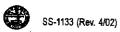
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

| 1. DATE OF REPORT 2.a. NAME OF C | ANDIDATE OR COMMITTEE | | |
|--|--|---|---------------------------------------|
| 4.2.2018 TAME | w HAVES | | |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE | 1 1 | 3. ELECTION DATE | |
| 4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City | State | Zin Codo | Dhana |
| Street or Rural Route City 120 GOVERNORS POINT BLVD. | HENDERSONVIL | Zip Code | Phone 075 615-824.75 |
| 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) | | | |
| School Board District #1 | State | Zip Code | Phone |
| OFFICE SOUGHT (include district number, if applicable) | 6. NAME OF POLITICAL | TREASURER (may be | candidate) |
| 7. CATEGORY OR REPORT (Check one) | PRE- PRE- PRIMARY GENERAL | MID-YEAR SUPPLEMENTAL | YEAR END SUPPLEMENTAL |
| 8.a. BEGINNING DATE OF REPORTING PERIOD | 8.b. ENDING DATE OF REPO | | |
| 9. (Check one) | MARCH 31. | 2018 | · · · · · · · · · · · · · · · · · · · |
| a. This campaign is exempt from detailed disclosure because tures total \$1,000 or less for this reporting period. (Compt.) b. This campaign is required to file a detailed financial disclosure and/or expenditures total more than \$1,000 for this report. | plete items 12d., 12e. and 12f. osure because contributions (i |) | |
| 10. I/we do solemnly swear or affirm that the information contained accurate accounting of campaign contributions and expenditure Financial Disclosure Act. Additionally, I/we swear or affirm that benefit of the candidate or for any other nonpolitical purpose as | s required to be reported by the no campaign contributions hat defined by the federal internal | ne candidate committee ve been expended for ti | by the Campaign |
| 11. WITNESS SIGNATURE Witness SIGNATURE 4.2.18 | Small | u C Hayle | 4-2-18 date |
| 12. SUMMARY | | <u> </u> | |
| a. BALANCE ON HAND LAST REPORT | (A. MIZ. | \$ | |
| b. TOTAL RECEIPTS THIS PERIOD | | \$ | |
| | ? 0,3 2 018 | \$ | |
| d. BALANCE ON HAND (12.a. plus 12.b. minus 125UMNE | P | \$ | 198.69 |
| e. TOTAL LOANS OUTSTANDING | COMIVIDO, DIA | \$ | 5,365.00 |
| f. TOTAL OBLIGATIONS OUTSTANDING | | | _ O. *** |
| - · · · · · · · · · - · | | ······································ | · |

SUMMARY PAGE - CANDIDATE

| 13. NAME OF CANDIDATE OR COMMITTEE (In Full) | 14. REPO | RT COVERING THE PERIO | | | | | | |
|--|---------------------------------------|-----------------------|--|--|--|--|--|--|
| | FROM: | TO: | | | | | | |
| 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) | | | | | | | | |
| 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, p | ostage, gasoline) | | | | | | |
| | | , | | | | | | |
| | | | | | | | | |
| \$ | | | | | | | | |
| | | | | | | | | |
| \$\$ | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| \$ | | | | | | | | |
| | | | | | | | | |
| 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.) | | | | | | | | |
| 23. OBLIGATIONS | | | | | | | | |
| a. Unitemized Obligations Outstanding (\$100 or less each) | \$ | | | | | | | |
| b. Itemized Obligations Outstanding (Over \$100 each) | | · - | | | | | | |
| 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 COI | MMITTEE | | | 2. REPORT COV | ERING THE PERIOD | | |
|---|---------------------------------------|----------------------|---------------------------------------|-----------------------------------|-------------------------|--|--|
| | | | | FROM: | TO: | | |
| 3. TOTAL ITEMIZED CAMPAIGN C | CONTRIBUTIONS F | ROM PRECEDING | G PAGE (enter \$0 if first itemized n | ane) | Amount | | |
| 4. COMPLETE THE APPROPRIATE IT | | | | | etor\ | | |
| First Name | Middle Na | | Contribution Received For: | | | | |
| Last Name/Organization Name | | · | Primary Election | General Election | Amount of Contribution | | |
| | | | E i milary Electronic E | J General Election | | | |
| Address | | · · | Runoff (Local Election | s Only) | | | |
| City | State | Zip Code | Date of Contribution | Date of Contribution | | | |
| Occupation | | | | | | | |
| Employer | | | | | | | |
| <u> </u> | _ | | | | | | |
| First Name | Middle Na | rme | Contribution Received For: | Contribution Received For: | | | |
| Last Name/Organization Name | | - | Primary Election | Primary Election General Election | | | |
| Address | | | Runoff (Local Election: | s Only) | | | |
| City | State | Zip Code | Date of Contribution | | | | |
| Occupation | <u>_</u> | | | | | | |
| Employer | - | | | | | | |
| | | | | | | | |
| First Name | Middle Nan | ne | Contribution Received For: | | Amount of Contribution | | |
| Last Name/Organization Name | | | Primary Election | General Election | | | |
| Address | <u> </u> | | Runoff (Local Elections | Only) | 1 | | |
| 04. | · · · · · · · · · · · · · · · · · · · | | | , Othy) | | | |
| City | State | Zip Code | Date of Contribution | | Aggregate This Election | | |
| Occupation | · | _L | | | | | |
| mployer | | | _ | | | | |
| | | | ĺ | | | | |
| irst Name | Middle Nam | 16 | Contribution Received For: | | Amount of Contribution | | |
| ast Name/Organization Name | <u> </u> | | Primary Election | General Election | | | |
| Address | | | Runoff (Local Elections | Only) | | | |
| ity | State | Zip Code | Date of Contribution | | Aggregate This Election | | |
| ccupation | | | _ | | 00 -0 | | |
| mployer | | | _ | | | | |
| · · | | | | | | | |
| . TOTAL ITEMIZED CONTRIBUTIO (Carry forward to item 3. of next page if additional thin in the last page of anythinting this in the last page of anythinting the last page of any | ional pages of this form an | B used.) | | | | | |
| (If this is the last page of contributions, this a | mount must be shown in it | em 15b. of summary.) | | | | | |

