

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 FRIENDS OF MIKE ARNOLD		
2.b. IF COMMITTEE, NAME OF CANDIDATE MIKE ARNOLD		3. ELECTION DATE 11-6-18	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 269 MARLIN RD WHITE HOUSE TN 37188 615-456-4030			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone			
5. OFFICE SOUGHT (include district number, if applicable) MAYOR WHITE HOUSE		6. NAME OF POLITICAL TREASURER (may be candidate) CARL MEADOWS	
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 10-1-18		8.b. ENDING DATE OF REPORTING PERIOD 10-27-18	
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.			
_____ signature of candidate		_____ signature of political treasurer	
_____ date		_____ date	
11. WITNESS SIGNATURE			
_____ signature of witness		_____ signature of witness	
_____ date		_____ date	
12. SUMMARY			
FILED			
A.M. P.M.			
OCT 30 2018			
SUMNER COUNTY ELECTION COMMISSION			
a. BALANCE ON HAND LAST REPORT	P.M. \$ <u>1458.15</u>		
b. TOTAL RECEIPTS THIS PERIOD	A.M. \$ <u>3039.88</u>		
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>3039.88</u>		
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <u>1458.15</u>		
e. TOTAL LOANS OUTSTANDING	\$ <u>-0-</u>		
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>-0-</u>		



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <u>FRIENDS OF MIKE ARNOLD</u>	14. REPORT COVERING THE PERIOD FROM: <u>10-1-18</u> TO: <u>10-27-18</u>
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RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ -0-

b. Itemized Contributions (over \$100 from each source this period) \$ 3039.88

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 3039.88

16. LOANS RECEIVED THIS REPORTING PERIOD \$ -0-

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ -0-

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 3039.88

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>STRANON DV IMAGING VIDEO</u>	\$ <u>500.00</u>
<u>RADIO WRISTBANDS</u>	\$ <u>378.00</u>
<u>GERALD PRINTING - BUTTONS</u>	\$ <u>161.88</u>
<u>ROBERSON COUNTY TIMES ADD</u>	\$ <u>600.00</u>
<u>COLORADO GRILL RECEPTION</u>	\$ <u>1400.00</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total of Expenditures (\$100 or less each payee) \$ -0-

b. Itemized Expenditures (Over \$100 each payee this period) \$ 3039.88

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 3039.88

20. LOAN REPAYMENTS MADE THIS PERIOD \$ -0-

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 3039.88

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ -0-

b. Itemized in-kind contributions (over \$100 from each source this period) \$ 2539.88

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ 2539.88

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ -0-

b. Itemized Obligations Outstanding (Over \$100 each) \$ -0-

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) \$ -0-



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE FRIENDS OF MIKE ARNOLD				2. REPORT COVERING THE PERIOD FROM: 10-1-18 TO: 10-27-18	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 3039.88
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name ROBERT		Middle Name H		Contribution Received For:	
Last Name/Organization Name GOODALL				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 393 MAPLE ST.				<input type="checkbox"/> Runoff (Local Elections Only)	
City GALLATIN		State TN	Zip Code 37066	Date of Contribution 10-11-18	
Occupation HOMEBUILDER				Aggregate This Election 500.00	
Employer GOODALL HOMES					
First Name		Middle Name		Contribution Received For:	
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	
Occupation				Aggregate This Election	
Employer					
First Name		Middle Name		Contribution Received For:	
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	
Occupation				Aggregate This Election	
Employer					
First Name		Middle Name		Contribution Received For:	
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	
Occupation				Aggregate This Election	
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.)					500.00



