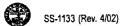
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

| r | <u> </u> | | | | | | | |
|---|---|---|---|---|---------------------------------|--|--|--|
| 1. DATE OF REPORT | 2.a. NAME OF C | ANDIDATE OF | COMMUTTEE | , | | | | |
| 1-21-19 | Bever | 1 G | Wa | t50n | | | | |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE | | 7 | | 3. ELECTION D | DATE | | | |
| | | | | 11- | 6-18 | | | |
| 4.a. CAMPAIGN ADDRESS AND PHONE | • | | | • | | | | |
| Street or Rural Route | City | | State | Zip Code | Phone | | | |
| 4.b. CANDIDATE'S HOME ADDRESS (if different | 1 Portla | ind. | TN | <u> 37/48 c</u> | 15-476-0641 | | | |
| 4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route | than 4.a.) City | , | State | Zip Code | Phone | | | |
| | | | | | | | | |
| 5. OFFICE SOUGHT (include district number, if | | l | | AL TREASURER (ma | | | | |
| Mayor City of Porti | and | Bev | er/v | G. Was | 500 | | | |
| 7. CATÉGORY OR REPORT (Check one) | 5 | | 4 | | | | | |
| FIRST SECOND THIRD | FOURTH | PRE- | LL PRE- | L) MID-YEAI | R YEAR-END | | | |
| QUARTER QUARTER QUARTER | QUARTER | PRIMARY | GENERA | | TTAL SUPPLEMENTAL | | | |
| 8.a. BEGINNING DATE OF REPORTING PERIOD | | | | PORTING PERIOD | | | | |
| 10-28-18 | | / | <u> - 15-</u> | 19 | | | | |
| 9. (Check one) | | | | | | | | |
| a. This campaign is exempt from detailed tures total \$1,000 or less for this repo | | | | | \$1,000 or less AND expendi- | | | |
| b. This campaign is required to file a det | ailed financial discl | nsure becaus | e contributions | s (including in-kind) s | eceived total more than \$1,000 | | | |
| and/or expenditures total more than \$ | | | C COMMIDGING | s (moderne m kma) n | socired total more than \$1,000 | | | |
| | | | | | | | | |
| 10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign | | | | | | | | |
| Financial Disclosure Act. Additionally, I/we see benefit of the candidate or for any other non | | | | | I for the personal financial | | | |
| Serious of the surface of the diffy office from | pontiout purpose us | dominod by a | ic icaciai iiio | and revenue code. | | | | |
| Beverly H Watson | 1-21-1 | 9 , | Rover | e. Alwar | 500 1-21-19 | | | |
| signature of candidate | date | • | signatu | re of political treasure | er date | | | |
| • | | | | | | | | |
| 11. WITNESS SIGNATURE | | | • | | | | | |
| lle M | | | 00. | n M | | | | |
| Shirley regory | 1-21-1 | 9 4 | Stul | un rego | u 1-21-19 | | | |
| signatore of witness | date | | sig | unature of witness | date | | | |
| 40 CURRANY | | | | - | | | | |
| 12. SUMMARY | | に() | | | ^ - | | | |
| a. BALANCE ON HAND LAST REPORT | FIL | | P.M | s <u>Z070.</u> | <u>¥7</u> | | | |
| b. TOTAL RECEIPTS THIS PERIOD | M.M. MA | ###################################### | ••••• | \$ | | | | |
| | WW. WW. | 1. 2 mm | ~ 1 | 7-7- | D.77 | | | |
| c. TOTAL DISBURSEMENTS THIS PERIOD | س | \mathbb{Z}^{COid} | 10N= | \$ <u>2075.</u> | <u> </u> | | | |
| c. TOTAL DISBURSEMENTS THIS PERIOD d. BALANCE ON HAND (12.a. plus 12.b. m | inus 1250 | COMM | 12212 | \$ Z070. | | | | |
| | ELECTION | , - | | | | | | |
| e. TOTAL LOANS OUTSTANDING | EL- | | *.* | | ş <u>-</u> | | | |
| | | | | | | | | |
| f. TOTAL OBLIGATIONS OUTSTANDING | *************************************** | *************************************** | *************************************** | *************************************** | \$ | | | |

