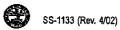
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

	·				
1. DATE OF REPORT ADRIL 9,2018	2.a. NAMEOFCA	NDIDATE OR CO	/ •	1.406	
	<u> </u>	_ STON	e ()1	ANC 5	· · · · · · · · · · · · · · · · · · ·
2.b. IF COMMITTEE, NAME OF CANDIDATE		•		3. ELECTION DAT	E
				l dua a	12,2018
4.a. CAMPAIGN ADDRESS AND PHONE				Hugue	10,000
Street or Rural Route	City		State	Zip Code	Phone
- 01				•	
169 Chipman Rd	Bethpa	fe :	TN	37022	615-330-0688
4.b. CANDIDATE'S HOME ADDRESS (if differen	t than 4.a.)	,			
Street or Rural Route	City		State	Zip Code	Phone
Same as home					
5. OFFICE SOUGHT (include district number, in	C	A 1444E OF			
5. OFFICE SOUGHT (include district number, in	r applicable)			FREASURER (may b	e candidate)
District 3 County Co	unissioned) FA	CCA C	RAVES	
7. CATEGORY OR REPORT (Check one)	1		<u> </u>		
				П	
FIRST SECOND THIRD	FOURTH	PRE-	PRE-	MID-YEAR	YEAR-END
QUARTER QUARTER QUARTER		PRIMARY	GENERAL	SUPPLEMENTAL	SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD		8.b. ENDING DA			
January 16,	2018	$\mathcal{M}_{\mathcal{O}}$	soll 2	31,2018	
9. (Check one)	10	7. (9.	RUI -	112010	
o. (ondox one)					
a. This campaign is exempt from detaile	d disclosure because	contributions (in	ncludina in-kir	nd) received total \$1.0	000 or less AND expendi-
tures total \$1,000 or less for this repo	rting period. (Comple	ete items 12d., 1	2e. and 12f.)	-,	
b. This campaign is required to file a def			ntributions (in	cluding in-kind) recei	ved total more than \$1,000
and/or expenditures total more than \$	1,000 for this reporting	ng period.			
		···-			· · · · · · · · · · · · · · · · · · ·
10. I/we do solemnly swear or affirm that the in	formation contained i	in this campaign	financial disc	doeura ranort is trua	and that this report is an
accurate accounting of campaign contribution	ons and expenditures	required to be re	enorted by the	acandidate committe	e by the Campaign
Financial Disclosure Act. Additionally, I/we	swear or affirm that n	o campaign con	tributions hav	e been expended for	the personal financial
benefit of the candidate or for any other non	political purpose as d	efined by the fe	deral internal	revenue code.	are personal interioral
$\alpha \nu$ α		1	~ 11		
STIPPLE MARRIED	4. 9-18		(YOU	MAD SANGE	1 ,, , , ,
THE SHOW	Fr 1.10		Cy ea	War Skill C	<u>4-9-18</u>
signature of candidate	date		signature of	f political treasurer	date
					-
11. WATNESS SIGNATURE			1 -	Λ	
		/	1		
I A Tall	11 1 17		100	, la Ta	10 11 12 10
inay unwes	91011		WYZLY	umu	2 9-10-14
signature of witness	date		signati	ure of witness	date
V			<u> </u>		-·
12. SUMMARY					
12. GOIVIVIA(1					_
a. BALANCE ON HAND LAST REPORT				s 1572.	<i>78</i>
	L. 1		••••••		
b. TOTAL RECEIPTS THIS PERIOD				. 0	
b. TOTALREGEIFTS THIS FERIOD				—	-
	A.M.	Р	.М.	0	
c. TOTAL DISBURSEMENTS THIS PERIOD	∆PR-1	:112018		\$	- '
	11111	-			160200
d. BALANCE ON HAND (12.a. plus 12.b. m	inus 12,c)	ዏኅ።ለቸኝ			s <u>1572.78</u>
					
e. TOTAL LOANS OUTSTANDING	ELECTION C	OMMISSI	UN		. 0
e. TOTAL LOANS OUTSTANDING	***************************************	******************	************		<u>*</u>
					2
f. TOTAL OBLIGATIONS OUTSTANDING	*************************			***************************************	s
					-]

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT	COVERING THE PERIOR
	FROM:	TO:
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	<u></u>	
a. Unitemized Contributions (\$100 or less from each source this period)	\$	
b. Itemized Contributions (over \$100 from each source this period)	\$	
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.)	•	\$
DISBURSEMENTS		
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by category -	e.g., printing, pos	stage, gasoline)
\$		
\$ <u></u>		
·	_	
\$		
\$		
\$		
\$		
<u> </u>		
<u> </u>	"	
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.)		
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	o.)	\$
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	n 12.f.)	\$



