## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

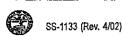
# For State and Local Candidates For Single-Candidate Committees

į į į	Siligle-Car	iuiuate (	<i>Million</i>	<del></del>	
1. DATE OF REPORT	2.a. NAMEOFC				
11-10-18	FRIENDS	TO ELE	CT DR	BILL TAYL	20
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DATE	
DR. BILL TAYLOR					
4.a. CAMPAIGN ADDRESS AND PHONE			<u> </u>		
Street or Rural Route	City		State	Zip Code	Phone
200 OAK HILL Ct. H	HENDERSON	JUILLE	71/	37075	615-824-1743
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	it than 4.a.) City		State	Zip Code	Phone
		•		-•	
5. OFFICE SOUGHT (include district number, i	f applicable)	6. NAME	OF POLITICAL	TREASURER (may be	candidate)
COUNTY COMMISSIONS	DIST	-		MTAYLOR	
7. CATEGORY OR REPORT (Check one)	_/2	<u> </u>	1 11 CL   A	NC IN TUNE	
		PRE-	PRE-	LI LI	
FIRST SECOND THRD QUARTER QUARTER QUARTER	FOURTH QUARTER	PRIMARY	GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD	95		DATEOFREPO	ORTING PERIOD	
APRIL 22, 2018		Ju	LY 10,8	018	
9. (Check one)	-	<u> </u>			
a. This campaign is exempt from detaile	d diedneum bace.	ea contributions	(including in bi	ind) received total #4 5	OO or lose AND avandi
tures total \$1,000 or less for this repo					OU OF IESS AIN D EXPERIM
	4-71		المسالد علامه الم		
<ul> <li>b.</li></ul>			CONTIDUTIONS (I	nciuaing in-kina) receiv	ed total more than \$1,000
					<del></del>
10. I/we do solemnly swear or affirm that the ir accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other nor signature of candidate.	ons and expenditure swear or affirm that	s required to b no campaign o	e reported by the contributions has federal internal	ie candidate committe ve been expended for	by the Campaign
11. WITNESS SIGNATURE					
signature of witness	M1018		U L	Strand ture of witness	
12. SUMMARY				-	
		<b>'</b>		U 135 2	<u>o</u>
a. BALANCE ON HAND LAST REPORT			***********	\$ 11, 875	-
		P.M			
		P.181	•	. 6	
b. TOTAL RECEIPTS THIS PERIOD	1 -	*********	• •••••• <del>••••</del> •••	;	- /DOID BACK
Α		5018	***************************************	.s <u>. 11, 275</u>	PAID BACK
b. TOTAL RECEIPTS THIS PERIOD	لاللالمالية	2018	*************************	.s <u>11, 275 35</u>	PAID BACK LOAN TO CANDIDAT
c. TOTAL DISBURSEMENTS THIS PERIOD. d. BALANCE ON HAND (12.a. plus 12.b. n	ninus 184NER	2018	*************************	s 11,275 35	PAID BACK LOAN TO CANDIDAT
c. TOTAL DISBURSEMENTS THIS PERIOD. d. BALANCE ON HAND (12.a. plus 12.b. n	ninus 184NER	5018	*************************	s 11, 275 35	PAID BACK LOAN TO CANDIDAT
c. TOTAL DISBURSEMENTS THIS PERIOD. d. BALANCE ON HAND (12.a. plus 12.b. n	لاللالمالية	2018	*************************	; <u>11, 275</u> 35	PAID BACK LOAN TO CANDIDAT
c. TOTAL DISBURSEMENTS THIS PERIOD.  d. BALANCE ON HAND (12.a. plus 12.b. n	ninus 184NER	2018	********************	s 11,275 35	PAID BACK LOAN TO CANDIDAT



#### **SUMMARY PAGE - CANDIDATE**

	· · ·	
13. NAME OF CANDIDATE OR COMMITTEE (In Full)		ERING THE PERIOD
F.WILLIAM TAYWR	FROM: 4-22-18	TO: 6-15-1B
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 Ioans and interest)(add 15.a. and 15.b.)	***************************************	\$
16. LOANS RECEIVED THIS REPORTING PERIOD	••••••	\$
17. INTEREST RECEIVED THIS REPORTING PERIOD		\$
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		\$
DISBURSEMENTS		
19. EXPENDITURES (other than loan payments)	-	•
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.ç	ي., printing, postage,	gasoline)
<u> </u>		
\$		
<u> </u>		
\$	<del></del>	
· \$	<del></del>	
\$		
<b>\$</b> `	<u>_</u>	
\$		
\$		
Total of Expenditures (\$100 or less each payee)	.\$60	
b. Itemized Expenditures (Over \$100 each payee this period)	s 1525 =	- 60
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		\$ 1525
20. LOAN REPAYMENTS MADE THIS PERIOD (PAID BACK TO CAN DIC		
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		\$ 11, 275
22.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 22.a. and 22.b.)		\$
23. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	\$	
b. Itemized Obligations Outstanding (Over \$100 each)	\$	-
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	12.f.)	\$



#### ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER	
F. WILLIAM TAX	ے ص			FROM: 4-22-15	TO: 6-10-15
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT			GE (enter \$0 if first itemized pages		Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR E					)
First Name	Middle Nam		Contribution Received For:	Amount of Contribution	
Last Name/Organization Name	<u>l.</u>	u	Primary Election	General Election	
Address		Runoff (Local Election			
City	State	Zip Code	Date of Contribution	Aggregate This Election	
Occupation	-				
Employer			4		
First Name	Middle Nam	ne	Contribution Received For:		Amount of Contribution
Last Name/Organization Name	1		Primary Election	General Election	
Address	<u> </u>		Runoff (Local Election	s Only)	
City	State .	Zip Code	Date of Contribution		Aggregate This Election
Occupation	<u> </u>	<u> </u>	1		
Employer			1		
First Name	Middle Nam	e	Contribution Received For:	Amount of Contribution	
Last Name/Organization Name	<u> </u>		Primary Election	General Election	
Address	_		Runoff (Local Election		
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation	<u> </u>				
Employer				•	
First Name	Middle Nam	ė	Contribution Received For:		Amount of Contribution
Last Name/Organization Name	1	<del></del> .	Primary Election	General Election	
Address		Runoff (Local Election	s Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer					
TOTAL ITEMIZED CONTRIBUTIONS     (Carry forward to item 3. of next page if additional pages     (If this is the last page of contributions, this amount must	of this form a	re used.) tern 15b. of summary.)			D

#### ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITT	RING THE PERIOD							
F. WILLIAM TA	FROM: 4 - 22 -1 8	TO: 6-10-18						
3. TOTAL ITEMIZED IN-KIND CONTRIBU	enter \$0 if first itemized page	)	Amount					
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:  Primary Election General Election  Value of In-Kind Contribution					
Last Name/Organization Name			☐ Runoff (Local Elections Only)					
Address			Date of In-Kind Contribution	of In-Kind Contribution Aggregate this Election				
City State Zip Code			Description of In-Kind Contribution					
Occupation Emplo	yer		]					
				•				
First Name	Middle Na	me	In-Kind Contribution Received Primary Election	d For: General Election	Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Election	ns Only)	,			
Address		-	Date of In-Kind Contribution		Aggregate this Election			
City	Zip Code	Description of In-Kind Contribution						
Occupation Emplo		1		į				
					Value of In-Kind Contribution			
First Name Middle Name			In-Kind Contribution Received Primary Election	d For: Deneral Election	Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Election	ns Only)				
Address		Date of in-Kind Contribution		Aggregate this Election				
City State Zip Code		Description of In-Kind Contribution						
Occupation Emplo	yer		].					
					W 1			
First Name	Middle Na	me	In-Kind Contribution Received Primary Election	d For: General Election	Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Election	ns Only)				
Address			Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution					
Occupation Emplo	yer		· ·					
					[V-1			
First Name	Middle Nar	m <del>e</del>	In-Kind Contribution Receive	ed For: General Election	Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Election	s Only)	·			
Address			Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution					
Occupation Emplo	yer	<del></del>	]					
5. TOTAL ITEMIZED IN-KIND CONTRIB					2-			
(Carry forward to item 3. of next page if additional (If this is the last page of in-kind contributions, this	pages of this form amount must be s	у.)		6				

## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	RING THE PERIOD					
F. WILLIAM TAYLO	FROM: 4.22.18	TO: 6-10-18				
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	IRES FRO			ge)	Amount 40 11,525	
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMI	ZED EXPENDITURE (e	xpenditures totaling more than \$100	to any payee during the per	rloď)	
First Name	Middle Name		Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name Fox PRINTING			MAILERS		1,525 9	
Address						
City	State	Zip Code	· · · · · · · · · · · · · · · · · · ·			
First Name	Irst Name Middle Name				Amount of Expenditure	
Last Name/Business Name	•		]			
Address						
City	State	Zip Code				
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	J					
Address						
City	State	Zip Code	·			
First Name Middle Name			Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name	Middle Nam	De .	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	-					
Address						
City	State	Zip Code				
First Name	Middle Name				Amount of Expenditure	
Last Name/Business Name	Last Name/Business Name				·	
Address						
City	State	Zip Code		·		
TOTAL ITEMIZED EXPENDITURES  (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount must	of this form a t be shown in	ve used.) item 19b. of summary.)			#1525 <sup>69</sup>	

