CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

DATE OF REPORT	2.a. NAME OF CANDIDATE			
1/15/2019	ANTHONY	HOLT		
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DA	
. SAMENIAN ASSESSED AND BURNE			AUGUST	2,2018
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	State	Zip Code	Рһопе
	-ACCATIN	TN.	37066	615-497-7968
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route		04-40	71- 0-3-	· · · · · · · · · · · · · · · · · · ·
Sheet of Rural Route SAME	City	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if SUMNER COUNTY EXC	applicable) 6. NAI	ME OF POLITICAL TO NY	TREASURER (may	be candidate)
7. CATEGORY OR REPORT (Check one)		<u> </u>		
FIRST SECOND THIRD	FOURTH PRE-	PRE-	MID-YEAR	YEAR-END
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER PRIMARY 8.b. END	<u>GENERAL</u> DING DATE OF REPO	SUPPLEMENTA RTING PERIOD	AL SUPPLEMENTAL
10/1/2018		1/15/2	019	
9. (Check one)				·
a. M This campaign is exempt from detailed	d disclosure because contribut	tions (including in-kir	nd) received total \$1	,000 or less AND expendi-
tures total \$1,000 or less for this repor	ting period. (Complete items	12d., 12e. and 12f.)		
b. This campaign is required to file a deta and/or expenditures total more than \$	ailed financial disclosure beca 1,000 for this reporting period.	use contributions (in	icluding in-kind) rec	eived total more than \$1,000
I/we do solemnly swear or affirm that the interaction accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we spenefit of the candidate or for any other none.	ns and expenditures required swear or affirm that no campai	to be reported by the gn contributions hav	e candidate commit ve been expended fo	tee by the Campaign
Signature of Cardifdate	1/15/2019	Signature	f poljitical treasurer	1/15/2019
			U	uate
11. WITNESS SIGNATURE Signature of witness	1/15/19 date	Cathy	ture of witness	1/15/19 date
12. SUMMARY				
a. BALANCE ON HAND LAST REPORT	FIIF		s 58.99	_
b. TOTAL RECEIPTS THIS PERIOD	AM)	.\$	
c. TOTAL DISBURSEMENTS THIS PERIOD	JAN 1.5 RECTI	PM.	\$ 55.00	
d. BALANCE ON HAND (12.a. plus 12.b. m)	SUMNER COUNTY	28/9		\$3.99_
e. TOTAL LOANS OUTSTANDING	TION COMMISS	SION		sO
f. TOTAL OBLIGATIONS OUTSTANDING				\$

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)	
a. Uniternized Contributions (\$100 or less from each source this period)	\$ <i>O</i>
b. Itemized Contributions (over \$100 from each source this period)	\$
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	s <u>O</u>
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u> </u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>\</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	s <u>O</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, postage, gasoline)
FIRST TENNESSEE BANK FEE \$ 5.0	<u>•</u>
WESTMORELAND CHAMBER \$	
OF COMMERCE \$ 50.0	<u>o</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.)	\$ 55.00
22.IN-KIND CONTRIBUTIONS	0
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u> </u>
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ <u>O</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b	.)\$ <u>O</u>
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	



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Page _____ of ____

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			RING THE PERIOD				
				FROM:	TO:		
A TOTAL ITEMIZED CAMPAIGN CONTRIBUT	Amount						
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT							
4. COMPLETE THE APPROPRIATE ITEMS FOR E.	ACH ITEMIZ			100 from any contributor			
First Name		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				Aggregate This Election		
Occupation]				
Employer							
First Name	Middle Name	, (Contribution Received For:		Amount of Contribution		
Last Name/Organization Name		19	Primary Election	General Election			
Address			Runoff (Local Election	Amount Amount of Contribution General Election Amount of Contribution Aggregate This Election Amount of Contribution Aggregate This Election Aggregate This Election Aggregate This Election Aggregate This Election Aggregate This Election			
City	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation							
Employer			1				
, , , , , , , , , , , , , , , , , , ,							
First Name		Contribution Received For:		Amount of Contribution			
Last Name/Organization Name	1		Primary Election	General Election			
Address			Runoff (Local Election				
City	State	Zip Code	Date of Contribution	Aggregate This Election			
Occupation	<u> </u>						
Employer							
First Name	Middle Name		Contribution Received For:		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							
Employer							
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of the last page of contributions, this amount must							

