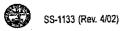
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DAT	E OF REPORT	l ~	ANDIDATEORO	~ 11		
	-07-2018	James	Brian	Smalli		
2.b. IF (COMMITTEE, NAME OF CANDIDATE				3. ELECTION DA	
	THE PROPERTY OF THE PROPERTY O				Uug 2	nd, 20/8
	APAIGN ADDRESS AND PHONE et or Rural Route	City	1 1	State	Zip Code	Phone
	02 Hawkins Dr.	Westmore	land	T ₁ _	37146	615-319-0054
4.b. CAN	NDIDATE'S HOME ADDRESS (if differen	nt than 4.a.)		State	Zip Code	Phone
Stre	et or Rurat Route	City		State	Lip Code	, ,,,,,,
5. OFF	FICE SOUGHT (include district number,	if applicable)	6. NAME	OF POLITICAL	TREASURER (may	be candidate)
_	mission Dist #1		Jame.	_		
7. CAT	TEGORY OR REPORT (Check one)		<u>-</u>			/
-	IRST SECOND THIRD	FOURTH	PRE-	□ PRE-	☐ MID-YEAR	L_J YEAR-END
OU	ARTER QUARTER QUARTER		PRIMARY	GENERAL DATE OF REPO	SUPPLEMENTA ORTING PERIOD	AL SUPPLEMENTAL
8.a. BEC	STA 298		June	32th	2013	
9. (Chec		·				
1	This campaign is exempt from detail	od diselesure becsu	se contributions	: (including in-ki	ind) received total \$	1.000 or less AND expendi-
a.	This campaign is exempt from detail tures total \$1,000 or less for this rep	ed disclosure because orting period. (Com	plete items 12d	., 12e. and 12f.)	**************************************
h	This campaign is required to file a d					eived total more than \$1,000
D.	and/or expenditures total more than	\$1,000 for this repor	ting period.		- ,	
	<u> </u>					
ac	we do solemnly swear or affirm that the curate accounting of campaign contributing and a possible properties of the candidate or for any other not the candidate or for the candi	ions and expenditure s swear or affirm that	es required to b t no campaign (contributions had federal interna	ne candidate commi ave been expended a al revenue code.	nee by the Campaign
40	signature of candidate	07-07-1 date	8 1	signature	of political treasurer	date 6 7-07-18
	1					
11. XVI	THESS SIGNATURE		a .	W.	1 1/2/11	- 7 /Q
	: //	7-7-1	රි	Hart	/ Kelli	1-7-1-10
1	signature of witness	date	Œ	sign	ature of witness	date
//	_/				.	<u> </u>
12. SU	MMARY	!		= D	1 20	·
а.	BALANCE ON HAND LAST REPORT	••••			<u> 12 را ۽ ۽</u>	15.51
	•	A.M.		P.N	¹. 20€)· = Oo
b.	TOTAL RECEIPTS THIS PERIOD		JUL09	2018	5UA	
c.	TOTAL DISBURSEMENTS THIS PERIOD			OUNTY	\$	_ '.
	BALANCE ON HAND (12.a. plus 12.b	Sし Oゴルエロ	IMNER C	MMISSIC	N	\$1,415 3)
d.	DALANOL ON TIAND (12.a. pids 12.b		- 4-1-0-1			2
e.	TOTAL LOANS OUTSTANDING					<u> १ ०८०० व</u>
— —						<u> </u>
f.	TOTAL OBLIGATIONS OUTSTANDING		***************************************			\$

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
James Brien Sonalling	FROM:04-01-18 TO:06-30-18
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$_ _Ø
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>200.00</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)\$ <u>Ø</u>
16. LOANS RECEIVED THIS REPORTING PERIOD	
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>Ø</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>∂\0\0.∞</u>
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)
Printing of Signs \$540	.80
s	.
\$	_
\$	<u> </u>
\$	
\$	
\$	
\$	
\$	
Total of Expenditures (\$100 or less each payee)	\$ <u>\$</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>540.00</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>3 40. ω</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	\$
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 240.00
22.IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	j.
b. Itemized in-kind contributions (over \$100 from each source this period)	~
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 2	(2.b.)\$ <u>9</u>
23. OBLIGATIONS	-4
a. Unitemized Obligations Outstanding (\$100 or less each)	
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u></u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i	