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

| 1. NAME OF CANDIDATE OR | COMMITTEE | | | | 2. REPORT COVE | RING THE PERIOD | | | |
|--|-----------------------|-----------------|--|---|---------------------------------------|-------------------------------|--|--|--|
| | | | | <u> </u> | FROM: | TO: | | | |
| 3. TOTAL ITEMIZED IN-KIND | CONTRIBUTION | NS FROM | PRECEDING PAGE | (enter \$0 if first itemized page | e) | Amount | | | |
| 4. COMPLETE THE APPROPRIAT | E ITEMS FOR EA | CH ITEMIZ | ZED IN-KIND CONTRIB | SUTION (in-kind contributions totaling | more than \$100 from any co | ntributor during the period) | | | |
| First Name | | Middle Nar | ne | In-Kind Contribution Receive | 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 | y State Zip Code | | | Description of In-Kind Contribution | | | | | |
| Occupation | cupation Employer | | | | | | | | |
| First Name | | Middle Nar | те | In-Kind Contribution Receive | d For: General Election | Value of In-Kind Contribution | | | |
| Last Name/Organization Name | | • | | Runoff (Local Election | | | | | |
| Address | | | | Date of In-Kind Contribution | tribution Aggregate this Election | | | | |
| City | | State | Zip Code | Description of In-Kind Contribution | | | | | |
| Occupation | Employer | | | | | | | | |
| First Name Middle Name | | | | In-Kind Contribution Received | 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 | | | | | | | | |
| First Name | • | Middle Nan | ne | In-Kind Contribution Receive | | Value of In-Kind Contribution | | | |
| Last Name/Organization Name | | <u> </u> | | ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only) | | | | | |
| Address | | | · · · · · · · · · · · · · · · · · · · | Date of In-Kind Contribution | | | | | |
| City | | State | Zip Code | Description of In-Kind Contribution | | ! | | | |
| Occupation | Employer | • | | 1 | | | | | |
| First Name | . | Middle Nam | e | In-Kind Contribution Receive | ed 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 | ccupation Employer | | | | | | | | |
| 5. TOTAL ITEMIZED IN-KIND ((Carry forward to Item 3. of next page | if additional pages o | of this form ar | | | | | | | |
| (If this is the last page of in-kind contr SS-1128 (Rev. 2/06) | IDUTIONS, THIS AMOUN | t must be sho | own in item 225, of summar | | e of | RDA 1159 | | | |
| Selv | | | | · - -9· | | | | | |

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMITTE | E | | | | COVERING THE PERIOD | | |
|---|----------------------|--|---|-----------------------|-----------------------|--|--|
| H (WHILE OF WHILE) HE OF COMMITTEE | • | | | FROM: | TO: | | |
| 3 TOTAL ITEMIZED CAMPAIGN EXPEND | OITURES FRO | PAGE (enter \$0 if first itemized page) | age) | Amount | | | |
| 4. COMPLETE THE APPROPRIATE ITEMS FO | OR EACH ITEM | ZED EXPENDITUR | E (expenditures totaling more than \$10 | 0 to any payee du | ring the period) | | |
| | Middle Nan | | | | Amount of Expenditure | | |
| First Name | | | | | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| First Name | Name Middle Name | | | | Amount of Expenditure | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | · | | | | |
| First Name | Middle Na | me | Purpose of Expenditure | | Amount of Expenditure | | |
| Last Name/Business Name | | Purpose of Expenditure Purpose of Expenditure Purpose of Expenditure Purpose of Expenditure Amount of Expenditure Purpose of Expenditure Purpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure Purpose of Expenditure Amount of Expenditure Amount of Expenditure | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| First Name | TNB | Purpose of Expenditure | <u> </u> | 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 | | | | | | | |
| Address | | · | | | | | |
| City | State | Zip Code | | | | | |
| First Name | st Name Middle Name | | | | Amount of Expenditure | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| 5. TOTAL ITEMIZED EXPENDITURES {Carry forward to Item 3. of next page if additional | d nance of this form | are used \ | | | | | |
| (Carry forward to frem 3. of next page if additional (If this is the last page of expenditures, this amou | int must be shown | n item 19b. of summar | y.) | | | | |