Page _____ of ____

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE					RING THE PERIOD		
	· · · · · · · · · · · · · · · · · · ·			FROM:	TO:		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	TIONS FR	OM PRECEDING PA	GE (enter \$0 if first itemized p	age)	Amount		
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEM	ZED CONTRIBUTION	(contributions totaling more than	100 from any contribute	or)		
First Name	Middle Nam	ne	Contribution Received For:	Amount of Contribution			
Last Name/Organization Name	. <u></u>		Primary Election				
Address		·	Runoff (Local Election				
City	State	Zip Code	Date of Contribution	Aggregate This Election			
Occupation							
Employer	_						
First Name	Middle Nan	ne	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	Date of Contribution			
Occupation	<u> </u>	-					
Émployer			-				
First Name	Middle Name				Amount of Contribution		
Last Name/Organization Name			Primary Election	General Election			
Address		 	Runoff (Local Elections	s Only)			
City	State	Zip Code	Date of Contribution	Aggregate This Election			
Occupation	·	<u> </u>	1				
Employer			†		i		
First Name	Middle Name		Contribution Received For:		Amount of Contribution		
First Name	Middle Name	9] _	General Election	Amount of Contribution		
First Name Last Name/Organization Name	Middle Name				Amount of Contribution		
First Name Last Name/Organization Name Address	Middle Name	Zip Code	Primary Election		Amount of Contribution Aggregate This Election		
First Name Last Name/Organization Name Address City			☐ Primary Election ☐ ☐ Runoff (Local Elections				
			☐ Primary Election ☐ ☐ Runoff (Local Elections				

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO	MMITTEE			· · · · · · · · · · · · · · · · · · ·	2. REPORT COVE	RING THE PERIOD			
I TARRE OF GARAGOATE OF OOI					FROM:	TO:			
				m (Amount			
3. TOTAL ITEMIZED IN-KIND COM						atibutes during the paries?			
4. COMPLETE THE APPROPRIATE IT	EMS FOR EACH ITE	MIZ	ED IN-KIND CONTR		-				
First Name	Middle	Nam	ne	In-Kind Contribution Receive Primary Election	Value of In-Kind Contribution				
Last Name/Organization Name	<u> </u>			7					
<u> </u>					Runoff (Local Elections Only)				
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	e Nam	ne	In-Kind Contribution Receive	_	Value of In-Kind Contribution			
Last Name/Organization Name				Primary Election L	Primary Election General Election				
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	e Nan	né	In-Kind Contribution Receive	ed For:	Value of In-Kind Contribution			
				Primary Election [General Election				
Last Name/Organization Name				Runoff (Local Election	ns Only)				
Address				Date of In-Kind Contribution	of In-Kind Contribution				
City	State		Zip Code	Description of In-Kind Contribution		<u> </u>			
	Employer								
Occupation									
	1			In-Kind Contribution Receive	d For	Value of In-Kind Contribution			
First Name	Middle	е Мал	ne	Primary Election General Election					
Last Name/Organization Name				Runoff (Local Election					
Address				Date of In-Kind Contribution		Aggregate this Election			
	Lav.		I T Out	Daniel Land Control					
City	State		Zip Code	Description of In-Kind Contribution	•				
Occupation	Employer								
First Name	Middle	Nam	ne	In-Kind Contribution Received		Value of In-Kind Contribution			
Last Name/Organization Name				Runoff (Local Election					
			Date of In-Kind Contribution	ils Offiy)	Aggregate this Election				
Address									
City	State		Zip Code	Description of In-Kind Contribution	•				
Occupation	Employer								
						1			
5. TOTAL ITEMIZED IN-KIND CO (Carry forward to item 3. of next page if a		ine •	are used \						
(Carry forward to item 3. of next page if a (If this is the last page of in-kind contribu	itions, this amount must	be sh	nown in item 22b, of sum	mary.)					
Lagrange Committee Committ									

