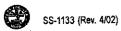
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAME OF CANDIDATE OR			
2.b. IF COMMITTEE, NAME OF CANDIDATE	PAT CAMPISEC	L	3. ELECTION DATE	=
			11/8/1	18
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	State	Zip Code	Phone
192 Respecta Dr. HE	nderson ville	TN	37075	Cd5-714-1718
4.b. CANDIDATE'S HOME ADDRESS (if differer Street or Rural Route	nt than 4.a.) City	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, Aldermay Ward	if applicable) 6. NAME	<i>a</i> .	GARVIN	e candidate)
7. CATEGORY OR REPORT (Check one)	FOURTH PRE- QUARTER PRIMARY	PRE- GENERAL	MID-YEAR SUPPLEMENTAL	YEAD END L SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD /0-28-/8	8.b. ENDI	GDATE OF REPORT		÷
9. (Check one)		· <u>, - 1</u>		·
a. This campaign is exempt from detail tures total \$1,000 or less for this rep	orting period. (Complete items 12	2d., 12e. and 12f.)		
b. This campaign is required to file a de and/or expenditures total more than	etailed financial disclosure becaus \$1,000 for this reporting period.	se contributions (in	ncluding in-kind) rece	ived total more than \$1,000
10. I/we do solemnly swear or affirm that the accurate accounting of campaign contribut Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other not signature of candidate Cample Camp	ions and expenditures required to e swear or affirm that no campaigr	be reported by the contributions have the federal internal	e candidate committe ve been expended fo	ee by the Campaign
11. WITNESS SIGNATURE				
Spuncer A WANTY signature of witness	1-24-18 date	albut M signa	Davin M ture of witness	1-24-19 date
12. SUMMARY	-II ED		100 41	
a. BALANCE ON HAND LAST REPORT.	FILEU P.M.		\$ /00.91	
b. TOTAL RECEIPTS THIS PERIOD A.M.	ac DFC fl		\$ 2 (8.5)	<u> </u>
c. TOTAL DISBURSEMENTS THIS PERIOD			s <u> </u>	
c. TOTAL DISBURSEMENTS THIS PERIOD d. BALANCE ON HAND (12.a. plus 12.5)	UMNER COUNTY CTION COMMISSION	N		\$ 451.40
e. TOTAL LOANS OUTSTANDING				. \$
f. TOTAL OBLIGATIONS OUTSTANDING				\$

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
PATCAMODEL	FROM: 10/28/18 TO: 1/15/19
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)	\$
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>600,80</u>
16. LOANS RECEIVED THIS REPORTING PERIOD	
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ (000.00
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - 6	
Black eyed Pta \$ /20-	
Blank eyed les \$ 1/2-8	37_
Bojangles \$ 8.8	4
Sonic \$ 7.0	9
\$	
	<u></u>
* *	
\$	
\$	
	s 15-93
Total of Expenditures (\$100 or less each payee)	-
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>237450</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ 471.21
20. LOAN REPAYMENTS MADE THIS PERIOD	3.144 = 1
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>249.51</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 22	.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 ite	em 12.f.)\$



