CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

1. DATE OF REPORT 2.a. NAME OF CANDIDATE OR COMMITTEE FRIENDS TO ELECT DR. BILL TAYLOR 2.b. IF COMMITTEE, NAME OF CANDIDATE DR. BILL TAYLOR 4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City	
2.b. IF COMMITTEE, NAME OF CANDIDATE DR. BILL TAYLOR 4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City	
DR. BILL TAYLOR 4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route 3. ELECTION DATE 5-1-18	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route 5-1-18	
Street or Rural Route	
CARY C	
200 OAK HILL CT. LENDERS WITH Zip Code Phone	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Purel Point.	1743
City State Zip Code Phone	
5. OFFICE SOUGHT (include district number, if applicable) 6. NAME OF POLITICAL TREADURES 4	
COUNTY COMMISSION DISCOURT 1)	
CATEGORY OR REPORT (Check one)	
FIRST SECOND THEO FOURTH PRE	
A B REGINING DATE OF QUARTER QUARTER PRIMARY CENEDAL MID-YEAR YEAR-END	
8.b. ENDING DATE OF REPORTING PERIOD	AL
9. (Check one) APRIL 21, 2018	
a Inis campaign is exempt from detailed disclosure because contributions (including in the first transfer	
a. This cempaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND extures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)	pendi-
b. This campaign is required to 510 a dol- 11 of 5	
 This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than and/or expenditures total more than \$1,000 for this reporting period. 	\$1,000
10. I/we do solemnly swear or affirm that the information contains the	
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report Financial Disclosure Act. Additionally, the campaign contributions and expenditures required to be reported by the candidate comparities but the candidate comparities.	is an
accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign benefit of the candidate or for any other nonpolitical purpose as defined by the federal/internal revenue code.	
benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.	ial
signature of candidate date date	18
signature of political treasure date	
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2. SUMMARY	/8
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Remide Schmelles 4-19-18 Signature of witness date Language Schmelle 4-19- Cate A-19-18 Signature of witness Cate A-19-18 A-19-18 Cate A-19-19-18 Cate A-19-18 Cate A-19-18 Cate A-19-18 Cate A-19-19-18 Cate A-19-18 Cate A-19-19 Cate A-19-18 Cate A-19-19 Cate A-19-18 Cate A-19	/8
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Complex Schedules Signature of witness date Complex Schedule 4-19- Capille Schedule 5-11- Capille Schedule 4-19- Capille Schedule 5-11- Capille Schedule 6-19-	/8
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Remite Schmidle. Signature of witness date Consider Schmidle 4-19- Signature of witness Caste Consider Schmidle 4-19- Consider Schmidle 4-19- Consider Schmidle 4-19- Consider Sc	<u>/8</u>
Signature of witness a. BALANCE ON HAND LAST REPORT b. TOTAL RECEIPTS THIS PERIOD A.M. APR 202018 C. TOTAL DISBURSEMENTS THIS PERIOD A.M. BALANCE ON HAND (12.a. plus 12.b. minor JANER COUNTY ELECTION COMMISSION A.M. ELECTION COMMISSION C. TOTAL LOANS OUTSTANDING.	/8
Signature of witness a. BALANCE ON HAND LAST REPORT C. TOTAL DISBURSEMENTS THIS PERIOD A.M. PM \$ 700 C. TOTAL DISBURSEMENTS THIS PERIOD A.M. PM \$ 940 16 BALANCE ON HAND (12.a. plus 12.b. min Settlement SION) e. TOTAL LOANS OUTSTANDING 5 20,020	/8
A.M. P.M. \$ 700 C. TOTAL DISBURSEMENTS THIS PERIOD APR 2 0 2018 D. BALANCE ON HAND (12.a. plus 12.b. min bel MNER COUNTY ELECTION COMMISSION 1.19.18 Canada Schucle Canada Schucle 4.14 4.14 4.14 Canada Schucle 4.14 4.14 4.15 4.15 4.16 5.20 6.20 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.30 6.	/8 91 81 -
A.M. P.M. \$ 700 C. TOTAL DISBURSEMENTS THIS PERIOD APR 2 0 2018 d. BALANCE ON HAND (12.a. plus 12.b. min Self MNER COUNTY ELECTION COMMISSION 4-19-18 Charle 4-19-19 Charle 4-19 Charle 4-19	/8 Oll 811

SUMMARY PAGE - CANDIDATE

12 NAME OF CAMPING		
13. NAME OF CANDIDATE OR COMMITTEE (in Full)	14. REPORT	COVERING THE PERIOD
FRIENDS TO ELECT DR. BILL TAYLOR	FROM:	TO:
15. CONTRIBUTIONS (other than loans and interest)		
a. Unitermized Contributions (\$100 or less from each source this period)	\$	
b. Itemized Contributions (over \$100 from each source this period)	700	90
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.t		
16. LOANS RECEIVED THIS REPORTING PERIOD		\$ 8
17. INTEREST RECEIVED THIS REPORTING PERIOD		\$ 8
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		\$ 700°°
DISBURSEMENTS		
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by category	- C.G., printing post:	age gasolino)
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\$		·
\$		
		
