CAMPAIGN FINANCIAL DISCLOSURE STATEMENT For State and Local Candidates A.M.

1. DATE OF REPORT	2.a. NAMEOFC	ANDIDATE OR	COMMITTEE		APR OD	
04/05/2018	Alan Dri	iver		r. SU	APR 09	2018 P.N
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DA		
	-			05/01/201	8 V COM	JNTY
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		State	Zip Code	Phone	USSION
135 MT Vernon RD	Bethpage		TN	37022	(615)428	
4.b. CANDIDATE'S HOME ADDRESS (if differen			114	3/022	(010)420	-4100
Street or Rural Route	City		State	Zip Code	Phone	İ
		y				
5. OFFICE SOUGHT (include district number, i		J.		REASURER (may	be candidate)	
Sumner County Commissione	r, District 4	Lisa	Driver			.
7. CATEGORY OR REPORT (Check one)	П	П	П	П		
FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH	PRE-	PRE-	MID-YEAR	YEAR-E	
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY 8.b. ENDING	GENERAL DATE OF REPOR	SUPPLEMENT/ TING PERIOD	AL SUPPLEM	ENIAL
01/16/2018		03/31	<i>I</i> 2018			
9. (Check one)						
a. 🔲 This campaign is exempt from detaile	ed disclosure becaus	se contributions	(including in-kine	d) received total \$1	I,000 or less ANI	D expendi-
tures total \$1,000 or less for this repo	orting period. (Comp	olete items 12d	., 12e. and 12f.)			·
b. 🔀 This campaign is required to file a de			contributions (inc	luding in-kind) rec	eived total more	than \$1,000
and/or expenditures total more than	\$1,000 for this report	ting period.				
40 1/ 1						
 I/we do solemnly swear or affirm that the ir accurate accounting of campaign contribution 	ons and expenditure	s required to b	e reported by the	candidate commit	tee by the Camp	aion
Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other nor	swear or affirm that	no campaign c	ontributions have	been expended for	or the personal fi	nancial
of the candidate of for any other flor	iponicai purpose as	delined by the	receran meman n	evenue code.		
(ilu)	4/9/18	==	Suc 1	Jack	5 4.	-9-18
signature of candidate	dete -	_	signature of	political treasurer	<u>'</u>	date
	····			714		
11. WITNESS SIGNATURE			. 1 1			
Sen Vust	4/9/201	⊘	MINI ALL	MIKA	11-	9-18
signature of witness	<u>7 [17 20]</u>	° -{	signatu	re of witness	<u> </u>	date
			- Orginalio	TO WILL COO		vate
12. SUMMARY						
a. BALANCE ON HAND LAST REPORT			ı	. -0-		ļ
						
b. TOTAL RECEIPTS THIS PERIOD		***************************************		100.00		
c. TOTAL DISBURSEMENTS THIS PERIOD.				-0-		
C. TO INCUIDANTE MICH TO THE PERIOD.				·		
d. BALANCE ON HAND (12.a. plus 12.b. n	ninus 12.c.)	***************************************			s <u>100.</u>	00
e. TOTAL LOANS OUTSTANDING					\$0-	<u> </u>
					-0-	_
 f. TOTAL OBLIGATIONS OUTSTANDING 					\$ —————	



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVER	RING THE PERIOD					
	FROM:01/16/18	^{TO:} 03/31/18					
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)							
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 100.00						
b. Itemized Contributions (over \$100 from each source this period)	\$						
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)		\$ <u>100.00</u>					
16. LOANS RECEIVED THIS REPORTING PERIOD		\$					
17. INTEREST RECEIVED THIS REPORTING PERIOD		s <u>-0-</u>					
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		\$ <u>100.00</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, ga	asoline)					
<u> </u>							
<u></u> \$							
\$ <u></u>							
\$							
\$	<u></u>						
\$							
\$							
\$							
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.)	9	\$					
20. LOAN REPAYMENTS MADE THIS PERIOD		\$					
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		\$ <u>-0-</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.).)	s <u>-0-</u>					
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 iter	n 12.f.)	ş <u>-0-</u>					

