## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

## For State and Local Candidates For Single Condidate Committees

| ,  | ondia cer   | WINGLE !                           | COMMITTEE                              | 7678                                  |                           |
|--|---|------------------------------------|--|---------------------------------------|---------------------------|
| 1. DATE OF REPORT  | 2.a. NAMEOFC                                      | ANDIDATE OR                        | COMMITTEE                              |                                       |                           |
| April 25, 2018   | Committee t                                       | to Elect Jor                       | dan Banks fo                           | or County Commis                      | sion                      |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE   |   |                                    |  | 3. ELECTION DATE                      |                           |
| Timothy Jordan Banks   |   |                                    |  | May 1, 2018                           |                           |
| 4.a. CAMPAIGN ADDRESS AND PHONE<br>Street or Rural Route   | City  |                                    | State                                  | Zip Code                              | Phone                     |
|  | •   |                                    |  | •                                     |                           |
| 110 Applewood Valley Drive<br>4.b. CANDIDATE'S HOME ADDRESS (if differen                                   | Hendersonville than 4.a.)                         | e                                  | TN                                     | _37075                                | 706-767-1869              |
| Street or Rural Route  | City  |                                    | State                                  | Zip Code                              | Phone                     |
|  |   |                                    | <u> </u>                               | · · · · · · · · · · · · · · · · · · · |                           |
| 5. OFFICE SOUGHT (include district number, it  | f applicable)                                     | 6. NAME                            | OF POLITICAL                           | TREASURER (may be                     | candidate)                |
| County Commission, District 9  | ····  | Stuart 1                           | Wiston                                 |                                       |                           |
| 7. CATEGORY OR REPORT (Check one)  |   | IQ.                                |  |                                       | <b>[</b>                  |
| FIRST SECOND THRD  | FOURTH  | <b>₩</b> .                         | PRE-                                   | MID-YEAR                              | YEAR-END                  |
| QUARTER QUARTER QUARTER  8.a. BEGINNING DATE OF REPORTING PERIOD   | QUARTER   | PRIMARY<br>8 b ENDIN               | GENERAL<br>GDATE OF REPO               | SUPPLEMENTAL PTING PERIOD             | SUPPLEMENTAL              |
|  |   |                                    |  | KINGFERIOU                            |                           |
| April 1, 2018<br>9. (Check one)  |   | April 21.                          | 2018                                   | ·····                                 |                           |
| ,  | - W1 L  | - 44 . 4*                          |  |                                       |                           |
| <ul> <li>a.  This campaign is exempt from detaile<br/>tures total \$1,000 or less for this repo</li> </ul> | d disclosure becaus<br>ortina period. (Comp       | se contribution<br>plete items 120 | s (including in-kr<br>1 12e. and 12f.) | vd) received total \$1,00             | 0 or less AND expendi-    |
| ·  | •   |                                    | •                                      |                                       |                           |
| b. X This campaign is required to file a de and/or expenditures total more than \$                         | tailed financial discit<br>\$1.000 for this repor | osure because<br>ting period,      | contributions (in                      | cluding in-kind) receive              | d total more than \$1,000 |
|  |   |                                    |  |                                       | · · · · · · · ·           |
| 10. I/we do solemnly swear or affirm that the in   | nformation container                              | d in this camp                     | aion financial dis                     | closure report is true a              | nd that this report is an |
| accurate accounting of campaign contribution   | ons and expenditure                               | s required to b                    | e reported by the                      | e candidate dommittee                 | by the Campaign           |
| Financial Disclosure Act. Additionally, I/we<br>benefit of the candidate or for any other non              |   |                                    |  |                                       | ne personal financial     |
|  |   | _                                  |  | -11                                   | . 15 . 1                  |
| J. J.  | 4-126/18  | ,<br>                              |  | $\vee$ $\perp$                        | 4/26118                   |
| signature of candidate   | date  |                                    | signature o                            | f political treasurer                 | date                      |
|  |   |                                    |  | <del></del>                           |                           |
| 11. WITNESS SIGNATURE  |   |                                    | .3                                     | ./                                    |                           |
| Sorah B. Bouh  | 04/26/18  |                                    | Sarah                                  | A Bruke                               | Moules                    |
| signature of witness   | date  |                                    | signat                                 | ture of witness                       | date.                     |
|  |   |                                    | Olg. 421                               | are or with 1035                      | date                      |
| 12. SUMMARY  |   |                                    |  |                                       |                           |
| A BALANCE ON HAND LACT DEDOCT  | <b>1</b>  | 1 -                                | `                                      | s _899.11                             |                           |
| a. BALANCE ON HAND LAST REPORT   |   | Lan L                              | <i>y</i>                               | . \$                                  |                           |
| b. TOTAL RECEIPTS THIS PERIOD  |   |                                    | P.M.                                   | \$ 125.00                             |                           |
|  | A.M.  | R 2 42018                          | ١                                      | 612.57                                |                           |
| c. TOTAL DISBURSEMENTS THIS PERIOD.  | API   | X.4.7.01                           |  | .\$                                   |                           |
| d. BALANCE ON HAND (12.a. plus 12.b. m   | ninus 12.631.1MN                                  | ER COU                             | NTY                                    | · \$                                  | 411.54                    |
|  | ELECTIO   | N COMM                             | ISSIUN                                 | -                                     |                           |
| e. TOTAL LOANS OUTSTANDING   | ELECTION  |                                    |  | <b>\$</b>                             | 0.00                      |
|  |   |                                    |  |                                       |                           |
| f. TOTAL OBLIGATIONS OUTSTANDING   |   |                                    |  | <b>S</b>                              | 0.00                      |
|  |   |                                    |  | •                                     |                           |

