |  | Address                |  | Date of In-Kind Contribution  |                          | Aggregate this Election             |  |
| City   |  | State                  |  | Zip Code  |                          | Description of In-Kind Contribution |  |
| Occupation   |  | Employer               |  |   |                          |                                     |  |
| <b>KIRK CLEMENTS - ATTY.</b>   |  | <b>140 N. MAIN ST</b>  |  | <b>12/5/16</b>  |                          | <b>820<sup>00</sup></b>             |  |
| <b>GOODLETTSVILLE</b>  |  | <b>TN</b>              |  | <b>37072</b>  |                          | <b>LEGAL</b>                        |  |
| First Name   |  | Middle Name            |  | In-Kind Contribution Received For:  |                          | Value of In-Kind Contribution       |  |
| Last Name/Organization Name  |  | Address                |  | Date of In-Kind Contribution  |                          | Aggregate this Election             |  |
| City   |  | State                  |  | Zip Code  |                          | Description of In-Kind Contribution |  |
| Occupation   |  | Employer               |  |   |                          |                                     |  |
| <b>GARY</b>  |  | <b>EALEY</b>           |  | <b>11/1/16</b>  |                          | <b>106<sup>00</sup></b>             |  |
| <b>176 Holly WALTON DR.</b>  |  | <b>H'VILLE</b>         |  | <b>TN</b>   |                          | <b>37075</b>                        |  |
| <b>self empl.</b>  |  | <b>EALEY CONST</b>     |  |   |                          | <b>HEADQUARTERS</b>                 |  |
| First Name   |  | Middle Name            |  | In-Kind Contribution Received For:  |                          | Value of In-Kind Contribution       |  |
| Last Name/Organization Name  |  | 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:  |                          | Value of In-Kind Contribution       |  |
| Last Name/Organization Name  |  | Address                |  | Date of In-Kind Contribution  |                          | Aggregate this Election             |  |
| City   |  | State                  |  | Zip Code  |                          | Description of In-Kind Contribution |  |
| Occupation   |  | Employer               |  |   |                          |                                     |  |
|  |  |                        |  |   |                          |                                     |  |
| 5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.) |  |                        |  |   | <b>1920<sup>00</sup></b> |                                     |  |

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

|  |  |  |                          |  |                          |
|--|--|--|--------------------------|--|--------------------------|
| 1. NAME OF CANDIDATE OR COMMITTEE<br><b>TOMMY ELSTEN FOR Mayor</b>   |  |  |                          | 2. REPORT COVERING THE PERIOD<br>FROM: <b>10/30/16</b> TO: <b>1/15/17</b>  |                          |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)  |  |  |                          |  | Amount<br><b>0</b>       |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)   |  |  |                          |  |                          |
| First Name<br><b>JAMES</b>   |  | Middle Name                            |                          | Contribution Received For:   |                          |
| Last Name/Organization Name<br><b>ANDERSON</b>   |  | Address<br><b>629 BONITA PKWY</b>      |                          | <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election<br><input type="checkbox"/> Runoff (Local Elections Only) |                          |
| City<br><b>HENDERSONVILLE</b>  |  | State<br><b>TN</b>                     | Zip Code<br><b>37075</b> | Amount of Contribution<br><b>500<sup>00</sup></b>  |                          |
| Occupation<br><b>self employed</b>   |  | Employer<br><b>CONSTRUCTION</b>        |                          | Date of Contribution<br><b>11/4/16</b>   |                          |
| Aggregate This Election  |  | <b>1500<sup>00</sup></b>               |                          |  |                          |
| First Name<br><b>AMY</b>   |  | Middle Name<br><b>D</b>                |                          | Contribution Received For:   |                          |
| Last Name/Organization Name<br><b>ANDERSON</b>   |  | Address<br><b>629 BONITA PKWY</b>      |                          | <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election<br><input type="checkbox"/> Runoff (Local Elections Only) |                          |
| City<br><b>HENDERSONVILLE</b>  |  | State<br><b>TN</b>                     | Zip Code<br><b>37075</b> | Amount of Contribution<br><b>1500<sup>00</sup></b>   |                          |
| Occupation<br><b>NURSE</b>   |  | Employer<br><b>HMC</b>                 |                          | Date of Contribution<br><b>11/4/16</b>   |                          |
| Aggregate This Election  |  | <b>1500<sup>00</sup></b>               |                          |  |                          |
| First Name<br><b>CARSON</b>  |  | Middle Name                            |                          | Contribution Received For:   |                          |
| Last Name/Organization Name<br><b>ANDERSON</b>   |  | Address<br><b>629 BONITA PKWY</b>      |                          | <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election<br><input type="checkbox"/> Runoff (Local Elections Only) |                          |
| City<br><b>HENDERSONVILLE</b>  |  | State<br><b>TN</b>                     | Zip Code<br><b>37075</b> | Amount of Contribution<br><b>500<sup>00</sup></b>  |                          |
| Occupation<br><b>N/A</b>   |  | Employer                               |                          | Date of Contribution<br><b>11/4/16</b>   |                          |
| Aggregate This Election  |  | <b>500<sup>00</sup></b>                |                          |  |                          |
| First Name<br><b>MICHAEL</b>   |  | Middle Name                            |                          | Contribution Received For:   |                          |
| Last Name/Organization Name<br><b>DODD</b>   |  | Address<br><b>5916 WESTHEIMER PKWY</b> |                          | <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election<br><input type="checkbox"/> Runoff (Local Elections Only) |                          |
| City<br><b>BRENT WOOD</b>  |  | State<br><b>TN</b>                     | Zip Code<br><b>37027</b> | Amount of Contribution<br><b>100<sup>00</sup></b>  |                          |
| Occupation<br><b>GEN. MANAGER</b>  |  | Employer<br><b>INSURANCE</b>           |                          | Date of Contribution<br><b>11/1/16</b>   |                          |
| Aggregate This Election  |  | <b>100<sup>00</sup></b>                |                          |  |                          |
| 5. TOTAL ITEMIZED CONTRIBUTIONS<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of contributions, this amount must be shown in item 15b. of summary.) |  |  |                          |  | <b>2600<sup>00</sup></b> |

