

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>11/1/16</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>Joseph Taylor</u>			
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE <u>11/8/16</u>		
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>164 Piedmont Circle Hendersonville TN 37075 615 992-845</u>				
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone <u>Same</u>				
5. OFFICE SOUGHT (include district number, if applicable) <u>Alderman WAED 3</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>Donovan Rice</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 checked="" type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL				
8.a. BEGINNING DATE OF REPORTING PERIOD <u>October 1, 2016</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>October 29, 2016</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>R. Joseph Taylor</u> signature of candidate		<u>11/1/16</u> date	<u>Donovan Rice</u> signature of political treasurer	
<u>11/1/16</u> date		<u>11/1/16</u> date		
11. WITNESS SIGNATURE <u>Adonia Renner</u> signature of witness <u>11/1/16</u> date				
<u>Adonia Renner</u> signature of witness		<u>11/1/16</u> date		
12. SUMMARY				
a. BALANCE ON HAND LAST REPORT		\$ <u>1837.73</u>		
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>2200.00</u>		
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>2541.14</u>		
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>1496.59</u>		
e. TOTAL LOANS OUTSTANDING		\$ <u>0</u>		
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>0</u>		



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Joseph Taylor</i>			2. REPORT COVERING THE PERIOD FROM: <i>10/1/16</i> TO: <i>10/29/16</i>			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name <i>John</i>		Middle Name		Contribution Received For:		Amount of Contribution <i>\$1,000.00</i>
Last Name/Organization Name <i>Evans</i>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City <i>Hendersonville</i>	State <i>TN</i>	Zip Code <i>37075</i>		Date of Contribution <i>10/20/16</i>		Aggregate This Election <i>1,000.00</i>
Occupation						
Employer <i>self</i>						
First Name <i>Keith</i>		Middle Name		Contribution Received For:		Amount of Contribution <i>500.00</i>
Last Name/Organization Name <i>Dennon</i>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City <i>Hendersonville</i>	State <i>TN</i>	Zip Code <i>37075</i>		Date of Contribution <i>10/20/16</i>		Aggregate This Election <i>500.00</i>
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City	State	Zip Code		Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City	State	Zip Code		Date of Contribution		Aggregate This Election
Occupation						
Employer						
5. TOTAL ITEMIZED CONTRIBUTIONS						
(Carry forward to Item 3. of next page if additional pages of this form are used.)						
(If this is the last page of contributions, this amount must be shown in Item 15b. of summary.)						

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
				FROM:		TO:	
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				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> 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:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> 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:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> 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:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> 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:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)			
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							
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)							

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Joseph Taylor		2. REPORT COVERING THE PERIOD FROM: 10/1/16 TO: 10/29/16	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 2541.14
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)			
First Name ASAP Printing	Middle Name	Purpose of Expenditure Printing cards Printing mailer Printing cards	Amount of Expenditure 156.77 522.76 144.83
Last Name/Business Name			
Address Hendersonville			
City TN	State TN	Zip Code 37075	
First Name PAY Pal - mail services	Middle Name	Purpose of Expenditure mailer postage/mail	Amount of Expenditure 685.69
Last Name/Business Name			
Address			
City	State	Zip Code	
First Name All State Signs	Middle Name	Purpose of Expenditure T-shirts	Amount of Expenditure 203.67
Last Name/Business Name			
Address			
City Coebettsville	State TN	Zip Code	
First Name Mrs. Sign man	Middle Name	Purpose of Expenditure Large signs	Amount of Expenditure 360.00
Last Name/Business Name			
Address			
City Hendersonville	State TN	Zip Code 37075	
First Name Lowes	Middle Name	Purpose of Expenditure meet & greet supplies Sign supplies	Amount of Expenditure 353.00
Last Name/Business Name			
Address			
City Hendersonville	State TN	Zip Code 37075	
First Name Kroger	Middle Name	Purpose of Expenditure meet & greet Food	Amount of Expenditure 114.42
Last Name/Business Name			
Address			
City Hendersonville	State TN	Zip Code 37075	
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.)			2541.14

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD FROM: _____ TO: _____			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)							
Complete the Following for the Source of the Loan							
First Name		Middle Name		Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)
Last Name/Organization Name							
Address				Loan Received For:		Date of Loan	
City		State	Zip Code	<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)			
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)							
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State	Zip Code	City		State	Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State	Zip Code	City		State	Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State	Zip Code	City		State	Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State	Zip Code	City		State	Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
4. Totals for all Loans (complete on last page of itemized loans)				Outstanding Loan Balance (Beginning of Period)		Outstanding Loan Balance (End of Period)	
(Total loans received should also be shown in item 16. on summary page.)							
(Total loan payments should also be shown in item 20. on summary page.)							
(Total outstanding loan balance should also be shown in item 12.e. on front page.)							



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
				FROM:		TO:	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
4. TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)							