SUMMARY PAGE - CANDIDATE

| 13. NAME OF CANDIDATE OR COMMITTEE (In Full) | 14. REPORT COVER | |
|--|----------------------------|-------------------|
| Beverly G. Watson | FROM: /6-28-/8 | TO: 1-15-19 |
| RECEIPTS / 15. CONTRIBUTIONS (other than loans and interest) | | |
| a. Unitemized Contributions (\$100 or less from each source this period) | \$ | 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.) | | \$ |
| 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 | e.g., printing, postage, g | asoline) |
| Bank Statement \$ 2.00 | <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.) | ······ | \$ <u>2070.87</u> |
| 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) | \$ | - |
| c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i ite | m 12.f.) | .\$ |



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMITTEE | | 2. REPORT COVER | | | | | |
|---|-----------------|----------------------------|----------------------------|------------------|-------------------------|--|--|
| Beyerly G Wa | FROM: 10-28-18 | TO: 1-15-19 | | | | | |
| 3 TOTAL ITEMIZED CAMPAIGN CONTRIB | ane) | Amount | | | | | |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor) | | | | | | | |
| Neirst Name | | | | | Amount of Contribution | | |
| | | | Contribution Received For: | General Election | | | |
| Last Name/Organization Name | | | Primary Election | | | | |
| Address | | Runoff (Local Election | s Only) | | | | |
| City | State | Zip Code | Date of Contribution | | Aggregate This Election | | |
| Occupation | | | | | | | |
| Employer | | | | / | ľ | | |
| | | | | | | | |
| First Name | Middle Na | ame | Contribution Received For | | Amount of Contribution | | |
| Last Name/Organization Name | | | Primary Election | General Election | | | |
| Address | $\overline{}$ | | Runoff (Local Election | ge Only) | | | |
| City | State | Zip Code | Date of Contribution | | Aggregate This Election | | |
| Occupation | | | | | | | |
| Employer | | \ | / | | | | |
| , , | | | | | | | |
| First Name | Middle Na | те | Contribution Received For | | Amount of Contribution | | |
| Last Name/Organization Name | | | Primary Election | General Election | | | |
| Address | | | Runoff (Local Election | ns Only) | | | |
| City | State Zip Code | | Date of Contribution | | Aggregate This Election | | |
| Occupation | | / | | | | | |
| Employer | -/ | | \ | | | | |
| | | | | | | | |
| First Name | Middle Na | me | Contribution Received For: | | Amount of Contribution | | |
| Last Name/Organization Name | | Primary Election | General Election | | | | |
| Address | | | Runoff (Local Election | ns Only) | | | |
| City | State | Zip Code | Date of Contribution | | Aggregate This Election | | |
| Occupation | | |] | | | | |
| Employer | | | | | | | |
| | | <u>-</u> | | | | | |
| TOTAL ITEMIZED CONTRIBUTIONS Carry forward to item 3. of next page if additional page (if this is the last page of contributions, this amount m.) | | | | | | | |
| fir and to the last have or commonous, and supplier | as so altowil i | ricon 100. Di adilikilary. | | | | | |