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COM	MITTEE			REPORT COVER			
Jomes Brian St					TO:06-30-18		
3. TOTAL ITEMIZED CAMPAIGN C	()	M PRECEDING	PAGE (enter \$0 if first itemized o	nage)	Amount		
TOTAL TEMIZED CAMPAIGN C COMPLETE THE APPROPRIATE IT							
First Name	Middle Name		Contribution Received For:		Amount of Contribution		
Last Name/Organization Name			Primary Election	General Election	3DO.50		
Last Name/Organization Name Sunner Association Address BE Executive Pt City Lendorson ville	of Register			`	~~~ <u>~</u>		
Address Programme Or	Dave unit	\mathfrak{B}	Runoff (Local Election	ns Only)	Aggregate This Election		
City 1 _ 11 _	State	Zip Code	Date of Contribution	Date of Contribution			
Occupation Occupation	<u> </u>	131013	O4/2018).	CHARLES		
<u> </u>				, 	140		
Employer					<u></u>		
First Name	Middle Nan	ne	Contribution Received Fo	т.	Amount of Contribution		
			Primary Election	General Election			
Last Name/Organization Name							
Address			Runoff (Local Election	ons Only)			
City	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation			 				
·							
Employer							
First Name	Middle Nan	1ê	Contribution Received Fo)C	Amount of Contribution		
Last Name/Organization Name			Primary Election	General Election			
Part stantion or Agristagent (Agrilla				_			
Address		. — — —	Runoff (Local Election	ons Unly)			
City	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation			—				
			_				
Employer					<u> </u>		
First Name	Middle Na	me	Contribution Received For		Amount of Contribution		
Last Name/Organization Name			Primary Election	☐ General Election			
				0 -4.3			
Address			Runoff (Local Electi	ions Unly)			
City	State	Zip Code	Date of Contribution	-	Aggregate This Election		
Occupation	<u> </u>						
	<u> </u>	<u></u>	 				
Employer							
5. TOTAL ITEMIZED CONTRIBL					200.00		
(Carry forward to item 3, of next page if		are used.)			7		
(If this is the last page of contributions,	this amount must be shown in	n item 15b, of summar	v.)				

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO	MMITTEE			2. REPORT COVER				
1. NAME OF CANDIDATE OR COI	naller			FROM 04-01-19	1066-30-18			
3. TOTAL ITEMIZED IN-KIND CON	_	M PRECEDING P	PAGE (enter \$0 if first itemized page	e)	Amount			
4. COMPLETE THE APPROPRIATE IT	EMS FOR EACH ITE	MIZED IN-KIND COM	NTRIBUTION (in-kind contributions totaling	more than \$100 from any con	stributor during the period)			
First Name Middle Name			In-Kind Contribution Receive	In-Kind Contribution Received For: Value of In-Kind				
Last Name/Organization Name			Runoff (Local Electio	Runoff (Local Elections Only) Date of In-Kind Contribution Aggregate this Election				
Address		-	Date of In-Kind Contribution					
City State Zip Code			Description of In-Kind Contribution	Description of In-Kind Contribution				
Occupation Employer								
First Name	Middle	Name	In-Kind Contribution Receive	ed For: General Election	Value of In-Kind Contribution			
Last Name/Organization Name	· · · · · · · · · · · · · · · · · · ·		Runoff (Local Election					
Address	-		Date of In-Kind Contribution		Aggregate this Election			
	State	Zip Code	Description of In-Kind Contribution	n	<u> </u>			
City	Employer			•				
Occupation	Cultole							
First Name	Middle	Name	an raine contensation	In-Kind Contribution Received For. ☐ Primary Election ☐ General Election				
Last Name/Organization Name			——— L	_				
Address				Runoff (Local Elections Only) Date of In-Kind Contribution				
Address					Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contributio	NT				
Occupation	Employer							
First Name	Middle	e Name	In-Kind Contribution Received	ved For: General Election	Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Election					
Address			Date of In-Kind Contribution	ona Only)	Aggregate this Election			
Address	15	7:- 0-4-	Description of In-Kind Contribution		<u> </u>			
City	State	Zip Code						
Occupation	Employer							
First Name	Middle	e Name	In-Kind Contribution Rece		Value of In-Kind Contribution			
Last Name/Organization Name		<u></u>		General Election				
		<u></u>	Runoff (Local Electi	ons Only)	Aggregate this Election			
Address					UARIO GREE THE CREEKS			
City	State	Zip Code	Description of In-Kind Contribution	תכ				
Occupation	Employer							
5. TOTAL ITEMIZED IN-KIND C	ONTRIBUTIONS				_1			
(Carry forward to item 3, of next page i	additional pages of this	form are used.)	of summary)					
(If this is the last page of in-kind contrib	eurions, this amount musi	t be shown in item 220. C		2000 L of 7	RDA 1159			

