

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 1/29/19	2.a. NAME OF CANDIDATE OR COMMITTEE THOMAS DILLARD		
2.b. IF COMMITTEE, NAME OF CANDIDATE THOMAS DILLARD	3. ELECTION DATE NOV, 6 2018		
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 1060 DEASY LN PORTLAND TN 37148 615-400-6459			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone 1060 DEASY LN PORTLAND TN 37148 615-400-6459			
5. OFFICE SOUGHT (include district number, if applicable)	6. NAME OF POLITICAL TREASURER (may be candidate) THOMAS DILLARD		
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input checked="" type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. ENDING DATE OF REPORTING PERIOD		
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.			
_____ signature of candidate	1/29/19 date	_____ signature of political treasurer	1/29/19 date
11. WITNESS SIGNATURE			
_____ signature of witness	1-29-19 date	_____ signature of witness	1-29-19 date
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT	FILED	\$	_____
b. TOTAL RECEIPTS THIS PERIOD	A.M. P.M.	\$	_____
c. TOTAL DISBURSEMENTS THIS PERIOD	JAN 25 REG'D	\$	_____
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	SUMNER COUNTY ELECTION COMMISSION	\$	_____
e. TOTAL LOANS OUTSTANDING		\$	_____
f. TOTAL OBLIGATIONS OUTSTANDING		\$	_____

