**CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For State and Local Candidates
For Single-Candidate Committees

1. **DATE OF REPORT**
   - June 30, 2018

2.a. **NAME OF CANDIDATE OR COMMITTEE**
   - David W. Satterfield

2.b. **IF COMMITTEE, NAME OF CANDIDATE**

3. **ELECTION DATE**

4.a. **CAMPAIGN ADDRESS AND PHONE**
   - 1976 Hartselle Pk, Gallatin, TN 37066
   - Phone: 615-457-6164

4.b. **CANDIDATE'S HOME ADDRESS (if different than 4.a.)**
   - Same

5. **OFFICE SOUGHT (include district number, if applicable)**
   - Com. Commission 3rd Dist

6. **NAME OF POLITICAL TREASURER (may be candidate)**
   - Same

7. **CATEGORY OR REPORT (Check one)**
   - ☑ 3rd Quarter

8.a. **BEGINNING DATE OF REPORTING PERIOD**
   - March 31, 2018

8.b. **ENDING DATE OF REPORTING PERIOD**
   - April 1, 2018

9. **CHECK ONE**
   - ☑ 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.
   - ☐ This campaign is exempt from detailed disclosure due to contributions received total $1,000 or less and expenditures total $1,000 or less 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.**

   David W. Satterfield  June 30, 2018

   signature of candidate

   date

   David W. Satterfield  June 30, 2018

   signature of political treasurer

   date

11. **WITNESS SIGNATURE**
   - Cindy Castell  6-30-18

   signature of witness

   date

   Cindy Castell  6-30-18

   signature of witness

   date

12. **SUMMARY**
   - a. BALANCE ON HAND LAST REPORT  $ 0
   - b. TOTAL RECEIPTS THIS PERIOD  $ 0
   - c. TOTAL DISBURSEMENTS THIS PERIOD  $ 143,445
   - d. BALANCE ON HAND (12.a plus 12.b minus 12.c)  $ 0
   - e. TOTAL LOANS OUTSTANDING  $ 163,414
   - f. TOTAL OBLIGATIONS OUTSTANDING  $ 0

   SUMNER COUNTY ELECTION COMMISSION

   SS-1109 (Rev. 2005)  Page 1 of ___  RDA 1159
**SUMMARY PAGE - CANDIDATE**

13. NAME OF CANDIDATE OR COMMITTEE (In Full)
   ____________

14. REPORT COVERING THE PERIOD
   FROM ___________________ TO ___________________

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 $ __________

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.g., printing, postage, gasoline)
      ________________ ________________ ________________ ________________ ________________ ________________ ________________ ________________ ________________
      QUALITY PRINTING $ __________
      GASOLINE $ __________
      ________________ ________________ ________________ ________________ ________________ ________________ ________________ ________________ ________________
      Total of Expenditures ($100 or less each payee) $ __________
   b. Itemized Expenditures (Over $100 each payee this period) $ __________
   c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) $ __________

20. LOAN REPAYMENTS MADE THIS PERIOD $ __________

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) $ __________

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 in item 12.f.) ____________
ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE

2. REPORT COVERING THE PERIOD
   FROM: ___________________________ TO: ___________________________

3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter $0 if first itemized page)

4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than $100 from any contributor)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Contribution Received For:</th>
<th>Amount of Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Primary Election</td>
<td>General Election</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Runoff (Local Elections Only)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name/Organization Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Occupation</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employer</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Contribution Received For:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Election</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount of Contribution</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Contribution</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Aggregate This Election</th>
</tr>
</thead>
</table>

5. TOTAL ITEMIZED CONTRIBUTIONS
   (Carry forward to Item 3. of next page if additional pages of this form are used.)
   (If this is the last page of contributions, this amount must be shown in Item 15b. of summary.)

