CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

		·				 	········
	E OF REPORT	2.a. NAME OF C	<i>_</i>				
	1-23-19	1 Fredi	a (a	rter	,		
2.b. IF C	OMMITTEE, NAME OF CANDIDATE				3. ELECT	TON DATE	
Stree	PAIGN ADDRESS AND PHONE et or Rural Route	City		State	Zip Code	_	Phone
2117	OR HWY 31E-P.O.	Box359 -	Westma	reland;	TN	<i>3718</i> 6	615-644-328
4.b. CAN	DIDATE'S HOME ADDRESS (if different et or Rural Route	t than 4.a.) City		State	Zip Code		Phone
5 OFF	<u>Same</u> ICE SOUGHT (include district number, i	f annlianhia)	6. NAMEO	F POLITICAL T	COE A CLUDE	TO (may be see	alidata)
	•			tía (ididate)
	avor-Westmure EGORY OR REPORT (Check one)	14 na	rec	114	-ar7	er	
[Fil QUA	RST SECOND THIRD ARTER QUARTER QUARTER	FOURTH QUARTER	PRE- PRIMARY	PRE- GENERAL	SUPPL	YEAR EMENTAL	YEAR-END SUPPLEMENTAL
8.a. BEGI	INNING DATE OF REPORTING PERIOD			DATE OF REPO	_	IOD	
0 (Chack	10-28-18		UI	-15-			
9. (Check	•				_		
a. 5	This campaign is exempt from detaile tures total \$1,000 or less for this repo	ed disclosure becaus orting period. (Comp	se contributions of plete items 12d.,	(including in-kir 12e. and 12f.)	nd) received	d total \$1,000 o	or less AND expendi-
b. [☐ This campaign is required to file a de and/or expenditures total more than \$			ontributions (in	icluding in-k	kind) received t	otal more than \$1,000
acc Fina	e do solemnly swear or affirm that the interaction accounting of campaign contribution ancial Disclosure Act. Additionally, I/we refit of the candidate or for any other not	ons and expenditure swear or affirm that apolitical purpose as	es required to be no campaign co defined by the t	reported by the intributions have federal internal	e candidate ve been exp vevenue co	e committee by pended for the pode.	the Campaign
111		V 1-23.	7/ <	 			12317
	signature of candidate	date		signature o	r political tr	easurer	date
11. /	NESS SIGNATURE			7 -,-			
1 7	11th Come	1123/10	• (litti	1 (/	nim	1/23/10
	signature of witness	date		signat	ture of witne	ess	date
12. SUM	MARY	1 11-	 P.N	А	1		
a.	BALANCE ON HAND LAST REPORT!	A.M. JAN 2	•	V1.	\$ 60	8.20>	
b.	TOTAL RECEIPTS THIS PERIOD				.\$	0 -	
	TOTAL BIODI IDOM (III III III III III III III III III I	SUMNER	OVAVAISEI	NC	. 34	95.75	
	TOTAL DISBURSEMENTS THIS PERIOP				. •		1003.95
d.	BALANCE ON HAND (12.a. plus 12.b. r	ninus 12.c.)				₂	,,
e.	TOTAL LOANS OUTSTANDING		****			\$	_ <i>D-</i>
f.	TOTAL OBLIGATIONS OUTSTANDING					s	-0-

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
	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)	\$6
c, TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b)\$0 -
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>-0</u> -
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>-8</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)
\$	<u> </u>
\$	
\$	
\$	
\$	
	