SS-1133 (Rev. 4/02)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER			
				FROM: 1/16/18	TO: 3/31/18		
					Amount		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT					-0-		
4. COMPLETE THE APPROPRIATE ITEMS FOR EA				100 from any contributor			
First Name	Middle Nam	ie	Contribution Received For:		Amount of Contribution		
Last Name/Organization Name			Primary Election	Primary Election General Election			
Address			Runoff (Local Election	Runoff (Local Elections Only)			
City	State	Zip Code	Date of Contribution	·	Aggregate This Election		
Оссиратіол							
Employer							
First Name	Middle Nar	ne	Contribution Received For		Amount of Contribution		
Last Name/Organization Name			Primary Election	General Election			
Address			Runoff (Local Election	ns Only)			
City	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation	L						
Employer							
First Name	Middle Nan	ne	Contribution Received For		Amount of Contribution		
				5			
Last Name/Organization Name			Primary Election	General Election			
Address			Runoff (Local Election	ns Only)			
	_						
City	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation	•						
Employer			_				
Employer							
First Name	Middle Nar	ne	Contribution Received For:		Amount of Contribution		
				7			
Last Name/Organization Name			Primary Election	General Election			
Address			Runoff (Local Electio	ns Only)			
City	State	Zip Code	Date of Contribution		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		•			-0-		
	EDE SNOWN IN	illem 100. of summary.))		1		

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COM	MITTEE				2. REPORT COVER	ING THE PERIOD	
					FROM: 1/16/18	TO: 3/31/18	
						Amount -O-	
3. TOTAL ITEMIZED IN-KIND CONT							
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	l.	Middle Nam	e	In-Kind Contribution Receive	d For:	Value of In-Kind Contribution	
				Primary Election C	General Election		
Last Name/Organization Name				Runoff (Local Election	ns Only)		
Address				Date of In-Kind Contribution	io omj	Aggregate this Election	
Address				DESC OF WHY CONTROLLED		regregate and Elocation	
City State Zip Code			Description of In-Kind Contribution				
Occupation Employer							
Cocapailon	L. 4 0)4						
						T.	
First Name		Middle Nam	e	In Kind Contribution Receive	_	Value of In-Kind Contribution	
Last Name/Organization Name				☐ Primary Election L	General Election		
				Runoff (Local Election	ns Only)		
Address				Date of In-Kind Contribution		Aggregate this ⊟ection	
		C1-4-	T 7- C-4	December of le Wind Contains	*		
City		State	Zip Code	Description of In-Kind Contribution			
Occupation	Employer		 				
i							
First Name	Ti	Middle Nam	×	In-Kind Contribution Receive	d For	Value of In-Kind Contribution	
1 IS NAME	1	MICOLO I NORTH	••		General Election	Paras of III valid objains	
Last Name/Organization Name				1 =	0-43		
				Runoff (Local Election	ns Only)		
Address				Date of In-Kind Contribution		Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution			
			<u> </u>				
Occupation	Employer						
First Name	1	Middle Nam	ne	In-Kind Contribution Receive		Value of In-Kind Contribution	
		<u> </u>		Primary Election	General Election		
Last Name/Organization Name				Runoff (Local Electio	ns Only)		
Address				Date of in-Kind Contribution		Aggregate this Election	
City	ļ:	State	Zip Code	Description of In-Kind Contribution	l		
Occupation	Employer		J	1			
FirstName	Τ.	1640.41		In-Kind Contribution Receiv	ad Ear	Value of In-Kind Contribution	
First Name	'	Middle Name	e e	_	ed For: General Election	value of n-Nillo Contribution	
Last Name/Organization Name				1 = '	_	1	
			 	Runoff (Local Election	ns Unly)		
Address			Date of In-Kind Contribution		Aggregate this Election		
City		State	Zip Code	Description of In-Kind Contribution	-	1	
			<u></u>	1			
Occupation	Employer						
5. TOTAL ITEMIZED IN-KIND COM			ra waad)			•	
(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.)						-0-	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	•			2. REPORT COVER		
				FROM: 1/16/18		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	RES FRO	M PRECEDING PAGE	enter \$0 if first itemized page	ge)	Amount -O-	
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEME	ZED EXPENDITURE (ex	penditures totaling more than \$100	to any payee during the peri	od)	
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code	i i			
First Name	Name Middle Name				Amount of Expenditure	
East Name/Business Name						
Address						
City	State	Zip Code				
First Name	Middle Nam	ne	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						
Спу	State	Zip Code			*	
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
ану	State	Zip Code				
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					;	
Address						
City	State	Zip Code				
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages)	-0-					
(If this is the last page of expenditures, this amount must						