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMIT	TEE		2. REPORT (FROM:	VERING THE PERIOD			
	TO:						
3. TOTAL ITEMIZED CAMPAIGN EXPE	NDITURES FRO	M PRECEDING F	PAGE (enter \$0 if first itemized	page)			
4. COMPLETE THE APPROPRIATE ITEMS	FOR EACH ITEM	ZED EXPENDITUR	E (expenditures totaling more than \$	100 to any payee durin	g the period)		
First Name	Middle Nar		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	<u>.J. —</u> .						
Address		<u></u>	_				
City	State	Zip Code			1		
First Name	Middle Na	me	Purpose of Expenditure	Purpose of Expenditure			
Last Name/Business Name							
Address							
City	State	Zip Code					
	Middle Na	me	Purpose of Expenditure	<u> </u>	Amount of Expenditure		
First Name	Milital Na						
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	me	Purpose of Expenditure	Purpose of Expenditure				
Last Name/Business Name							
Address		 ,					
City	State	Zip Code					
		<u> </u>	5		Amount of Expenditure		
First Name	Middle Na	me 	Purpose of Expenditure		Amount of Experionare		
Last Name/Business Name							
Address							
City	State	Zip Code			·		
First Name	Middle Na	ame	Purpose of Expenditure	Purpose of Expenditure			
Last Name/Business Name	1	 +			Ì		
Address							
City	State	Zip Code					
5. TOTAL ITEMIZED EXPENDITUR (Carry forward to item 3. of next page if additi (If this is the last page of expenditures, this au	ional pages of this for	n are used.) in item 19b. of summa	iry.)				

ITEMIZED STATEMENT OF LOANS - CANDIDATE

NAME OF CANDIDATE C	R COMMITTEE						FROI			G THE PERIOD O:
3. COMPLETE THE APPRO	DDIATE ITEMS F	OR FACH IT	FMIZE	D LOAN (Id	oans totaling n	nore than \$100 fro	em any source du	inng the perio	<u> </u>	
							-			
Complete the Following for the S First Name	Middle Nan					Loans Received	Loa Paym			nding Loan Balance End of Period)
Last Name/Organization Name	<u></u> ,					:				
Address		·		Loan Receive	d For:	·	'	Date of Loan		
City	State	Zip Code		☐ Primary ☐ Runoff (I	Election Local Elections	General Ek	ection			;
	List All Endo	rsers or Guarai	ntors fo	r Above Loar	ı (if more spa	ice is needed p	lease attach a	page)		
First Name		Middie Name		-	First Name				Middle N	ame
Last Name/Organization Name		<u> </u>	<u> </u>		Last Name/O	ganization Name				
Address		······································			Address	**				
City		State	Zip Co	ode	City	<u> </u>			State	Zip Code
Amount Guaranteed Outstanding			1		Amount Guar	anteed Outstandin	ng	<u></u>		
First Name		Middle Name	· · ·		First Name				Middle N	lame
Last Name/Organization Name					Last Name/0	rganization Name	_ -			
Address	 			<u></u>	Address			<u> </u>		***
City		State	Zip Ca	ode	City	.			State	Zip Code
Amount Guaranteed Outstanding	<u> </u>	<u> </u>	•		Amount Gua	anteed Outstandi	ing			_
First Name		Middle Name)		First Name Middle Name				Name	
Last Name/Organization Name		<u> '</u> _			Last Name/0	rganization Name	e			
Address					Address			· · ·		
City		State	Zip C	ode	City				State	Žip Code
Amount Guaranteed Outstanding		<u> </u>			Amount Gua	ranteed Outstand	ing			
First Name		Middle Name	9	·	First Name				Middle Name	
Last Name/Organization Name		<u> </u>		<u></u>	Last Name/	organization Nam	<u></u>		<u> </u>	
Address		<u> </u>			Address					
City		State	Zip C	Code	City				State	Zip Code
Amount Guaranteed Outstanding			.1		Amount Gua	ranteed Outstand	ling			
Totals for all Loans (comp (Total loans received should also (Total loan payments should also	be shown in item 16. o be shown in item 20. o	n summary page n summary page	a.) a.)			Loan Balance g of Period)	Loans Received	Loa Payrr		Outstanding Loan Balance (End of Period)
(Total outstanding loan balance sh	ould also be shown in i	tem 12.e. on front	t page.)	·			age	of		RDA 1159



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
TO THE OF CONTROL OF COMMENT AND				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 Name					
Last Name/Business Name						
Address					<u> </u>	
City	State	Zip Code				
Description of Obligation		!				
First Name	Middle Na	ame				
Last Name/Business Name						
Address	-	 := :				
City	State	Zip Code			<u> </u>	
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				<u> </u>
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation		<u> </u>				
First Name	Middle N	ame				
Last Name/Business Name		· 				
Address		<u> </u>				
Сіту	State	Zip Code				
Description of Obligation			 	1,	•	,
4. TOTALS						
(Total from Outstanding Balance - (End of Perior in item 23b. on summary page.)	d) column m	ust also be shown				
in Rom Zob. on Junitary page.						