## SUMMARY PAGE - CANDIDATE

| 13. NAME OF CANDIDATE OR COMMITTEE (In Full)  | 14. REPORT CO  | VERING THE PERIOD |  |  |  |
|---|--|-------------------|--|--|--|
| Committee to Elect Jordan Banks for County Commission                                   | FROM: 4/1/18   | TO: 4/21/18       |  |  |  |
| RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)                              |  |                   |  |  |  |
| a. Unitemized Contributions (\$100 or less from each source this period)                | \$ 125.00  | <del></del>       |  |  |  |
| b. Itemized Contributions (over \$100 from each source this period)                     | \$ 0.00  |                   |  |  |  |
| c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)             | •••••  | \$ 125.00         |  |  |  |
| 16. LOANS RECEIVED THIS REPORTING PERIOD  | ••••••   | \$ 0.00           |  |  |  |
| 17. INTEREST RECEIVED THIS REPORTING PERIOD   |  | \$0.00            |  |  |  |
| 18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)              | ***************************************  | \$ 125.00         |  |  |  |
| DISBURSEMENTS   | - <del></del>  |                   |  |  |  |
| 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)       |  |  |  |
| Office Supplies \$ 33.94  |  |                   |  |  |  |
| Fundraising Fees \$ 31.74   |  |                   |  |  |  |
| Postage \$ 17.50  |  |                   |  |  |  |
|   |  |                   |  |  |  |
| \$  |  |                   |  |  |  |
| \$  |  |                   |  |  |  |
|   |  |                   |  |  |  |
| <b>s</b>  |  |                   |  |  |  |
| s   |  |                   |  |  |  |
|   | <del>-</del>   |                   |  |  |  |
| Total of Expenditures (\$100 or less each payee)  | \$ 83.18   | _                 |  |  |  |
| b. Itemized Expenditures (Over \$100 each payee this period)                            | \$ 529.39  | _                 |  |  |  |
| c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)                 |  | \$ 612.57         |  |  |  |
| 20. LOAN REPAYMENTS MADE THIS PERIOD  | ***************************************  | \$0.00            |  |  |  |
| 21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)               | \$ 612.57  |                   |  |  |  |
| 22.IN-KIND CONTRIBUTIONS  |  |                   |  |  |  |
| a. Uniternized in-kind contributions (\$100 or less from each source this period)       | a. Uniternized in-kind contributions (\$100 or less from each source this period)\$ 0.00 |                   |  |  |  |
| 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)                              | \$ 0.00  | _                 |  |  |  |
| b. Itemized Obligations Outstanding (Over \$100 each)                                   |  |                   |  |  |  |
| c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item            | \$ _0.00   |                   |  |  |  |

## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

| 1. NAME OF CANDIDATE OR COMM   | 2. REPORT COVERING THE PERIOD         |                                       |                        |  |                                       |
|--|---------------------------------------|---------------------------------------|------------------------|--|---------------------------------------|
| Committee to Elect Jorda   | FROM: 4/1/18                          | TO: 4/21/18                           |                        |  |                                       |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)   |                                       |                                       |                        |  | Amount<br>0.00                        |
| COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE   |                                       |                                       |                        |  |                                       |
| First Name   |                                       | <del></del>                           |                        | to any payee during the p                        |                                       |
| First Name   | Middle N                              | ame                                   | Purpose of Expenditure |  | Amount of Expenditure                 |
| Last Name/Business Name Victorystore.com   |                                       | Signage Printing                      |                        | \$237.58   |                                       |
|  |                                       |                                       |                        |  | Address<br>5200 SW 30th St.           |
| City   | State                                 | Zip Code                              | _                      | -  |                                       |
| Davenport  | IA                                    | 52082                                 |                        |  |                                       |
| First Name   | Middle N                              | ame                                   | Purpose of Expenditure |  | Amount of Expenditure                 |
| Victorystore.com  Last Name/Business Name  |                                       | <del></del>                           |                        |  |                                       |
| Last reging/pusiness reging  |                                       |                                       | Deinting               | Printing   |                                       |
| Address<br>5200 SW 30th St   |                                       |                                       |                        |  |                                       |
| City   | - Inc.                                | T = a .                               |                        |  |                                       |
| ł <sup>-</sup>   | State                                 | Zip Code                              |                        |  |                                       |
| Davenport  | IA                                    | 52082                                 |                        |  |                                       |
| First Name   | Middle Na                             | arne                                  | Purpose of Expenditure |  | Amount of Expenditure                 |
| Last Name/Business Name  |                                       | · · · · · · · · · · · · · · · · · · · |                        |  |                                       |
|  |                                       |                                       |                        |  |                                       |
| Address  |                                       |                                       |                        |  |                                       |
| City   | State                                 | Zip Code                              |                        |  |                                       |
|  |                                       | '                                     |                        |  |                                       |
| First Name   | Middle Na                             | me                                    | Purpose of Expenditure |  | Amount of Europetities                |
| The state of the s |                                       | - urpose of Experiolities             |                        | Amount of Expenditure                            |                                       |
| Last Name/Business Name  |                                       |                                       |                        |  |                                       |
| Address  | ··                                    | ·                                     |                        |  |                                       |
|  | · · · · · · · · · · · · · · · · · · · | <u> </u>                              |                        |  |                                       |
| City   | State                                 | Zip Code                              | J                      |  |                                       |
|  |                                       |                                       |                        |  |                                       |
| First Name   | Middle Nar                            | ne                                    | Purpose of Expenditure | Purpose of Expenditure                           |                                       |
| Last Name/Business Name  |                                       | <del></del>                           |                        |  |                                       |
|  |                                       |                                       |                        |  |                                       |
| Address  |                                       |                                       |                        |  |                                       |
| City   | State                                 | Zip Code                              |                        |  |                                       |
|  |                                       |                                       | ļ                      |  |                                       |
| First Name   | Middle Nan                            | ne                                    | Purpose of Expenditure |  | Amount of Expenditure                 |
| Last Name/Business Name  |                                       |                                       |                        | — (F = 1 · + 2 · 2 · 2 · 2 · 2 · 2 · 2 · 2 · 2 · |                                       |
| Cast Marie/Dusiness Marie  |                                       |                                       |                        |  |                                       |
| Address  | · <del></del>                         | · · · · · · · · · · · · · · · · · · · | 7                      |  |                                       |
| City   | - Tau-                                | T <del>T</del> . 70.4.                | _                      |  |                                       |
| Caty .   | State                                 | Zip Code                              |                        |  |                                       |
| E TOTAL ITCHIZED EVOCADOS INC  |                                       | <del></del>                           |                        |  | · · · · · · · · · · · · · · · · · · · |
| <ol><li>TOTAL ITEMIZED EXPENDITURE<br/>(Carry forward to item 3. of next page if addition</li></ol>  | -                                     | are used.)                            |                        |  |                                       |
| (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)   |                                       |                                       |                        |  | \$529.39                              |
| _  |                                       |                                       |                        |  |                                       |