CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAMEOFCANDIDA COMMITTE	1 1	ct Love	n Echols
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE	
Wen Echols			6-1-	0
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City :	State	Zip Code	Phone
129 Fountain Brooke	Dr. Henders	sonville, TM	37675	615.306.6065
4.b. CANDIDATE'S HOME ADDRESS (if differen Street or Rural Route 129 Fountain Bro	City	state dersonvi	Zip Code	Phone 7675 (015:306
5. OFFICE SOUGHT (include district number, if		NAME OF POLITICAL 1		
County Commission		1	e Marbr	, 0
7. CATEGORY DR REPORT (Check one) 102 FIRST SECOND THRD QUARTER QUARTER QUARTER	FOURTH PRIM		MID-YEAR SUPPLEMENTAL	☐ YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD		ENDING DATE OF REPO		
9. (Check one)		J- 51-1	0	
a. This campaign is exempt from detaile tures total \$1,000 or less for this repo	orting period. (Complete ite	ms 12d., 12e. and 12f.)		
b. This campaign is required to file a de and/or expenditures total more than			cluding in-kind) recei	ved total more than \$1,000
I/we do solemnly swear or affirm that the ir accurate accounting of campaign contribute Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other nor accurate to the candidate.	ons and expenditures requi swear or affirm that no carr	red to be reported by the paign contributions have	e candidate committe re been expended for	e by the Campaign the personal financial
signature of candidate	date	signature o	f political treasurer	4/9/18 date
11. WITNESS SIGNATURE	-	\sim		
Signature of witness	4/9/17 date	signal	ture of witness	<u>419118</u>
12. SUMMARY			2	
a. BALANCE ON HAND LAST REPORT	II E D	***************************************	.\$	- ₀ v.
b. TOTAL RECEIPTS THIS PERIOD	ILCU P.M.		s 4,0,00	0 70 5
A.M. c. TOTAL DISBURSEMENTS THIS PERIOD			s 2, 166	
d. BALANCE ON HAND (12.a. ple)均利的	ier county			: 2,08993
e. TOTAL LOANS OUTSTANDING	N COMMISSION			s_ 0
f. TOTAL OBLIGATIONS OUTSTANDING			***************************************	\$

SUMMARY PAGE - CANDIDATE

12 NAME OF CANDIDATE OF COMMITTEE //- F.ID	OVERNO THE REDICE
13. NAME OF CANDIDATE OR COMMITTEE (In Full) 14. REPORT COMMITTEE (In Full) 15. NAME OF CANDIDATE OR COMMITTEE (In Full) 16. REPORT COMMITTEE (In Full)	OVERING THE PERIOD 8 TO: 3 3/1/8
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	no
a. Unitemized Contributions (\$100 or less from each source this period)	<u>, 22</u>
b. Itemized Contributions (over \$100 from each source this period)\$ $3,856$	200
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>4856</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, postar	ge, gasoline)
Postage : 35	,
Payment Processing , 23.3	
Event Sponsorship \$ 1100	
Campaian Supplies : 71.79	
\$	
\$	
\$	
\$	
\$	
240	do
Total of Expenditures (\$100 or less each payee)\$	-99
b. Itemized Expenditures (Over \$100 each payee this period)	27/0/05
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	s 2, 106
20. LOAN REPAYMENTS MADE THIS PERIOD	\$
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	s <u>2, 100</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.)	\$ 500
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.)	\$



Page _____ of _____

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE		-	2. REPORT COVER	RING THE PERIOD				
Comittee to E	Slect Lorer	1 Echols	FROM: 18	TO: 3/3) //8				
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)							
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMIZED CONTRIBUTION (d	ontributions totaling more than	100 from any contributor)				
First Name Taylor	Middle Name	Contribution Received For:	•••	Amount of Contribution				
Last Name/Organization Name Condra		Primary Election	General Election	\$250				
Address 2032 Rodma	an Blud.	Runoff (Local Election	ns Only)					
City Gallatin	State Zip Code 37000	Date of Contribution		Aggregate This Election				
Occupation Owner/ Pre	sident	2/2	118	#250				
Cresent Furr	riture							
First Name Rosanne	Middle Name	Contribution Received For	:	Amount of Contribution				
Last Name/Organization Name 5/uder		Primary Election	General Election	#150				
Address 160 Hornton	n Rd.	Runoff (Local Election	ns Only)	\$1,500				
City Gallatin	State Zip Code 37000	Date of Contribution		Aggregate This Election				
Occupation		ə/9	\$1,500					
Employer Conforcave.	Home Care							
First Name Jordan	Middle Name	Contribution Received For:		Amount of Contribution				
Last Name/Organization Name Sluder		The firmary Election	General Election	#/				
	PikeN.100	Runoff (Local Election	ns Only)	\$1,500				
Madison	State Zip Code 37115	Date of Contribution		Aggregate This Election				
Occupation Attorney Employer		2/11/		\$1,500				
Law Office of Jon	dan Sluder	•						
First Name Katring	Middle Name	Contribution Received For:		Amount of Contribution				
Last Name/Organization Name Echols		Primary Election	J General Election	# 200				
Address 1025 Forestpo	inte Dr.	Runoff (Local Election	ns Only)					
city Hendersonville	State Zip Code 37075	Date of Contribution	1	Aggregate This Election				
Occupation Registered	Nurse	2/2	1/18	#200				
	11e Health	-						
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages (If this is the last page of contributions, this amount must	•			\$3,450				

