

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 10/27/18	2.a. NAME OF CANDIDATE OR COMMITTEE John Decker		
2.b. IF COMMITTEE, NAME OF CANDIDATE N/A		3. ELECTION DATE 11-06-18	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 125 BROOKVIEW DR WHITE HOUSE TN 37158 615 308 5126			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone Same			
5. OFFICE SOUGHT (include district number, if applicable) ALDERMAN WARD 2		6. NAME OF POLITICAL TREASURER (may be candidate) John Decker	
7. CATEGORY OR REPORT (Check one)			
<input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input checked="" type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD 10/01/2018		8.b. ENDING DATE OF REPORTING PERIOD 10/30/2018	
9. (Check one)			
a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. <input checked="" type="checkbox"/> This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.			
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 swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.			
<u>John Decker</u> signature of candidate		<u>10/27/18</u> date	
_____		signature of political treasurer	
_____		date	
11. WITNESS SIGNATURE			
<u>Mary M. Burfield</u> signature of witness		<u>10/27/18</u> date	
_____		signature of witness	
_____		date	
12. SUMMARY			
FILED			
a. BALANCE ON HAND LAST REPORT		\$	<u>111.73</u>
b. TOTAL RECEIPTS THIS PERIOD	A.M.	\$	<u>-0-</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	P.M.	\$	<u>100.00</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	OCT 29 2018	\$	<u>11.73</u>
e. TOTAL LOANS OUTSTANDING	SUMNER COUNTY ELECTION COMMISSION	\$	<u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING		\$	<u>0</u>



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)	\$	<u>0</u>
b. Itemized Contributions (over \$100 from each source this period)	\$	<u>0</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$	<u>0</u>
16. LOANS RECEIVED THIS REPORTING PERIOD	\$	<u>0</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$	<u>0</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$	<u>0</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>POSTAGE</u>	\$	<u>100⁰⁰</u>
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
Total of Expenditures (\$100 or less each payee)	\$	<u>100⁰⁰</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$	<u>0</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$	<u>100⁰⁰</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	\$	<u>0</u>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$	<u>100⁰⁰</u>
22. IN-KIND CONTRIBUTIONS		
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$	<u>0</u>
b. Itemized in-kind contributions (over \$100 from each source this period)	\$	<u>0</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	\$	<u>0</u>
23. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	\$	<u>0</u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$	<u>0</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)	\$	<u>0</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE JOHN DECKER				2. REPORT COVERING THE PERIOD FROM: 10/1/18 TO: 10/30/18		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 0	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name		Middle Name		Contribution Received For:		Amount of Contribution 0
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election 0
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution 0
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election 0
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution 0
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election 0
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution 0
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election 0
Occupation						
Employer						
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					Amount 0	

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD	
				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		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
City		State	Zip Code	Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution	
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
City		State	Zip Code	Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution	
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
City		State	Zip Code	Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution	
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
City		State	Zip Code	Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution	
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
City		State	Zip Code	Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution	
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS					
(Carry forward to item 3. of next page if additional pages of this form are used.)					
(If this is the last page of In-kind contributions, this amount must be shown in item 22b. of summary.)					