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	NG THE PERIOD						
PAT CAMPBELL	FROM: 10/28/18	TO: //5//9 Amount _/					
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	age)	Ø ·					
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)							
First Name	Middle Nam	nê	Contribution Received For:	Amount of Contribution			
Last Name/Organization Name Drawes Address Address Address	horin	<u>a</u>	☐ Primary Election ☑ Runoff (Local Election	500-00			
941 Janders terry	Ti- Codo	Date of Contribution		Aggregate This Election			
city Handersonville	State	Zip Code 3 7875	- Date of Continuent	riggrogate The Ecopon			
Occupation							
Employer	_						
First Name	Middle Nar		Contribution Received For	:	Amount of Contribution		
Last Name/Organization Name		engene	Primary Election	General Election	100,00		
Johnston			Runoff (Local Election	ns Only)	/00.		
Address P.O. Box 171146	la.			3.111	Aggregate This Election		
City Nashville	State 770	372/7	Date of Contribution		Aggregate This Election		
Occupation Retired							
Employer			1				
Finally	Middle Nee	ne	Contribution Received Fo		Amount of Contribution		
First Name	Middle Nan	nė	Contribution Received Fo		Amount of Contribution		
First Name Last Name/Organization Name	Middle Nan	ne		r: General Election	Amount of Contribution		
	Middle Nan	ne		General Election	Amount of Contribution		
Last Name/Organization Name	Middle Nan	Zip Code	Primary Election	General Election	Amount of Contribution Aggregate This Election		
Last Name/Organization Name Address	<u> </u>		☐ Primary Election ☐ Runoff (Local Election	General Election			
Last Name/Organization Name Address City	<u> </u>		☐ Primary Election ☐ Runoff (Local Election	General Election			
Last Name/Organization Name Address City Occupation	<u> </u>		☐ Primary Election ☐ Runoff (Local Election	General Election	Aggregate This Election		
Last Name/Organization Name Address City Occupation	<u> </u>	Zip Code	☐ Primary Election ☐ Runoff (Local Election	General Election			
Last Name/Organization Name Address City Occupation Employer	State	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For:	General Election	Aggregate This Election		
Last Name/Organization Name Address City Occupation Employer First Name	State	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For:	General Election ons Only) General Election	Aggregate This Election		
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name	State	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For:	General Election ons Only) General Election	Aggregate This Election		
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address	State Middle Na	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For: Primary Election Runoff (Local Election	General Election ons Only) General Election	Aggregate This Election Amount of Contribution		
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address City	State Middle Na	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For: Primary Election Runoff (Local Election	General Election ons Only) General Election	Aggregate This Election Amount of Contribution Aggregate This Election		
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address City Occupation	State Middle Nau	Zip Code Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For: Primary Election Runoff (Local Election	General Election ons Only) General Election	Aggregate This Election Amount of Contribution		

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR	COMMITTEE		2. REPORT COVER FROM: 10 29 18	TO: 				
	ONTRIBUTIONS FRO	M PRECEDING PAG	SE (enter \$0 if first itemized page)	Amount d				
COMPLETE THE APPROPRIATE	E ITEMS FOR EACH ITEM	IZED IN-KIND CONTE	RIBUTION (in-kind contributions totaling more than \$100 from any co	ntributor during the period)				
st Name Middle Name			In-Kind Contribution Received For: Primary Election General Election	Value of In-Kind Contribution				
Last Name/Organization Name			Runoff (Local Elections Only)					
Address			Date of In-Kind Contribution	Aggregate this Election				
Sity State Zip Code			Description of In-Kind Contribution					
Occupation	Employer							
First Name	Middle	Name	In-Kind Contribution Received For:	Value of In-Kind Contribution				
Last Name/Organization Name			Primary Election General Election					
Last Harristor game atom Harris			Runoff (Local Elections Only) Date of In-Kind Contribution	Aggregate this Election				
Address	<u> </u>							
City	State	Zip Code	Description of In-Kind Contribution	Description of In-Kind Contribution				
Occupation	Employer	-						
First Name Middle Name			In-Kind Contribution Received For: Primary Election General Election	Value of In-Kind Contribution				
Last Name/Organization Name			Runoff (Local Elections Only)	<u> </u>				
Address			Date of In-Kind Contribution Aggregate this Election					
City	City State Zip Code		Description of In-Kind Contribution					
Occupation	Employer							
First Name	Middle	a Name	In-Kind Contribution Received For: Primary Election General Election	Value of In-Kind Contribution				
Last Name/Organization Name	<u> </u>		Runoff (Local Elections Only)					
Address		. <u></u>	Date of In-Kind Contribution Aggregate this Election					
City	State	Zip Code	Description of In-Kind Contribution	<u> </u>				
Occupation	Employer		_					
First Name	Middle	Name	In-Kind Contribution Received For:	Value of In-Kind Contribution				
Last Name/Organization Name			Primary Election General Election Runoff (Local Elections Only)					
Address	<u> </u>		Date of In-Kind Contribution	Aggregate this Election				
City	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer							
				100				
5. TOTAL ITEMIZED IN-KIN (Carry forward to item 3. of next p (if this is the last page of in-kind of	sage if additional pages of this	form are used.) t be shown in item 22b. of s	summary.)					
SS-1128 (Rev. 2/06)			Page of	/ RDA 1159				

