### **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For State and Local Candidates For Single-Candidate Committees

	For State and	d Local Candidat	tes [1]		
	For Single-Ca	ndidate Committ	ees []	FD	
1. DATE OF REPORT		CANDIDATE OR COMMITTEE	A.M.		
49-2018	lest	ie R. Schell	ADD o	o PM	
2.b. IF COMMITTEE, NAME OF CANDIDA			3. ELECTION DATE	9 2018 - W.	
			T. MOUNTEDO	LX	
4.a. CAMPAIGN ADDRESS AND PHONE		•		YUNTY	
Street or Rural Route	City	State	Zip Code	WHATS SLONE	
1558B Brinkley Branc		isonuille TN	37075 61	MMH35104 5 452 8399	
4.b. CANDIDATE'S HOME ADDRESS (if di Street or Rural Route	ifferent than 4.a.) Citv	State	Zip Code	Phone	
- Object of Nation Notice	Oily	Otate	Zip Gode	THORE	
OFFICE SOUGHT (include district nun	ther if applicable)	6. NAME OF POLITICAL	L TREASURER (may be o	eandidate)	-
				andidate)	
County Commissioner L	Astrict 4	Cullen Bubb	a sound, 4	Υ	4
7. CATEGORY OR REPORT (Check one)	п п		П	П	1
	IRD FOURTH	PRE- PRE-	MID-YEAR	YEAR-END	
QUARTER QUARTER QUA 8.a. BEGINNING DATE OF REPORTING PERI	RTER QUARTER	PRIMARY GENERAL  8.b. ENDING DATE OF REF	SUPPLEMENTAL PORTING PERIOD	SUPPLEMENTAL	-
Jan. 16, 2018		March 3			<u> </u>
9. (Check one)	<del>,</del>	1100000	1,0016	·	
, ,					
a. This campaign is exempt from tures total \$1,000 or less for this				or less AND expendi-	
			•		
b. This campaign is required to file and/or expenditures total more	a detailed financial disc	losure because contributions	(including in-kind) received	d total more than \$1,000	
and/or expenditures total more	man \$1,000 for this repo	rung penoa.			
10. I/we do solemnly swear or affirm that					
accurate accounting of campaign con Financial Disclosure Act. Additionally					
benefit of the candidate or for any oth				/)	
1 Dansan	) ,, , ,			1 11/11/11	7-201
Ossel Chil	<u>V 44-2618</u>	/ ull	an DIU	UU 4-4	<b>7</b> –601
signature of candidate	date	signature	of political treasurer	date	
				<u> </u>	
11. WITNESS SIGNATURE		4.	. [ 1]		
1 (P)	4-9-201	9 // 100	In Chart	to mice	
_ ~ &	- 4-1-201	o Mast	19 (1100C	<u> 1-9-2018</u>	
signature of witness	date	sign	afure of witness	date	}
				<del>-</del>	
12. SUMMARY					
a. BALANCE ON HAND LAST REPOR	₹T		<u> </u>		
			12.5.500		
b. TOTAL RECEIPTS THIS PERIOD			\$ 1500 GC		
			. 165.87		
c. TOTAL DISBURSEMENTS THIS PEI	₹IOD		\$		
d BALANCE ON HAND (49 a mine)	(2 h. minus 12 a)		en en	1134.13	
d. BALANCE ON HAND (12.a. plus 1	Z.U. IIIIIUS 12.U.)				
TOTAL LOANS OF TOTAL PRINC			_	45	
e. TOTAL LOANS OUTSTANDING			\$ .		
4 TOTAL OR ICATIONS OF TOTALS	INC		and a	<del>+</del>	
f. TOTAL OBLIGATIONS OUTSTAND	INO UNI				



#### **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 period)	\$ 1300.00
b. Itemized Contributions (over \$100 from each source this period)	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.	)s <u>1300.</u> -
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>0</u> -
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$\$
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ 1300.00
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)
fee bark \$ 8.	<u> </u>
\$	
<u> </u>	
<u></u> \$	
\$	
\$	
\$	
\$	
\$	
	s 8,00
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	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 165.61
22.IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	<b>**</b>
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	2.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 i it	em 12.f.)\$