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COM	MITTEE				2. REPORT COVER	RING THE PERIOD		
IN THE REST. ALTERISTICS OF PARTY					FROM:	TO:		
3. TOTAL ITEMIZED IN-KIND CON	TRIBUTIONS FR	ROM P	RECEDING PAGE (enter \$0 if first itemized page	e)	Amount		
4. COMPLETE THE APPROPRIATE ITE						ntributor during the period)		
First Name Middle Name				In-Kind Contribution Receive	d 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 Name					In-Kind Contribution Received For: Primary Election General Election Value of In-Kind Contr			
Last Name/Organization Name	,		·	Runoff (Local Election				
Address				Date of In-Kind Contribution		Aggregate this Election		
City	State	•	Zi Code	Description of In-Kind Contribution				
Occupation	Employer		1]				
First Name	Midd	ile Name	e	In-Kind Contribution Receive	ed For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name				Runoff (Local Election	ons Only)			
Address				Date of In-Kind Contribution		Aggregate this Election		
City	y State Zip Code				n			
Occupation	Employer							
First Name	Midd	dle Nam	ne	In-Kind Contribution Receiv	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	e	Zip Code	Description of In-Kind Contributio	n			
Occupation	Employer		<u></u>	1				
First Name	Midd	dle Name		In-Kind Contribution Recei	ved For:	Value of In-Kind Contribution		
Last Name/Organization Name	<u>. l</u>			Runoff (Local Election				
Address				Date of In-Kind Contribution		Aggregate this Election		
City	State	e	Zip Code	Description of In-Kind Contributio	n	. 1		
Occupation	Employer 1		J	7				
5. TOTAL ITEMIZED IN-KIND CO	NTRIBUTIONS		:·					
(Carry forward to item 3. of next page if (If this is the last page of in-kind contribu-	additional pages of this	s form ar st be sh	re used.) own in item 22b. of summa	ary.)				
Z. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.						PDA 4450		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	100		2. REPORT COVER FROM: 10/1/201					
ANTHONY	Amount							
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	RES FROI	M PRECEDING PAGE	(enter \$0 if first itemized pa	ge)	55.00			
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)								
First Name	Middle Nam	ee	Purpose of Expenditure	Amount of Expenditure				
Last Name/Business Name FIRST TENNESSEE BANK			BANK F	EE	\$5.00			
Address P.O. Box 84								
City MEMPHIS	State V	Zip Code 38101						
First Name	Middle Nan		Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name WESTMORELAND	HAME	ELDF COM	. MEMBEA	25HIP	\$50.00			
Address P. O. BOX 536								
Address P.O. BOX 536 City WESTMORE LH ND	State	Zip Code 37186						
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
Address								
City	State	Zip Code						
First Name	First Name Middle Name				Amount of Expenditure			
Last Name/Business Name								
Address								
City	State	Žip Code						
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure			
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						
5. TOTAL ITEMIZED EXPENDITURES	o of this for-	are used \			55.00			
(Carry forward to item 3. of next page if additional page (If this is the last page of expenditures, this amount mu	st be shown i	n item 19b. of summary.)						

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE									COVERI	NG T TO:	HE PERIOD	
3. COMPLETE THE APPROPR	RIATE ITEMS F	OR EACH IT	EMIZ	ED LOAN (I	oans totaling n	ore than \$100	from any source	e during the pe	riod)			
Complete the Following for the Sou	rce of the Loan											
First Name Middle Name Ou			Outstanding L (Beginning o	oan Balance of Period)	Loans Receive							
Last Name/Organization Name	,											
Address				Loan Receive				Date of Loa	IO.	•		
City	State	Zip Code		☐ Primary☐ Runoff(Local Elections	General Only)	FIECTION					
	List All Endor	sers or Guaran	tors fo	or Above Loa	n (If more spa	ce is needed	d please attac	h a page)	-	•		
First Name		Middle Name			First Name		i		Middle	Name		
Last Name/Organization Name					Last Name/Or	Last Name/Organization Name						
Address		,			Address		Side To Code					
City	11.7	State	Zip Co	ode	City			Loan Outstanding Loan Balance (End of Period) Date of Loan Middle Name State Zip Code Middle Name State Zip Code Middle Name			Zip Code	
Amount Guaranteed Cutstanding				Amount Guara	nteed Outstan	ding						
First Name Middle Name				First Name				Middle	Name			
Last Name/Organization Name			1	Last Name/Or	ganization Nar	ne		Į.				
Address	Address			Address			· 					
City		State	Zip C	ode	City				State		Zip Code	
Amount Guaranteed Outstanding		j			Amount Guara	inteed Outstan	ding					
First Name	"	Middle Name			First Name				Middle	e Name	9	
Last Name/Organization Name	· 	<u>.'</u>			Last Name/Organization Name							
Address					Address							
City		State	Zìp C	ode	City				State		Zip Code	
Amount Guaranteed Outstanding					Amount Guara	nteed Outstan	ding		•			
First Name	· .	Middle Name			First Name Middle Name							
Last Name/Organization Name				Last Name/Or	ganization Nar	me		1				
Address					Address							
City		State	Zip C	ode	City				State		Zip Code	
Amount Guaranteed Outstanding					Amount Guara	inteed Outstan	iding					
4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.) (Total loan payments should also be shown in item 20. on summary page.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)					Outstanding L (Beginning		Loans Received			Outs		

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
				FROM:	TO:	
COMPLETE THE APPROPRIATE ITEMS I OBLIGATION (obligations totaling more that person/vendor at the end of the reporting p	n \$100 ow		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	<u> </u>					
Address						
City	State	Zip Code				
Description of Obligation		<u> </u>	<u>l</u>	<u> </u>		
First Name	Middle Na	me				
Last Name/Business Name				:		
Address						
City	State	Zip Code				
Description of Obligation	<u> </u>				l	
First Name	Middle Na	me				
Last Name/Business Name	1		-			
Address			$\dashv \Delta$			
City	State Zip Code		7/1			
Description of Obligation	•		- 1 1			•
First Name	Middle Na	me				· ·
Last Name/Business Name	1					
Address				<u> </u> 		
City	State	Zip Code				
Description of Obligation	1	<u></u>	<u> </u>	<u>I</u>	l	<u> </u>
First Name	Middle Na	mė				
Last Name/Business Name	<u>t</u>		_			Ì
Address	*		_			
City	State	Zip Code				
Description of Obligation	. I			I	<u>! </u>	,
4. TOTALS						
(Total from Outstanding Balance - (End of Period) in item 23b. on summary page.)	column mus	st also be shown				