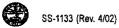
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

10.011310-041		449	
1. DATE OF REPORT 2.a. NAME OF C/	ANDIDATE OR COMMITTEE	_	
4.4.18	Craia L. Go	rtot	
2.b. IF COMMITTEE, NAME OF CANDIDATE	J	3. ELECTION DATE	_ , 1
		May	1,2018
4.a. CAMPAIGN ADDRESS AND PHONE		7	
Street or Rural Route City	State	Zip Code	Phone
101 Glance C+ Henders On vil	<u> </u>	37075	615.509.9421
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City	State	Zip Code	Phone
Same as Above	Giato	Zip Obde	Filotie
OFFICE SOUGHT (include district number, if applicable)	6. NAME OF POLITICAL	. TREASURER (may be	candidate)
County Commission Dist. 6	I 🚓 .		, , , , , , , , , , , , , , , , , , ,
7. CATEGORY OR REPORT (Check one)	DUSTIN	Little p.	age
FIRST SECOND THIRD FOURTH QUARTER QUARTER QUARTER QUARTER	PRE- PRE- PRIMARY GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. ENDING DATE OF REP	ORTING PERIOD	
January 16,2018	March	31,2018	₹
9. (Check one)	7 15(1 - 1)	V.7(3D1)	<u> </u>
a. X This campaign is exempt from detailed disclosure because	e contributions (including in-	ind) received total \$1.0	On or loss AND evened
a. This campalgn is exempt from detailed disclosure because tures total \$1,000 or less for this reporting period. (Comp	lete items 12d., 12e. and 12f	.))	oo or less AND expendi-
b. This campaign is required to file a detailed financial disclo			
and/or expenditures total more than \$1,000 for this reporti	ing period.	including in-kind) receiv	ed total more than \$1,000
10. I/we do solemnly swear or affirm that the information contained	in this campaign financial di	sclosure report is true :	and that this report is an
accurate accounting of campaign contributions and expenditures Financial Disclosure Act. Additionally, I/we swear or affirm that i	s required to be reported by t	he candidate committee	by the Campaign
benefit of the candidate or for any other nonpolitical purpose as	no campaign contributions na defined by the federal interna	ive been expended for t al revenue code.	ne personal financial
		12	
	Just	Ener	4/2/18
signature of candidate date	signature	political treasurer	date
11. WITNESS SIGNATURE			
land Books 1/2 A	1.	1. 1.	1/2/0
signsture of ultrases	Janna	Garth	_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
signature of witness date	signa	iture of witness	date
42 CLIMANADV	· · · · · · · · · · · · · · · · · · ·	V 11	
12. SUMMARY		0 - 00	
a. BALANCE ON HAND LAST REPORT	***************************************	\$	
L TOTAL DESCRIPTION DEDUCE.	- p-	A	
b. TOTAL RECEIPTS THIS PERIOD		\$	
c. TOTAL DISBURSEMENTS THIS PERIOD	in Johnson	s <u>95 st</u>	_
A.M.	P.M.	•	α
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.7)	018	\$	
· · · · · · · · · · · · · · · · · · ·			
e. TOTALLOANS OUTSTANDINGSUMNER CO	HUNTE CIONI	\$	
ELECTION COM	THE STATE OF THE S		OX.
f. TOTAL OBLIGATIONS OUTSTANDING		\$	

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT C	OVERING	THE PERIOD						
	FROM:	TO:							
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)									
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <i>D</i>								
b. Itemized Contributions (over \$100 from each source this period)	\$								
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.).	TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)								
16. LOANS RECEIVED THIS REPORTING PERIOD		\$	<u> </u>						
17. INTEREST RECEIVED THIS REPORTING PERIOD		\$	<u> </u>						
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		\$	<u> </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, posta	ge, gasolin	ne)						
Bank fees s_1	030								
Donation Rotary PLACAKE Breakfest 5 5	000								
Donation Maria C. Stewart for \$ 3	500								
Republican Executive Woman s									
\$									
•									
•									
•									
•									
· · · · · · · · · · · · · · · · · · ·	—	ND							
Total of Expenditures (\$100 or less each payee)	\$ <u>959</u>	_							
b. Itemized Expenditures (Over \$100 each payee this period)	\$		~						
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	**** **********************************	\$	95						
20. LOAN REPAYMENTS MADE THIS PERIOD		\$	8						
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		\$	95.00						
22.IN-KIND CONTRIBUTIONS									
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ 2 /_								
b. Itemized in-kind contributions (over \$100 from each source this period)		<u> </u>							
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.t).)	\$	0						
23. OBLIGATIONS		·							
a. Unitemized Obligations Outstanding (\$100 or less each)	\$								
b. Itemized Obligations Outstanding (Over \$100 each)	\$	<u>r_</u>							
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i iter	n 12.f.)	\$	0						