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE FRIENDS OF MIKE ARNOLD				2. REPORT COVERING THE PERIOD FROM: 10-1-18 TO: 10-27-18			
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 2539.88		
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 TYLER		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		Value of In-Kind Contribution 378.00	
Last Name/Organization Name JOHNSON				<input type="checkbox"/> Runoff (Local Elections Only)			
Address 104 N. LAURENS WAY				Date of In-Kind Contribution 10-20-18		Aggregate this Election 378.00	
City HENDERSONVILLE		State TN	Zip Code 37072	Description of In-Kind Contribution WRIST BANDS			
Occupation SAFETY MANAGER		Employer CJ CONSTRUCTION					
First Name TYLER		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		Value of In-Kind Contribution 161.88	
Last Name/Organization Name JOHNSON				<input type="checkbox"/> Runoff (Local Elections Only)			
Address 104 N. LAURENS WAY				Date of In-Kind Contribution 10-20-18		Aggregate this Election 539.88	
City HENDERSONVILLE		State TN	Zip Code 37072	Description of In-Kind Contribution GERALD PRINTING CAMPAIGN BUTTONS			
Occupation SAFETY MANAGER		Employer CJ CONSTRUCTION					
First Name DIANE		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		Value of In-Kind Contribution 600.00	
Last Name/Organization Name JOHNSON				<input type="checkbox"/> Runoff (Local Elections Only)			
Address 132 BRINLEY LN.				Date of In-Kind Contribution 10-21-18		Aggregate this Election 600.00	
City WHITE HOUSE		State TN	Zip Code 37188	Description of In-Kind Contribution NEWSPAPER AD			
Occupation RETIRED		Employer RETIRED					
First Name JASON		Middle Name CRAIG		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		Value of In-Kind Contribution 1400.00	
Last Name/Organization Name JOHNSON				<input type="checkbox"/> Runoff (Local Elections Only)			
Address 136 S. PALMER'S CHAPEL RD.				Date of In-Kind Contribution 10-4-18		Aggregate this Election 1400.00	
City WHITE HOUSE		State TN	Zip Code 37188	Description of In-Kind Contribution RECEPTION			
Occupation BUSINESS OWNER		Employer CJC					
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.)					2539.88		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE FRIENDS OF MIKE ARNOLD		2. REPORT COVERING THE PERIOD	
		FROM: 10-1-18	TO: 10-27-18
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)		Amount 2539.88	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)			
First Name Peter	Middle Name	Purpose of Expenditure VIDEO	Amount of Expenditure 500.00
Last Name/Business Name STRATTON STRATTON DV IMPROVING			
Address 312 Holly Ln			
City White House	State TN	Zip Code 37188	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State	Zip Code	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State	Zip Code	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State	Zip Code	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State	Zip Code	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State	Zip Code	
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.)			500.00

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD						
FRIENDS OF MIKE ARNOLD				FROM:		TO:				
				10-1-18		10-27-18				
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)										
Complete the Following for the Source of the Loan										
First Name		Middle Name		Outstanding Loan Balance (Beginning of Period)		Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)		
Last Name/Organization Name								- 0 -		
Address				Loan Received For:			Date of Loan			
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election						
City		State	Zip Code		<input type="checkbox"/> Runoff (Local Elections Only)					
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)										
First Name		Middle Name		First Name		Middle Name				
Last Name/Organization Name				Last Name/Organization Name						
Address				Address						
City		State	Zip Code		City		State	Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding						
First Name		Middle Name		First Name		Middle Name				
Last Name/Organization Name				Last Name/Organization Name						
Address				Address						
City		State	Zip Code		City		State	Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding						
First Name		Middle Name		First Name		Middle Name				
Last Name/Organization Name				Last Name/Organization Name						
Address				Address						
City		State	Zip Code		City		State	Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding						
First Name		Middle Name		First Name		Middle Name				
Last Name/Organization Name				Last Name/Organization Name						
Address				Address						
City		State	Zip Code		City		State	Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding						
4. Totals for all Loans (complete on last page of itemized loans)				Outstanding Loan Balance (Beginning of Period)		Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)		
(Total loans received should also be shown in item 16, on summary page.)								- 0 -		
(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.)										



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
FRIENDS OF MIKE ARNOLD				FROM: 10-1-18		TO: 10-27-18	
3. 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 Name					- 0 -
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					- 0 -
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					- 0 -
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					- 0 -
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					- 0 -
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
4. TOTALS							- 0 -
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)							