

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE James P. Smith				2. REPORT COVERING THE PERIOD FROM: 1/16/18 TO: 5/31/18		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 0.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name James		Middle Name		Contribution Received For:		Amount of Contribution 500.00
Last Name/Organization Name Smith				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address 7203 South Course View				<input type="checkbox"/> Runoff (Local Elections Only)		
City Franklin		State TN	Zip Code 37067	Date of Contribution 2/8/2018		Aggregate This Election 500.00
Occupation Self Employed						
Employer Self Employed						
First Name Leslie		Middle Name		Contribution Received For:		Amount of Contribution 250.00
Last Name/Organization Name Garrett-Stevens				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address 1012 Calebs Walk				<input type="checkbox"/> Runoff (Local Elections Only)		
City Goodlettsville		State TN	Zip Code 37072	Date of Contribution 3/16/2018		Aggregate This Election 250.00
Occupation Self Employed						
Employer Self Employed						
First Name David		Middle Name		Contribution Received For:		Amount of Contribution 1000.00
Last Name/Organization Name Luckey				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address 110 Clarendon Pl				<input type="checkbox"/> Runoff (Local Elections Only)		
City Hendersonville		State TN	Zip Code 37075	Date of Contribution 3/16/2018		Aggregate This Election 1500.00
Occupation Contractor						
Employer Self Employed						
First Name Michael		Middle Name		Contribution Received For:		Amount of Contribution 1500.00
Last Name/Organization Name Dowell				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address 3789 Thicket Hill Ct				<input type="checkbox"/> Runoff (Local Elections Only)		
City Florence		State Ky	Zip Code 41042	Date of Contribution 3/27/2018		Aggregate This Election 1500.00
Occupation Self Employed						
Employer Self Employed						
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.)					3250.00	

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE ANNIE BOND				2. REPORT COVERING THE PERIOD FROM: 1/15/18 TO: 3/31/18			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 3250.00		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)							
First Name Charles		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Gentry				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		1000.00	
Address 112 Keene Valley, S				<input type="checkbox"/> Runoff (Local Elections Only)			
City Hendersonville		State TN	Zip Code 37075	Date of Contribution		Aggregate This Election	
Occupation				3/27/2018			
Employer Self Employed						1500.00	
First Name Brandon		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Thompson				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		1500.00	
Address 1253 Stanfield Ct				<input type="checkbox"/> Runoff (Local Elections Only)			
City Gallatin		State TN	Zip Code 37066	Date of Contribution		Aggregate This Election	
Occupation				3/27/2018			
Employer Self Employed						1500.00	
First Name Christa		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Thomas				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		250.00	
Address 168 Ashland Point				<input type="checkbox"/> Runoff (Local Elections Only)			
City Hendersonville		State TN	Zip Code 37075	Date of Contribution		Aggregate This Election	
Occupation				3/29/2017			
Employer Homemaker						250.00	
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		0.00	
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City		State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation							
Employer						0.00	
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.)					Amount 6000.00		

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Anthony Holt				2. REPORT COVERING THE PERIOD FROM: 1/16/18 TO: 3/31/18		
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount None	
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					None	
<small>(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.)</small>						

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. CANDIDATE OR COMMITTEE Anthony Hall		2. REPORTING PERIOD FROM: 10/18 TO: 8/31/18	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 1912.20
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
Subversive, LLC		Advertising	45800.00
1102 Lochland Drive			
Gallatin	State TN Zip Code 37066		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Summer County GOP		Sponsorship	1000.00
PO Box 1055			
Gallatin	State TN Zip Code 37066		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Tractor Supply		Posts for Campaign Signs	457.76
670-A Nashville Pike			
Gallatin	State TN Zip Code 37066		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Volunteer State College Foundation		Sponsorship	500.00
1480 Nashville Pike			
Gallatin	State TN Zip Code 37066		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
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.)			49669.96

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Anthony Holt			2. REPORT COVERING THE PERIOD FROM: 1/16/18 TO: 3/31/18	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 0.00	
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	
ASAP Printing		Campaign Materials	215.22	
Last Name/Business Name				
Address 116 Imperial Blvd.				
Hendersonville	State TN	Zip Code 37075		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Gallatin Shalom Zone		Sponsorship	300.00	
Last Name/Business Name				
Address 600 Small Street				
Gallatin	State TN	Zip Code 37066		
City	State	Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
G.F.W.C. of Hendersonville		Sponsorship	250.00	
Last Name/Business Name				
Address 1734 North Street, NW				
Washington	State DC	Zip Code 20036-2990		
City	State	Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Greater Gallatin Fest		Sponsorship	125.00	
Last Name/Business Name				
Address P O Box 1593				
Gallatin	State TN	Zip Code 37066		
City	State	Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
KDM Bag Solutions		Campaign Signs	600.00	
Last Name/Business Name				
Address				
10 Taylor Industrial Blvd	State TN	Zip Code 37075		
City	State	Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
MAL Promo		Advertising Magnets	421.98	
Last Name/Business Name				
Address 127 Lake Chateau Dr.				
Hermitage	State TN	Zip Code 37075		
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.)			1912.20	

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Anthony Holt				2. REPORT COVERING THE PERIOD FROM: 1/16/18 TO: 3/31/18						
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: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Date of Loan None		
City		State	Zip Code							
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) (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.)				Outstanding Loan Balance (Beginning of Period)		Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)		
								None		



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
Anthony Holt				FROM: 1/16/18 TO: 3/31/18			
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					None
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.)							None