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER	NG THE PERIOD TO: 1 15 19		
rat Campbell		Amount					
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)							
	ACH ITEMIZ		Purpose of Expenditure	no any payon during the peri	Amount of Expenditure		
First Name	······································		D				
Last Name/Business Name Black eyest Peas			Celibration for worke		120-71		
Address 164 E. MAIN St.		·					
Hendersonvill	State	Zip Code 37075					
First Name	Middle Nam	ne .	Purpose of Expenditure	Nouver	Amount of Expenditure		
Last Name Fysines Name 'Blook sued las	·		Celibration For Work	es	112-87		
Address 164 E-MAIN Str	, - .						
City Hendersonvike	State	Zip Code 37075					
First Name	Middle Nan	ne	Purpose of Expenditure Breakfish + F	1 Nor MIZ	Amount of Expenditure		
Last Name Business Name			Breakfort t	at walled	8.84		
Address 246 Indian hake					, ,		
Hendesonville	State	Zip Code 3 1075					
First Name	Middle Nam	18	Purpose of Expenditure	. Labor	Amount of Expenditure		
Last Name/Businers Name	- !		Cuch fo	4 Market	200		
Address 279 New Shade	le Isl	and Or,	1		7.09		
City Leuderssaville	State	Zip Code 3 7075					
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	.!		4				
Address	***						
City	State	Zip Code					
First Name	nė	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 page.)	es of this form	are used.)			249.51		
(If this is the last page of expenditures, this amount mu	JS1 DE SNOWN II	n nein 190, oi summary.)			<u> </u>		

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE						FR	2. REPORT COVERING THE PERIO FROM: TO: 1/5/9			
3. COMPLETE THE APPRO		OR EACH I	TEMIZ	'ED LOAN {	loans totaling n	nore than \$100 from a			riod)	417/14
Complete the Following for the					•		•			
First Name Middle Name Outs			Outstanding L (Beginning o	Doan Balance Loans Loan Outstanding Loan Bala g of Period) Received Payments (End of Period)				nding Loan Balance End of Period)		
Last Name/Organization Name	<u> </u>			/Dogaming i	,,, с,	10001102	'``	,	· `	,
				Loan Receive	od Cor		<u> </u>	Date of Loa	in .	
1,041,000				rimary Election						
City	State	Zip Code		Runoff (Local Elections Only)						
	List All Endo	rsers or Guara	intors f	or Above Loa	n (If more spa	ce is needed pleas	e attact	a page)		
First Name		Middle Name	1	•	First Name				Middle N	ате
Last Name/Organization Name		<u> </u>		P.V. 2.57 .	Last Name/Or	ganization Name				-
Address					Address					<u> </u>
City		State	Zip C	ode	City				State	Zip Code
Amount Guaranteed Outstanding					Amount Guara	inteed Outstanding				
First Name		Middle Name)		First Name Middle Name					ame
Last Name/Organization Name				Last Name/Organization Name						
Address					Address					
City	·	State	Zip C	code	City				State	Zip Code
Amount Guaranteed Outstanding					Amount Guara	anteed Outstanding			•	
First Name		Middle Name)		First Name		:		Middle	Name
Last Name/Organization Name		·			Last Name/Or	ganization Name				••
Address	· 				Address					·
City		State	Zip C	Code	City State Zip Co					Zip Code
Amount Guaranteed Outstanding					Amount Guara	anteed Outstanding				
First Name		Middle Name	;		First Name Middle Name					lame
Last Name/Organization Name		<u></u>	Last Name/Organization Name							
Address			· · ·	Address						
City		State	Zip C	Code	City				State	Zip Code
Amount Guaranteed Outstanding		1	1		Amount Guara	anteed Outstanding			1	
4. Totals for all Loans (complete on last page of itemized loans) (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.)					Outstanding L (Beginning		Loans eceived	Los Payn	an nents	Outstanding Loan Balance (End of Period)

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
Pat Caudall	Par Causall				8 TO: 1	5/19
 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 I This Period	Odtstanding Balance (End of Period)
First Name	st Name Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation		<u></u>		·	·	
First Name	Middle Na	me	<u> </u>			
Last Name/Business Name	<u> </u>		7			
Address						
City	State	Zip Code	-			
Description of Obligation		<u> </u>			• · · · · · · · · · · · · · · · · · · ·	
First Name	Middle Na	me				}
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation			-			
First Name	Middle Na	me				
Last Name/Business Name	<u></u>					
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	me				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation		•	.*			
TOTALS (Total from Outstanding Balance - (End of Period) (volume mu	et alen he ehnun	A	d	EX	Ø
in item 23b. on summary page.)	AUDITION THUS	or also he showl)	$\perp \mathcal{Y}_{\perp}$	<u> </u>	<u> </u>	/