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

|  |  |   |  |  |                          |
|--|--|---|--|--|--------------------------|
| 1. NAME OF CANDIDATE OR COMMITTEE<br><b>Tommy ELSTEN For Mayor</b>   |  |   |  | 2. REPORT COVERING THE PERIOD<br>FROM <b>10/30/16</b> TO: <b>1/15/17</b>                       |                          |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)  |  |   |  |  | Amount<br><b>2600</b>    |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)   |  |   |  |  |                          |
| First Name<br><b>STACEY</b>  |  | Middle Name<br><b>G</b>                     |  | Contribution Received For:   |                          |
| Last Name/Organization Name<br><b>DODD</b>   |  | Address<br><b>5916 WESTHEIMER PKWY</b>      |  | <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election |                          |
| City<br><b>BRENTWOOD</b>   |  | State<br><b>TN</b>                          |  | Zip Code<br><b>37027</b>   |                          |
| Occupation<br><b>N/A</b>   |  | Employer                                    |  | Date of Contribution<br><b>11/1/16</b>   |                          |
|  |  |   |  | Amount of Contribution<br><b>100</b>   |                          |
|  |  |   |  | Aggregate This Election<br><b>100</b>  |                          |
| First Name<br><b>TOMMY</b>   |  | Middle Name                                 |  | Contribution Received For:   |                          |
| Last Name/Organization Name<br><b>ELSTEN</b>   |  | Address<br><b>138 COUNTRY CLUB DR.</b>      |  | <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election |                          |
| City<br><b>HENDERSONVILLE</b>  |  | State<br><b>TN</b>                          |  | Zip Code<br><b>37025</b>   |                          |
| Occupation<br><b>self employed</b>   |  | Employer<br><b>ELSTEN SECURITY SERVICES</b> |  | Date of Contribution<br><b>1/10/17</b>   |                          |
|  |  |   |  | Amount of Contribution<br><b>2,281<sup>85</sup></b>  |                          |
|  |  |   |  | Aggregate This Election<br><b>2,281<sup>85</sup></b>   |                          |
| First Name   |  | Middle Name                                 |  | Contribution Received For:   |                          |
| Last Name/Organization Name<br><b>SUMNER ASSOC. OF REACTORS</b>  |  | Address<br><b>COMMERCE DR.</b>              |  | <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election |                          |
| City<br><b>HENDERSON</b>   |  | State                                       |  | Zip Code   |                          |
| Occupation   |  | Employer                                    |  | Date of Contribution<br><b>1/09/17</b>   |                          |
|  |  |   |  | Amount of Contribution<br><b>1000</b>  |                          |
|  |  |   |  | Aggregate This Election<br><b>1000</b>   |                          |
| First Name   |  | Middle Name                                 |  | Contribution Received For:   |                          |
| Last Name/Organization Name  |  | Address                                     |  | <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election            |                          |
| City   |  | State                                       |  | Zip Code   |                          |
| Occupation   |  | Employer                                    |  | Date of Contribution   |                          |
|  |  |   |  | Amount of Contribution   |                          |
|  |  |   |  | Aggregate This Election  |                          |
| 5. TOTAL ITEMIZED CONTRIBUTIONS<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of contributions, this amount must be shown in item 15b. of summary.) |  |   |  |  | <b>5981<sup>85</sup></b> |