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO	MMITTEE			2. REPORT COV	ERING THE PERIOD	
				FROM:	TO:	
3. TOTAL ITEMIZED CAMPAIGN	CONTRIBUTIONS FE	OM PRECEDING	3 PAGE (enter \$0) if first itemized a	2270)	Amount	
4. COMPLETE THE APPROPRIATE I					tor\	
First Name	Middle Na		Contribution Received For:			
Last Name/Organization Name		 .	Doings Darks F	7.0		
Lust Hallion of gashzabori Hallie			Primary Election	■ General Election		
Address			Runoff (Local Election			
City	State	Zip Code	Date of Contribution	Date of Contribution		
Occupation	<u> </u>	<u> </u>				
Employer						
·			}			
First Name	Middle Na	ame	Contribution Received For	:	Amount of Contribution	
Last Name/Organization Name			Primary Election	General Election		
Address		· · · · · · · · · · · · · · · · · · ·	Runoff (Local Election	ıs Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation		.				
Employer						
First Name	Middle Nar	ne	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name		, <u>, , , , , , , , , , , , , , , , , , </u>	Primary Election	General Election		
Address		· · · · · · · · · · · · · · · · · · ·	Runoff (Local Election	s Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation		!				
Employer						
First Name	Middle Nar	ne	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name			Primary Election	General Election		
Address	· · · · · · · · · · · · · · · · · · ·	·	Runoff (Local Election	s Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation						
Employer		·				
TOTAL ITEMIZED CONTRIBUT (Carry forward to item 3. of next page if ad (If this is the last page of contributions, this	lditional pages of this form a	re used.) item 15b. of summary.)	•			

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR C	OMMITTEE				2. REPORT COVER		
					FROM:	TO:	
3. TOTAL ITEMIZED IN-KIND CO	NTRIBUTIO	NS FROM	PRECEDING PAGE	(enter \$0 if first itemized nage	ı	Amount	
4. COMPLETE THE APPROPRIATE					·	It in the period	
		7		1			
First Name		Middle Na	me	In-Kind Contribution Receive		Value of In-Kind Contribution	
Last Name/Organization Name				Runoff (Local Election			
Address				Date of in-Kind Contribution	Aggregate this Election		
City		State	Zip Code	Description of In-Kind Contribution		<u> </u>	
Occupation Employer		1	<u> </u>				
First Name	First Name Middle Name			In-Kind Contribution Receive		Value of In-Kind Contribution	
Last Name/Organization Name		<u> </u>		Primary Election	General Election		
				Runoff (Local Election	ns Only)		
Address				Date of In-Kind Contribution		Aggregate this Election	
City State Zip Code				Description of In-Kind Contribution			
Occupation	Employer			1			
First Name		Middle Na	me	In-Kind Contribution Receive	Value of In-Kind Contribution		
Last Name/Organization Name				Primary Election	General Election		
			· · · · · · · · · · · · · · · · · · ·	Runoff (Local Election			
Address				Date of In-Kind Contribution		Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution			
Occupation	Employer	<u> </u>	1	1			
First Name	•	Middle Na	me	In-Kind Contribution Receive	d For:	Value of In-Kind Contribution	
Last Name/Organization Name				Primary Election	General Election		
				Runoff (Local Election	is Only)		
Address				Date of In-Kind Contribution		Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution			
Occupation	Employer	L	1	1			
First Name		Middle Nam	ne	In-Kind Contribution Receive	· · · · · · · · · · · · · · · · · · ·	Value of In-Kind Contribution	
Last Name/Organization Name		l		7 - -	General Election		
Address			Runoff (Local Election	s Only)			
Address				Date of In-Kind Contribution		Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution			
Occupation	Employer			1			
						· · · · · · · · · · · · · · · · · · ·	
TOTAL ITEMIZED IN-KIND CO (Carry forward to item 3. of next page if			re used.)				
(If this is the last page of in-kind contribu	rtions, this amour	at must be sh	own in item 22b, of summa	ry.)			
2552 CC 4490 /Da., 9/00\				B	t		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			RT COVERING THE PERIOD						
				FROM:	TO:				
		Amount							
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU									
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMI	ZED EXPENDITURE (O to any payee o					
First Name	Middle Nan	ne	Purpose of Expenditure	Amount of Expenditure					
Last Name/Business Name]						
Address									
City	State	Zip Code							
First Name	irst Name Middle Name				Amount of Expenditure				
Last Name/Business Name	·								
Address									
City	State	Zip Code							
First Name	Middle Nav	ne	Purpose of Expenditure		Amount of Expenditure				
Last Name/Business Name	<u> </u>								
Address									
City	State	Zip Code							
First Name	ne	Purpose of Expenditure		Amount of Expenditure					
Last Name/Business Name	-								
Address									
City	State	Zip Code							
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure				
Last Name/Business Name									
Address				1					
City	State	Zip Code							
First Name	Middle Na	me	Purpose of Expenditure	Purpose of Expenditure					
Last Name/Business Name					ļ				
Address		·	_						
City	State	Zip Code		··· <u>-</u>					
5. TOTAL ITEMIZED EXPENDITURES									
(Carry forward to item 3. of next page if additional pag (If this is the last page of expenditures, this amount m	es of this form ust be shown i	are used.) n item 19b, of summary.)							