\$		
\$		
\$		
<u> </u>		
\$\$		
Total of Expanditures (\$100 college)		
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.) 20. LOAN REPAYMENTS MADE THIS DEDICE.		\$ <u>940=</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	***************************************	\$
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) 22. IN-KIND CONTRIBUTIONS	***************************************	s <u>940 ≌</u>
Uniternized in-kind contributions (\$100 or less from each source this period) Itemized 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 22.123. OBLIGATIONS	b.)	s_ <u>&</u>
·		
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.)	\$_ <i>_&</i> _

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE FRIENDS TO ELECT DR. BILL				2. REPORT COVERING THE PERIOD				
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED		IAYLOR	FROM:	TO:				
OBLIGATION (obligations total person/vendor at the end of the	aling more than \$100 owed to any		Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Baland (End of Period)		
First Name	Middle	ame						
Last Name/Business Name								
Address			_					
City	State	Zip Code	_		•			
Description of Obligation		<u></u>				<u> </u>		
First Name	Middle N	arne				,		
Last Name/Business Name								
Address			_					
			7		4			
City	State	Zip Code	7					
Description of Obligation				<u></u>				
First Name	Middle Na		<u></u>			· · · · · · · · · · · · · · · · · · ·		
ast Name/Business Name	Moderna		_					
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City	State	Zip Code	1		İ			
Description of Obligation			<u> </u>			· · ·		
irst Name	Middle Nam				·····			
ast Name/Business Name		<u> </u>]					
ddress	·							
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ity	State	Zip Code			1			
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rst Name	lagar at							
	Middle Name							
st Name/Business Name			<u> </u>					
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у	State	Zip Code			İ			
cription of Obligation	 _	<u> </u>						
OTALS								
otal from Outstanding Balance - (End on item 23b. on summary page.)	of Period) column must al	so be shown				Ø		
CC 4407 (D 400)	· 	<u></u>						

Page 3 of 7

RDA 1159

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO			2. REP	ORT COVERING THE PERIOD
FRIENDS TO E	LECT DE	BILL -	TAYLOR FROM:	TO:
3. TOTAL ITEMIZED IN-KIND CO	NTRIBUTIONS FF	OM PRECEDING	PAGE (enter \$0 if first itemized page)	Amount
4. COMPLETE THE APPROPRIATE I	TEMS FOR EACH IT	EMIZED IN-KIND CO	NTRIBUTION (in-kind contributions totaling more than \$1	00 from any contributor during the period)
First Name		e Name	in-Kind Contribution Received For:	Value of In Kind Contribution
Last Name/Organization Name			☐ Primary Election ☐ General ☐ Runoff (Local Elections Only)	Election
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	·		Primary Election General E	Election
Address			Runoff (Local Elections Only) Date of In-Kind Contribution	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution	Afficiant are merital
Occupation	Employer			
First Name	Middle	Name	In-Kind Contribution Received For:	Value of In-Kind Contribution
ast Name/Organization Name			Primary Election General El	ection
Address	· · · · · · · · · · · · · · · · · · ·		Runoff (Local Elections Only) Date of In-Kind Contribution	A
City	State	Zip Code	Description of In-Kind Contribution	Aggregate this Election
ccupation	Employer			
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irst Name	Middle N	ame	In-Kind Contribution Received For:	Value of In-Kind Contribution
ast Name/Organization Name	!		Primary Election General Ele	ection
kiress		<u> </u>	Runoff (Local Elections Only)	
ty			Date of In-Kind Contribution	Aggregate this Election
cupation	State	Zip Code	Description of in-Kind Contribution	
	Cirpoya.			
st Name	Middle Na	ne	In-Kind Contribution Received For:	Value of In-Kind Contribution
1 Name/Organization Name		·	Primary Election General Elec	ction
iress			Runoff (Local Elections Only)	
	State	77.004	Date of In-Kind Contribution	Aggregate this Election
	state state	Zip Code	Description of In-Kind Contribution	
TOTAL ITEMIZED IN-KIND CONT	RIBUTIONS			
(Carry forward to litem 3. of next page if additi (If this is the tast page of in-kind contributions	onal pages of this form a , this amount must be sh	re used.) own in Item 22b, of sum 	nary.)	
SS-1128 (Rev. 2/06)			Page 4 of	7 RDA 1159

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMM FRIENDS TO ELE	CT DR.	BILL 7	TAYLOR	2. REPORT CO FROM:	VERING THE PERIOD TO:			
3. TOTAL ITEMIZED CAMPAIGN EXP	ENDITURES FI	ROM PRECEDING	PAGE (enter \$0 if first itemiz	ed page)	Amount			
4. COMPLETE THE APPROPRIATE ITEM	S FOR EACH ITE	MIZED EXPENDIT	JRE (expenditures totaling more tha	on \$100 to any payee during the	period)			
First Name	Middle		Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name FOX PRINTING			MAILERS	MAILERS & POSTAGE				
Address					940 16			
City	State	Zīp Code						
First Name	Middle A	iame	Purpose of Expenditure		Amount of Expenditure			
ast Name/Business Name								
Address								
City	State	Zip Code	_					
First Name	Middle N	ame	Purpose of Expenditure		Amount of Expenditure			
ast Name/Business Name								
ddress		······································						
ity	State	Zip Code						
irst Name	Middle Na	пе	Purpose of Expenditure	Purpose of Expenditure				
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t Name/Business Name		· · · · · · · · · · · · · · · · · · ·						
ress			7					
	State	Zip Code	-					
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional				<u> </u>				