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

|  |                    |   |                 |  |   |
|--|--------------------|---|-----------------|--|---|
| 1. NAME OF CANDIDATE OR COMMITTEE<br><b>Tommy ELSTEN FOR Mayor</b>   |                    | 2. REPORT COVERING THE PERIOD<br>FROM: <b>10/30/14</b> TO: <b>1/15/17</b> |                 |  |   |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)   |                    |   | Amount <b>0</b> |  |   |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)   |                    |   |                 |  |   |
| First Name   |                    | Middle Name   |                 | Purpose of Expenditure<br><b>ADVERTISING</b>           | Amount of Expenditure<br><b>2500<sup>00</sup></b> |
| Last Name/Business Name<br><b>THE SMITH GROUP</b>  |                    |   |                 |  |   |
| Address<br><b>100 N. MAIN ST. STEP</b>   |                    |   |                 |  |   |
| City<br><b>GOODLETTSVILLE</b>  | State<br><b>TN</b> | Zip Code<br><b>37072</b>  |                 |  |   |
| First Name   |                    | Middle Name   |                 | Purpose of Expenditure<br><b>ADVERTISING</b>           | Amount of Expenditure<br><b>5000<sup>00</sup></b> |
| Last Name/Business Name<br><b>THE SMITH GROUP</b>  |                    |   |                 |  |   |
| Address<br><b>100 N. MAIN ST. STEP</b>   |                    |   |                 |  |   |
| City<br><b>GOODLETTSVILLE</b>  | State<br><b>TN</b> | Zip Code<br><b>37072</b>  |                 |  |   |
| First Name   |                    | Middle Name   |                 | Purpose of Expenditure<br><b>MONTHLY ACCT. FEE</b>     | Amount of Expenditure<br><b>36<sup>00</sup></b>   |
| Last Name/Business Name<br><b>VOLUNTEER STATE BANK</b>   |                    |   |                 |  |   |
| Address  |                    |   |                 |  |   |
| City<br><b>HENDERSONVILLE</b>  | State<br><b>TN</b> | Zip Code<br><b>37075</b>  |                 |  |   |
| First Name   |                    | Middle Name   |                 | Purpose of Expenditure<br><b>WEB DOMAIN</b>            | Amount of Expenditure<br><b>52<sup>51</sup></b>   |
| Last Name/Business Name<br><b>GO DADDY.COM</b>   |                    |   |                 |  |   |
| Address  |                    |   |                 |  |   |
| City   | State<br><b>AZ</b> | Zip Code  |                 |  |   |
| First Name   |                    | Middle Name   |                 | Purpose of Expenditure<br><b>OFFICE SUPPLIES</b>       | Amount of Expenditure<br><b>40<sup>79</sup></b>   |
| Last Name/Business Name<br><b>WALMART #1376</b>  |                    |   |                 |  |   |
| Address<br><b>N. ANDERSON LN</b>   |                    |   |                 |  |   |
| City<br><b>HEND.</b>   | State<br><b>TN</b> | Zip Code<br><b>37075</b>  |                 |  |   |
| First Name   |                    | Middle Name   |                 | Purpose of Expenditure<br><b>SKY SIGN ELECTION DAY</b> | Amount of Expenditure<br><b>1632<sup>85</sup></b> |
| Last Name/Business Name<br><b>ATLANTA SKY SIGNS</b>  |                    |   |                 |  |   |
| Address  |                    |   |                 |  |   |
| City<br><b>HAMPTON</b>   | State<br><b>GA</b> | Zip Code  |                 |  |   |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of expenditures, this amount must be shown in item 19b. of summary.) |                    |   |                 |  | <b>9262<sup>15</sup></b>                          |

