CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAMEOFC	ANDIDATE OR (COMMITTEE		
1/25/2019	Alan Dri	iver			
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DATE	
				08/02/2018	<u>} </u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		State	Zip Code	Phone
135 MT Vernon RD	Bethpage		TN	37022	(615)428-4160
4.b. CANDIDATE'S HOME ADDRESS (if different	t than 4.a.)		****		
Street or Rural Route	City		State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if		6. NAME	OF POLITICAL	TREASURER (may be	candidate)
Sumner County Commissioner	, District 4	Lisa	Driver		
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER	IXI FOURTH QUARTER	PRE- PRIMARY	PRE- GENERAL	☐ MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD		ì	DATE OF REPO	RTING PERIOD	
10/01/2018 9. (Check one)		01/15	5/2019		
a. This campaign is exempt from detaile tures total \$1,000 or less for this repo	orting period. (Comp tailed financial discl	plete items 12d osure because	., 12e. and 12f.)		·
I/we do solemnly swear or affirm that the in accurate accounting of campaign contribution. Financial Disclosure Act. Additionally, I/we shenefit of the candidate or for any other non signature of candidate.	ons and expenditure swear or affirm that	es required to be no campaign o	e reported by the contributions have federal internal	e candidate committe ve been expended for	e by the Campaign
11. WITNESS SIGNATURE WITNESS SIGNATURE Signature of witness	1/25/19 date	Ø.	lly sh	nnture of witness	1/25/19 date
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT					_
b. TOTAL RECEIPTS THIS PERIOD		*******************************		s <u>-</u> 0-	_
c. TOTAL DISBURSEMENTS THIS PERIOD.		••••••		\$89.73	_
d. BALANCE ON HAND (12.a. plus 12.b. m	ninus 12.c.)		•••••		s <u>-0-</u>
e. TOTAL LOANS OUTSTANDING					s <u>-0-</u>
f. TOTAL OBLIGATIONS OUTSTANDING					s <u>-0-</u>

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14 R	EPORT COVE	RING THE PERIOD
Alan Driver		10/01/18	TO: 01/15/19
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)			
a. Unitemized Contributions (\$100 or less from each source this period)	\$	-0-	_
b. Itemized Contributions (over \$100 from each source this period)	\$	-0-	_
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$		
16. LOANS RECEIVED THIS REPORTING PERIOD	\$0		
17. INTEREST RECEIVED THIS REPORTING PERIOD		\$	
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		***************************************	s <u>-0-</u>
DISBURSEMENTS			<u> </u>
19. EXPENDITURES (other than loan payments)			
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.	.g., printi	ing, postage, g	gasoline)
<u> </u>			
 \$			
<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.)			\$89.73
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.)) <u>-</u>		\$ <u>-0-</u>
23. OBLIGATIONS			
a. Unitemized Obligations Outstanding (\$100 or less each)			
b. Itemized Obligations Outstanding (Over \$100 each)			í
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	12.f.)		sO



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Page _____ of ____

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COM	MMITTEE			1 2 DEDORT COL	CONTO THE CONTO			
Alan Driver	FROM 0/01/1	ERING THE PERIOD 18 TO: 1/15/19						
2 TOTAL ITEMIZED CAMPAION O	OUTDID IT O				Amount			
3. TOTAL ITEMIZED CAMPAIGN C	ON TRIBUTIONS FE	ROM PRECEDING	G PAGE (enter \$0 if first itemized p	page)				
4. COMPLETE THE APPROPRIATE IT First Name	EMS FOR EACH ITEM	IIZED CONTRIBUT	TION (contributions totaling more than	\$100 from any contribu	itor)			
T II STINGING	Middle Na	me	Contribution Received For:	Contribution Received For:				
Last Name/Organization Name	<u></u>	<u></u>	Primary Election	General Election				
Address								
Address			Runoff (Local Election	ns Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation	<u>_</u>	<u> </u>						
Employer								
-проуч			: 					
First Name	Middle Na	me	Contribution Received For:		Amount of Contillusion			
ast Name/Organization Name				<u> </u>	Amount of Contribution			
			Primary Election	General Election				
Address			Runoff (Local Election	ns Only)				
City	State	Zip Code	Date of Contribution	Aggregate This Election				
Occupation			- 					
mployer								
					;			
irstName	Middle Nam	ne	Contribution Received For:		Amount of Contribution			
ast Name/Organization Name			Primary Election	☐ Primary Election ☐ General Election				
				T ocuerat Flection				
ddress			Runoff (Local Elections	s Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation								
mployer								
irst Name	Middle Nam	e	Contribution Received For:		Amount of Contribution			
st Name/Organization Name				General Election	A SOUTH DOUBLE			
								
ddress			Runoff (Local Elections	Only)				
ty	State	Zip Code	Date of Contribution	<u></u>	Aggregate This Election			
cupation			7					
nployer		<u> </u>	_					
. TOTAL ITEMIZED CONTRIBUTIO	AIC .							
(Carry forward to item 3. of next page if additi (If this is the last page of contributions, this au	ional pages of this form are	used.)			- 0-			
the same and soot peage or contributions, this at	TO THE REAL PROPERTY OF SHOWING	en Tou, of summary.)						