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

Section   Control   Cont	1. NAME OF CANDIDATE OR CO	MMITTEE								COVE		HE PERIOD
Correlete the Following for the Source of the Loan Filed Name Address City State Filed Name Filed Name Filed Name Filed Name Middle Name Filed Name Address City State Filed Name Filed Name Filed Name Address City State Filed Name Filed Name Filed Name Address City State Filed Name Filed Name Filed Name Address City State Filed Name Filed Name Address Address City State Filed Name Filed Name Filed Name Address City State Filed Name Filed Name Filed Name Address City State Filed Name Filed Name Filed Name Address City State Filed Name Filed Name Filed Name Filed Name Address City State Filed Name Filed Name Filed Name Filed Name Filed Name Address City State Filed Name Filed Name Filed Name Filed Name Filed Name Filed Name Address City State Filed Name Filed Nam	FROM: T							TO:	16-18			
First Name   Middle Name   Cottismering Lame Balance   Loan   L	3. COMPLETE THE APPROPRIAT	E ITEMS F	OR EACH I	TEMIZ	ZED LOAN	loans totaling n	nore than \$10	0 from any sour	ce during the p	eriod)	<u> </u>	10-18
First Name   Middle Name   Cottismering Lame Balance   Loan   L			•									
Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Address  City State Zip Code  Amount Guaranteed Outstanding  Amount Guaranteed Outst	First Name		nė							Or		
Address  City State	Last Name/Omanization Name		•		1	·		~   '	aymonts		(=130.0	T Fellow)
Primary Election   General Election   BEGAN   20 Code   Primary Election   General Election   ROLL LOND TO SPLE	1 == 132121					020	-0				L	<i></i>
List All Endorsers or Guarantors for Above Loan (ff more space is needed please attach a page)   First Name	Address Loan Rece								1			
List All Endorsers or Guarantors for Above Loan (ff more space is needed please attach a page)   First Name	City	State	Zip Code		l			l Election				wa ca 6
First Name  Last Name/Organization Name  Last Name/Organization Name  Address  Address  Ancunt Guaranteed Outstanding  Ancunt Guaranteed Outstanding  Last Name/Organization Name  Last Name/Organization Name  Middle Name  Middle Name  Last Name/Organization Name  Last Name/Organization Name  Address  City  State  Zip Code  City  State  Address  City  State  Zip Code  City  State  Zip Code  City  State  Zip Code  City  State  Zip Code  Ancount Guaranteed Outstanding  Ancount	• •				<u> </u>			4 -l <b>n</b>		1 4	, K.	10 320
Last Name/Organization Name  Address  Address  City State Zip Code City Amount Guaranteed Outstanding Amount Guaranteed Outstanding First Name Middle Name Last Name/Organization Name Last Name/Organization Name Last Name/Organization Name Address City State Zip Code City State Zip Code City State Zip Code Amount Guaranteed Outstanding Amount Guaranteed Outstanding First Name Middle Name  Last Name/Organization Name Address City State Zip Code 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 City State Zip Code City City City City City City City City		St All Endor			or Above Loa		ce is neede	d please attac	n a page)	l Middle	e Name	
Address City State Zip Code City State Zip Code Annount Guaranteed Outstanding First Name Middle Name First Name Middle Name Middle Name Last Name/Organization Name Address Address City State Zip Code City State Zip Code Annount Guaranteed Outstanding Annount Guaranteed Outstanding Annount Guaranteed Outstanding First Name Middle Name First Name Middle Name Middle Name Last Name/Organization Name Last Name/Organization Name Last Name/Organization Name Address City State Zip Code City State Zip Code City State Zip Code Annount Guaranteed Outstanding First Name Middle Name First Name Middle Name Last Name/Organization Name Address City State Zip Code City State Zip Code Annount Guaranteed Outstanding			Minning Livering							, marcus	o Ivanio	
City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name  First Name Middle Name  Last Name/Organization Name  Last Name/Organization Name  Address  City State Zip Code  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  First Name  Middle Name  First Name  Middle Name  First Name  Middle Name  Last Name/Organization Name  Last Name/Organization Name  Address  City State Zip Code  City State Zip Code  Amount Guaranteed Outstanding  First Name  Middle Name  Last Name/Organization Name  Last Name/Organization Name  Address  City State Zip Code  City State Zip Code  Amount Guaranteed Outstanding  First Name  Middle Name  Last Name/Organization Name  Last Name/Organization Name  Address  City State Zip Code  Amount Guaranteed Outstanding  Amount Guar	Last Name/Organization Name					Last Name/Org	janization Na	me				
Amount Guaranteed Cutstanding  Amount Guaranteed Cutstanding  First Name  Middle Name  Last Harnel/Organization Name  Last Harnel/Organization Name  Address  City  State  Zip Code  City  State  Zip Code  Amount Guaranteed Cutstanding  First Name  Middle Name  First Name  Middle Name  Last Name/Organization Name  Last Name/Organization Name  Address  City  State  Zip Code  Amount Guaranteed Cutstanding  Amount	Address	-				Address						