ITEMIZED STATEMENT OF LOANS - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMITTEE | | | | | | 2. REPORT COVERING THE PERIOD | | | | |
|---|--------------------|------------------------------|---|-----------------------------|-------------------------------|-------------------------------|--------------------|---------------|--------------------------------------|---|
| | | | | | | FROM | | | ГO; | |
| 3. COMPLETE THE APPROPRI | ATE ITEMS F | OR EACH IT | EMIZ | ED LOAN (I | oans totaling n | ore than \$100 fr | om any source dur | ing the perio | xl) | |
| Complete the Following for the Source | e of the Loan | | | | | | | | | |
| First Name Middle Name Outsta | | | Outstanding L (Beginning o | | Loans Received | Loan Paymer | | | nding Loan Balance End of Period) | |
| Last Name/Organization Name | | | | | | | | | | |
| Address Loan Recei | | | | Loan Receive | d For: | | | ate of Loan | | |
| City | State Zip Code | | | | General E | lection | | | | |
| | | | Runoff (Local Elections Only) r Guarantors for Above Loan (If more space is needed please atta | | | | | | | |
| C. W. | List All Endo | sers of Guara Middle Name | ntors 1 | or Above Loai | First Name | ice is needed | piease allauri a p | Jaye/ | Middle N | lame |
| First Name | | MICCIG I VETTO | | | | | | | | |
| Last Name/Organization Name | | | _ | | Last Name/U | ganization Name | · | | | |
| Address | | | | | Address | | | | _ | |
| City | | State | Zip C | ode | City | | | | State | Zip Code |
| Amount Guaranteed Outstanding | | | <u> </u> | | Amount Guar | inteed Outstand | ing | <u> </u> | | |
| First Name | | Middle Name | | | First Name | | | | Middle ! | lame |
| | | | | Last Name/Organization Name | | | | | | |
| Last Name/Organization Name | | | | | | | | | | |
| Address | | | | | Address | | | | | |
| City | · | State | Zip C | Code | City | | _ | | State | Zip Code |
| Amount Guaranteed Outstanding | | • | | | Amount Guar | anteed Outstand | ing | | | |
| First Name | | Middle Name |) | | First Name | | | | Middle | Name |
| Last Name/Organization Name | · | | • | | Last Name/Organization Name | | | | | |
| Address | | | | ·- <u>-</u> . | Address | | | | | |
| City | | State | Zip C | Code | City State Zip Code | | | | | Zip Code |
| Amount Guaranteed Outstanding | | | | | Amount Guaranteed Outstanding | | | | | <u>-</u> |
| Siret Nama | | Middle Name | | | First Name Middle Name | | | | Name | |
| Tiditan | | | | Last Name/Organization Name | | | | | . | |
| Last Name/Organization Name | | | | | | · V | | | | |
| Address | | | | | Address | | | | 1 - | |
| City | | State | Zip (| Code | City | | | | State | Zip Code |
| Amount Guaranteed Outstanding | | | | | Amount Gua | anteed Outstand | ing | | | |
| 4. Totals for all Loans (complete (Total loans received should also be should | own in item 16. 01 | n summary page. | .) | | Outstanding (Beginnin | Loan Balance of Period) | Loans Received | Loa Paym | | Outstanding Loan Balance (End of Period) |
| (Total loan payments should also be sho (Total outstanding loan balance should a | own in item 20. o | summary page. | .) | | | | | | | |
| CO 4422 (Pay 4/02) | | | | | | P | age of | | | RDA 1159 |

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.) | Outstanding Balance (Beginning of Period) | Debt Incurred This Period | Payments This Period | Outstanding Balance (End of Period) | | |
| First Name | Middle Nar | ne | | | | |
| Last Name/Business Name | | | | | | |
| Address | | | - | | | |
| City | State | Zip Code | | | | |
| Description of Obligation | | | | | | |
| First Name | Middle Nar | ne | | | _ | |
| Last Name/Business Name | | | | | | |
| Address | | | | | | |
| City | State | Zip Code | | | | |
| Description of Obligation | | | | | | |
| First Name | ne Middle Name | | | | | |
| Last Name/Business Name | | | | | | |
| Address | | | | | | |
| City | State | Zip Code | | | | |
| Description of Obligation | | | | | | |
| First Name | Middle Na | mė | | | | |
| Last Name/Business Name | | | | | : | |
| Address | | | 7 | | | |
| City | State | Zip Code | | | <u></u> | |
| Description of Obligation | | | | | | |
| First Name | Middle Na | me | | | | |
| Last Name/Business Name | .1 | ···· | - | | | 1 |
| Address | | | | , | | |
| City | State | Zip Code | | | <u> </u> | |
| Description of Obligation | <u>, </u> | | | | | , |
| 4. TOTALS (Total from Outstanding Balance - (End of Period) | column mus | st also be shown | 3,365. | | | 3,345. |
| in item 23b. on summary page.) | ريان بل | | | 0,040 | | |