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE O	R COMMITTEE	<u> </u>	<u> </u>		REPORT COVERING THE PERIOD
				FI	ROM10/01/18 TO: 1/15/19
TOTAL TEMIZED IN-KINI COMPLETE THE APPROPRI	O CONTRIBUTI	ONS FRO	M PRECEDING	PAGE (enter \$0 if first itemized page)	Amount -0-
First Name	RIC HEMIS FUR	EACHTIEN	MIZED IN-KIND CO	NTRIBUTION (in-kind contributions totaling more	than \$100 from any contributor during the period)
Last Name/Organization Name		Middle N	lame	In-Kind Contribution Received For Primary Election G	Value of In-Kind Contributi
castriania/organization name				Runoff (Local Elections O	ļ.
Address				Date of In-Kind Contribution	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer		<u> </u>		
First Name	First Name Middle Name				Value of In-Kind Contribution
Last Name/Organization Name					neral Election
Address				Runoff (Local Elections On	y)
City		State	7:-0:-1	Date of In-Kind Contribution	Aggregate this Election
Occupation	Employer	State	Zip Code	Description of In-Kind Contribution	
First Name		Middle Nar	Tie .	In-Kind Contribution Received For:	
ast Name/Organization Name		<u></u>			Value of In-Kind Contribution eral Election
ddress				Runoff (Local Elections Only)
<u> </u>				Date of In-Kind Contribution	Aggregate this Election
ity		State	Zip Code	Description of In-Kind Contribution	
ccupation	Employer		<u> </u>		
irst Name					
	·	Middle Nam	ne 	In-Kind Contribution Received For: Primary Election Gene	Value of In-Kind Contribution
ast Name/Organization Name	_		<u></u>	Runoff (Local Elections Only)	ral Election
ddress	·			Date of In-Kind Contribution	Aggregate this Election
ty		State	Zip Code	Description of In-Kind Contribution	. 99.03cm: 3112 EIGCDOII
cupation	Employer				
t Name		Middle Name		In-Kind Contribution Received For:	Value of In-Kind Contribution
t Name/Organization Name				Primary Election Gener	al Election
				Runoff (Local Elections Only) Date of In-Kind Contribution	
		State	Zip Code		Aggregate this Election
upation	Employer			Description of In-Kind Contribution	
TOTAL ITEMIZED IN-KIND CO (Carry forward to item 3. of next page if	additional space of a	thin forms			
(ii uns is trie last page of in-kind contribi	utions, this amount n	nust be show	ised.) n in item 22b. of summ	nary.)	-0-
SS-1128 (Rev. 2/06)				Page	Of PDA 1150

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	_		I FROMM C	70: 1/15/19		
- CONTRACT EXPENDITO	BEC ED	OM DDECEDING		Amount		
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	ACH ITEN	MIZED EXPENDITU	PAGE (enter \$0 if first itemized page) RE (expenditures totaling more than \$100 to any payee of			
First Name	Middle N		Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name	<u> </u>		-	2 Amount of Expenditure		
Address						
<u> </u>						
City	State	Zip Code				
First Name	Middle Na	me	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name						
Address				ł		
City	State	Zip Code				
		Zip code				
irst Name	Middle Nar	ne	Purpose of Expenditure	Amount of Expenditure		
ast Name/Business Name			-			
Address						
Sity	State	Zip Code	_			
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ast Name/Business Name	-					
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	iddle Name 		Purpose of Expenditure	Amount of Expenditure		
st Name/Business Name			Ī			
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	ate	Zip Code				