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR	COMMITTEE	<del></del>		2 REPORT COV	ERING THE PERIOD		
				FROM:	TO:		
3. TOTAL ITEMIZED CAMPAI	GN CONTRIBUTIONS !	FROM PRECEDIN	G PAGE (enter \$0 if first itemized p	270)	Amount		
4. COMPLETE THE APPROPRIA	TE ITEMS FOR EACH ITE	MIZED CONTRIBUT	FION (contributions totaling more than	100 from any contribu	tor)		
First Name	Middle I	Name	Contribution Received For:	Contribution Received For:			
Last Name/Organization Name			Primary Election	General Election	Amount of Contribution		
Address		<del></del>					
			Runoff (Local Election	s Only)			
City	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation							
mployer	<del></del>						
First Name	Middle N	lame	Contribution Received For:		Amount of Contribution		
ast Name/Organization Name			Primary Election	General Election	}		
Address		<del>\</del>					
			Runoff (Local Elections	only)			
City	State	Zip Code	Date of Contribution		Aggregate This Election		
occupation	<del></del>						
mployer		$\overline{}$					
irst Name	Middle Na	me	Contribution Received For:		Amount of Contribution		
st Name/Organization Name		<u> </u>	Primary Election	General Election			
ddress							
			Runoff (Local Elections	Only)			
ty	State	Zhp Code	Date of Contribution		Aggregate This Election		
cupation		<u> </u>	-				
nployer	<del></del>						
st Name	Middle Nan	ne	Contribution Received For:		Amount of Contribution		
st Name/Organization Name			Primary Election	General Election			
dress	<del></del>	<del></del>		\	ı  -		
<u> </u>			Runoff (Local Elections (	Only)			
	State	Zip Code	Date of Contribution		Aggregate This Election		
upation			7				
oloyer			-	}			
(Carry forward to item 3. of next page if a (If this is the last page of contributions, th	idditional pages of this form and ris amount must be shown in it	e used.) em 15b. of summary.)			e l		
TOTAL ITEMIZED CONTRIBU (Carry forward to item 3. of next page if a (If this is the last page of contributions, the	additional pages of this form are	e used.) em 15b. of summary.)			0		

# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1.\NAME OF CANDIDATE OR COMMITTEE					2. REPORT COVERING THE PERIOD					
					FROM:	TO:				
3. TOTAL ITEMIZED IN-KIND CON	ותוּפוּפדו	IS EDOM	PRECEDING PAG	F (enter \$0 if first itemized page	e)	Amount				
TOTAL TEMIZED IN-KIND CON     COMPLETE THE APPROPRIATE IT						tributor during the period)				
4. COMPLETE THE APPROPRIATE IT	EINIO LOIV EA					Value of In-Kind Contribution				
First Name	_,	Middle Nan	ne 	In-Kind Contribution Receive		Agine of BELVIER COHMINEROR				
Last Name/Organization Name				Runoff (Local Election	ns Only)					
Address				Date of in-Kind Contribution Aggregate this Election						
City State Zip Code				Description of In-Kind Contribution	<u>.,</u>					
Occupation	Employer		J <u></u>							
First Name		Middle Nar	ne	In-Kind Contribution Receiv	ed For:  General Election	Value of In-Kind Contribution				
Last Name/Organization Name				Runoff (Local Election	ons Only)	<u> </u>				
Address		$\overline{}$		Date of In-Kind Contribution		Aggregate this Election				
City		State	Zip Code	Description of In-Kind Contributio	n					
Occupation	Employer	<u> </u>	<del></del>							
First Name		Middle Na	пе	In-Kind Contribution Receiv	ed For: General Election	Value of In-Kind Contribution				
Last Name/Organization Name		<u>-</u>		Runoff (Local Election	ons Only)					
Address	·			Date of In-Kind Contribution		Aggregate this Election				
City	<del></del>	State	Zip Code	Description of In-Kind Contribution	n					
Occupation	Employer		<u>. </u>	- \						
First Name		Middle Na	me	In-Kind Contribution Received For: Value of In-Kind						
Last Name/Organization Name		<u>.l</u>	<del> </del>		General Election					
	<u> </u>		<del></del>	Runoff (Local Electi	ons Only)	Aggregate this Election				
Address					<del>\                                    </del>					
City		State	Zip Code	Description of In-Kind Contribution	on \					
Occupation	Етирюуег									
First Name		Middle Nan	ne	In-Kind Contribution Rece	<b>1</b>	Value of In-Kind Contribution				
Last Name/Organization Name		<u>l</u>		$\dashv$ $\vdash$ $\cdot$	General Election					
				Runoff (Local Election  Date of In-Kind Contribution	ons Only)	Aggregate this Election				
Address		Cteta	7in Code	Description of In-Kind Contributio						
City		State	Zip Code	Description of Intelligence	••					
Occupation	Employer			·						
5. TOTAL ITEMIZED IN-KIND CO	NTRIBUTIO	NS	-							
(Carry forward to item 3. of next page if (If this is the last page of in-kind contribu	additional pages	of this form	are used.) hown in item 22h, of sum	mary.)		,				
fit and as the rear bade of in-knin countries	TOOLIG, OHO BILLION				age 4 of 7	RDA 1159				