First Name Middle Name First Name Middle Name  Last Name/Crganization Name  Address  Address  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name First Name Middle Name  Last Name/Organization Name  Last Name/Organization Name  Middle Name Last Name/Organization Name  Address  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  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  Last Name/Organization Name  Address  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name  Last Name/Organization Name  Address  City State Zip Code  City State Zip Code  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  Arount Guaranteed Outstanding	City		State	Zip Co	ode	City				State		Zip Code
Last Name/Crganization Name  Address  Address  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  First Name Middle Name  Last Name/Crganization Name  Address  City State Zip Code City State Zip Code  Anount Guaranteed Outstanding  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  First Name  Address  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  First Name Middle Name  Address  City State Zip Code  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  Address  City State Zip Code  Anount Guaranteed Outstanding  Address  City State Zip Code  Address  City State Zip Code  Amount Guaranteed Outstanding  Arount Guaranteed Outstanding	Amount Guaranteed Outstanding			1		Amount Guara	nteed Outstan	ding		<del></del>		
Address  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  First Name Middle Name Frist Name Middle Name  Last Name/Organization 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  First Name Middle Name  Last Name/Organization Name  Address  City State Zip Code  City State Zip Code  City State Zip Code  Amount Guaranteed Outstanding	First Name Middle Name				First Name Middle Name							
City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  First Name Middle Name  Last Name/Organization Name  Address  Address  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  First Name Middle Name  First Name Middle Name  Last Name/Organization Name  Last Name/Organization Name  Address  City State Zip Code  City State Zip Code  Address  City State Zip Code  Outstanding  Anount Guaranteed Outstanding  Address  City State Zip Code  Outstanding  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  Address  City State Zip Code  Outstanding  Outstanding  Outstanding  Outstanding Loan Balance Complete on last page of itemized loans)  (Total loans received should also be shown in Item 15. on surmary page.)  (Total loans received should also be shown in Item 15. on surmary page.)  Outstanding Loan Balance Complete Outstanding Complete on Received Payments should also be shown in Item 15. on surmary page.)	Last Name/Organization Name				Last Name/Organization Name							
Amount Guaranteed Outstanding  First Name  Middle Name  First Name  Last Name/Organization Name  Last Name/Organization Name  Address  City  State  Zip Code  City  Amount Guaranteed Outstanding  First Name  Middle Name  First Name  Middle Name  First Name  Middle Name  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Address  City  State  Zip Code  Amount Guaranteed Outstanding  Address  City  State  Zip Code  City  State  Zip Code  City  State  Zip Code  City  State  City  City  State  City  Code  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  City  City  State  City  State  City  City  City  State  City	Address					Address			,			
First Name  Last Name/Organization Name  Last Name/Organization Name  Address  Address  Address  City  State  Zip Code  City  Amount Guaranteed Outstanding  First Name  Middle Name  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Address  City  State  Zip Code  City  State  Zip Code  City  State  Zip Code  City  State  City  State  City  State  Doubtanding  Amount Guaranteed Outstanding  Address  City  Outstanding Loan Balance  (End joining of Period)  Received  Payments  Outstanding Loan Balance  (End of Period)  Received  Payments	City		State	Zip Co	xde	City				State		Zip Code
Last Name/Organization Name  Last Name/Organization Name  Address  Address  City  State  Zip Code  City  Amount Guaranteed Outstanding  Amount Guaranteed Cutstanding  First Name  It is Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  City  State  Zip Code  Address  Address  Address  City  State  Zip Code  City  State  Zip Code  City  State  Zip Code  Outstanding  Amount Guaranteed Outstanding  Outstanding  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  Outstanding Loan Balance  (Fortal loans received should also be shown in Item 16. on summary page.)  (Fortal loans received should also be shown in Item 20. on summary page.)  (Fortal loans received should also be shown in Item 20. on summary page.)  Outstanding Loan Balance  (Reginning of Period)  Received  R	Amount Guaranteed Outstanding					Amount Guarar	nteed Outstan	ding				