ITEMIZED STATEMENT OF LOANS - CANDIDATE

 NAME OF CANDIDATE 	OR COMMITTEE	-					13	. REPOR	RT COV	FRIN	3 THE PERIOD
FRIENDS	TO ELEC	T DP	L. B	الماد	TAYLOR	2	ļ	ROM:			D;
3. COMPLETE THE APPR	OPRIATE ITEMS	FOR EACH	ITEMIZ	ZED LOAN	(loans totaling mon	e than \$10	0 from any sou	rce during th	e period)		
Complete the Following for the											
First Name	Middle Na	me			Loan Balance	Loans		Loan	1	Outstand	ling Loan Balance
Last Name/Organization Name	<u> </u>			1 d	g of Period)	Receiv	ed F	'ayments		(Er	d of Period)
				20,	020 9				1 2	20.	೦ ೨೦ ಹ
Address				Loan Rece			<u>L</u> .	Date of			
City	State	7-0-4		☐ Prima	ry Election [] Genera	! Election				
	State	Zip Code		☐ Rumoi	Rumoff (Local Elections Only)						
	List All Endo	rsers or Gua	rantors fo		an (If more space	_	d niesee atta	th a page)			
First Name		Middle Nan			First Name	3 1/06/05	u prease aua.	n a page)	1 151	dle Nam	
ast Name/Organization Name	<u>-</u>	<u> </u>							MIU	CHE MAIT	
.not represengent audit (1421)8					Last Name/Organia	zation Nar	ne				· · · · · · · · · · · · · · · · · · ·
Address	·	 -			Address						
City		1	7 :					_			
		State	Zip Co	de	City				Stat		Zip Code
Amount Guaranteed Outstanding		<u> </u>	<u> </u>		Amount Guarantee	Outstand	line				<u>l</u>
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ast Name/Organization Name		<u> </u>			Last Name/Organiz	olion Nam			<u> </u>		
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City		State	Zip Cod	ie	City			-	State		Zip Code
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AU 638					Address						
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والمراجع المحاركا	on last name of ite	mized loan	s)		utalanding 1 P. I		 	,	···		منبندس الله
otals for all Loans (complete	ALI KIŞI, DOVE LILMA			41.	Outstanding Loan Balance Loans Loan Outstanding Loa (Beginning of Period) Received Payments (End of Peri						
otals for all Loans (complete stal loans received should also be s tal loan payments should also be s	nown in item 16, on sum	Manage access?	-,				-			Outsta /F	nding Loan Balanc ind of Period)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE	E			I a DEPOST COV	CONO TUE DECICE
FRIENDS TO ELECT		BILL TA	AVLOR	FROM:	/ERING THE PERIOD
				<u> </u>	Amount
TOTAL ITEMIZED CAMPAIGN CONTRI COMPLETE THE APPROPRIATE (TEMS FOR	B EACH ITE	NUM PRECEDING P	AGE (enter \$0 if first itemized p	page)	
4. COMPLETE THE APPROPRIATE ITEMS FO	K EACH HE	MIZED CONTRIBUTION		\$100 from any contribu	utor)
CHARLES	Middle N	iame	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	\$ œ
HAGOOD			_		500
Address 225 South THO	M PSO	N LA	Runoff (Local Election		
City GOODLETTSVILLE	State T/J	Zip Code 37072	Date of Contribution		Aggregate This Election
Occupation	מין	137072	_		
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Employer		· · · · · · · · · · · · · · · · · · ·	·		1 500
First Name	Middle N	ame	Contribution Received For:		A
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Last Name/Organization Name TN REALTORS PA	_		Primary Election	General Election	\$ 200
Address 901 19\$ Ave, Sou			Runoff (Local Election	s Only)	1 200
CHYNASHVILLE	State	ZipCode 37212	Date of Contribution		Aggregate This Election
Occupation	10	134216	4		
•					\$ 200
Employer	 	······	┪`		
First Name	Middle Na	ne	Contribution Received For:		Amount of Contribution
Last Name/Organization Name				_	Tanada da Cariabaday
			Primary Election	General Election	
Address			Runoff (Local Elections	(Only)	
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City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation	Д				
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irst Name	Middle Nan	ne	Contribution Received For:		Amount of Contribution
.ast Name/Organization Name	<u> </u>		Dimension D	A	
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mployer					
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. TOTAL ITEMIZED CONTRIBUTIONS					
(Carry forward to liem 3. of next page if additional pages (If this is the last page of contributions, this amount must	of this form an be shown in it	e used.) em 155. of summary.)		ļ	\$ 700°°
>			· <u> </u>		