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

| 1. NAME OF CANDIDATE OR C | OMMITTEE | | | | 2. REPORT COVER | ING THE PERIOD | | |
|---|-----------------------|---------------|--|---------------------------------------|--|-------------------------------|--|--|
| Beverly G C | 0 | | | FROM: 10 - 28-18 | TO: 1-15-19 | | | |
| / | | | | | , | Amount | | |
| 3. TOTAL ITEMIZÉD IN-KIND CO | | | | | | | | |
| 4. COMPLETE THE APPROPRIATE | ITEMS FOR EAC | HITEMIZ | ED IN-KIND CONTRIB | UTION (in-kind contributions totaling | more than \$100 from any con | tributor during the period) | | |
| First Name | | Middle Nan | ne | In-Kind Contribution Receive | | Value of In-Kind Contribution | | |
| | | | | Primary Election L | General Election | / | | |
| Last Name/Organization Name | | | Runoff (Local Electio | Runoff (Local Elections Only) | | | | |
| Address | | | Date of In-Kind Contribution Aggregate this Election | | | | | |
| 7.554.555 | | | | | | <u> </u> | | |
| City | | State | Zip Code | Description of In-Kind Contribution | | | | |
| Occupation | pation Employer | | | | | | | |
| | | | | | | _ | | |
| First Name | | Middle Nar | ne | In-Kind Contribution Receive | ed For: | Value of In-Kind Contribution | | |
| First Name | | MINIOTO 1404 | | | General Election | | | |
| Last Name/Organization Name | | | | Runoff (Local Election | ins Only) | | | |
| | \ | _ | | Date of In-Kind Contribution | ,,,,,, | Aggregate this Election | | |
| Address | | | | Date of a Profit Contribution | | 7,99 09 CO VIII 2:100 CO | | |
| City | | State | Zip Code | Description of In-Kind Contribution | | | | |
| Occupation | E/mployer | $\overline{}$ | <u> </u> | \dashv | | | | |
| Оссираноп | Litpioyo | | | | | | | |
| | | | | | | Did to the Kind Continues | | |
| First Name | | Middle Na | me \ | In-Kind Contribution Received | ed For: General Election | Value of In-Kind Contribution | | |
| Last Name/Organization Name | | | | 7 4 | _ | · | | |
| Last Hall 10 of gain action France | | | | Rupoff (Local Election | ons Only) | | | |
| Address | <u> </u> | | | Date of In-Kind Contribution | | Aggregate this Election | | |
| City | · | State | Zip Code | Description of In-Kind Contributio | n | | | |
| | | 000 | 1 25 3 3 3 3 | X , | | | | |
| Occupation | Employer | | | | | | | |
| | | | | | | | | |
| First Name | | Middle Na | me | In-Kind Contribution Receiv | | Value of In-Kind Contribution | | |
| | | | | ☐ Primary Election | General Election | | | |
| Last Name/Organization Name | | | | Runoff (Local Electi | ons Only) | | | |
| Address | | | / | Date of In-Kind Contribution | | Aggregate this Election | | |
| | | / | , | | \ | | | |
| City | | State | Zip Code | Description of In-Kind Contribution | н | | | |
| Occupation | Employer | - | | | | | | |
| | | | | | | | | |
| First Name | ' -/ | Middle Nar | me | In-Kind Contribution Rece | ved For: | Value of In-Kind Contribution | | |
| | | | | Primary Election | | | | |
| Last Name/Organization Name | / | | | Runoff (Local Election | ons Only) | 1 | | |
| Address | | | | Date of in-Kind Contribution | | Aggregate this Election | | |
| Uniness | | | | | | | | |
| City | | State | Zip Code | Description of In-Kind Contribution | n | | | |
| Occupation | Employer | | <u>l</u> | - | | | | |
| | | | | | | | | |
| 5. TOTAL ITEMIZED IN-KIND | CONTRIBUTIO | NS | | | | | | |
| /Corry forward to item 3, of pext page | e if additional pages | of this form | are used.) | | | \ | | |
| (If this is the last page of in-kind cont | ributions, this amour | nt must be s | shown in item 22b. of summ | | | <u> </u> | | |
| SS-1128 (Rev. 2/06) | | | | Р | age <u> 4 </u> | RDA 1159 | | |

