CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Multicandidate Committees (PACs)

1. DATE OF REPORT	2. NAME OF COMMITTEE		
10-70-18	1		
2.A. SHORT NAME OF COMMITTEE (IF APPLI	CABLE) Red Pac		
	,		
3. ADDRESS AND PHONE			
Street or Rural Route	City	State Zip Cod	
P. O. BOX 150881	Naphrille	TN 37215	615-500-6212
4. TYPE OF CANDIDATES SUPPORTED	STATE PUBLIC OFFICE	LOCAL DUBLIC OFFIC	
	OWNER OFFICE [2]	LOCAL PUBLIC OFFIC	E BOTH
5.A. NAME OF POLITICAL TREASURER			5.B. DATE APPOINTED
Gregory Gleave	<i>r</i>		Nov. 2014
6. CATEGORY OR REPORT (Check one)			10-1- 2019
FIRST SECOND THRO	FOURTH PRE-		
QUARTER QUARTER QUARTER 7.A.BEGINNING DATE OF REPORTING PERIOD	QUARTER PRIMARY	GENERAL SUPE	D-YEAR YEAR-END LEMENTAL SUPPLEMENTAL
Oct. 1, 2018		GDATE OF REPORTING P	ERIOD
8. (Check one)	064	· 27, 2018	
			- · · · · · · · · · · · · · · · · · · ·
A. This committee is exempt from details expenditures total \$1,000 or less for the second s	ed disclosures because contribution	ns (including in-kind) recei	ved total \$1,000 or less AND
is true and that the committee has co			
and 10f must also be completed.)	·		an Discoult Flot. (Reins Tod., 10e.
B. This committee is required to file a de \$1,000 and/or expenditures total more	tailed financial disclosure because	contributions (including in	-kind) received total more than
in this statement is true and that the for required to be reported by political car			
			···
	Tryong 614	M1691-	14.20.10
-	signature of po	Olitical treasurer	10-29-18
			date
9. WITNESS SIGNATURE	0		
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	May Man		10000
_	7 1400 /1/41//	- 7 11	10-27-18
	signature	e of witness	date
10. SUMMARY			
a. BALANCE ON HAND LAST REPORT		4 (-00
a. BALANCE ON HAND LAST REPORT		\$ <u>/, ></u>	
b. TOTAL RECEIPTS THIS PERIOD	А.М. Р	M e ===	_ : 0
	OCT 3 0 2 0 18		
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>}, </u>	
d. BALANCE ON HAND (10 a plus 10 b Fal	SUMNER COUNTY		1,500
d. BALANCE ON HAND (10.a. plus 10.b.	TEW HON-COMMISSIO)N	\$
e. TOTAL LOANS OUTSTANDING			0
			\$
f. TOTAL OBLIGATIONS OUTSTANDING			. 0
		***************************************	\$

SUMMARY PAGE - PAC

11. NAME OF COMMITTEE (In Full)	12. REPORT COV	12. REPORT COVERING THE PERIOR		
Red Pac	FROM 10-1-/F	TO: 10 - 27 - 15		
RECEIPTS 13. CONTRIBUTIONS (other than loans and interest)				
a. Uniternized 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 13.a. and 13				
14. LOANS RECEIVED THIS REPORTING PERIOD				
15. INTEREST RECEIVED THIS REPORTING PERIOD				
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)				
DISBURSEMENTS				
17. EXPENDITURES (other than loan payments)				
a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed asoline)	ed by catogony or a prin	time and		
gasoline)	ed by category - e.g., prin	ung, postage,		
<u> </u>	-			
 \$	<u>. </u>			
				
	-			
\$				
Total of Expenditures (\$100 or less each payee)	\$	_		
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 3,000			
c. Independent Expenditures	\$	-		
d. TOTAL EXPENDITURES (other than loan repayments)(add 17.a., 17.b. and 17.	\$ 7,000			
18. LOAN REPAYMENTS MADE THIS PERIOD				
19. TOTAL DISBURSEMENTS (add 17.d. and 18.) (must be shown in item 10.c.).				
20. 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 20.a. and 2				
21.LOANS				
LOANS OUTSTANDING (must be shown in item 10.e.)		s •		
22. OBLIGATIONS				
a. Unitemized Obligations Outstanding (\$100 or less each)	\$			
b. Itemized Obligations Outstanding (Over \$100 each)				
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i		-		
	NOTE IN TO A COMMISSION OF THE PARTY OF THE	. v		

ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE	2000			2. REPORT COVE	ERING THE PERIO
	Zed P	9<			TO: 10-27-10
14. COMPLETE THE APPROPRIA	TE ITEMS FOR	EACH ITEMIZED EVEC	(enter \$0 if first itemized page) NDITURE (expenditures totaling more than \$100 to the number of the expenditure (e.g., and the expenditu		Amount
the purpose of expenditure section First Name	n.	e Name	the purpose of the experioritine (e.g. postage, pr	inting) along with the ca	andidate's name in
Last Name/Business Name	IFROU		Purpose of Expenditure		Amount of Expenditure
Committee to elect Fric Sitter		campaign cont	3, 60 0 Date of Expenditure		
Address 219 Har City Henderianvill	State T	Zip Code 27-75	_		10-29-28
First Name	Middle	Name	Purpose of Expenditure		mount of Expenditure
Last Name/Business Name					on Expension
Address					
City					ate of Expenditure
	State	Zip Code			
First Name	Middle	Name	Purpose of Expenditure		mount of Expenditure
ast Name/Business Name			- 		
Address			- 		
Zity	State	Zip Code		Di	ate of Expenditure
	- Cale	21р Соов			
irst Name	Middle N	lame	Purpose of Expenditure	An	nount of Expenditure
ast Name/Business Name			-		
ddress				<u> </u>	
ity	100	12		Pa	te of Expenditure
	State	Zip Code			
rst Name	Middle N	ame	Purpose of Expenditure	Am	ount of Expenditure
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dress			-		
y	l pur	17.0		Dai	e of Expenditure
· 	State	Zip Code			
st Name	Middle Na	me	Purpose of Expenditure	Āmo	ount of Expenditure
st Name/Business Name			+		}
iress	<u> </u>		1	Data	of Expenditure
	State	Zip Code	_	Date	o cyclestinis
		i —			
Carry forward to item 3. of next par	ge if additional p	ages of this form are used	1.)	7	,000
(If this is the last page of campaign SS-1119-E (Rev. 1/00)	expenditures, thi	s amount must be shown		nf 7	,