<u> </u>	
\$ <u></u>	
Total of Expenditures (\$100 or less each payee)	\$
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>395.75</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>395.75</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	\$
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>395.75</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 2	2.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	tem 12.f.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE					RING THE PERIOD	
				FROM:	TO:	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	IONS EDO	JW DBECEDING D	AGE (enter \$0 if first itemized r	age)	Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR E					r)	
First Name	Middle Nam			Contribution Received For:		
TRS. (Valle	1111000011011	~ 		-		
Last Name/Organization Name			Primary Election	General Election		
Address		Runoff (Local Election	Runoff (Local Elections Only)			
City	State Zip Code				Aggregate This Election	
Occupation	-	<u> </u>	7			
Employer		······································	\dashv			
					.l	
First Name	Middle Nan	me	Contribution Received For		Amount of Contribution	
Last Name/Organization Name	<u> </u>		Primary Election	General Election		
Address	<u> </u>		Runoff (Local Election	ns Only)		
City	City State Zip Code				Aggregate This Election	
Occupation	<u> </u>	<u></u>	7			
- Employer			_			
First Name	ne	Contribution Received Fo	r:	Amount of Contribution		
		_				
Last Name/Organization Name			Primary Election	General Election		
Last Name/Organization Name				_		
Tast Name/Organization Name Address			Primary Election Runoff (Local Election	_		
	State	Zip Code		_	Aggregate This Election	
Address	State	Zip Code	Runoff (Local Election	_	Aggregate This Election	
Address	State	Zip Code	Runoff (Local Election	_	Aggregate This Election	
Address City Occupation	State State		Runoff (Local Election	ons Only)	Aggregate This Election Amount of Contribution	
Address City Occupation Employer	1		Date of Contribution Contribution Received For:	ons Only)		
Address City Occupation Employer First Name	1		Date of Contribution Contribution Received For:	ons Only)		
Address City Occupation Employer First Name Last Name/Organization Name	1		Date of Contribution Contribution Received For:	ons Only)		
Address City Occupation Employer First Name Last Name/Organization Name Address	Middle Nar	пе	□ Runoff (Local Election Date of Contribution Contribution Received For: □ Primary Election □ Runoff (Local Election	ons Only)	Amount of Contribution	
Address City Occupation Employer First Name Last Name/Organization Name Address City	Middle Nar	пе	□ Runoff (Local Election Date of Contribution Contribution Received For: □ Primary Election □ Runoff (Local Election	ons Only)	Amount of Contribution	
Address City Occupation Employer First Name Last Name/Organization Name Address City Occupation	Middle Nar	пе	□ Runoff (Local Election Date of Contribution Contribution Received For: □ Primary Election □ Runoff (Local Election	ons Only)	Amount of Contribution	
Address City Occupation Employer First Name Last Name/Organization Name Address City Occupation	Middle Nar	Zip Code	□ Runoff (Local Election Date of Contribution Contribution Received For: □ Primary Election □ Runoff (Local Election	ons Only)	Amount of Contribution	

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COM	IMITTEE	***			RING THE PERIOD			
				i	FROM:	TO:		
		Amount						
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)								
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)								
First Name	М	liddle Name		In-Kind Contribution Received Primary Election	Value of In-Kind Contribution			
Last Name/Organization Name				Runoff (Local Elections Only)				
Address				Date of In-Kind Contribution		Aggregate this Election		
City State Zip Code			Description of In-Kind Contribution					
Occupation	cupation Employer							
First Name	M	liddle Name	,	In-Kind Contribution Receive	d For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name				Runoff (Local Election	ns Only)			
Address				Date of In-Kind Contribution		Aggregate this Election		
City	S	State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer							
	<u>-</u>					· · · · · · · · · · · · · · · · · · ·		
First Name Middle Name				In-Kind Contribution Received For: In-Kind Contribution Received For: Value of In-Kind Co				
Last Name/Organization Name				Runoff (Local Elections Only)				
Address				Date of In-Kind Contribution	Aggregate this Election			
City	S	State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer							
First Name	N	viiddie Nam	e	In-Kind Contribution Received Primary Election	ed For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name				Runoff (Local Elections Only)				
Address				Date of In-Kind Contribution	Aggregate this Election			
City	S	State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer		<u></u>	1				
First Name	M	/liddle Name		In-Kind Contribution Receiv		Value of In-Kind Contribution		
Last Name/Organization Name				Runoff (Local Election				
Address				Date of In-Kind Contribution		Aggregate this Election		
City	S	State	Žip Code	Description of In-Kind Contribution				
Occupation	Employer		L	1				
5. TOTAL ITEMIZED IN-KIND COI	UTDIDI ITIONI	e				-		
(Carry forward to item 3. of next page if ac			e used.)					
(If this is the last page of in-kind contributi				(.)				