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMITTEE | | | · · · · | 2. REPORT COVERI | | | | |
|--|---------------|---------------------------------------|-------------------------|--------------------|-----------------------------|--|--|--|
| Beverly G. Wa | TO: 1 - 15-19 | | | | | | | |
| , | Amount | | | | | | | |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period) | | | | | | | | |
| | <u>,</u> | | Purpose of Expenditure | tel sound are bare | Amount of Expenditure | | | |
| First Name | Middle Name | | r athose of exhaugiture | | , amount of exponential | | | |
| Last Name/Business Name | | ~~ | | | | | | |
| Innovative Busines | odu et S | Moilers | 5 | ! | | | | |
| 2625 Grandview | ve_ | | | | | | | |
| Nashville | State | Zip Code 37211 | | | 957.53 | | | |
| | | | Purpose of Expenditure | | Amount of Expenditure | | | |
| First Name | Middle Nam | Ð | Fulpose of Experionore | | This will be appropriate to | | | |
| Last Name/Business Name | | ****** | Food & I | ninks | | | | |
| Sam's Club | | | 1 ^ | | | | | |
| 301 Indian Lake | e B | lvd | for electi | on right | | | | |
| City | State | Zip Code | Supporte | - 5 | 131.45 | | | |
| Hendersonville | TN | 37075 | - Laborte | 1 3 | 191.42 | | | |
| First Name | Middle Nam | 0 | Purpose of Expenditure | | Amount of Expenditure | | | |
| Last Name/Business Name | _ | | DesignE | | | | | |
| Meador | | · · · · · · · · · · · · · · · · · · · | monitori | . a a f | | | | |
| Address B - L' - P - C - | sah S | Ra | | 1 | | | | |
| 200 Bowling Brar | State | Kd_ Zip Code | political | | _ | | | |
| White House | TH | 37048 | E. Videos | | 600,00 | | | |
| First Name | Middle Name | 9 | Purpose of Expenditure | 1 | Amount of Expenditure | | | |
| (-) No Decises No. | | Donation | toa | | | | | |
| Last Name/Business Name Temple Theater | ب | | <u> </u> | D' 4 | | | | |
| Address | | | deserving | non-protit | | | | |
| City St. Russell St | State | Zip Code | to close | in i | | | | |
| Portland | TN | 37148 | campaio | | 379.89 | | | |
| First Name | Middle Nam | | Purpose of Expenditure | | Amount of Expenditure | | | |
| TUSLINGUE | HIGGIO (1681) | - | | | | | | |
| Last Name/Business Name | | | | | | | | |
| Address | | | 1 | | | | | |
| | 10 | 7 0.1 | _ | | | | | |
| City | State | Zip Code | | | | | | |
| First Name | Middle Nam | e | Purpose of Expenditure | | Amount of Expenditure | | | |
| | | 4 | | | | | | |
| Last Name/Business Name | | | | | | | | |
| Address | · · |] | | | | | | |
| City | State | Zip Code | 1 | | | | | |
| | | | | | | | | |
| 5. TOTAL ITEMIZED EXPENDITURES | | | | | _ | | | |
| (Carry forward to item 3, of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.) | | | | | | | | |
| Commercial and the commercial and a second | | | | | | | | |