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE					OVERING THE PERIOD		
lestie Schell FROM:					TO:		
<del></del>	UDER FRA	M DDECEDING DAG	E (enter \$0 if first itemized n	age)	Amount		
3. TOTAL ITEMIZED CAMPAIGN EXPENDIT	EACH ITEM	ZED EXPENDITI IRE	(expenditures totaling more than \$10	00 to any payee during	the period)		
	MPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (				Amount of Expenditure		
First Name	IVIIUUIE Nan		Purpose of Expenditure	)			
Last Name/Business Name ASAP Printing			pinting ser	MON	157.87		
Address 116 Imperial B	lvd						
Address III Impenal B'	State	Zip Code 37575			45		
First Name	Middle Na	THE	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Na	те	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	_ 1				ŀ		
Address							
City	State	Zip Code					
First Name	Middle Na	me	Purpose of Expenditure	Purpose of Expenditure			
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Na	ame	Purpose of Expenditure	Purpose of Expenditure			
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle N	arne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address		T-0:					
City	State	Zip Code					
5. TOTAL ITEMIZED EXPENDITURES	names of this for	m are used.)			157.87		
(Carry forward to item 3. of next page if additional (If this is the last page of expenditures, this amoun	t must be show	n in item 19b. of summary.)					

## ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR	COMMITTEE						ORT COVE		THE PERIOD	
						FROM:		TO:		
3. COMPLETE THE APPROPR	RIATE ITEMS FOR EA	CH ITEMI	ZED LOAN (Id	ans totaling n	ore than \$100 from	any source durin	g the period)			
Complete the Following for the Sou			- <del> </del>		lares	Loan	- 1 0	utetandin	g Loan Balance	
First Name	Middle Name				Loans Received	Payments			of Period)	
Last Name/Organization Name										
Acoress			Loan Receive	i i						
City	State Zip Co									
	List All Endorsers or	Guarantors	for Above Loar	(If more spa	ace is needed plo	ease attach a pa	ige)			
First Name	Middle	Name		First Name			Mid	idle Nam		
Last Name/Organization Name		•	\	Last Name/Or	rganization Name	-				
Address		<u>.</u>	1	Address		·- <u>-</u>				
City	State	Zip	Code	City	<u>-</u>		St	ate	Zip Code	
Amount Guaranteed Outstanding				Amount Guar	anteed Outstanding	)				
First Name	Middl	e Name		First Name				Middle Name		
Last Name/Organization Name			<u></u>	Last Name/Organization Name						
Address				Address		<del></del>	-			
City	State	Zip	Code	City			St	ate	Zip Code	
Amount Guaranteed Outstanding				Amount Guar	ranteed Outstanding					
First Name	Midd	le Name		First Name			N	Aiddle Na	me	
Last Name/Organization Name		-		Last Name/0	Organization Name		\			
Address				Address	<del></del>				· · · · · · · · · · · · · · · · · · ·	
City	State	Zip	Code Code	City			1	State	Zip Code	
Amount Guaranteed Outstanding		<u>_L</u>		Amount Gua	ranteed Outstandin	g				
First Name	Midd	ile Name		First Name			N	Middle Name		
Last Name/Organization Name		·	<del>-</del>	Last Name/0	Organization Name	<del></del>				
Address	_,			Address			· · · · ·			
City	State	e Zi	p Code	City				State	Zip Code	
Amount Guaranteed Outstanding				Amount Gua	aranteed Outstandin	19				
4, Totals for all Loans (complet (Total loans received should also be (Total loan payments should also be	shown in item 16. on summa shown in item 20. on summa	ary page.) ary page.)			Loan Balance ng of Period)	Loans Received	Loan Payment		Outstanding Loan Balan (End of Period)	
(Total outstanding loan balance should SS-1132 (Rev. 4/02)	d also be shown in Item 12.e.	, on front page	s.)	1	Pa	ge <u>6</u> of	1_	l_	RDA 1159	

## ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

<del></del>				2. DEDORT COVERING THE REPION				
1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD FROM: TO:							
COMPLETE THE APPROPRIATE ITEMS F     OBLIGATION (obligations totaling more than person/vendor at the end of the reporting person.)	i \$100 ow	HITEMIZED ved to any	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)		
First Name	Middle Na	me						
Last Name/Business Name								
Address						<u> </u>		
City	State	Zip Code		<u> </u>				
Description of Obligation								
First Name	Middle Na	arne						
Last Name/Business Name					! !			
Address								
City	State	Zip Code			<u> </u>	<u> </u>		
Description of Obligation								
First Name	Middle N	ame						
Last Name/Business Name								
Address								
City	State	Zip Code						
Description of Obligation				<u>.</u>				
First Name	Middle N	ame						
Last Name/Business Name		<del></del>						
Address								
City	State	Zip Code						
Description of Obligation								
First Name	Middle N	lame						
Last Name/Business Name	<del> </del>							
Address								
City	State	Zip Code				<u></u>		
Description of Obligation	<u> </u>					<u> </u>		
4. TOTALS (Total from Outstanding Balance - (End of Period)	column m	ust also be shown						
in item 23b. on summary page.)				Page 7_	of 7	RDA 1159		