### **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

#### For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAMEOFCA	NDIDATE OR COMMITTE	E	
1-21-19	l Steu	e tann		
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE	<u> </u>
			11-6-18	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	State	Zip Code	Phone
1010 Browns Lane C	allation	Tu	_	5-967-6885
4.b. CANDIDATE'S HOME ADDRESS (if different	t than 4.a.)			J 101 00 20
Street or Rural Route	City	State	Zip Code	Phone
COSTICE SOUGHT (Included district combon)	f andiapha)	6. NAME OF POLITI	CAL TREASURER (may be	andidata)
5. OFFICE SOUGHT (include district number, i	applicable)	Daniel		candidate)
Lautin Aldermanat Lar	<u> </u>	1 tarret	<u>ben</u>	
	FOURTH	PRE- PRE	- MID-YEAR	YEAR-END
QUARTER QUARTER QUARTER	FOURTH QUARTER	PRIMARY GENER	RAL SUPPLEMENTAL	SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD		8.b. ENDING DATE OF	REPORTING PERIOD	
10-28-18		1-15-19	. <u></u>	
9. (Check one)				
a. This campaign is exempt from details tures total \$1,000 or less for this rep				00 or less AND expendi-
	, ,		,	14 4 4 4 4 4 8 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<ul> <li>b. This campaign is required to file a defand/or expenditures total more than</li> </ul>			ons (including in-kind) receiv	ed total more than \$1,000
	•			
10. I/we do solemnly swear or affirm that the i	nformation contained	in this campaign financi	al disclosure report is true	and that this report is an
accurate accounting of campaign contributi Financial Disclosure Act. Additionally, I/we	ons and expenditures swear or affirm that a	s required to be reported no campaign contributior	by the candidate committee as have been expended for	e by the Campaign the personal financial
benefit of the candidate or for any other no				
$\Box \bullet \Box \Box$	1 5- 13	T	() $()$ $()$ $()$ $()$	1 1/2 Jak
signature of candidate	1 25 - 1 y		ture of political treasurer	A TOP
signature of carolidate	date	Signa	tare or political troubards	00:00
11. WITNESS SIGNATURE				
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		$\sim$	$\star$	1 7 2 10
Dura ) pling	1-22-19	<u> </u>	46 Demical	1.93.14
signature of witness	date		signature of witness	date
12. SUMMARY				
	A.M.	P.M	ia s 1661.05	,
a. BALANCE ON HAND LAST REPORT	Αb	N-2-4-KEG-U <b>20</b>	1961,00	<del>'</del>
b. TOTAL RECEIPTS THIS PERIOD		=R-COHNTY	s <u></u>	_
	FLECTION	COMMISSION	and the second s	ا ا
c. TOTAL DISBURSEMENTS THIS PERIOD			\$ 14Q	2
d. BALANCE ON HAND (12.a. plus 12.b.)	minus 12.c.)			s_ <del>-0-</del>
e. TOTAL LOANS OUTSTANDING				1545891
			· · · · · · · · · · · · · · · · · · ·	<u> </u>
f, TOTAL OBLIGATIONS OUTSTANDING				\$

## SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
Steve Fann	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.)	
16. LOANS RECEIVED THIS REPORTING PERIOD	
17. INTEREST RECEIVED THIS REPORTING PERIOD	s <u></u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	s_ <del>-0</del>
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	e.g., printing, postage, gasoline)
\$	Panus etha
handing out campaign literature labors 200	ഹാ
\$\$	
\$	
\$	
\$	
s	<del></del>
s	<del>.      </del>
	- <del></del>
Total of Expenditures (\$100 or less each payee)	s <u>200.00</u>
b. Itemized Expenditures (Over \$100 each payee this period)	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	s 1661.05
20. LOAN REPAYMENTS MADE THIS PERIOD	s <del></del>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	s 1661.05
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.)\$
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u>-<del>0</del></u>
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 COM	AMITTEE	•	·	2. REPORT COVER				
3. TOTAL ITEMIZED CAMPAIGN C	Amount							
COMPLETE THE APPROPRIATE ITI			· · · · · · · · · · · · · · · · · · ·	<del></del>	1			
First Name	Middle Nan		Contribution Received For:					
Last Name/Organization Name	<u></u>		Primary Election	☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)				
Address			Runoff (Local Election					
City	State	Zip Code	Date of Contribution	Date of Contribution				
Occupation	<u></u>							
Employer								
First Name	Middle Na	me	Contribution Received For	:	Amount of Contribution			
Last Name/Organization Name			Primary Election C	General Election				
Address			Runoff (Local Election	ns Only)				
City	State	Zip Code	Date of Contribution	Date of Contribution				
Occupation	<b></b>		<del>-</del>					
Employer	<del>~- ~</del>							
First Name	Middle Nan	me	Contribution Received For	Contribution Received For:				
Last Name/Organization Name			Primary Election [	Primary Election General Election				
Address		<del></del>	Runoff (Local Election					
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation								
Employer								
First Name	Middle Nar	me	Contribution Received For:	Contribution Received For:				
Last Name/Organization Name	<u> </u>	<del></del>	Primary Election	☐ Primary Election ☐ General Election				
Address			Runoff (Local Election	ns Only)				
City	State	Zip Code	Date of Contribution	Date of Contribution				
Occupation								
Employer								
TOTAL ITEMIZED CONTRIBUT     (Carry forward to item 3. of next page if ac     (If this is the last page of contributions, this	dditional pages of this form a		)		0			
(ii uns is the last page of contributions, un	2 SELECTIVE FLORE DE 21/0MIL DE	i ilesti 150. Ot sulfilitary.						

## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COM	MITTEE			<del></del>	2. REPORT COVER					
Steve	Fann				FROM: 0 2818	TO: 1-15-19				
3. TOTAL ITEMIZED IN-KIND CON			PRECEDING PAGE	E (enter \$0 if first itemized page	e)	- <del></del>				
4. COMPLETE THE APPROPRIATE IT	EMS FOR EAC	CH ITEMIZE	ED IN-KIND CONTRI	BUTION (in-kind contributions totaling	more than \$100 from any con	tributor during the period)				
First Name	Middle Name			In-Kind Contribution Receive	In-Kind Contribution Received For:					
Last Name/Organization Name				Runoff (Local Election	Runoff (Local Elections Only)					
Address				Date of In-Kind Contribution	Date of In-Kind Contribution Aggregate this Election					
City	State Zip Code			Description of In-Kind Contribution						
Оссираtion	ation Employer									
First Name		Middle Nam	ne .	In-Kind Contribution Receive	ed For:  General Election	Value of In-Kind Contribution				
Last Name/Organization Name	<del></del>			Runoff (Local Election						
Address	<u> </u>			Date of In-Kind Contribution	one viny)	Aggregate this Election				
City State Zip Code				Description of In-Kind Contribution	n	<u> </u>				
Occupation	Employer	<u> </u>	!	-						
First Name		Middle Nan	me	III Valla Collection	In-Kind Contribution Received For:    Primary Election					
Last Name/Organization Name				Runoff (Local Electi	_					
Address				Date of In-Kind Contribution		Aggregate this Election				
City		State	Zip Code	Description of In-Kind Contribution	on	<u> </u>				
Occupation	Employer									
First Name		Middle Nar	me	In-Kind Contribution Recei	ved For: General Election	Value of In-Kind Contribution				
Last Name/Organization Name		<del></del>		Runoff (Local Elect						
Address				Date of In-Kind Contribution						
City		State	Zip Code	Description of In-Kind Contributi	<u></u>	<u> </u>				
Occupation	Employer	1	<u> </u>	$\neg$						
						heating at 12 Mark Company				
First Name		Middle Nan	ne	In-Kind Contribution Rece		Value of In-Kind Contribution				
Last Name/Organization Name		<u> </u>		Runoff (Local Elect						
Address				Date of In-Kind Contribution	<u> </u>	Aggregate this Election				
City		State	Zip Code	Description of In-Kind Contributi	on	<u></u>				
Occupation	Employer	<del>.  </del>								
5. TOTAL ITEMIZED IN-KIND C (Carry forward to item 3. of next page i			are used.)		<del></del>	P				
(If this is the last page of in-kind contrib	outions, this amo	unt must be s	shown in item 22b. of sun		Page 4 of 7					
636A					Dane 4 of /	RDA 1159				

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE					VERING THE PERIOD			
Steve Fan	Δ			FROM10-28-18	TO: 1-15-19			
3. TOTAL ITEMIZED CAMPAIGN EXPENDI	•	M PRECEDING PAGE	E (enter \$0 if first itemized page	ige)	-0-			
4. COMPLETE THE APPROPRIATE ITEMS FOR	R EACH ITEMIZ	ZED EXPENDITURE (e)	xpenditures totaling more than \$100	O to any payee during the pe	riod)			
	ne	Purpose of Expenditure	Amount of Expenditure					
First Name  Prince Management		printing		\$ 1092.50				
Last Name/Business Name 1112 Nashville Pike			<u> </u>  '		1			
Address			]					
City.	Gallatin State Zip Code TN 37066							
Gallatin	TN				Amount of Eventies			
First Name	Middle Nar	ne	Purpose of Expenditure	) wân l d e	Amount of Expenditure			
Lost Name/Business Name	 . ~		nail files, by	Chimen	368.55			
101 Commerce St. P.C	DOX.	<u> 300</u>	-					
Address		1	_					
City	State	Zip Code			1			
OshKash	<u> WI</u>	54901	Pumpes of Eventuality		Amount of Expenditure			
First Name	Middle Na	me 	Purpose of Expenditure		ount of Experiential			
Last Name/Business Name								
Address		<u> </u>	1					
	D1-1-	- Zin Corin	4					
City	State	Zip Code						
First Name	Middle Nar	THE	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name	1							
Address								
City	State	Zip Code						
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name	<del></del>	<del> </del>	7					
Address	<del></del>							
City	State	Zip Code	1					
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name			7					
Address	· ************************************							
City	State	Zip Code						
5. TOTAL ITEMIZED EXPENDITURES					1/11 1 ~~~			
(Carry forward to item 3. of next page if additional (If this is the last page of expenditures, this amoun	pages of this form of must be shown	n are used.) in item 19b, of summary.)			1461.05			