SS-1131 (Rev. 2/06)
ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE

2. REPORT COVERING THE PERIOD
   FROM:  
   TO:  

3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter $0 if first itemized page)

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:  Value of In-Kind Contribution
   Last Name/Organization Name  
   Address  
   City  State  Zip Code  Description of In-Kind Contribution
   Occupation  Employer

   First Name  Middle Name  In-Kind Contribution Received For:  Value of In-Kind Contribution
   Last Name/Organization Name  
   Address  
   City  State  Zip Code  Description of In-Kind Contribution
   Occupation  Employer

   First Name  Middle Name  In-Kind Contribution Received For:  Value of In-Kind Contribution
   Last Name/Organization Name  
   Address  
   City  State  Zip Code  Description of In-Kind Contribution
   Occupation  Employer

   First Name  Middle Name  In-Kind Contribution Received For:  Value of In-Kind Contribution
   Last Name/Organization Name  
   Address  
   City  State  Zip Code  Description of In-Kind Contribution
   Occupation  Employer

   First Name  Middle Name  In-Kind Contribution Received For:  Value of In-Kind Contribution
   Last Name/Organization Name  
   Address  
   City  State  Zip Code  Description of In-Kind Contribution
   Occupation  Employer

5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS
   (Carry forward to item 3 of next page if additional pages of this form are used)
   (If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)

SS-1128 (Rev. 2/05)  Page of  RDA 1159
**ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE**

<table>
<thead>
<tr>
<th>1. NAME OF CANDIDATE OR COMMITTEE</th>
<th>2. REPORT COVERING THE PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FROM: TO:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter $0 if first itemized page)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than $100 to any payee during the period)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Last Name/ Business Name</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Last Name/ Business Name</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Last Name/ Business Name</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Last Name/ Business Name</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>City</td>
</tr>
</tbody>
</table>

| 5. TOTAL ITEMIZED EXPENDITURES | |
| (Carry forward to Item 3, if next page if additional pages of this form are used) |
| (If this is the last page of expenditures, this amount must be shown in Item 15b, of summary) |

SS-1129 (Rev. 4/02)
ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE

2. REPORT COVERING THE PERIOD
   FROM:  
   TO:  

3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than $100 from any source during the period)

   Complete the Following for the Source of the Loan

   First Name  
   Last Name/Organization Name  
   Middle Name  
   Outstanding Loan Balance (Beginning of Period)  
   Loans Received  
   Loan Payments  
   Outstanding Loan Balance (End of Period)  
   Date of Loan  
   Address  
   City  
   State  
   Zip Code  
   Loan Received For:  
   Primary Election  
   General Election  
   Runoff (Local Elections Only)  

   List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)

   First Name  
   Last Name/Organization Name  
   Middle Name  
   Address  
   City  
   State  
   Zip Code  
   Amount Guaranteed Outstanding  

   First Name  
   Last Name/Organization Name  
   Middle Name  
   Address  
   City  
   State  
   Zip Code  
   Amount Guaranteed Outstanding  

   First Name  
   Last Name/Organization Name  
   Middle Name  
   Address  
   City  
   State  
   Zip Code  
   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 outstanding loan balance should also be shown in Item 12.e on front page.)

   Outstanding Loan Balance (Beginning of Period)  
   Loans Received  
   Loan Payments  
   Outstanding Loan Balance (End of Period)

SS-1132 (Rev. 4/02)

Page 1 of 1
RDA 1159
# ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

<table>
<thead>
<tr>
<th>1. NAME OF CANDIDATE OR COMMITTEE</th>
<th>2. REPORT COVERING THE PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FROM:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than $100 owed to any person/vendor at the end of the reporting period)</th>
<th>Outstanding Balance (Beginning of Period)</th>
<th>Debt Incurred This Period</th>
<th>Payments This Period</th>
<th>Outstanding Balance (End of Period)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Middle Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Name/Business Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Description of Obligation

First Name | Middle Name |                                   |                           |                      |                        |
Last Name/Business Name |                                   |                           |                      |                        |
Address |                                   |                           |                      |                        |
City | State | Zip Code |                           |                      |                        |

Description of Obligation

First Name | Middle Name |                                   |                           |                      |                        |
Last Name/Business Name |                                   |                           |                      |                        |
Address |                                   |                           |                      |                        |
City | State | Zip Code |                           |                      |                        |

Description of Obligation

First Name | Middle Name |                                   |                           |                      |                        |
Last Name/Business Name |                                   |                           |                      |                        |
Address |                                   |                           |                      |                        |
City | State | Zip Code |                           |                      |                        |

Description of Obligation

First Name | Middle Name |                                   |                           |                      |                        |
Last Name/Business Name |                                   |                           |                      |                        |
Address |                                   |                           |                      |                        |
City | State | Zip Code |                           |                      |                        |

4. TOTALS
(Total from Outstanding Balance (End of Period) column must also be shown in line 23a on summary page.)