

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>7-10-18</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>GENE RHODES</u>
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE <u>Aug 2</u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route                      City                      State                      Zip Code                      Phone <u>1007 Island Brook Dr. Hendersonville TN 37075 615-439-8062</u>	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route                      City                      State                      Zip Code                      Phone	
5. OFFICE SOUGHT (include district number, if applicable) <u>County Comm Dist 7</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>GENE RHODES</u>
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input checked="" type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input 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 <u>4-22-18</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>7-10-18</u>
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.  <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>[Signature]</u> signature of candidate </div> <div style="text-align: center;"> <u>7-10-18</u> date </div> <div style="text-align: center;"> <u>[Signature]</u> signature of political treasurer </div> <div style="text-align: center;"> <u>7-10-18</u> date </div> </div>	
11. WITNESS SIGNATURE <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>Caitlin Coran</u> signature of witness </div> <div style="text-align: center;"> <u>7/10/18</u> date </div> <div style="text-align: center;"> <u>Caitlin Coran</u> signature of witness </div> <div style="text-align: center;"> <u>7/10/18</u> date </div> </div>	
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT .....	\$ <u>2353.43</u>
b. TOTAL RECEIPTS THIS PERIOD .....	\$ <u>210.00</u>
c. TOTAL DISBURSEMENTS THIS PERIOD .....	\$ <u>1568.27</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .....	\$ <u>995.16</u>
e. TOTAL LOANS OUTSTANDING .....	\$ <u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING .....	\$ <u>0</u>



FILED

JUL 10 2018

SUMNER COUNTY  
ELECTION COMMISSION

## SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <p style="text-align: center; font-size: 1.2em;"><i>GENE RHODES</i></p>	14. REPORT COVERING THE PERIOD FROM: <i>4-22-18</i> TO: <i>7-10-18</i>
<b>RECEIPTS</b>	
15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period) .....	\$ <u><i>0</i></u>
b. Itemized Contributions (over \$100 from each source this period) .....	\$ <u><i>210<sup>-</sup></i></u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) .....	\$ <u><i>210<sup>-</sup></i></u>
16. LOANS RECEIVED THIS REPORTING PERIOD .....	\$ <u><i>0</i></u>
17. INTEREST RECEIVED THIS REPORTING PERIOD .....	\$ <u><i>0</i></u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) .....	\$ <u><i>210<sup>-</sup></i></u>
<b>DISBURSEMENTS</b>	
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)	
<u><i>FACE Book Ad</i></u> .....	\$ <u><i>50.00</i></u>
<u><i>MEALS FOR WORKER</i></u> .....	\$ <u><i>40.65</i></u>
<u><i>Supplies</i></u> .....	\$ <u><i>27.55</i></u>
<u><i>MEALS FOR WORKER</i></u> .....	\$ <u><i>58.51</i></u>
<u><i>MEALS FOR WORKER</i></u> .....	\$ <u><i>22.52</i></u>
<u><i>FACEBOOK Ad</i></u> .....	\$ <u><i>10.18</i></u>
<u><i>MEALS FOR WORKER</i></u> .....	\$ <u><i>60.50</i></u>
<u><i>FACEBOOK Ad</i></u> .....	\$ <u><i>75.00</i></u>
<u><i>FACEBOOK Ad</i></u> .....	\$ <u><i>75.00</i></u>
Total of Expenditures (\$100 or less each payee) .....	\$ <u><i>419.91</i></u>
b. Itemized Expenditures (Over \$100 each payee this period) .....	\$ <u><i>1148.36</i></u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) .....	\$ <u><i>1568.27</i></u>
20. LOAN REPAYMENTS MADE THIS PERIOD .....	\$ <u><i>0</i></u>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) .....	\$ <u><i>1568.27</i></u>
<b>22. IN-KIND CONTRIBUTIONS</b>	
a. Unitemized in-kind contributions (\$100 or less from each source this period) .....	\$ <u><i>0</i></u>
b. Itemized in-kind contributions (over \$100 from each source this period) .....	\$ <u><i>0</i></u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) .....	\$ <u><i>0</i></u>
<b>23. OBLIGATIONS</b>	
a. Unitemized Obligations Outstanding (\$100 or less each) .....	\$ <u><i>0</i></u>
b. Itemized Obligations Outstanding (Over \$100 each) .....	\$ <u><i>0</i></u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) .....	\$ <u><i>0</i></u>



# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>GENE RHODES</b>				2. REPORT COVERING THE PERIOD			
				FROM: <b>4-22</b>	TO: <b>7-10-18</b>		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <b>210<sup>-</sup></b>		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)							
First Name <b>MELISSA</b>		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name <b>French - Rhodes</b>				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		<b>210<sup>-</sup></b>	
Address <b>105 Blue Grass Comm Blvd</b>				<input type="checkbox"/> Runoff (Local Elections Only)			
City <b>Hendersonville</b>		State <b>TN</b>	Zip Code <b>37075</b>	Date of Contribution <b>4-26-18</b>		Aggregate This Election <b>210<sup>-</sup></b>	
Occupation <b>Insurance</b>							
Employer <b>Allstate</b>							
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City		State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation							
Employer							
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City		State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation							
Employer							
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City		State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation							
Employer							
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.)							

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>GENE RHOADS</b>				2. REPORT COVERING THE PERIOD			
				FROM: <b>4-22</b>	TO: <b>7-10-18</b>		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <b>1148.36</b>		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)							
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name <b>Douglas Printing</b>				<b>Printing</b>		<b>289.51</b>	
Address <b>2601 Winstead Ave</b>							
City <b>MADISON</b>		State <b>TN</b>	Zip Code <b>37211</b>				
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name <b>Robo Cent Inc</b>				<b>CALLS</b>		<b>206.99</b>	
Address <b>2129 Genl Blvd</b>							
City <b>Virgin Beach</b>		State <b>VA</b>	Zip Code <b>23457</b>				
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name <b>Robo Cent Inc</b>				<b>CALLS</b>		<b>207.90</b>	
Address <b>2129 General Blvd</b>							
City <b>Virgin Beach</b>		State <b>VA</b>	Zip Code <b>23457</b>				
First Name <b>Gene</b>		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name <b>RHOADS</b>				<b>Payment to my Poll worker</b>		<b>300.00</b>	
Address <b>1007 Island Beach</b>							
City <b>H. VILLE</b>		State <b>TN</b>	Zip Code <b>37075</b>				
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name <b>Fox Printing</b>				<b>Printing</b>		<b>143.96</b>	
Address <b>1232 Clark Ave</b>							
City <b>Antich</b>		State <b>TN</b>	Zip Code <b>37013</b>				
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name							
Address							
City		State	Zip Code				
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of 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 19b. of summary.)					<b>1148.36</b>		