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

|  |                    |                                    |                         |
|--|--------------------|------------------------------------|-------------------------|
| 1. NAME OF CANDIDATE OR COMMITTEE<br><b>TOMMY ELSTEN FOR MAYOR</b>   |                    | 2. REPORT COVERING THE PERIOD      |                         |
|  |                    | FROM: <b>10/30/16</b>              | TO: <b>1/15/17</b>      |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)   |                    | Amount<br><b>9262<sup>15</sup></b> |                         |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)   |                    |                                    |                         |
| First Name   | Middle Name        | Purpose of Expenditure             | Amount of Expenditure   |
| Last Name/Business Name<br><b>COMCAST</b>  |                    | <b>CABLE + INTERNET<br/>@ HQ</b>   | <b>337<sup>00</sup></b> |
| Address  |                    |                                    |                         |
| City   | State<br><b>GA</b> |                                    |                         |
| First Name   | Middle Name        | Purpose of Expenditure             | Amount of Expenditure   |
| Last Name/Business Name<br><b>HHS BASEBALL</b>   |                    | <b>HOLE SPONSOR</b>                | <b>100<sup>-</sup></b>  |
| Address<br><b>CHENO KEE RO.</b>  |                    |                                    |                         |
| City<br><b>H'VILLE</b>   | State<br><b>TN</b> |                                    |                         |
| First Name   | Middle Name        | Purpose of Expenditure             | Amount of Expenditure   |
| Last Name/Business Name<br><b>PEDALONT NATURAL GAS</b>   |                    | <b>UTILITY BILL</b>                | <b>60<sup>42</sup></b>  |
| Address  |                    |                                    |                         |
| City   | State              |                                    |                         |
| First Name   | Middle Name        | Purpose of Expenditure             | Amount of Expenditure   |
| Last Name/Business Name<br><b>HENDERSONVILLE UTILITY DISTRICT</b>  |                    | <b>WATER BILL</b>                  | <b>111<sup>84</sup></b> |
| Address  |                    |                                    |                         |
| City   | State              |                                    |                         |
| First Name   | Middle Name        | Purpose of Expenditure             | Amount of Expenditure   |
| Last Name/Business Name<br><b>NASHVILLE ELECTRIC</b>   |                    | <b>UTILITY BILL</b>                | <b>304<sup>34</sup></b> |
| Address  |                    |                                    |                         |
| City   | State              |                                    |                         |
| First Name<br><b>Neil</b>  | Middle Name        | Purpose of Expenditure             | Amount of Expenditure   |
| Last Name/Business Name<br><b>SIDERS</b>   |                    | <b>CONSULTING</b>                  | <b>1000<sup>-</sup></b> |
| Address<br><b>100 LEE CT.</b>  |                    |                                    |                         |
| City<br><b>GALLATIN</b>  | State<br><b>TN</b> |                                    |                         |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of expenditures, this amount must be shown in item 19b. of summary.) |                    |                                    | <b>11,175.85</b>        |

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

|  |                    |                               |                                      |                          |
|--|--------------------|-------------------------------|--------------------------------------|--------------------------|
| 1. NAME OF CANDIDATE OR COMMITTEE<br><b>TOMMY ELSTEN FOR MAYOR</b>   |                    | 2. REPORT COVERING THE PERIOD |                                      |                          |
|  |                    | FROM: <b>10/30/16</b>         | TO: <b>11/15/17</b>                  |                          |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)   |                    |                               | Amount<br><b>11,175<sup>85</sup></b> |                          |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)   |                    |                               |                                      |                          |
| First Name   | Middle Name        | Purpose of Expenditure        | Amount of Expenditure                |                          |
| Last Name/Business Name<br><b>KIRK CLEMENTS ATTY.</b>  |                    | <b>LEGAL FEES</b>             | <b>800<sup>00</sup></b>              |                          |
| Address<br><b>140 N. MAIN ST.</b>  |                    |                               |                                      |                          |
| City<br><b>GOODLETTSVILLE</b>  | State<br><b>TN</b> |                               |                                      | Zip Code<br><b>37072</b> |
|  |                    |                               |                                      |                          |
| 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                      |                                      |                          |
|  |                    |                               |                                      |                          |
| 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                      |                                      |                          |
|  |                    |                               |                                      |                          |
| First Name   | Middle Name        | Purpose of Expenditure        | Amount of Expenditure                |                          |
| Last Name/Business Name  |                    |                               |                                      |                          |
| Address  |                    |                               |                                      |                          |
| City   | State              | Zip Code                      |                                      |                          |
|  |                    |                               |                                      |                          |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of expenditures, this amount must be shown in item 19b. of summary.) |                    |                               | <b>11,995<sup>85</sup></b>           |                          |