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE							2. REPORT COVERING THE P FROM: TO:			IE PERIOD		
3. COMPLETE THE APPL	ROPRIATE ITEMS F	OR EACH IT	FEMIZ	ED LOAN (I	oans totaling r	nore than \$100 f	rom any sourc	e during t	he period	i) -		_
Complete the Following for the	ne Source of the Loan											
First Name	Middle Nan	10		Outstanding Loan Balance Loans (Beginning of Period) Received			Loan Payments				oan Balance Period)	
Last Name/Organization Name	`											
Address					.coan Received For: Date of Loan ☐ Primary Election ☐ General Election							
City	State	Zip Code		Primary Election General Elections Only)			LICTUOII					
	List All Endo	rsers or Guara	intors f	or Above Loa	n (If more spa	ice is needed	please attac	h a page	a)			
First Name		Middle Name			First Name					Middle N	lame	
Last Name/Organization Name		<u> </u>			Last Name/Or	ganization Nam	l e					.
Address					Address					-		
City	<u> </u>	State	Zip C	ode	City	-				State	П	Zip Code
Amount Guaranteed Outstanding			1	. <u>. </u>	Arnount Guar	anteed Outstand	Jing	·······			1.	•
First Name		Middle Name	:		First Name Middle Name			lame				
Last Name/Organization Name	<u></u>	<u>. </u>			Last Name/Organization Name							
Address		·		-	Address				_			
City		State	Zip C	Code	City			State Zi			Zip Code	
Amount Guaranteed Outstanding]		<u> </u>		Amount Guar	anteed Outstand	ding					.,
First Name		Middle Name			First Name			<u> </u>		Middle	Name	
Last Name/Organization Name				**=-	Last Name/Organization Name						2100	
Address					Address			<u></u>				
		State	Zip (Codo.	City	 			1	State	1	Zip Code
City	<u></u>	2(3)6	200			anteed Outstan	dina					
Amount Guaranteed Outstanding	9				Allouittoua	dillect Official			_			
First Name		Middle Nam	е		First Name Middle Name							
Last Name/Organization Name		<u> </u>			Last Name/C	rganization Nar	те		1			
Address					Address							
City	 	State	Zip	Code	City					State		Zip Code
Amount Guaranteed Outstandin	9	· · · · · · · · · · · · · · · · · · ·	<u> </u>		Amount Gua	ranteed Outstan	ding					
Totals for all Loans (con (Total loans received should a (Total loan payments should a)	ilso be shown in item 16. o Ilso be shown in item 20. o	n summary page n summary page	3.) 3 .)			Loan Balance g of Period)	Loans Receive	d	Loan Payme			tanding Loan Balanc (End of Period)
(Total outstanding loan balance	should also be shown in it	em 12.e. on fron	t page.)				<u> </u>					

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMIT	2. REPORT COVERING THE PERIOD					
to taking at a distance and a summit				FROM:	TO:	
 COMPLETE THE APPROPRIATE ITE OBLIGATION (obligations totaling mor person/vendor at the end of the report 	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)		
First Name	Middle Na	ime				
Last Name/Business Name	1	····]	
Address		**	7		1	
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	ame				
Last Name/Business Name						
Address	· · · · · ·	<u></u>				
City	State	Zip Code				
Description of Obligation						
Flist Name	Middle N	ame				
Last Name/Business Name						
Address	<u>.</u>					
City	State	Zip Code			<u> </u>	
Description of Obligation						
First Name	Middle N	lame				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation	l					
First Name	Middle !	Vагне				
Last Name/Business Name						
Address		_,				
City	State	Zip Code				
Description of Obligation						,
4. TOTALS		<u> </u>				
(Total from Outstanding Balance - (End of l in item 23b. on summary page.)	Period) column m	nust also be show	n			
"" "An Fact Att Antiques E-9-1						