## **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE							2. REPORT COVERING THE PERIOD FROM: TO:				
Steve Fann							10	28 18	2		5:19
3. COMPLETE THE APPROP	PRIATE ITEMS F	OR EACH IT	EMIZ	ED LOAN (I	oans totaling n	nore than \$100 f	rom any source	during the pe	riod)	_	
Complete the Following for the S	ource of the Loan										
First Name	Middle Nan	ne		Outstanding L (Beginning o	ling Loan Balance Loans ning of Period) Received			Loan Payments		Outstanding Loan Balance (End of Period)	
Last Name/Organization Name	l.						ļ		<u> </u>		
Audicos			Loan Receive	<u> </u>							
City	State	Zip Code		Primary	Election  Local Elections		:lection :				
	 List All Endo	rsers or Guara	intors f	<u> </u>			please attach	a page)			
First Name		Middle Name			First Name		·		Middle I	łame	·
Last Name/Organization Name	<u> </u>	.)			Last Name/Or	ganization Nam	е				<del></del>
Address		<u> </u>			Address		<del></del>				<del></del>
City		State	Zip C	ode	City		·		State	7	Zip Code
Amount Guaranteed Outstanding	· · · · · · · · · · · · · · · · · · ·	<u> </u>	1		Amount Guaranteed Outstanding						
First Name Middle Name				First Name Middle Name							
				Last Name/Organization Name							
Last Name/Organization Name					Address						
Address					Address						
City	-	State	Zip C	Code	e City State				State		Lip Code
Amount Guaranteed Outstanding					Amount Guar	anteed Outstand	ding				
First Name		Middle Name	3		First Name				Middle	Name	
Last Name/Organization Name					Last Name/C	rganization Nam	ne				
Address	<del></del>		-		Address		<del></del>				
City		State	Zip (	Code	City			<del> </del>	State		Zip Code
Amount Guaranteed Outstanding					Amount Gua	anteed Outstan	ding			. 1	
First Name	<u>.</u>	Middle Nam	e		First Name		<u>-</u>		Middle	Name	
Last Name/Organization Name				Last Name/Organization Name		ne	<u> </u>				
Address					Address		<u> </u>			<del>-</del>	<u> </u>
City		State	Zip	Code	City				State		Zip Code
Amount Guaranteed Outstanding			<u> </u>		Amount Gua	ranteed Outstan	ding		<u> </u>	1	
4. Totals for all Loans (complete on last page of itemized loans)					Outstanding	Loan Balance g of Period)	Loans Received		oan vments		anding Loan Balance End of Period)
(Total loan payments should also b	(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.)					2891	-0-	4		<del>1 ''</del>	,428.91
1 ,											

### **ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVERING THE PERIOD				
Stove Fann		-		FROM: 10-28	-18 TO: 1	-15-19
3. COMPLETE THE APPROPRIATE ITEMS I		Outstanding Balance	Debt Incurred	Payments	Outstanding Balance	
OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)			(Beginning of Period)	This Period	This Period	(End of Period)
person/vendor at the end of the reporting p	enou)		<i>→</i>	***		T T
First Name	Middle Nar	ne				
Last Nama/Quainers Nama	ast Name/Business Name					
Last Railerousiness Name						
Address	~	•				
Ct.	State	Zip Code	4			
City	State	Zip code				
Description of Obligation	<u> </u>	1	<u></u>			
	T				r · · · · · · · · · · · · · · · · · · ·	
Ftrst Name	Middle Na	me				
Last Name/Business Name			-			
			_			
Address						
City	State	Zip Code	┨			
l out	• • • • • • • • • • • • • • • • • • •	,				
Description of Obligation					<del></del>	_
First Name	Middle Na	me				
			_		}	
Last Name/Business Name						
Address			7		1	
	T 5	In a .	-			
City	State	Zìp Code				
Description of Obligation						
First Name	Middle Na	me				
				İ		Í
Last Name/Business Name						
Address			┪		}	
			_		1	
City	State	Zip Code		[		
Description of Obligation	1	_l		<u> </u>	1	<u> </u>
First Name	Middle Na	me				
				-		
Last Name/Business Name			7		1	
Address			$\dashv$			
Address						
City	State	Zip Code				
Description of Other State		<u> </u>		.1	<u> </u>	
Description of Obligation						•
4. TOTALS				1		
(Total from Outstanding Balance - (End of Period)	column mus	st also be shown				
in item 23b. on summary page.)			$\theta$	6	0	0