ITEMIZED STATEMENT OF LOANS - CANDIDATE

| NAME OF CANDIDATE OR COMMITTEE | | | | | | | 2. REPORT COVERING THE PERIOD FROM: TO: | | | |
|--|--|------------------------------------|---------------|---------------------------------|-----------------|------------------------------|---|--------------------|--|--|
| BEVER IN | G . کی A ROPRIATE ITEMS | FOR EACH I | TEMIZEI | D LOAN (Id | oans totaling n | nore than \$100 fr | om any source duri | rg the period) | 1-15-19 | |
| Complete the Following for t | | | | | | | | | | |
| First Name | | | | outstanding Lo (Beginning of | | Loans Received | Loan Paymer | | tstanding Loan Balance (End of Period) | |
| Last Name/Organization Name | | | | | | | | | | |
| Address | | | | oan Receive | | ☐ General E | | ate of Loan | | |
| City | State | Zip Code | | Runoff (L | ocal Elections | Only) | | | | |
| | List All End | orsers or Guara | antors for | Above Loan | | ce is needed | please attach a p | | | |
| First Name | | Middle Name | 9 | | First Name | | | Midd | lle Name | |
| Last Name/Organization Name | | | | | Last Name/Or | ganization Name | | | | |
| Address | | | | | Address | | | | | |
| City | | State | Zip Cod | е | City | | / | State | Zip Code | |
| Amount Guaranteed Outstanding |) | <u> </u> | $\overline{}$ | | Amount Guara | anteed Outstane | ng | | | |
| First Name | First Name Middle Name | | | | First Name | | | Mido | Middle Name | |
| Last Name/Organization Name | | | | $\overline{}$ | Last Name/O | ganization Name | | , , , , | | |
| Address | | | | | Address | | <u></u> | | | |
| City | | State | Zip Cod | e / | City | | <u> </u> | Stat | e Zip Code | |
| Amount Guaranteed Outstanding | 9 | <u>-</u> | <u></u> | / | Amount Guar | nteed Outstand | ing | | - | |
| First Name | | Middle Nam | e / | <u> </u> | First Name | | - | Mic | ddle Name | |
| Last Name/Organization Name | | -' | / | <u> </u> | Last Name/0 | rganization Nam | e \ | <u> </u> | | |
| Address | | | • | | Address | | $\overline{}$ | | | |
| City | | State | Zip Coo | le | City | | $\overline{}$ | Sta | ate Zip Code | |
| Amount Guaranteed Outstandin | 9 | | | **** | Amount Guar | anteed Outstand | ing | \ | <u> </u> | |
| First Name | / | Middle Nam | e | | First Name | | | Mid | die Name | |
| Last Name/Organization Name | / | 1 | | | Last Name/O | rganization Nam | e | $- \checkmark$ | | |
| Address | / | | | | Address | | | | | |
| City | | State | Zip Coo | le | City | | | Sta | te Zip Code | |
| Amount Guaranteed Outstandin | 9 | | | | Amount Guar | anteed Outstand | ling | | | |
| 4. Totals for all Loans (co (Total loans received should a (Total loan payments should a | lso be shown in item 16. (Iso be shown in item 20. (| on summary page on summary page | a.) a.} | | | Loan Balance g of Period) | Loans Received | Loan Payments | Outstanding Loan Baland (End of Period) | |
| fotal outstanding loan balance SS-1132 (Rev. | | nem 12.e. on fron | page.) | | 1 | Pi | age of | 7 | RDA 1159 | |

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMITTEE | 2. REPORT COVERING THE PERIOD | | | | | |
|---|-------------------------------|-------------------|--|------------------------------|-------------------------|--|
| Reverly G. Was | | FROM: 10 - 28 | -/ % TO: / | -15-19 | | |
| 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 Nar | ne | | | | |
| Last Name/Business Name | | | | | | |
| Address | | | - | | | |
| City | State | Zip Code | 1 | | | |
| Description of Obligation | | <u>'</u> | · | | | |
| First Name | Middle Na | me | | | | |
| Last Name/Business Name | | • | | | | |
| Address | | 1 | | | | |
| City | State | Zip Code | | | | |
| Description of Obligation | | | | | | |
| First Name | Middle Na | те | | | | |
| Last Name/Business Name | 1 | $\overline{}$ | | | | |
| Address | | | \bigvee | | | |
| City | State | Zip Code | | | | |
| Description of Obligation | | | | | | |
| First Name | Middle Nar | те | | | | |
| Last Name/Business Name | · / | / | 1 | | | |
| Address | $\overline{}$ | | | | | |
| City | State | Žip Code | | | | |
| Description of Obligation | • | • | | | | |
| First Name | Middle Na | пе | | | | |
| Last Name/Business Name | <u> </u> | | - | | | |
| Address | | | - | | | [|
| City | State | Zip Code | - | | | |
| Description of Obligation | • , , | | | | | |
| TOTALS (Total from Outstanding Balance - (End of Period) c | Olumn mue | t also he shown | | | | |
| in item 23b. on summary page.) | | r #500 DO 3(IOII) | | | ~ | |