CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT H/1/2/2018 2.a. NAME OF LINE OF LI	DECANDIDATE OR COMM	NITTEE	
2.b. IF COMMITTEE, NAME OF CANDIDATE	<i>)</i>	3. ELECTION DA	ATE 2018
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City 142 1.Wr.Chasu Flon Ocnson,	Sta	te Zip Code	Phone
	le 1 N	7) 10 11	496-6582
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City	Sta	te Zip Code	Phone
5. OFFICE SOUGHT (include district number, if applicable) County Commission Dishelf 6	6. NAME OF PO	DLITICAL TREASURER (may	y be candidate)
7. CATEĞORY OR REPORT (Check one) FIRST SECOND THIRD FOURTH QUARTER QUARTER QUARTER QUARTER		PRE- MID-YEAR	· · · · · · · · · · · · · · · · · · ·
8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. ENDING DATE	OF REPORTING PERIOD	
9. (Check one)		(14 000 h 4MD "
a. This campaign is exempt from detailed disclosure be tures total \$1,000 or less for this reporting period. (C			1,000 or less AND expendi-
b. This campaign is required to file a detailed financial of and/or expenditures total more than \$1,000 for this re		butions (including in-kind) re	ceived total more than \$1,000
I/we do solemnly swear or affirm that the information contributions and expending accurate accounting of campaign contributions and expending Financial Disclosure Act. Additionally, I/we swear or affirm benefit of the candidate or for any other nonpolitical purpos	litures required to be repo that no campaign contrib	orted by the candidate comm outions have been expended	ittee by the Campaign
11/10	1.00	1. 1 Fam. 10	./0/
4/01/	1/8 un	drá Forsyth	u 4/9/18
signature of candidate date date		ignature of political treasure	date
11. WITNESS SIGNATURE		. /	<i>r</i>
signature of witness OL/00	ing Dur	Reyn Wr L signature of witness	4/4/we
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT	ED	s <u>4.50</u>	
b. TOTAL RECEIPTS THIS PERIOD	- 02018	s <u>Z, 9 2</u>	<u>5</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	1115010	s <u>2,300</u>	2.69
d. BALANCE ON HAND (12.a. plus 12.b. minuS 12.M) NE	COMMISSION		<u> </u>
e. TOTAL LOANS OUTSTANDING			s
f. TOTAL OBLIGATIONS OUTSTANDING			0

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
Luke 7:.slog	FROM: 01/16/19 TO: 3/31/18
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	
b. Itemized Contributions (over \$100 from each source this period)	\$ 2,925
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	^
16. LOANS RECEIVED THIS REPORTING PERIOD	\$_ <i>D</i>
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$_0
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ 2,925
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)
face Book toos \$ 75.8	<u> </u>
 \$	
s	
	
•	
	_
*	
\$	_
\$	_
<u> </u>	_
Total of Expenditures (\$100 or less each payee)	s 75.12
b. Itemized Expenditures (Over \$100 each payee this period)	1 0 0 11 10
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	2 2 - 4 -
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ 0
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 2,300.69
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.)	s_20
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 1	2.f.)

Page _____ of ____

SS-1133 (Rev. 4/02)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE			RING THE PERIOD
		FROM:	TO:
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU	TIONS FROM PRECEDING PAC	GE (enter \$0 if first itemized page)	Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contribute	or)
First Name iSAAC	Middle Name	Contribution Received For:	Amount of Contribution
Last Marne/Organization Name		■ Primary Election ☐ General Election	200 -
Address 2325 Nashville	Pike AP+ 923	Runoff (Local Elections Only)	00
City GALLATIN	State Zip Code 37066	Date of Contribution	Aggregate This Election
Occupation High School Worsh.		2/23/18	200 -
Employer finst Bapkist Ho	n Dekson Ville		
First Name Time	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name Wheelch		Primary Election General Election	100-
Address 119 SARAnac	Trail	Runoff (Local Elections Only)	
City Hennersonville	State Zip Code 37075	Date of Contribution	Aggregate This Election
Occupation Bu, 1Dex		March 24 /18	100-
Employer Sclf			
First Name Jeff	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name		Primary Election General Election	250-
Address 124 Dalton Circle	e	Runoff (Local Elections Only)	
City Henden sun ville	State Zip Code 75	Date of Contribution	Aggregate This Election
Occupation in Shrance ages		fcb 9/18	250-
Employer Self			
First Name Matt	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name Stamper		Primary Election General Election	200 -
Address 1002 Scarlet Cor	nt	Runoff (Local Elections Only)	•
the Hannen supullie	State Zin Code 37.75	Date of Contribution	Aggregate This Election
Occupation CPA		2/9/18	200-
Employer Self			
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of (If this is the last page of contributions, this amount must be according to the contributions.)			

