

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>10/27/18</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>PAT CAMPBELL</u>												
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE <u>11/6/2018</u>												
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>192 Rebecca Dr.</u> <u>Hendersonville</u> <u>TN</u> <u>37075</u> <u>615-714-1718</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 Garvin</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 checked="" type="checkbox"/> PRE GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL													
8.a. BEGINNING DATE OF REPORTING PERIOD <u>10-1-18</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>10-27-18</u>												
9. (Check one) a. <input checked="" 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 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> <u>10/29/18</u> <u>Cynthia Garvin</u> <u>10-29-18</u> signature of candidate date signature of political treasurer date													
11. WITNESS SIGNATURE <u>Spencer Swann</u> <u>10/29/18</u> <u>Bobby Dyer</u> <u>10-29-18</u> signature of witness date signature of witness date													
12. SUMMARY <div style="text-align: center; font-weight: bold; font-size: 2em; opacity: 0.5;">FILED</div> <div style="text-align: center; font-weight: bold; font-size: 1.5em; opacity: 0.5;">SUMNER COUNTY ELECTION COMMISSION</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a. BALANCE ON HAND LAST REPORT</td> <td style="width: 20%; text-align: right;">P.M. \$ <u>317.99</u></td> </tr> <tr> <td>b. TOTAL RECEIPTS THIS PERIOD</td> <td style="text-align: right;">A.M. \$ <u>208.75</u></td> </tr> <tr> <td>c. TOTAL DISBURSEMENTS THIS PERIOD</td> <td style="text-align: right;">\$ <u>425.83</u></td> </tr> <tr> <td>d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)</td> <td style="text-align: right;">\$ <u>100.91</u></td> </tr> <tr> <td>e. TOTAL LOANS OUTSTANDING</td> <td style="text-align: right;">\$ <u>0</u></td> </tr> <tr> <td>f. TOTAL OBLIGATIONS OUTSTANDING</td> <td style="text-align: right;">\$ <u>0</u></td> </tr> </table>		a. BALANCE ON HAND LAST REPORT	P.M. \$ <u>317.99</u>	b. TOTAL RECEIPTS THIS PERIOD	A.M. \$ <u>208.75</u>	c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>425.83</u>	d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <u>100.91</u>	e. TOTAL LOANS OUTSTANDING	\$ <u>0</u>	f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>0</u>
a. BALANCE ON HAND LAST REPORT	P.M. \$ <u>317.99</u>												
b. TOTAL RECEIPTS THIS PERIOD	A.M. \$ <u>208.75</u>												
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>425.83</u>												
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <u>100.91</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>Pat Campbell</u>	14. REPORT COVERING THE PERIOD FROM: <u>10/1/18</u> TO: <u>10/27/18</u>
RECEIPTS	
15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>50.00</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>476.74</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>526.74</u>
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>NONE</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>NONE</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>526.74</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>HHS BASEBALL DONATION</u>	\$ <u>100.00</u>
<u>Hendersonville Homebased meals</u>	\$ <u>100.00</u>
<u>Sams Club Candy Trick Treat n Park</u>	\$ <u>217.08</u>
<u>checks</u>	\$ <u>8.75</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ <u>8.75</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>412.08</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>425.83</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u>NONE</u>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>425.83</u>
22. IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>—</u>
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ <u>—</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	\$ <u>—</u>
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>—</u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u>—</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.)	\$ <u>—</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>PAT Campbell</i>			2. REPORT COVERING THE PERIOD		
			FROM: <i>10-1-18</i>	TO: <i>10-27-18</i>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <i>0</i>	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name <i>Scott</i>		Middle Name		Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution <i>126.74</i>
Last Name/Organization Name <i>Sprouse</i>					
Address					
City <i>Hendersonville</i>	State <i>TN</i>	Zip Code <i>37075</i>		Date of Contribution <i>10-23-17</i>	Aggregate This Election
Occupation <i>Self employed</i>					
Employer					
First Name <i>Christine</i>		Middle Name <i>E.</i>		Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution <i>50.00</i>
Last Name/Organization Name <i>Sprount</i>					
Address <i>211 Elnora Dr.</i>					
City <i>Hendersonville</i>	State <i>TN</i>	Zip Code <i>37075</i>		Date of Contribution <i>10-1-18</i>	Aggregate This Election
Occupation <i>Retired</i>					
Employer					
First Name		Middle Name		Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <i>Pac Fund</i> <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution <i>250.00</i>
Last Name/Organization Name <i>HENDERSONVILLE FIREFIGHTERS ASSA.</i>					
Address <i>242 W. Main St. Apts 407</i>					
City <i>Hendersonville T</i>	State <i>TN</i>	Zip Code <i>37075</i>		Date of Contribution 8/25/18 <i>8/25/18</i>	Aggregate This Election
Occupation					
Employer					
First Name		Middle Name		Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution <i>100.00</i>
Last Name/Organization Name <i>Summer Association of Realtors</i>					
Address <i>35 Executive Park Dr. Ste. B.</i>					
City <i>Hendersonville</i>	State <i>TN</i>	Zip Code <i>37075</i>		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.)				<i>526.74</i>	

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE PAT CAMPBELL				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 \$0	
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	Zip Code	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	Zip Code	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	Zip Code	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	Zip Code	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	Zip Code	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.) (If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)					NONE	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE PA Campbell		2. REPORT COVERING THE PERIOD		
		FROM: 10/1/18	TO: 10/1/18 10/27/18	
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 NHS BASEBALL		Sponsor	100.00	
Address 123 Cherokee Rd.				
City Hendersonville	State TN			Zip Code 37075
First Name				Middle Name
Last Name/Business Name Hendersonville Homebound meals		Contribution	100.00	
Address 381 W. Main St.				
City Hendersonville	State TN			Zip Code 37075
First Name				Middle Name
Last Name/Business Name Saus Club		Candy for Trick or Treat w/ the Park	217.08	
Address 201 Indian Lake Blvd.				
City Hendersonville	State TN			Zip Code 37075
First Name				Middle Name
Last Name/Business Name CAPSTAR		Purchase checks	8.75	
Address 101 Springhouse Ct.				
City Hendersonville	State TN			Zip Code 37075
First Name				Middle Name
Last Name/Business Name				
Address				
City	State			Zip Code
First Name				Middle Name
Last Name/Business Name				
Address				
City	State			Zip Code
First Name				Middle Name
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.)			425.83	

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>PAT CAMPBELL</i>					2. REPORT COVERING THE PERIOD				
					FROM: <i>10/1/18</i>		TO: <i>10/22/18</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	
					<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									
Address									
City		State	Zip Code		City		State	Zip Code	
Amount Guaranteed Outstanding									
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name									
Address									
City		State	Zip Code		City		State	Zip Code	
Amount Guaranteed Outstanding									
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name									
Address									
City		State	Zip Code		City		State	Zip Code	
Amount Guaranteed Outstanding									
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name									
Address									
City		State	Zip Code		City		State	Zip Code	
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.) (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.)					<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
<i>Pat Campbell</i>				FROM: <i>10-1-18</i>		TO: <i>10-27-18</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				<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)							