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER	RING THE PERIOD	
James Brien Smalling		· · · · · · · · · · · · · · · · · · ·	FROM - 21-18	Amount		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	RES FRO	M PRECEDING PAG	SE (enter \$0 if first itemized pa			
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMI	ZED EXPENDITURE (expenditures totaling more than \$100	to any payee during the per	riod)	
First Name	st Name Middle Name			Purpose of Expenditure		
Last Name/Business Name Vinyl Destination			Sign Print	<i>ir</i> 7	4540. <u>00</u>	
Address Westmare land						
Westmoreleye	State	Zip Code				
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	.l					
Address			7			
City	State	Zip Code				
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	1	·········	1			
Address			7	İ		
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 Nan	ne	Purpose of Expenditure	Amount of Expenditure		
tast Name/Business Name						
Address]		
City	State	Zip Code		·		
First Name Middle Name			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 page) (Carry forward to item 3, of next page if additional page)	es of this form			540, 99		
(If this is the last page of expenditures, this amount mu	SI DE SNOWN II	i item 190. of Summary.)	· · · · · · · · · · · · · · · · · · ·			

ITEMIZED STATEMENT OF LOANS - CANDIDATE

		-				2 (DEDOOT (OVERIN	IG THE PERIOD
1. NAME OF CANDIDATE OR COMMITTEE						FRO			O:
James Brian Sma	البره						tori		81 88 -1
3. COMPLETE THE APPROPRIATE ITEMS	FOR EACH I	TEMIZ	ZED LOAN (I	oans totaling n	nore than \$100 fr	rom any source	during the pe	riod)	
								_	
Complete the Following for the Source of the Loan First Name Middle N.			Outstanding L	oan Balance	Loans	Le	oan		nding Loan Balance
D			(Beginning o		Received	Pay	ments	l '	End of Period)
Last Name/Organization Name	<u>, , , , , , , , , , , , , , , , , , , </u>		2000	> 000	9		グ	اراک	200 · 60s
Smaller								<u> </u>	
Address	Dc.		Loan Receive		_,	1	Date of Loa		
City State	Zip Code		☐ Primary	Election	General E	lection	12	120	כני
City State		46	Runo#(Local Elections	Only)			/	• ,
	dorsers or Guar		for Above Loai	n (If more spa	ace is needed	please attach	a page)		
First Name	Middle Name			First Name				Middle N	ame
						_		<u> </u>	
Last Name/Organization Name				Last Name/Or	ganizalion Name	Û			
Address				Address					
Addiess									
City	State	Zip (Code	City				State	Zip Code
				Amount Guar	anteed Outstand	ino			
Amount Guaranteed Outstanding				Atriouni Gual	anieso Odisiano				
First Name	Middle Nam	ne		First Name				Middle N	lame
Last Name/Organization Name				Last Name/O	rganization Nam	e			
				1.44					
Address				Address					
City	State	Zip (Code	City				State	Zip Code
						 -			
Amount Guaranteed Outstanding				Amount Guar	anteed Outstand	ing			
First Name	Middle Nan	ne .		First Name				Middle	Name
First Name	IIII GOIO TILLI								
Last Name/Organization Name				Last Name/C	rganization Nam	ne			
				Address					
Address				Address					
City	Stale	Zip	Code	City				State	Zip Code
				Amount Com	rantood Outstan	ding			
Amount Guaranteed Outstanding				иповт Сва	ranteed Outstand	ung			
Find Name	Middle Nar	TVE		First Name				Middle	Name
First Name Middle Name) Hat House					
Last Name/Organization Name	<u> </u>		***	Last Name/0	Organization Nan	ne			
				Address					
Address				Vonces					
City	State	Zip	Code	City				State	Zip Code
Amount Guaranteed Outstanding				Amount Gua	ranteed Outstan	ding			L
Annual Cook anises Calatanung				<u> </u>					
4. Totals for all Loans (complete on last pag	e of itemized k	oans)			Loan Balance	Loans		oan	Outstanding Loan Balance
(Total loans received should also be shown in item 16 (Total loan payments should also be shown in item 20	on summary pag	je.)		(Beginnin	g of Period)	Received		yments	(End of Period)
(Total outstanding loan balance should also be shown i	n item 12.e, on fro	nt page.))	2,00	<i></i>	9		-	2,000-16
		_				,			

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
James Brian Smallin				FROM O 4-51	1-37-18	
COMPLETE THE APPROPRIATE ITEMS OBLIGATION (obligations totaling more than person/vendor at the end of the reporting person.)	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)		
First Name	Middle Na	ne				
Last Name/Business Name						
Address]
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	me				
Last Name/Business Name					ii	
Address						
City	State	Zip Code				
Description of Obligation			· · · · · · · · · · · · · · · · · · ·	-		
First Name	Middle Na	me				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation	_					
First Name	Middle Na	me				
Last Name/Business Name	1					
Address		<u></u>				
City	State	Zip Code				
Description of Obligation			<u> </u>			
First Name	Middle N	ame				
Last Name/Business Name		<u> </u>	_			
Address						k k
City	State	Zip Code				
Description of Obligation	_1,	_ 			•	· · · ·
4. TOTALS			d	a	~×	1
(Total from Outstanding Balance - (End of Period) in item 23b. on summary page.)	column mu	st also be shown	<u> </u>	\mathcal{L}	7	<u> </u>