## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT	TI	DIDATE OR COMMITTEE		
2.b. IF COMMITTEE, NAME OF CANDIDATE	<u>Inamas</u>	Dillara	3. ELECTION DATE	
Thomas Dillard			11/1/18	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	State	Zip Code	Phone
1060 Dean Lane	portland	TN	37148	6154006459
4.b. CANDIDATE'S HOME ADDRESS (if differen Street or Rural Route	t than 4.a.) City	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if	applicable)	6. NAME OF POLITICAL TO THE STATE OF THE STA	TREASURER (may be	candidate)
7. CATEGORY OR REPORT (Check one)	FOURTH QUARTER F	PRE-PRIMARY GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
QUARTER QUARTER QUARTER  8.a. BEGINNING DATE OF REPORTING PERIOD  101111111111111111111111111111111111	QUARTER	8.b. ENDING DATE OF REPO		
9. (Check one)				
a. 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. 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.				
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.				
benefit of the Cartolidate of for any other no				2 103018
signature of candidate	10:50:18 date	signature	of political treasurer	date
Signator or current			<u> </u>	
11. WITNESS SIGNATURE	1-0/10	Ctarmi	a Decli/	allaclar
Stomle Pour	W/20/19	2101111	C PUUK_	1 <u>0 00 19</u>
signature of witness	date	signa	ature of witness	uate
12. SUMMARY		_		
a. BALANCE ON HAND LAST REPORT			\$	_
b. TOTAL RECEIPTS THIS PERIODA	1	<u>PM.</u>	s = 130 100	D
TOTAL DICPLIPERACTIFIC DEDICE	OCI 30201	<u></u>	\$	_
d. BALANCE ON HAND (12.a. plus 12.b)	HMNER COU	NTY NOISSN		s
				. 0
e. TOTAL LOANS OUTSTANDING				* <del></del>
f. TOTAL OBLIGATIONS OUTSTANDING				\$