	SS-1131(Rev.	2/06)
--	--------------	-------

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			RING THE PERIOD
*** PF4.	.	FROM:	TO:
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	TIONS FROM PRECEDING PAG	E (enter \$0 if first itemized page)	Amount
		ontributions totaling more than \$100 from any contributi	or)
FINAMEBRAH	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name FR: Z-EELL		Primary Election General Election	100-
Address 102 Bethea court		Runoff (Local Elections Only)	
City HEADER son ville	State Zp Code 37075	Date of Contribution	Aggregate This Election
Occupation Jawan		2/9/18	100-
SCIF		·	, t
First Name Chris	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name		Primary Election General Election	750-
Address 104 Rivenchase		Runoff (Local Elections Only)	
an Hennousonville	State Zip Code 3 7075	Date of Contribution	Aggregate This Election
Occupation Self		2126/18	250
Employer SC1			
L		<u> </u>	
First Name & Right	Middle Name	Contribution Received For:	Amount of Contribution
First Name BRIGA Last Name/Organization Name	Middle Name	Contribution Received For: Primary Election General Election	Amount of Contribution
Last Nagne/Organization Name Son Dewan +		_	Amount of Contribution 250 —
Last Nagne/Organization Name Son Denan +		Primary Election General Election Runoff (Local Elections Only) Date of Contribution	Amount of Contribution 250 Aggregate This Election
Last Nagra-Organization Name Son Deman + Address 1054 N Sugan tree	/ A ~ C State Zip Code	Primary Election General Election Runoff (Local Elections Only)	250-
Last Nagre/Organization Name Son Denant Address 1054 N Sugan three City Gallatin	/ A ~ C State Zip Code	Primary Election General Election Runoff (Local Elections Only) Date of Contribution	250-
Last Nagge/Organization Name Son Deplant Address 1054 N Sugan three City Gallatin Occupation Vet Employer	/ A ~ C State Zip Code	Primary Election General Election Runoff (Local Elections Only) Date of Contribution	250-
Last Nagner Organization Name Son Denant Address 1054 N Sugan thee City Gallatin Occupation Vet Employer Sell First Name	IA~C State Zip Code 3 70 66	Primary Election General Election Runoff (Local Elections Only) Date of Contribution 2/24/18	250 — Aggregate This Election 250 —
Last Nagge/Organization Name Son Den an + Address 1054 N Sugan tace City Gallatin Occupation VCT Employer SCII First Name ACII Last Name/Organization Name	IA~C State Zip Code 3 70 66 Middle Name	Primary Election General Election Runoff (Local Elections Only) Date of Contribution 2/2-1/18 Contribution Received For:	250 — Aggregate This Election 250 —
Last Name/Organization Name Son Deplant Address 1054 N Sugan tree City Gallatin Occupation VCT Employer SCII First Name Kells Last Name/Organization Name MCK: Alch	IA~C State Zip Code 3 70 66 Middle Name	Primary Election General Election Runoff (Local Elections Only) Date of Contribution 2 / 2 - 1 / 1 g Contribution Received For: Primary Election General Election Runoff (Local Elections Only) Date of Contribution	250 — Aggregate This Election 250 —
Last Name/Organization Name Son Den an + Address 1054 N Sugan three City Gallatin Occupation Vet Employer Scli First Name Kelly Last Name/Organization Name McKinley Address 2981 (ages Band)	I A ~ C State I N Zip Code 3 79 66 Middle Name	Primary Election General Election Runoff (Local Elections Only) Date of Contribution 2/2 / / 8 Contribution Received For: Primary Election General Election Runoff (Local Elections Only)	250 - Aggregate This Election 250 - Amount of Contribution 300 -
Last Name/Organization Name Son Devican + Address 1054 N Sugan tree City Gallatin Occupation Vet Employer Scll First Name Kelly Last Name/Organization Name McKinley Address 2981 (ages Bond) City Gallatin	I A ~ C State I N Zip Code 3 79 66 Middle Name	Primary Election General Election Runoff (Local Elections Only) Date of Contribution 2 / 2 - 1 / 1 g Contribution Received For: Primary Election General Election Runoff (Local Elections Only) Date of Contribution	250 - Aggregate This Election 250 - Amount of Contribution 300 -