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE					OVERING THE PERIOD				
Fredia Carte	er_			FROM:	TO:				
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU		PRECEDING PAGE	(enter \$0 if first Itemized p	age)	Amount				
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)									
First Name	Land of				Amount of Expenditure				
Lost Nama (Durinara Nama	<u> </u>								
Championship			Cianc		109.25				
Address 205 Scottsuil	le Ro	d.	Signs		107.23				
city Lafavette	State TN	37083							
First Name Stacy Morgen Loci Name/Rusiness Name	Middle Name	e	Purpose of Expenditure		Amount of Expenditure				
Last Name/Business Name Morgan	<u></u>		Social M	ledia					
Address 702 Ellington	Dr.		Social M Servi	nes	105,00				
Morgan Address 702 Ellington City Lafayette	State	Zip Code 3 7083	Jervii						
First Name	Middle Nam	96	Purpose of Expenditure		Amount of Expenditure				
Last Name/Business Name Westmoreland Ne	-ws		Newspo	News paper ads					
Address P.O. Zw239 - Pa	rK 57	r,	ads		181.50				
Address P.O. Zop 239 - Pa City Westmoreland	State	Zip Code 37186							
First Name	Middle Nam		Purpose of Expenditure		Amount of Expenditure				
Last Name/Business Name		<u> </u>							
Address	<u></u>								
City	State	Zip Code							
First Name	Middle Nan	ne ·	Purpose of Expenditure		Amount of Expenditure				
Last Name/Business Name	<u> </u>								
Address									
City	State	Zip Code							
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure				
Last Name/Business Name									
Address									
City	State	Zip Code							
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pa	ges of this form	are used.)			\$ 395.75				
(If this is the last page of expenditures, this amount n	nust be shown in	n item 19b. of summary.)							

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE								REPORT (OM:		NG TI TO:	HE PERIOD	
								1.1.0				
3. COMPLETE THE APPROPRIAT	E ITEMS F	OR EACH IT	EMIZ	ED LOAN (k	oans totaling r	nore than \$100 t	from any source	during the pe	nod}			
Complete the Following for the Source of	_			la de Bart		lann		.oan	Cutets	nding l	ogn Ralance	
First Name	st Name Middle Name			Outstanding Le (Beginning o		Loans Received		Payments		Outstanding Loan Balance (End of Period)		
Last Name/Organization Name												
Address			Loan Receive		☐ Generali	Flection	Date of Loa	n				
City	State	Zip Code		☐ Primary Election ☐ General Electi ☐ Runoff (Local Elections Only)			Licodon					
	ist All Endor	sers or Guarai	ntors f	or Above Loar	ı (If more spa	ice is needed	please attacl	a page)				
First Name		Middle Name			First Name Middle Name							
Last Name/Organization Name					Last Name/O	ganization Nam	nė					
Address			_		Address							
City		State	Zip C	ode	City				State		Zip Code	
Amount Guaranteed Outstanding					Amount Guar	anteed Outstand	gnit					
First Name Middle Name					First Name	. 	•		Middle I	Name		
Last Name/Organization Name				Last Name/Organization Name								
Address				Address				_				
City		State	Zip C	ode	City						Zip Code	
Amount Guaranteed Outstanding		·			Amount Guar	anteed Outstan	ding					
First Name		Middle Name	,		First Name				Middle	Name		
Last Name/Organization Name		•			Last Name/0	rganization Nar	ne					
Address	•		-		Address							
City	·	State	Zip C	Code	City		-		State		Zip Code	
Amount Guaranteed Outstanding		<u> </u>	J		Amount Guar	anteed Outstan	ding					
First Name Middle Name				First Name				Middle	Name			
Last Name/Organization Name				Last Name/C	rganization Nar	пе		1				
Address					Address			1,1				
City	-	State	Zip (Code	City	***			State		Zip Code	
Amount Guaranteed Outstanding					Amount Gua	anteed Outstan	ding					
Totals for all Loans (complete on (Total loans received should also be shown (Total loan payments should also be shown	in item 16. on in item 20. on	summary page. summary page.	.) .)			Loan Balance g of Period)	Loans Received		ean ments	Outs	tanding Loan Balance (End of Period)	
(Total outstanding loan balance should also	be shown in ite	em 12.e. on front	page.)				<u> </u>			<u> </u>		



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 put	า \$100 owe	ITEMIZED ed to any	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Nал	ne				
Last Name/Business Name	•	• •				
Address		-				
City	State	Zip Code				
Description of Obligation					· · · · · · · · · · · · · · · · · · ·	
First Name	Middle Nar	ne				
Last Name/Business Name	1					
Address						
City	State	Zip Code			1	
Description of Obligation	I	<u> </u>	•			
First Name	Middle Nar	ne				
Last Name/Business Name			_			
Address						
City	State	Zip Code				
Description of Obligation	1	<u> </u>		·!	<u> </u>	<u> </u>
First Name	Middle Na	ne				· · ·
Last Name/Business Name			_			
Address	-					
	State	Zip Code				
City Description of Obligation	June	Lap sout			1	
Description of Obligation						
First Name	Middle Na	me				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation	<u>. </u>					,
4, TOTALS	l	4 alaa ka ah				
(Total from Outstanding Balance - (End of Period) in item 23b. on summary page.)	column mus	also de shown			<u> </u>	