Address  City  State  Zip Code  City  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  First Name  Middle Name  Last Name/Organization Name  Last Name/Organization Name  Address  City  State  Zip Code  City  Amount Guaranteed Outstanding  City  City  State  Zip Code  City  State  Zip Code  City  City  State  Zip Code  City  City  State  Zip Code  Amount Guaranteed Outstanding  City  City  State  Zip Code  Amount Guaranteed Outstanding  City  City	First Name		Middle Name			First Name				Midd	le Name	
City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  Amount Guaranteed Cutstanding  First Name Middle Name  Last Name/Organization Name  Last Name/Organization Name  Address  Address  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  Outstanding Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.) (Beginning of Period) Received Payments (End of Period) (Fotal loan payments should also be shown in item 20. on summary page.)	Last Name/Organization Name					Last Name/Organization Name						
Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  First Name  Middle Name  Last Name/Organization Name  Last Name/Organization Name  Address  Address  City  State  Zip Code  City  City  State  Zip Code  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  Outstanding Loan Balance  (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 loan payments should also be shown in item 20. on summary page.)	Address					Address						
First Name  Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  Address  Address  City  State  Zip Code  City  State  Zip Code  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  4. Totals for all Loans (complete on last page of itemized loans) (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 loan payments should also be shown in item 20. on summary page.)	City		State	Zip Co	xde	City		<del></del>		State	1	Zip Code
Last Name/Organization Name  Address  City  State  Zip Code  City  State  Zip Code  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  4. Totals for all Loans (complete on last page of itemized loans) (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 loan payments should also be shown in item 20. on summary page.)	Amount Guaranteed Outstanding			<u>.                                    </u>		Amount Guaran	teed Outstand	ing				•
Address  City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  4. Totals for all Loans (complete on last page of itemized loans) (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 loan payments should also be shown in item 20. on summary page.)	First Name		Middle Name			First Name Middle Name						
City State Zip Code City State Zip Code  Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  4. Totals for all Loans (complete on last page of itemized loans) (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 loan payments should also be shown in item 20. on summary page.)	Last Name/Organization Name		<u> </u>		· · · · · · · · · · · · · · · · · · ·	Last Name/Organization Name						
Amount Guaranteed Outstanding  Amount Guaranteed Outstanding  4. Totals for all Loans (complete on last page of itemized loans)  (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.)	Address				Address							
4. Totals for all Loans (complete on last page of itemized loans) (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 loan payments should also be shown in item 20. on summary page.)	City		State	Zip Co	de	City				State		Zip Code
(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 loan payments should also be shown in item 20. on summary page.)	Amount Guaranteed Outstanding				-	Amount Guaran	teed Outstand	ling				
(Total loan payments should also be shown in Item 20. on summary page.)												•
	(Total loan payments should also be shown in	item 20. on st	ımmary page.)		į				<u> </u>	1140	1	



#### ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD						
F.WILLIAM TAY			FROM: 4,22-1		TO: 6-10-18		
3. COMPLETE THE APPROPRIATE ITEMS F	Outstanding Balance	Debt Incurred	Payments This Period	Outstanding Balance			
OBLIGATION (obligations totaling more than person/vendor at the end of the reporting per	1 \$100 OW: eriod\	ed to any	(Beginning of Period)	This Period	This Period	(End of Period)	
	7		1 0				
First Name	Middle Nac	ne					
Last Name/Business Name	<u>.                                    </u>	<del> </del>					
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Middle Nar	me					
Last Name/Business Name					·		
Address	1 &						
City	State	Zip Code	-		<u> </u>		
Description of Obligation							
First Name	Middle Name						
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation					·		
First Name	Middle Nar	ne					
Last Name/Business Name					i		
Address							
City	State .	Zip Code					
Description of Obligation							
First Name	Middle Nar	ne					
Last Name/Business Name	1	<u>. '</u>					
Address							
City	State	Zip Code	<u> </u>				
Description of Obligation							
TOTALS     (Total from Outstanding Balance - (End of Period) c     in item 23b. on summary page.)	olumn mus	t also be shown		·		0	