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER	RING THE PERIOD
	TO:				
					Amount
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT				•	
4. COMPLETE THE APPROPRIATE ITEMS FOR E/	CH ITEMIZ	ED CONTRIBUTION (c	ontributions totaling more than !	100 from any contributor)
First Name Regis	Middle Name)	Contribution Received For:	Amount of Contribution	
Last Name/Organization Name			Primary Election	General Election	1,000-
Address 142 Riverchase		<u> </u>	Runoff (Local Election	ns Only)	,
CITY FLENDERSONS, 110	State	Zip Code 37075	Date of Contribution		Aggregate This Election
Occupation \mathcal{R} c \dagger \mathcal{R} \mathcal{R} \mathcal{R}			3/21/	18	1,000-
First Name A 4 5 hin	Middle Nam	e	Contribution Received For	_	Amount of Contribution
Last Name/Organization Name			Primary Election	_] General Election	275 -
Address 126 TCFFCKSON DI	rive		Runoff (Local Election	ns Only)	
City HEADERSONV. 1110	State	37.075	Date of Contribution 3/17//		Aggregate This Election
Occupation St. Ocat	Address 126 TCFFCKSON DRIVE City FLENDERSONV. 110 State TN TO 370 78 Occupation St-Dent				275-
Employer			1		
First Name	Middle Name	8	Contribution Received For	**************************************	Amount of Contribution
Last Name/Organization Name	<u></u>		Primary Election		
Address			Runoff (Local Electio		
City	State	Zip Code	Date of Contribution	Aggregate This Election	
Cocupation]		
Employer			1		
First Name	Middle Nam	e	Contribution Received For:	<u>.</u>	Amount of Contribution
Last Name/Organization Name	L		Primary Election	General Election	1
Address		Runoff (Local Electio			
City	State	Zip Code	Date of Contribution	Aggregate This Election	
Occupation	<u></u>				
Employer		 .	-		
	····	<u> </u>			
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					

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO	DMMITTEE				2. REPORT COVE			
					FROM:	TO:		
3. TOTAL ITEMIZED IN-KIND CC	NTRIBUTIONS	S FROM F	PRECEDING PAGE (enter \$0 if first itemized page	e)	Amount		
4. COMPLETE THE APPROPRIATE I						ntributor during the period)		
First Name		Middle Nam	ne	In-Kind Contribution Receive	d For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name				Runoff (Local Election	ns Only)			
Address			• ""	Date of In-Kind Contribution		Aggregate this Election		
City	Ĭ	State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer		1					
First Name Middle Name				In-Kind Contribution Receive	ed For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name				Runoff (Local Electio				
Address			Date of In-Kind Contribution		Aggregate this Election			
City State Zip Code			Zip Code	Description of In-Kind Contribution				
Occupation	Employer	· · · · <u>-</u> · ·						
First Name		Middle Nam	ne	In-Kind Contribution Received	ed For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name				Runoff (Local Electio	ns Only)			
Address				Date of In-Kind Contribution		Aggregate this Election		
City		State	Zip Code	Description of In-Kind Contribution	· · · · · · · · · · · · · · · · · · ·			
Occupation	Employer							
First Name		Middle Nan	ne	In-Kind Contribution Receive	ed For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name	<u> </u>			Runoff (Local Election				
Address				Date of In-Kind Contribution	<u>. </u>	Aggregate this Election		
City		State	Zip Code	Description of In-Kind Contribution)			
Occupation	Employer		<u></u>					
First Name	<u> </u>	Middle Nam	e	In-Kind Contribution Received	red For:	Value of In-Kind Contribution		
Last Name/Organization Name			•	Runoff (Local Election				
Address	Address			Date of In-Kind Contribution Aggregate this Ele				
City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer	 ,	l					
TOTAL ITEMIZED IN-KIND C (Carry forward to item 3. of next page if	additional pages of	f this form a	re used.)	,				
(If this is the last page of in-kind contrib	outons, this amount	must be sh	own in item 226, 61 summar	7-1	 			

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

WALLE OF CAMPIDATE OF COMMITTEE				2. REPORT CO	VERING THE PERIOD	
1. NAME OF CANDIDATE OR COMMITTEE				FROM:	TO:	
			or / #0 if first itemized n	200)	Amount	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	IRES FRO	M PRECEDING PAG	Et (enter \$0 if first itemized p	age)	ho enciadi	
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMI	ZED EXPENDITURE (o to any payee during	ne periouj	
First Name Heathen	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name M. S. 90 Man			Signs		1,093.59	
Address 108 MiDtown Count						
City Hennen sonville	State	Zip Code 37-75				
First Name	Middle Nar	ne	Purpose of Expenditure	. ,	Amount of Expenditure	
Last Name/Business Name ASAP Rin Address 116 impenial Dir City + CANCA SONUILLE First Name	ting		Printed	M+(NLL)	1,017.74	
Address 116 impenial Bu	0	Tio Code	_		1,017,17	
Hearden son wille	State	Zip Code				
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		ferce posts		113.54		
Address 360 Cast Main	Stro		_ '			
Hendenson ville	State	770 }5		نبيست د بيستوري		
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code	<u> </u>			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address	<u>-</u>					
City	State	Zip Code				
First Name	Middle Na	ime	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 page)	ges of this for	n are used.)				
(this is the last page of expenditures, this amount r	nust be shown	in item 19b. of summary.)				

