### **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

## For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT		ANDIDATE OR COMMITTEE	<u> </u>	
2.b. IF COMMITTEE, NAME OF CANDIDATE	i jean	nne Swill	3. ELECTION DA	
2.5. II COMMITTEE, NAME OF CANDIDATE			5/1/1	8 Primary
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	State	Zin Code	<del>-                                    </del>
898 Plantation Blvs	Galler		Zip Code 37066	Phone 6154617150
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route		State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if	applicable)	6. NAME OF POLITICAL 7	REASI IRED (may I	he candidate)
County Commissioner-	Districtle		a Will	
7. CATEGORY OR REPORT (Check one)  X	FOURTH QUARTER	PRE- PRE- PRIMARY GENERAL	☐ MID-YEAR SUPPLEMENTA	YEAR-END L SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD		8.b. ENDING DATE OF REPOR	RTING PERIOD	
9. (Check one)		3	131/18	
a. This campaign is exempt from detailed tures total \$1,000 or less for this report  b. This campaign is required to file a detailed and/or expenditures total more than \$1.000.	rting period. (Comp alled financial disclo	lete items 12d., 12e. and 12f.) sure because contributions (inc		·
10. I/we do solemnly swear or affirm that the intraction accurate accounting of campaign contribution. Financial Disclosure Act. Additionally, I/we stand the candidate or for any other nonput that the intraction of the candidate or for any other nonput that the intraction of candidate.	ns and expenditures swear or affirm that	s required to be reported by the no campaign contributions have defined by the federal internal	e candidate committe e been expended fo	ee by the Campaign
11. WITNESS SIGNATURE  A Sulle Holle  signature of witness	4/10/13	<u>Albert</u>	DeWitt ure of witness	† 4/10/18
12. SUMMARY				
a. BALANCE ON HAND LAST REPORT	FH.	ED	\$ <u>0.00</u>	(NJA)
b. TOTAL RECEIPTS THIS PERIOD		P.M.	s 3862.	סרל -
c. TOTAL DISBURSEMENTS THIS PERIOD		102018	s <u>14 19, 5</u>	<u>5</u>
d. BALANCE ON HAND (12.a. plus 12.b. mi	inus 12.SUMNE	R COUNTY COMMISSION		<u>\$ 2442.45</u>
e. TOTAL LOANS OUTSTANDING	ELECTION	1 COMMiss.		\$ 0.00
· ·				0.00
f. TOTAL OBLIGATIONS OUTSTANDING	***************************************	***************************************	***************************************	. \$



#### **SUMMARY PAGE - CANDIDATE**

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD						
Deanne Bewitt	FROM: 1/16/18 TO: 3/31/18						
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	, , , , , , , , , , , , , , , , , , , ,						
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>382</u>						
b. Itemized Contributions (over \$100 from each source this period)	\$ 3480						
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	<u>3862</u>						
16. LOANS RECEIVED THIS REPORTING PERIOD							
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$_0.00						
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ 3862						
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, gasoline)						
Bank fee \$ 3.0	<u>v</u>						
\$							
<u> </u>							
\$	<u></u>						
<u> </u>	<u></u>						
\$							
<b></b>	_						
s	<del></del>						
s	<del></del>						
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 PERIOD	\$ 0.00						
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>1419.55</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.)	\$ 0.00						
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 item	12.f.)\$\$						

#### ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	70	<u>-</u> -	2. REPORT COVE	
Hai	me Dewitt	<u>-</u>	FROM: 1/16/18	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU			<del>* '</del>	Amount &O
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMIZED CONTRIBUTION (	contributions totaling more than \$	100 from any contributor	)
FirstName Deanne	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name   Dewitt		Primary Election	General Election	\$ 300
Address 898 Plantation		Runoff (Local Election		
City Gallatin	State   Zip Code	Date of Contribution	5 v	Aggregate This Election
Occupation		3/15/18 9		\$ 300
Employer N/A				
First Name S Cott	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name Miller	~	Primary Election	General Election	\$500
Address / 197 Potter		Runoff (Local Election	s Only)	
	State Zip Code 37066	Date of Contribution		Aggregate This Election
Occupation		3/1/	· &	\$500
Dollar Ge	ineral	,		
First Name Dennis	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name Cavil	0	Primary Election	General Election	\$ 25 o
	on Pass	Runoff (Local Elections	s Only)	r 25 0
city Gallatin	State Zip Code 37066	Date of Contribution		Aggregate This Election
occupation		3/1/1	8	¥250
κ / A		, ,		
First Name Tammy	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name Perker	ns	Primary Election	General Election	\$ 1-2
Address 1191 Plantation		Runoff (Local Elections	Only)	/030
	State Zip Code 37066	Date of Contribution		Aggregate This Election
Occupation business of		3/20/	18	\$ 1030
Employer Cruisin Sport	5	·		
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of	f this form are used.)		-	\$2080

#### ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR GOMMITTEE	me Dewitt	EDOU I	VERING THE PERIOD
			Amount /
TOTAL ITEMIZED CAMPAIGN CONTRIBU      COMPLETE THE APPROPRIATE ITEMS FOR E		GE (enter \$0 if first itemized page) contributions totaling more than \$100 from any contrib	\$2080
First Name	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name		Primary Election General Election	4
	reimer	Runoff (Local Elections Only)	\$1000
108 John tr	nfield ct		
	State Zip Code 37066	Date of Contribution	Aggregate This Election
Occupation		3/20/18	<b>X</b> (
Employer N/A		7 7/8	\$ 1000
First Name	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name		Primary Election	
Purye	ar	_	\$ 150
Address 1490 Cheroke	e Rd.	Runoff (Local Elections Only)	/ • •
city Galletin	State Zip Code 3 7066	Date of Contribution	Aggregate This Election
Occupation		3/30/18	\$150
Employer Puryear Far	·IAA C	130//8	150
First Name	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name		_	Anical of Calabaca
Bruce	2_	Primary Election	\$250
Address 1268 Wavec		Runoff (Local Elections Only)	
Gallatin	State Zip Code 7N 3 7066	Date of Contribution	Aggregate This Election
Counselor MAR		3/30/18	V
Employer		130/18	¥250
Bab Center	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name		☐ Primary Election ☐ General Election	
Address		Runoff (Local Elections Only)	
City	State Zip Code	Date of Contribution	Aggregate This Election
Occupation .			
Employer			
TOTAL ITEMIZED CONTRIBUTIONS     (Carry forward to litem 3. of next page if additional pages of (if this is the last page of contributions, this amount must it.)			\$1400

# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE $\, N/\!\!\!\!/ \!\!\!\!/$

1. NAME OF CANDIDATE C	R COMMITTEE *			1.1.11	2. REPORT COVER				
<u></u>	··	X	cannel	xwit	FROM: 1/16/18	TO: 3/3///8			
3. TOTAL ITEMIZED IN-KIN	D CONTRIBUTIONS	FROM I	PRECEDING PAGE	(enter \$0 if first itemized page	)	7 Maring 19			
4. COMPLETE THE APPROPRI	ATE ITEMS FOR EACH	І ПЕМІΖІ	ED IN-KIND CONTRIB	UTION (in-kind contributions totaling a	more than \$100 from any con	tributor during the period)			
First Name	м	liddle Nam	é	In-Kind Contribution Received Primary Election	d For:  General Election	Value of In-Kind Contribution			
Last Name/Organization Name		<u> </u>		1 = '	☐ Runoff (Local Elections Only)				
Address				Date of In-Kind Contribution	Aggregate this Election				
City	St	tate	Zip Code	Description of In-Kind Contribution					
Occupation	Employer		·	_					
First Name		liddle Nam	xe	In-Kind Contribution Receive	d For:  General Election	Value of In-Kind Contribution			
Last Name/Organization Name				Runoff (Local Elections Only)					
Address				Date of In-Kind Contribution		Aggregate this Election			
City	S	tate	Zip Code	Description of In-Kind Contribution		· · · · · · · · · · · · · · · · · · ·			
Occupation	Employer		<del> </del>						
First Name	M	liddle Nam	ne	In-Kind Contribution Receive	d For:  General Election	Value of In-Kind Contribution			
Last Name/Organization Name				Runoff (Local Election	ns Only)				
Address				Date of In-Kind Contribution		Aggregate this Election			
City	S	tate	Zip Code	Description of In-Kind Contribution					
Occupation	Employer			_					
First Name	M N	liddie Nam	ne	In-Kind Contribution Receive	_	Value of In-Kind Contribution			
Last Name/Organization Name				☐ Primary Election ☐ Runoff (Local Election	General Election				
Address				Date of In-Kind Contribution	ns Only)	Aggregate this Election			
City	s	State	Zip Code	Description of In-Kind Contribution	· · · · · · · · · · · · · · · · · · ·	1			
Occupation	Employer		<u> </u>	-					
					<u> </u>				
First Name	M	liddle Nam	e	In-Kind Contribution Receive		Value of In-Kind Contribution			
Last Name/Organization Name				Runoff (Local Election	ns Only)				
Address				Date of In-Kind Contribution		Aggregate this Election			
City	Si	tate	Zip Code	Description of In-Kind Contribution	·				
Occupation	Employer	·	1	1					
5. TOTAL ITEMIZED IN-KI	ND CONTRIBUTIONS	3							
(Carry forward to item 3. of next (If this is the last page of in-kind	page if additional pages of t	his <b>(orm</b> a	re used.) own in item 22b. of summa	ry.)					
(ii and io are lear bade of it), with				··					

### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	ewi	H		2. REPORT COVERI	TO: 3/31/18			
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU			(enter \$0 if first itemized pa	ge)	Amount' \$ O.D			
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)								
First Name	Middle Nam	8	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name  Do Dat			Dush ca	rela	213,04			
Address			1500sic Cio	( ) 0 0	,			
City	State	Zip Code						
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name  Capitol	Pro	motions	V		784.00			
Address			Yard Si	gno	, - , . 0 0			
City	State	Zip Code	,	····				
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name	mt	_	"Doct it"	Self-	7 4 h. /			
Address			4021, (1)	, notes	36.04			
City	State	Zip Code	"Post it"   adhesing for door	- knoclure				
First Name	ve	Purpose of Expenditure	-	Amount of Expenditure				
Last Name/Business Name Souther	nP	romotion		ı	383,47			
Address			T-shi	173				
City Hendersonville	State 7N	Zip Code 31075						
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name	<u>-1</u>							
Address								
City	State	Zip Code						
First Name	First Name Middle Name				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 page)	es of this form	are used.)			1416.55			
(If this is the last page of expenditures, this amount me	ust be shown i	n item 19b. of summary.)	<del></del>		1			

## ITEMIZED STATEMENT OF LOANS - CANDIDATE

NA

1. NAME OF CANDIDATE OR CO	MMITTEE			<del></del>			2. F			IG T⊦ ΓΟ:	E PERIOD
1. NAME OF CANDIDATE OR CO		<b>EWit</b>	<b>t</b> _				/	1/6/1	8	3/	131/18
3. COMPLETE THE APPROPRIAT	E ITEMS F	OR EACH IT	EMIZ	ED LOAN (#	oans totaling n	ore than \$100 fr	rom any source	during the pe	eriod)		, -
Complete the Following for the Source				la	Dalasaa	Loans	1 1	oan	l Outsta	odina I	oan Balance
First Name	Middle Nam	e	<u>.</u>	Outstanding Le (Beginning o		Received		ments			Period)
Last Name/Organization Name											
Address			Loan Receive		☐ General E	Election ,	Date of Loa	an			
City	State	Zip Code		1	Local Elections	Only)					
	ist All Endor	sers or Guara	intors f	or Above Loai	(If more spa	ice is needed	please attach	a page)			
First Name		Middle Name			First Name				Middle N	lame	
Last Name/Organization Name					Last Name/Or	ganization Nam	e				
Address				*	Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					<u>-</u>
City	<u> </u>	State	Zip C	code	City		-		State		Zip Code
Amount Guaranteed Outstanding			1		Amount Guar	anteed Outstand	ling				
First Name	First Name Middle Name				First Name Middle Name						
1 and Name (Omenization Name		<u></u>	<del></del>	. ,	Last Name/Organization Name						
Last Name/Organization Name		<u> </u>			Address						
Address						<u></u>			1		Tt. 0. 1-
City		State	Zip (	Code	City State Zip Code					Zip Code	
Amount Guaranteed Outstanding					Amount Guar	anteed Outstand	ding				
First Name		Middle Name	ė		First Name		-		Middle	Name	
Last Name/Organization Name			_		Last Name/C	rganization Nam	ne				<del>-</del>
Address					Address					•	
City	<del></del> .	State	Zip	Code	City				State		Zip Code
Amount Guaranteed Outstanding			<u> </u>		Amount Gua	ranteed Outstan	ding		_		
		Middle Me-			First Name			· · · · · · · · · · · · · · · · · · ·	Middle	Name	
First Name Middle Name			<u> </u>	Last Name/Organization Name					<u> </u>		
Last Name/Organization Name		:			<u> </u>						
Address					Address			<u>.</u> ,	1		77-0-4-
City		State	Zip	Code	City		alta a		State		Zip Code
Amount Guaranteed Outstanding					Amount Gua	ranteed Outstan	laing				
4. Totals for all Loans (complete or (Total loans received should also be show	n last page o	of itemized to	ans)		Outstanding (Beginnir	Loan Balance g of Period)	Loans Received		oan yments	Outs	tanding Loan Balance (End of Period)
(Total loans received should also be show (Total loan payments should also be show (Total outstanding loan balance should also	m in ìtem 20. c	n summary page	e.)			<u> </u>					
I Intel Admiraging Services proping august may											

### ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE $\mathcal{N}/\mathcal{A}$

1. NAME OF CANDIDATE OR COMMITTEE	2 1-44	2, REPORT COV	IOD			
	Xu	nneld	WIII	FROM: //16/	18 TO:	3/3/18
COMPLETE THE APPROPRIATE ITEMS FOR OBLIGATION (obligations totaling more than person/vendor at the end of the reporting person.	Outstanding Balance (Beginning of Period)	Debt Incurred / This Period	Payments This Period	Outstanding Balance (End of Period)		
First Name	Middle Nam	nê				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation			<del>.</del>			
First Name	Middle Nan	ne				
Last Name/Business Name	-					
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Nan	ne				
Last Name/Business Name	L				ļ	
Address					[	
City	State	Zip Code		<u></u>		
Description of Obligation						,
First Name	Middle Nar	пе			li.	
Last Name/Business Name	<u> </u>	-·· <del>·</del>	-			
Address	<u> </u>					
City	State	Zip Code	Ī			
Description of Obligation					<u> </u>	
First Name	Middle Na	me				
Last Name/Business Name		,				
Address						
City	State	Zip Code				
Description of Obligation	<u></u>	<u> </u>				,
4. TOTALS	-elum	at also he shows				
(Total from Outstanding Balance - (End of Period) In item 23b. on summary page.)	column mus	si also de silowii				