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE COM I HEE TO E	<u> </u>	/	- 1 1	2. REPORT COVE	RING THE PERIOD,		
Comittee to El	<u>ec+</u>	Loren (tch 0/5	FROM: //16/18	 		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT				Amount 3,450			
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMI	ZED CONTRIBUTION (contributions totaling more than	100 from any contributor	7)		
First Name Caraulio	Middle Nam	ne	Contribution Received For:		Amount of Contribution		
Last Name/Organization Name LAWSON	<u> </u>		Primary Election	☑ Primary Election ☐ General Election			
Address			Runoff (Local Election	s Only)	" XDU		
city Gallatin	State	Zp Code 7066	Date of Contribution		Aggregate This Election		
Occupation Owner /	Age	ent	2/2	17/18	\$ 200		
Lawson Insurar							
First Name Pr. Reagan	Middle Nan	ne	Contribution Received For:		Amount of Contribution		
Last Name/Organization Name	<u> </u>		De Primary Election	General Election	\$200		
Address 522 flucicle	ber	nu Rd.	Runoff (Local Election	ns Only)	200		
city Nashville	State 7	20 Code 37205	Date of Contribution	,	Aggregate This Election		
Occupation OBIGYT	· · · · · · · · · · · · · · · · · · ·	3/13	3/18	\$200			
Tennessee W	omer	is Care					
First Name	Middle Nam	···	Contribution Received For:		Amount of Contribution		
Last Name/Organization Name	<u> </u>		Primary Election	General Election			
Address			Runoff (Local Election	s Only)			
City	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation	•						
Employer		W4++					
First Name	Middle Nam	e	Contribution Received For:	<u></u>	Amount of Contribution		
Last Name/Organization Name			Primary Election	General Election			
Address			Runoff (Local Election	s Only)			
City	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation	<u> </u>	<u>. </u>					
Employer				į			
C TOTAL TELEPOOL			<u> </u>				
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages (If this is the lest page of contributions, this amount must	of this form ar be shown in i	re used.) tem 15b. of summary.)			#3,850		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	9, 1 1	- · ·	2. REPORT COVER	RING THE PERIOD
1. NAME OF CANDIDATE OR COMMITTEE Committee to	Hect Loren	Leho15	FROM: 1/16/18	TO: 3/31/18
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU			<u> </u>	
4. COMPLETE THE APPROPRIATE ITEMS FOR E	EACH ITEMIZED EXPENDITURE (e	expenditures totaling more than \$100) to any payee during the per	riod)
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Rush O	rder Tees] +-sh	irts	D2Q136
Address 2727 Commer			•	1.001-
^{co} Philadelphia	State A Zip Code 154			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name (Ap 1 to 1 Proposition Propos		Signs	s + quets	\$1,18725
chy Glenside	State PA Zip Code 19038	1		,
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Vista prin Address 275 Wyma City	nt n St	printi	ng	\$20508
city Waltham	State Zip Code MA 02451			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Mpress/ Address 145 Maple	ve Printing	Printi	19	#45230
Hendersonville	State Zip Code		i ku	" 100
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Sumner Co. Address	Rep. Parm	Ad		\$150
Hendersonville	State Zip Code 37077			47 1
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Salvus C		event sponsor	dûp	\$150
City Gallatin	State Zip Code State Zip Code 370/40	500,130	* 1	
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount must				2,52599

