

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>1/23/19</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>PAT CAMPBELL</u>		
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE <u>11/6/18</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route <u>192 Rebecca Dr.</u>		City <u>Hendersonville</u>	State <u>TN</u>
		Zip Code <u>37075</u>	Phone <u>(65-714-1218)</u>
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) <u>Alderman Ward 2</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>Cynthia Garcia</u>	
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 type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input checked="" type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD <u>10-28-18</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>1-25-19</u>	
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>Pat Campbell</u> signature of candidate		<u>1/24/19</u> date	<u>Cynthia Garcia</u> signature of political treasurer
			<u>1-24-19</u> date
11. WITNESS SIGNATURE			
<u>Spencer A. Martin</u> signature of witness		<u>1-24-19</u> date	<u>Albert M. Martin Jr.</u> signature of witness
			<u>1-24-19</u> date
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ <u>100.91</u>	
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>600.00</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>249.51</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>451.40</u>	
e. TOTAL LOANS OUTSTANDING		\$ <u> </u>	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u> </u>	



FILED

A.M. P.M.

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SUMNER COUNTY
ELECTION COMMISSION

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Pat Campbell				2. REPORT COVERING THE PERIOD FROM: 10/28/18 TO: 1/15/19			
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	
Last Name/Organization Name Drakes Creek Marina				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		500.00	
Address 441 Sanders Ferry Rd.				<input type="checkbox"/> Runoff (Local Elections Only)			
City Hendersonville		State TN	Zip Code 37075	Date of Contribution		Aggregate This Election	
Occupation							
Employer							
First Name John		Middle Name Eugene		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Johnston				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		100.00	
Address P.O. Box 171146				<input type="checkbox"/> Runoff (Local Elections Only)			
City Nashville		State TN	Zip Code 37217	Date of Contribution		Aggregate This Election	
Occupation Retired							
Employer							
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
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	
Occupation							
Employer							
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
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	
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.)					600.00		

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Pat Campbell</i>				2. REPORT COVERING THE PERIOD FROM: <i>10/29/18</i> TO: <i>11/15/19</i>			
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <i>0</i>		
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:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City		State		Date of In-Kind Contribution		Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution			
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City		State		Date of In-Kind Contribution		Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution			
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City		State		Date of In-Kind Contribution		Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution			
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City		State		Date of In-Kind Contribution		Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution			
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City		State		Date of In-Kind Contribution		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.)					<i>0</i>		
(If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)							

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Pat Campbell				2. REPORT COVERING THE PERIOD			
				FROM: 10/23/18	TO: 1/19/19		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 0		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)							
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Black eyed Peas				Celebration Dinner for workers		120.71	
Address 164 E. MAIN ST.							
City Hendersonville		State TN	Zip Code 37075				
First Name S		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Black eyed Peas				Celebration Dinner For workers		112.87	
Address 164 E. MAIN ST.							
City Hendersonville		State TN	Zip Code 37075				
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Bojangles				Breakfast for workers		8.84	
Address 246 Indian Lake Blvd.							
City Hendersonville		State TN	Zip Code 37075				
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Sonic				Lunch for worker		7.09	
Address 279 New Shadele Island Dr.							
City Hendersonville		State TN	Zip Code 37075				
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 <small>(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.)</small>					249.51		

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Pat Campbell</i>				2. REPORT COVERING THE PERIOD					
				FROM: <i>10/28/18</i>		TO: <i>1/15/19</i>			
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									
Address				Loan Received For:			Date of Loan		
City		State	Zip Code	<input type="checkbox"/> Primary Election	<input type="checkbox"/> General Election				
				<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.)				<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>		
(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			
<i>Pat Campbell</i>				FROM: <i>10/28/18</i>		TO: <i>1/5/19</i>	
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					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
4. TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)				<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>