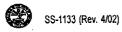
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

I OI OIII GUITILE COMMISSION						
1. DATE OF REPORT APTIL 23, 2018 Leoner	CANDIDATE OR COMMITTEE					
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE					
	May 1, 2018					
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City	State Zip Code Phone					
	Matin, TN 37066 615-512-6297					
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City	State Zip Code Phone					
5. OFFICE SOUGHT (include district number, if applicable)	6. NAME OF POLITICAL TREASURER (may be candidate)					
County Commission, District 6	Oliver Borry					
7. CATEGORY OR REPORT (Check one)	PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL					
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. ENDING DATE OF REPORTING PERIOD					
April 1, 2018	April 21, 2016					
9. (Check one)						
 This campaign is exempt from detailed disclosure becautures total \$1,000 or less for this reporting period. (Com 	use contributions (including in-kind) received total \$1,000 or less AND expendi- nplete items 12d., 12e. and 12f.)					
 This campaign is required to file a detailed financial disc and/or expenditures total more than \$1,000 for this repo 	closure because contributions (including in-kind) received total more than \$1,000 orting period.					
and expenditure contributions and expenditure	ed in this campaign financial disclosure report is true and that this report is an res required to be reported by the candidate committee by the Campaign at no campaign contributions have been expended for the personal financial as defined by the rederal laternal respecte code. Signature of political treasurer /date					
signature of witness date	8 Alexand 1/33/18 signature of witness date					
12. SUMMARY	\$6.75					
a. BALANCE ON HAND LAST REPORT						
b. TOTAL RECEIPTS THIS PERIOD	5 30.60 11 35 50					
c. TOTAL DISBURSEMENTS THIS PERIOR	P.M					
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	32018 s 1010.49					
	OUNTY 5					
f. TOTAL OBLIGATIONS OUTSTANDING	s ————					

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD						
	FROM: TO:						
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	•						
a. Unitemized Contributions (\$100 or less from each source this per	iod)\$ 220.00						
b. Itemized Contributions (over \$100 from each source this period)	\$ 300,00						
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.	a. and 15.b.)\$						
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.)s <u>930.00</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, postage, gasoline)						
Gollator Chamber of ommers Escility Rent.	\$ 100.60						
Vistaprint Printing	s <u>47.14</u>						
Postage	\$ <u>50.00</u>						
48hr Print Banner	\$ <u>44.16</u>						
Act Blue Donation fees	\$ _ 8.64_						
	\$						
	\$						
	\$						
	\$						
	. 74g.G)						
Total of Expenditures (\$100 or less each payee)	092 00						
b. Itemized Expenditures (Over \$100 each payee this period)	13167						
	At .						
20. LOAN REPAYMENTS MADE THIS PERIOD							
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in it	tem 12.c.) 11 7711X						
22.IN-KIND CONTRIBUTIONS	24 011						
a. Unitemized in-kind contributions (\$100 or less from each source this	_4						
b. Itemized in-kind contributions (over \$100 from each source this period)\$							
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add	122.a. and 22.b.)\$ <u>20.04</u>						
23. OBLIGATIONS	d						
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 2. REPORT COVER					7 7		
Legnard Assante FROM: 4			FROM: 4/1/18	TO: 4/21/18			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount Ø		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)							
First Name Corps d	Middle Name		Contribution Received For:		Amount of Contribution		
Last Name Organization Name Shephe. Ya			Primary Election		\$ 100.00		
Address 7004 Quarter Pel.			Runoff (Local Elections Only)				
City Alexandria	State A	Zip Code みくろン7	Date of Contribution		Aggregate This Election		
Occupation Awslyst			4/20/18		\$ 200.00		
Dept. of Defense			, ,				
First Name 2 cochoru	Middle Nar	ne	Contribution Received For	r.	Amount of Contribution		
Last Name/Organization Name			Primary Election General Election		\$ 100.00		
Address 605 New Hitt Ln.			Runoff (Local Elections Only)				
city boodlettswille	State	^{ZipCode} 772	Date of Contribution		Aggregate This Election		
Occupation Commissioner		4/12/18		\$ 30000			
City of Good to 16							
First Name	Middle Nan	ne	Contribution Received Fo	r:	Amount of Contribution		
Last Name/Organization Name A Securite			Primary Election General Election Runoff (Local Elections Only)		\$100,00		
Address 825 9. Browns Ln. #601							
City Gallatin	State	37066	Date of Contribution		Aggregate This Election		
Occupation College Professor			4/19/16		\$ 200.00		
Volunteer State C.C.			3				
First Name	Middle Nar	ne	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							
5. TOTAL ITEMIZED CONTRIBUTIONS	404						
(Carry forward to item 3, of next page if additional pages (If this is the last page of contributions, this amount mus	of this form : Lbe shown in	are used.) item 15b. of summary.)					

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
Leonard Againte				FROM: 4/1/18	TO: 4/21/18 Amount		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)							
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 Stickermule, som			lapel Sticke		150.00		
Address		Sticker					
City	State	Zip Code					
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name Copital Promotions, Inc.			Sighs		722		
Address 231					732.00		
Last Name/Business Name Corpital Promotions, Address. o. Box 231 City (Tlenside	State PA	Zip Code 190 59					
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address	Address						
City	State	Zip Code					
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name			7				
Address							
City	State	Zip Code					
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name			_{				
Address			7				
City	State	Zip Code	1				
First Name	Middle Name		Purpose of Expenditure		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 pages (If this is the last page of expenditures, this amount mus							