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OF	R COMMITTEE							Τ,				
		_						12.	<u>REPOR'</u> ROM:	I CO		THE PERIOD
Alan Driver									400)1/1	B TO	1/15/19
3. COMPLETE THE APPROP	PRIATE ITEMS	FOR EACH	ITEMI.	ZED LOAN	(foans totaling n	nore than	1 \$100 from any	Source	during the	neriod)	<u> </u>	1/13/19
Complete the Following for the So	ource of the Loan					_				ponoo,	_	
First Name	Middle Na			Outstanding	Loan Balance							
_ Alan & Lisa		(Beginning	ing coan Balance Loans Loan ing of Period) Received Payments						Outstandi	ng Loan Balance		
Last Name/Organization Name	ع. ا	- aymons						-	of Period) O-			
Driver				140	50.00		-0-	ð	9.73			er 1,360.27
Address				Loan Recei	ved For:			_	Date of Li	<u>IFO</u> Dan	<u>(qiven)</u>	
135MT Vernon Ro					ry Election							
Bethpage	TN	Zip Code	100	Runoff	Primary Election (X) General Election Runoff (Local Elections Only)				5/3	/20	18	
		370						l				
First Name	LIST ALI ETIGO	isels of Gua	ramors i	or Above Loa	an (If more spac	e is ne	eded please a	ttach	a page)			
		Middle Nan	ne		First Name					Mid	ldle Name	
Last Name/Organization Name		<u> </u>			Last Name/Org	oninette.	M					
					icast Name/Org:	anızadon	Name					
Address					Address							
City					ļ							
City		State	Zip Co	ode	City	_				Stat	e	Zip Code
Amount Guaranteed Outstanding		Ь					<u> </u>					
					Amount Guarant	eed Outs	standing					
First Name		Middle Nam	e		First Name							
					Middle Name							
Last Name/Organization Name					Last Name (Orea	-1	<u> </u>			<u> </u>		
					Last Name/Organization Name							
Address					Address							
City												
		State	Zip Cod	ie .	City					State	·	Zip Code
Amount Guaranteed Outstanding					Amount Current	-10.11				<u> </u>		<u>. </u>
					Amount Guarante	ea Ouisi	anding					
First Name		Middle Name			First Name			_				
ast Name/Organization Name					Middle Name							
out vame Organization Name				Ţ	Last Name/Organ	ization N	lame		_	<u> </u>		
Address												
_				ľ	Address				···			
City		State	Zip Code	▄─┼	City		<u>_</u>					
mount Guaranteed Outstanding			L							State	'	Zìp Code
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irst Name								_				
ist Name] *	Middle Name		F	irst Name	_				Middle	Name	
st Name/Organization Name											770	
				 -	ast Name/Organia	zation Na	ame					
ddress				A	ddress							
	-											
ity	S	State	Zip Code	C	ity				$\neg \neg$	State	- Т;	i p Code
ount Guaranteed Outstanding				Δ,	mount Guaranteed	1 Outst	rdion					
						- ouistar	ruing					
Totals for all Loans (complete on	last page of ite	mized loan	s)	lo	utstanding Loan B	Balance	Loans	7	1	_	0	
Total loans received should also be shown Total loan payments should also be shown	ninitem 20 on cum	·		上	(Beginning of Pe	riod)	Received		Loan Paymen	ts i		ding Loan Balance d of Period)
otal outstanding loan balance should also	be shown in item 12	e. on front pa	ge.)	1	1450.0	00	-0-	T	89.7	_		-0-
CC 1122 (D. 190)							<u> </u>	L		~		- U -

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR (COMMITTEE			2. REPORT CO		
3 COMPLETE THE APPROPRI	MATE IT ON IN THE			FROM: 10/01/	/18 TO:	1/15/19
 COMPLETE THE APPROPRI OBLIGATION (obligations total person/vendor at the end of the 	nling more than \$100 م	CH ITEMIZED wed to any	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Baland (End of Period)
First Name	Middle N	lame				
Last Name/Business Name			\dashv] 	
Address			_]	
City	State	Zip Code	-			
Description of Obligation						
First Name						
	Middle Na	ame				
Last Name/Business Name			-			
Address			╡ [ļ		
City	State	Zip Code	-	ļ		
Description of Obligation						
First Name	Middle Na	me				
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Address			-	Ì	i	
City	State	Zip Code	-			
Description of Obligation						
· ·	_					
First Name	Middle Nan	ne				-
Last Name/Business Name			-	1		
Address			4	1	ĺ	i
City					ĺ	'
	State	Zip Code]			
Description of Obligation		<u> </u>			- L	
First Name	Middle Nam					
ast Name/Business Name	- Wilde Nam	e 				
ddress				1		
Sity	State	Zip Code	1	İ]	
escription of Obligation			<u> </u>			
TOTALS	-					ļ
TOTALS (Total from Outstanding Balance - (End in item 23b. on summary page.)	of Period) column must a	also be shown				-0-
A nom 250. on Sunanary page.)			<u> </u>			-0-