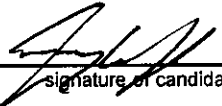

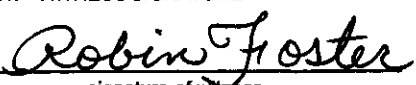
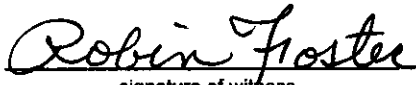


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 4-21-18	2.a. NAME OF CANDIDATE OR COMMITTEE JERRY FOSTER		
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE 5-1-18		
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 1816 LIBERTY LN GADSDEN TN 37066 6155339746			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone SAME			
5. OFFICE SOUGHT (include district number, if applicable) COUNTY COMMISSIONER DISTRICT 4	6. NAME OF POLITICAL TREASURER (may be candidate) JERRY FOSTER		
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input checked="" type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD 4-1-18	8.b. ENDING DATE OF REPORTING PERIOD 4-21-18		
9. (Check one) a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. <input checked="" type="checkbox"/> This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.			
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.			
 signature of candidate	4-21-18 date	 signature of political treasurer	4-21-18 date
 signature of witness	4/21/18 date	 signature of witness	4/21/18 date
11. WITNESS SIGNATURE			
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT	FILED	\$ <u>1,019.81</u>	
b. TOTAL RECEIPTS THIS PERIOD	A.M. P.M.	\$ <u>1,600.00</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD	APR 24 2018	\$ <u>808.72</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	SUMNER COUNTY ELECTION COMMISSION	\$ <u>1,751.09</u>	
e. TOTAL LOANS OUTSTANDING		\$ <u>500.00</u>	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ _____	



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <div style="text-align: center; font-size: 1.2em; font-family: cursive;">Jerry Foster</div>	14. REPORT COVERING THE PERIOD FROM: 4-01-18 TO: 4-21-18
RECEIPTS	
15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 200.00
b. Itemized Contributions (over \$100 from each source this period)	\$ 1,400.00
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ 1,600.00
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ /
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ /
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ 1,600.00
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)	
GALATIOW CFC Donation	\$ 50.00
GAS	\$ 39.44
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ 89.44
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 779.28
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ 868.72
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ /
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 868.72
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.)	\$ /
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 in item 12.f.)	\$ /



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE JERRY FOSTER				2. REPORT COVERING THE PERIOD FROM: 4-1-18 TO: 4-21-18			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount \$0		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)							
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name TN REALTY PAC				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		\$200.00	
Address 901 19th Ave S.				<input type="checkbox"/> Runoff (Local Elections Only)			
City Nashville		State TN	Zip Code 37212	Date of Contribution 3-29-18		Aggregate This Election 200.00	
Occupation							
Employer							
First Name FRANKLIN		Middle Name W		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name TAYLOR				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		500.00	
Address 131 INDIAN LAKE RD				<input type="checkbox"/> Runoff (Local Elections Only)			
City H'ville		State TN	Zip Code 37015	Date of Contribution 4-3-18		Aggregate This Election 500.00	
Occupation dentist							
Employer SELF							
First Name DON		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name DRAYTON				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		500.00	
Address 1204 FRASERPOINTE DR				<input type="checkbox"/> Runoff (Local Elections Only)			
City H'ville		State TN	Zip Code 37015	Date of Contribution 4-1-18		Aggregate This Election 500.00	
Occupation							
Employer Retired							
First Name JOHN		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name JENNINGS				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		200.00	
Address 102 INDIAN LAKE CR				<input type="checkbox"/> Runoff (Local Elections Only)			
City H'ville		State TN	Zip Code 37015	Date of Contribution 4-3-18		Aggregate This Election 200.00	
Occupation INSURANCE							
Employer SELF							
5. TOTAL ITEMIZED CONTRIBUTIONS <small>(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.)</small>					\$1,400.00		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Jeremy Foster			2. REPORT COVERING THE PERIOD	
			FROM: 4-21-16	TO: 4-21-16
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$
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
Last Name/Business Name OFFICE SUPPORT SYSTEMS		MAILER		\$509.62
Address 445 MIAMI DR				
City MADISON	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name UPRINTING		PRINTING		\$269.66
Address 8000 HASKELL AVE				
City VAN NUYS	State CA			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
5. TOTAL ITEMIZED EXPENDITURES <small>(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.)</small>				\$779.28