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO	DMMITTEE		1	١ ، سر	2. REPORT/COVE	
(mmi Ti	e 7	0 1	ect Cor	en Echols	FROM: 1/16/18	TO: 3/31/18
3. TOTAL ITEMIZED IN-KIND CO					<u> </u>	Amount /
4. COMPLETE THE APPROPRIATE I				TTION (in-kind contributions totaling	more than \$100 from any cor	ntributor during the period)
First Name Meyer		Middle Nar	пе	In-Kind Contribution Received Primary Election	Value of In-Kind Contribution	
First Name Meyer Middle Name Last Name/Organization Name MCMain 5				Runoff (Local Election	\$500	
Address 520 Ind	Address 520 Indian Lake Rd.			Date of In-Kind Contribution	Aggregate this Election 500	
City Hender Sor	ville	State	2003 7075	Description of In-Kind Contribution	^ ,	
Occupation Web developer		<u> 358</u>	ŧF	Web	site	
First Name		Middle Nar	ne	In-Kind Contribution Received Primary Election	d For: General Election	Value of In-Kind Contribution
Last Name/Organization Name				Runoff (Local Election		
Address				Date of in-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer	<u> </u>				
First Name		Middle Nan	ne	In-Kind Contribution Received Primary Election	For: General Election	Value of In-Kind Contribution
Last Name/Organization Name	-			Runoff (Local Election		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer					
First Name	. <u></u>	Middle Nan	ne	In-Kind Contribution Received	_	Value of In-Kind Contribution
Last Name/Organization Name				☐ Primary Election ☐ Runoff (Local Election	General Election	
Address				Date of In-Kind Contribution	3 Olay)	Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer		•			
First Name		Middle Name	•	In-Kind Contribution Receive	d For:	Value of In-Kind Contribution
Last Name/Organization Name					General Election	
Address				Runoff (Local Elections Date of In-Kind Contribution	s only)	Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer		<u> </u>			
5. TOTAL ITEMIZED IN-KIND CO	NTRIBUTION	NS				4
(Carry forward to item 3, of next page if a (If this is the last page of in-kind contribu)		\$500
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ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE (OR COMMITTEE						i	2. R	EPORT (COVER	RING	THE PERIOD
								FRO			TO:	
3. COMPLETE THE APPRO	PRIATE ITEMS F	OR EACH I	TEMIZ	ED LOAN (loans totaling r	nore than \$10	00 from any se	ource d	uring the pe	riod)	<u> </u>	. <u></u>
Complete the Following for the	Source of the Loan											
First Name	Middle Nam	ne	•		ding Loan Balance Loans ning of Period) Received			Loan Outstanding Loan Payments (End of Peri				
Last Name/Organization Name				1				/				
l 1 ⁻			Loan Receive			/	个	Date of Loa	<u>I</u> in		<u>.</u>	
City	State	Zip Code	Zip Code Primary			☐ Genera Only)	al Election					
	List All Endon	sers or Guara	intors fo	or Above Loa	n (If more spa	ce is neede	d please at	tach a	page)			
First Name		Middle Name			First Name		·			Middle	e Name	•
Last Name/Organization Name		-			Last Name/Org	ganization Na	me			1		
Address					Address	,						
City		State	Zip Co	ode	City	·-				State		Zip Code
Amount Guaranteed Outstanding	·		<u>. </u>		Aprount Guaranteed Outstanding							
First Name Middle Name				First Name Middle Name						•		
Last Name/Organization Name					Last Name/Organization Name							
Address				/	Address							
City		State	Zip ©o	ode	City State Zip Code					Zip Code		
Amount Guaranteed Outstanding			/		Amount Guaranteed Outstanding							
First Name		Middle Name			First Name					Middle	e Name)
Last Name/Organization Name	•	/			Last Name/Organization Name							
Address		/			Address							
City	/	State	Zip Co	ode	City					State		Zip Code
Amount Guaranteed Outstanding					Amount Guarar	nteed Outstan	nding		•			
First Name	First Name Middle Name					First Name Middle Name						
Last Name/Organization Name				Last Name/Organization Name								
Address	/				Address							
City		State	Zip Co	de	City		-			State		Zip Code
Amount Guaranteed Outstanding		-			Amount Guaranteed Outstanding					·		
Totals for all Loans (comple (Total loans received should also be (Total loan payments should also be (Total outstanding loan balance should)	shown in item 16, on s shown in item 20, on s	ummary page.) ummary page.)	·		Outstanding Lo (Beginning o		Loans Receive		Loar Payme			tanding Loan Balance (End of Period)



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

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.)	ı \$100 ow	I ITEMIZED ed to any	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Nai	me				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	тне				
Last Name/Business Name			i ,			
Address			7 /			
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	me				
Last Name/Business Name	<u>.l</u>		1/			
Address			7		<u> </u>	
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	me				•
Last Name/Business Name	l	/				
Address						
City	State	Zip Code	<u> </u>			
Description of Obligation				 _		
First Name	Middle Na	ıme				
Last Name/Business Name	1					
Address			1			
City	State	Zip Code	1		ļ	
Description of Obligation	<u> </u>		_1	·	1	,
4. TOTALS						
(Total from Outstanding Balance - (End of Period) in item 236. on summary page.)	column mu	st also be shown			<u> </u>	
SS-1127 (Rev. 4/02)				Page	of	RDA 1159