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR C							FROM		T	G THE PERIOD O:
3. COMPLETE THE APPROPRI	ATE ITEMS I	FOR EACH IT	EMIZ	ED LOAN (Id	oans totaling n	nore than \$100 fro	om any source duri	ng the perio	d)	
Complete the Following for the Sour	ce of the Loan							- 1	Outstan	ding Loan Balance
First Name	Middle Na	me		Outstanding Lo (Beginning o		Loans Received	Loan Paymen	ts		ind of Period)
Last Name/Organization Name					İ			}		
Address				Loan Receive	d For:	L		ate of Loan		
Nucleos				☐ Primary	Election	General El	ection			
City	State	Zip Code			ocal Elections				_	
	List All Endo	rsers or Guara	ntors f	or Above Loar		ace is needed p	olease attach a p	age)	Middle N	
First Name		Middle Name			First Name				Widdle M	ame
Last Name/Organization Name					Last Name/O	rganization Name				
Address		<u></u>			Address					
City		State	Zip C	ode	City				State	Zip Code
Oily			<u>.</u>	Amount Guar	anteed Outstandi	ng				
Amount Guaranteed Outstanding									Middle N	lome
First Name		Middle Name			First Name Middle N			Middle		
Last Name/Organization Name				Last Name/Organization Name						
Address		<u></u> -			Address					
City	<u> </u>	State	Zip	Code	City	.			State	Zip Code
Amount Guaranteed Outstanding		<u> </u>	<u> </u>		Amount Gua	ranteed Outstand	ing			
First Name		Middle Name	-		First Name				Middle	Name
Last Name/Organization Name		<u> </u>			Last Name/0	Organization Nam	e		<u>!</u>	<u> </u>
					Address					
Address				<u> </u>	Dia				State	Zip Code
City		State	Zip	Code	City				, unio	
Amount Guaranteed Outstanding					Amount Gua	ranteed Outstand	ling			
First Name		Middle Nam	е	· · ·	First Name Middle Name			Name		
Last Name/Organization Name				 -	Last Name/Organization Name					
Address	·	··			Address					
City	 	State	Zip	Code	City	<u>. </u>			State	Zip Code
Amount Guaranteed Outstanding					Amount Gua	aranteed Outstand	ding		1 —	
	on last na-	of itemized to	ane)		Outstanding	Loan Balance	Loans	Loa	n	Outstanding Loan Balance
4. Totals for all Loans (complete (Total loans received should also be s (Total loan payments should also be s	hown in item 16. hown in item 20.	on summary page on summary page	∌.) ∋.)	•		ng of Period)	Received	Paym	ents	(End of Period)
(Total outstanding loan balance should	also be shown in	Item 12.e. on fron	page.	<u> </u>			Page 0			RDA 1159
A 4400 (D. 4000)						F-	age 0			NDV 1100

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE	2. REPORT COVERING THE PERIOD							
T. TANAL OF STATES AND STATES AND STATES				FROM: TO:				
 COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period) 			Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)		
First Name	Middle Na	mé						
Last Name/Business Name					54-			
Address	-				<u> </u> 			
City	State	Zip Code						
Description of Obligation					·			
First Name	Middle Na	me						
Last Name/Business Name	!	· · · · · · · · · · · · · · · · · · ·						
Address								
City	State	Zip Code						
Description of Obligation								
First Name	Middle Na	ime						
Last Name/Business Name								
Address	<u></u>							
City	State	Zip Code			<u></u>			
Description of Obligation					<u> </u>			
First Name	Middle N	атте						
Last Name/Business Name								
Address								
City	State	Zip Code						
Description of Obligation	<u> </u>		<u> </u>	<u></u>				
First Name	Middle N	ame						
Last Name/Business Name		 	_					
Address	<u> </u>	<u>. </u>	_					
City	State	Zip Code	_	,				
Description of Obligation	<u>L.</u>	<u></u>		, I		,		
4. TOTALS	<u>_</u>							
(Total from Outstanding Balance - (End of Peri in item 23b. on summary page.)	od) column mi	ust also be shown			<u> </u>			