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE							2. REPORT COVERING THE PERIOD			
							FR	FROM: TO: 3/31/18		
3. COMPLETE THE APPROPRIAT	E ITEMS F	OR EACH I	TEMIZ	ED LOAN (loans totaling r	nore than \$100	from any source			0,01,10
Complete the Following for the Source of	of the Loan									
First Name	Middle Nam	ie		Outstanding L (Beginning o		Loans Receive		.can ments	Outs	landing Loan Balance (End of Period)
Last Name/Organization Name	<u> </u>			` `						
Address				Loan Receive	ed For	<u></u>		Date of Loa	•	
71000				Primary		☐ General	Election	Date of Euc	.,	
City	State	Zip Code		☐ Runoff(unoff (Local Elections Only)					
L	ist All Endor	sers or Guara	ntors fo	or Above Loa	n (Ill more spa	ce is neede	d please attact	a page)		•
First Name		Middle Name	,		First Name				Middle	Name
Last Name/Organization Name		1	•		Last Name/Or	ganization Nar	ne		<u>.L</u>	
Address					Address					
City		State	Zīp Ci	ode	City				State	Zip Code
Amount Guaranteed Outstanding					Amount Guara	mteed Outstan	ding	•		· · • · · · · · · · · · · · · · · · · ·
First Name		Middle Name			First Name				Middle	Name
Last Name/Organization Name					Last Name/Or	ganization Nar	ne			
Address			=		Address					
City		State	Zip Co	ode	City State Zip Code					Zip Code
Amount Guaranteed Outstanding					Amount Guara	inteed Outstan	ding		·	
First Name		Middle Name			First Name				Mickelle	Name
Last Name/Organization Name					Last Name/Or	ganization Nar	me			
Address					Address					
City		State	Zip Ci	ode	City				State	Zip Code
Amount Guaranteed Outstanding					Armount Guara	nteed Outstan	ding			
First Name		Middle Name			First Name				Middle	Name
Last Name/Organization Name		•			Last Name/Or	ganization Nar	пе			
Address				٠.	Address					
City		State	Zip Ci	ode	City				State	Zip Code
Amount Guaranteed Outstanding					Amount Guara	inteed Outstan	ding			
Totals for all Loans (complete on la (Total loans received should also be shown in					Outstanding L (Beginning		Loans Received	Loa Paym		Outstanding Loan Balance (End of Period)
(Total loan payments should also be shown if Total outstanding loan balance should also be	in item 20. on s	summary page.)		100000000000000000000000000000000000000	a. r urusaj				-0-



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD				
				FROM: 1/16/1		3/31/18		
COMPLETE THE APPROPRIATE ITEMS I OBLIGATION (obligations totaling more that person/vendor at the end of the reporting p	n \$100 ow		Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)		
First Name	Middle Na	me						
Last Name/Business Name	<u> </u>		-					
Address			1					
City	State	Zip Code						
Description of Obligation	1	<u> </u>		<u> </u>				
First Name	Middle Ne	me			-			
Lest Name/Business Name	1							
Address								
City	State	Zip Code	-					
Description of Obligation	<u> </u>	<u> </u>	1	<u></u>				
First Name	Middle Name				- "			
Last Name/Business Name			_					
Address		,						
City	State	Zip Code						
Description of Obligation			"=	<u> </u>				
First Name	Middle Nar	ne						
Last Name/Business Name	<u> </u>		-					
Address			-					
City	State	Zip Code	-					
Description of Obligation	1	<u> </u>	<u>.</u> ,					
First Name	Middle Nan	ne						
Last Name/Business Name			-					
Address	, <u> </u>		-					
City	State	Zip Code	_					
Description of Obligation	<u> </u>	<u>.</u>						
4. TOTALS								
 TOTALS (Total from Outstanding Balance - (End of Period) or in item 23b. on summary page.) 	olumn must	also be shown			i	-0-		
			_L					