## CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT		NDIDATE OR C							
1/22/2019	John C.	Isbell f	or County	7 Executiv	<u></u>				
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE								
			May 1, 2018						
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		State	Zip Code	Phone				
	endersonvil	12	TN	37075	615.788.0865				
4.b. CANDIDATE'S HOME ADDRESS (if differen	than 4.a.)			Zin Codo	Phone				
Street or Rural Route	City		State	Zip Code	riione				
OFFICE SOUGHT (include district number, i	6. NAME OF POLITICAL TREASURER (may be candidate)								
i -	Leonard A. Davis								
7. CATEGORY OR REPORT (Check one)		Leonard In Maria							
	FOURTH	PRE-	PRE-	∐ MID-YEAR	YEAR-END				
QUARTER QUARTER QUARTER		PRIMARY	GENERAL DATE OF REPO	SUPPLEMENT	TAL SUPPLEMENTAL				
8.a. BEGINNING DATE OF REPORTING PERIOD									
October 1, 2018	·-··	Jan	uary 15,	2019					
9. (Check one)									
a. 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.  This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000									
b. This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received 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									
I Figure 1 Displayure Act. Additionally, live swear or affirm that no campaign contributions have been experied for the personal manifest									
benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.									
M Co	1/20/2019	ــر	L. 1	alle	ie 1/22/19				
signature of candidate	date	(	signature	of political treasure	er date				
				<u>.</u>					
11. WITNESS SIGNATURE				Λ	<b>A</b> .				
Mill From	1100 6	,	amm	y Lova	l 1-22-19				
Pal alla 10	1/44/40/	6	sign	ature of witness	date				
signature of witness	uate	<u> </u>	U.g	4					
12. SUMMARY		D bin							
	FILE.	$g^{(n)} = X^{(n)}$		s 1634.73	<u>:                                     </u>				
a. BALANCE ON HAND LAST REPORT		- ofCD		¥	<del></del>				
b. TOTAL RECEIPTS THIS PERIOD		340	401/2	\$ <u>` Ò -</u>	<del></del>				
	AM JAM	~ COUNT	99,	s_ 50.0r	a				
c. TOTAL DISBURSEMENTS THIS PERIOD	ZVA.	A COMIN		4					
b. TOTAL RECEIPTS THIS PERIOD	minus 1254	<i>H</i> ~		***************************************	\$ 1584.7 <b>3</b>				
	-CIECI,				: 3750.00				
e. TOTAL LOANS OUTSTANDING					\$ <u>5 130.00</u>				
					-0-				
f. TOTAL OBLIGATIONS OUTSTANDING	***************************************	***************************************			3				

## ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE							2. REPORT COVERING THE PERIOD TO:				
John C. Isbell for County Every hve B. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (100							10/1	2018	15/2019		
. COMPLETE THE APPROPR	IATE ITEMS F	OR EACH IT	EMIZE	ED LOAN (Io	ans totaling π	nore than \$100 from	any source durin	g the period	d)		
Complete the Following for the Soul								<del> '1</del> -		hara Delawar	
First Name		Middle Name Outs			ding Loan Balance Loans nning of Period) Received		Loan Payments		Outstanding Loan Balance (End of Period)		
ast Name/Organization Name						1		ļ			
				Loan Receive	Loan Received For: Date of Loan						
ddress				☐ Primary	tion						
City	State	Zip Code		<u> </u>	Local Elections						
	List All Endo			or Above Loat		ace is needed ple	ase attach a p	age)	Middle Na	ne .	
First Name		Middle Name			First Name						
Last Name/Organization Name				Last Name/Organization Name							
Address					Address						
City	State Zip C			ode	City				State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding							
First Name	First Name Middle Name				First Name				Middle Name		
				Last Name/Organization Name				<u> </u>			
Last Name/Organization Name					<u> </u>						
Address					Address				1 64 44	7i- Cado	
City	y State Zip			Code	City State Zip Code						
Amount Guaranteed Outstanding					Amount Gua	aranteed Outstanding	9				
First Name Middle Name				First Name Middle t					lame		
Last Name/Organization Name					Last Name/	Organization Name					
Address		<u></u>	<del>-</del>		Address	-					
City		State	Zip	Code	City			<u></u>	State	Zip Code	
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding						
		12(23) ki			First Name				Middle	Vame	
First Name Middle Name				Last Name/Organization Name							
Last Name/Organization Name						vorgasiizauoti tvame	· 				
Address	<del></del>				Address		_				
City		State	Zip	Code	City State Zip Code					Zip Code	
Amount Guaranteed Outstanding					Amount G	uaranteed Outstand	ing				
4. Totals for all Loans (comple	ete on last pag	e of itemized l	loans)			ng Loan Balance	Loans Received		oan ments	Outstanding Loan Balar (End of Period)	
(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.)				(Beginning of Period) Received Payments (End of Period)  3750.00 - 0 - 0 - 3750.00							
(Total outstanding loan balance shou	ild also be shown	in nem 12.6, on fro	лп page	·		. , , , , , ,		. 7.		DDA 4150	