# 

	Olligio Calicia			· ///20 A)
1. DATE OF REPORT		ATE OR COMMITTEE	ELECTION DAT	MNER COUNTY
	1 David	NilKerso	3. ELECTION DAT	TON COUNT
2.b. IF COMMITTEE, NAME OF CANDIDATE				
			August	2,2016SUON
4.a. CAMPAIGN ADDRESS AND PHONE		0.1	J:- Cada	Phone
Street or Rural Route	City	State	Zip Code	
5578 Coleytown Kd	Nestmore and	<u> </u>	37186	615-417-6983
4.b. CANDIDATE'S HOME ADDRESS (if differen		Cinto	Zip Code	Phone
Street or Rural Route	City	State	37186	615-417-6983
5578 Coleytown Kd		era IN		<u> </u>
5. OFFICE SOUGHT (include district number,	,,,	NAME OF POLITICAL		be candidate)
District #11 Board of E	ducation	David K	likerson	
7. CATEGORY OR REPORT (Check one)				
	FOURTH PF	] ∐ Œ- PRE-	MID-YEAR	YEAR-END
FIRST SEČOND THIRD QUARTER QUARTER QUARTER	OLIARTER PRIM	MARY GENERAL	SUPPLEMENTA	L SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD	8.b.	ENDING DATE OF REP		
April 1 2018		June 30,	2018	<u> </u>
9. (Check onle)				
a. This campaign is exempt from detai	led disabeure because con	tributions (including in-	kind) received total \$1	.000 or less AND expendi-
a. This campaign is exempt from detail tures total \$1,000 or less for this rep	orting period. (Complete it	ems 12d., 12e. and 12	f.)	,
				oived total more than \$1 000
b. This campaign is required to file a d and/or expenditures total more than	etailed financial disclosure	because contributions	(including in-kind) ted	sived total more than \$1,000
and/or expenditures total more trial	\$1,000 for this reporting pe			
10. I/we do solemnly swear or affirm that the accurate accounting of campaign contribu Financial Disclosure Act. Additionally, I/w benefit of the candidate or for any other not accurate.	tions and expenditures requ e swear or affirm that no ca	impaign contributions hed by the federal inter	nave been expended final revenue code.	tee of the combard.
Paid Wilkipm signature of candidate	date		e of political treasurer	116 18 dare
11. WITNESS SIGNATURE  Signature of witness	7/11/2018 date	Catha sig	nature of witness	7/11/z018
12. SUMMARY			,	
a. BALANCE ON HAND LAST REPORT.			<u> </u>	27
b. TOTAL RECEIPTS THIS PERIOD	••••••		\$	<del>_</del> \
c. TOTAL DISBURSEMENTS THIS PERIO	D		\$ 1065.	( <u>4)</u>
				(1124.58)
d. BALANCE ON HAND (12.a. plus 12.b	, minus 12.c.)	***************************************		<i>A</i>
e. TOTAL LOANS OUTSTANDING				\$ <u> </u>
f. TOTAL OBLIGATIONS OUTSTANDING		·		s
f. TOTAL OBLIGATIONS OUTSTANDING	I	*!********!		······································

#### SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (in Full)			VERING THE PERIOD
David Wilkerson		FROM: 4 1 18	TO: 6 30 18
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)			
a. Unitemized Contributions (\$100 or less from each source this pe	eriod)	\$	<u> </u>
b. Itemized Contributions (over \$100 from each source this period)		\$	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15	5.a. and 15.b.)		\$
16. LOANS RECEIVED THIS REPORTING PERIOD			\$
17. INTEREST RECEIVED THIS REPORTING PERIOD		***************************************	\$ <u> </u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in iter	n 12.b.)		\$
DISBURSEMENTS			
19. EXPENDITURES (other than loan payments)			
a. Expenditures (\$100 or less each payee this period) (must be listed	l by category - 6	e.g., printing, postag	e, gasoline)
Banners	\$ <u>529</u>	<u>. 84</u>	
Signs	\$ <u>463</u>	<u>.40</u>	:
	\$		
CD of Addiess	\$ <u> </u>	<del>), =</del>	
Cards	\$ <u> </u>	1,42	
	\$		,
	\$		
	\$	_ <del></del>	
	\$	<del>_</del>	
		s 12.	<b>42</b>
Total of Expenditures (\$100 or less each payee)		0.6.3	<del></del>
b. Itemized Expenditures (Over \$100 each payee this period)		+	<del></del>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a.	and 19.b.)	***** *********************************	* d
20. LOAN REPAYMENTS MADE THIS PERIOD		41-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	- ZiGLaS Lale
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in	item 12.c.)		3 ZIOQ3:447
22.IN-KIND CONTRIBUTIONS		_	
a. Unitemized in-kind contributions (\$100 or less from each source t			
b. Itemized in-kind contributions (over \$100 from each source this po			
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (ar	dd 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.) (mu	ist be shown i it	em 12.f.)	\$ <u> </u>

## ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COV	ERING THE PERIOD			
TO THE OF THE PROPERTY OF THE	FROM:	TO:						
					Amount			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU	TIONS FRO	M PRECEDING PAC	GE (enter \$0 if first itemized p	page)				
4. COMPLETE THE APPROPRIATE ITEMS FOR I	ACH ITEMIZ	ED CONTRIBUTION (	contributions totaling more than	\$100 from any contribu	tor)			
First Name	Middle Name	9	Contribution Received For:		Amount of Contribution			
Last Name/Organization Name			Primary Election C	General Election				
Last Hairick Organization (Humb				<u> </u>				
Address		Runoff (Local Election	ns Only)					
	State	Zip Code	Date of Contribution		Aggregate This Election			
City	State .							
Occupation					}			
	<u></u>		4					
Employer								
	Middle Nan		Contribution Received Fo	or:	Amount of Contribution			
First Name	Mildie Hall							
Last Name/Organization Name	<u></u>		Primary Election	General Election				
	<u></u>		Runoff (Local Election	ons Only)				
Address	_		CITATION (Local Licot.					
City	State	Zip Code	Date of Contribution		Aggregate This Election			
	_l	<u>.i</u>	+					
Occupation								
Employer		<del></del>						
		<u> </u>						
FirstName	Middle Nan	ne	Contribution Received Fo	or:	Amount of Contribution			
			Primary Election	General Election				
Last Name/Organization Name			Li mary Elocació					
Address			Runoff (Local Electi					
	<u>.</u>		Date of Contribution		Aggregate This Election			
City	State	Zip Code	Date of Contribution		Aggregate Tha Election			
Occupation	<u> </u>							
·			_					
Employer			1					
	Treese Al		Contribution Received For		Amount of Contribution			
First Name	Middle Na	ill <del>e</del>						
Last Name/Organization Name			Primary Election	General Election				
		Runoff (Local Elect	ione Only)					
Address			Li Runon (Local Elect	ions Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
		<u> </u>	$\dashv$					
Occupation								
Employer			7					
5. TOTAL ITEMIZED CONTRIBUTIONS								
5. TOTAL HEMIZED CONTRIBUTIONS								
(Carry forward to item 3. of next page if additional page (If this is the last page of contributions, this amount r	ges of this form	are used.)						

## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	: -			2. REPORT COVE					
				FROM:	TO:				
			DE India Abrila	-)	Amount				
3. TOTAL ITEMIZED IN-KIND CONTRIBUTION	ONS FROM	PRECEDING PAC	GE (enter \$0 if first itemized page	e)					
4. COMPLETE THE APPROPRIATE ITEMS FOR	EACH ITEM	ZED IN-KIND CONTI	RIBUTION (in-kind contributions totaling	more than \$100 from any co					
First Name	Middle Na	ime	In-Kind Contribution Receive	ed For: General Election	Value of In-Kind Contribution				
Last Name/Organization Name			Runoff (Local Electio	ons Only)					
Address			Date of In-Kind Contribution	Date of In-Kind Contribution Aggregate this Ele					
City	State	Zip Code	Description of In-Kind Contribution	ח					
Occupation Employer	. — <u>———</u>								
First Name	Middle N	атте	In-Kind Contribution Receive	ed For: General Election	Value of In-Kind Contribution				
Last Name/Organization Name	<u></u>	·	Runoff (Local Election						
Address			Date of In-Kind Contribution		Aggregate this Election				
City	State	Zip Code	Description of In-Kind Contribution	in .					
Occupation Employe									
First Name	st Name Middle Name		In-Kind Contribution Receiv						
Last Name/Organization Name			Runoff (Local Election	ons Only)					
Address			Date of In-Kind Contribution	Inibution Aggregate this Election					
City	State	Zip Code	Description of In-Kind Contribution	nc					
Occupation Employe	<del>1</del>	1							
First Name	Middle N	lame		In-Kind Contribution Received For: Value of					
Last Name/Organization Name				General Election	1				
<u> </u>		<u></u>	Runoff (Local Electi	ions Uniy)	Aggregate this Election				
Address		<del>- 1</del>							
City	State	Zip Code	Description of In-Kind Contribution	ŲII					
Occupation Employs	er								
First Name	Middle N	lame		In-Kind Contribution Received For:    Primary Election					
Last Name/Organization Name	<u> </u>		Runoff (Local Electi	ions Only)					
Address	,. <u> </u>		Date of In-Kind Contribution		Aggregate this Election				
City	State Zip Code		Description of In-Kind Contribution	on					
Occupation Employe	er								
5. TOTAL ITEMIZED IN-KIND CONTRIBU	ITIONS		<u> </u>						
(Carry forward to item 3. of next page if additional p (If this is the last page of in-kind contributions, this a	ages of this for	m are used.) 3 shown in item 22b. of si	ummary.)						
SS-1128 (Rev. 2/06)				Page of	RDA 1159				

### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVERING THE PERIOD					
	_ <del> </del>			FROM:	TO:		
3. TOTAL ITEMIZED CAMPAIGN EXPENDI	THEE EDO	M DDECEDING DAG	SE lantar SO if first itamized n	ane)	Amount		
4. COMPLETE THE APPROPRIATE ITEMS FOR				A PO DITA POSSO ORIEI	Amount of Expenditure		
First Name	Middle Nar	me	Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name Vistarint. Com		Bonners		529.84			
Address					321.01		
City	State	Zip Code					
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Address 510 N Broad ux City Portland		Signs	Signs				
City C	State	Zip Code	<b>-</b>				
Portland	TN	37148					
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address	Address						
City	State	Zip Code					
First Name	mė	Purpose of Expenditure	Purpose of Expenditure				
Last Name/Business Name	<u></u>	<del>-</del>					
Address			<u> </u>				
City	State	Zip Code					
First Name	Middle Na	ıme	Purpose of Expenditure	Purpose of Expenditure			
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
TOTAL ITEMIZED EXPENDITURES     (Carry forward to item 3. of next page if additional)	pages of this for	n are used.)			993.24		
(If this is the last page of expenditures, this amoun	t must be shown	in item 19b, of summary.)					

#### ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE						FR	OM:		IG TH	HE PERIOD	
3. COMPLETE THE APPROPRIA	TE ITEMS F	OR EACH IT	EMIZ	ED LOAN (Id	ans totaling m	nore than \$100 fo	rom any source	e during the pe	eriod)		
Complete the Following for the Source					<del></del>				I Outsta	nding 1	Loan Balance
First Name	Middle Nam	e		Outstanding Lo (Beginning o		Loans Received		Loan yments			Period)
Last Name/Organization Name	<u> </u>	-									
Address				Loan Receive	d For:	<u>.                                    </u>		Date of Lo	an		
7,00,000				☐ Primary	Election	General E	lection				
City	State	Zip Code		Runoff (I	Local Elections	Only)		<u> </u>			
	List All Endor	sers or Guara	ntors fo	or Above Loar	(If more spa	ice is needed	please attac	h a page)			
First Name		Middle Name			First Name				Middle N	lame	
Last Name/Organization Name	-	<u></u>			Last Name/Organization Name						
Address	<u> </u>			.,-	Address					-	
City		State	Zip C	ode	City				State		Zip Code
Amount Guaranteed Outstanding		<u> </u>	<u> </u>		Amount Guara	anteed Outstand	ing				
First Name		Middle Name			First Name	·			Middle I	Vame	
						<del></del>		_	<u> </u>		
Last Name/Organization Name					Last Name/Organization Name						
Address					Address						
City		State	Zip C	ode	City				State		Zip Code
Amount Guaranteed Outstanding	<del></del> -	.•	•		Amount Guar	anteed Outstand	ling	- 1			
First Name		Middle Name	)		First Name				Middle	Name	)
Last Name/Organization Name	· <del>-</del>	·!			Last Name/0	rganization Nan	ne			_	
Address					Address					_	<del></del>
City		State	Zip (	Code	City				State		Zip Code
Amount Guaranteed Outstanding		<u> </u>			Amount Guar	ranteed Outstan	ding		,!		
First Name		Middle Name	e		First Name	<del>.</del>			Middle	Name	
Last Name/Organization Name		!		·-·	Last Name/C	Organization Nar	ne	<del></del>			
					Address				_		
Address		104-4-	7in i	Cado	ļ				State		Zip Code
City		State	/4p	Code	City Amount Gua	ranteed Outstan	ding		3,0,0		
Amount Guaranteed Outstanding					[		·•				
4. Totals for all Loans (complete of (Total loans received should also be should	n last page o	of itemized lo	ans)			Loan Balance g of Period)	Loans Received		oan yments	Outs	standing Loan Balance (End of Period)
(Total loan payments should also be sho (Total outstanding loan balance should al	wn in item 20, o	summary page	<del>)</del> .)			•					
1.44-4											

#### ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE	2. REPORT COVERING THE PERIOD							
			FROM: TO:					
COMPLETE THE APPROPRIATE ITEM     OBLIGATION (obligations totaling more person/vendor at the end of the reporting to the	TE THE APPROPRIATE ITEMS FOR EACH ITEMIZED ION (obligations totaling more than \$100 owed to any endor at the end of the reporting period)			Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)		
First Name	Middle Nan	ne						
Last Name/Business Name								
Address	<del></del>	-						
City	State	Zip Code						
Description of Obligation		<u></u>						
First Name	Middle Nar	пе						
Łast Name/Business Name	<del></del>							
Address		_						
City	State	Zip Code						
Description of Obligation						<u> </u>		
First Name	Middle Na	me						
Last Name/Business Name			_					
Address		· · · ·						
City	State	Zip Code				<u></u>		
Description of Obligation								
First Name	Middle Na	une			-			
Last Name/Business Name								
Address								
City	State	Zip Code						
Description of Obligation	L					3-44		
First Name	Middle N	ame						
Last Name/Business Name		<del>_</del>						
Address					1			
City	State	Zip Code						
Description of Obligation	<u>l</u>		11					
4. TOTALS								
(Total from Outstanding Balance - (End of Pe in item 23b. on summary page.)	riod) column mu	ıst also be shown	)					