

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 07-07-2018		2.a. NAME OF CANDIDATE OR COMMITTEE James Brian Smalley	
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE Aug 2nd, 2018	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route 4202 Hawkins Dr.		City Westmoreland	State Tn
		Zip Code 37186	Phone 615-319-0054
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) Commission Dist #1		6. NAME OF POLITICAL TREASURER (may be candidate) James Brian Smalley	
7. CATEGORY OR REPORT (Check one)			
<input type="checkbox"/> FIRST QUARTER	<input 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 April 1st 2018		8.b. ENDING DATE OF REPORTING PERIOD June 30th 2018	
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.			
James Brian Smalley signature of candidate		James Brian Smalley signature of political treasurer	
07-07-18 date		07-07-18 date	
11. WITNESS SIGNATURE			
[Signature] signature of witness		[Signature] signature of witness	
7-7-18 date		7-7-18 date	
12. SUMMARY			
FILED			
a. BALANCE ON HAND LAST REPORT			\$ 1,755.31
b. TOTAL RECEIPTS THIS PERIOD	A.M.	P.M.	\$ 200.00
			JUL 09 2018
c. TOTAL DISBURSEMENTS THIS PERIOD			\$ 540.00
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	SUMNER COUNTY ELECTION COMMISSION		\$ 1,415.31
e. TOTAL LOANS OUTSTANDING			\$ 2,200.00
f. TOTAL OBLIGATIONS OUTSTANDING			\$ 0



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <i>James Brian Sorrelling</i>	14. REPORT COVERING THE PERIOD FROM: <i>04-01-18</i> TO: <i>06-30-18</i>
---	---

RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ 0

b. Itemized Contributions (over \$100 from each source this period) \$ 200.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 0

16. LOANS RECEIVED THIS REPORTING PERIOD \$ 0

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ 0

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 200.00

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)

<u>Printing of Signs</u>	\$	<u>540.00</u>
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

Total of Expenditures (\$100 or less each payee) \$ 0

b. Itemized Expenditures (Over \$100 each payee this period) \$ 540.00

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 540.00

20. LOAN REPAYMENTS MADE THIS PERIOD \$ 0

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 540.00

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ 0

b. Itemized in-kind contributions (over \$100 from each source this period) \$ 0

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ 0

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ 0

b. Itemized Obligations Outstanding (Over \$100 each) \$ 0

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.) \$ 0



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE James Brian Smalley				2. REPORT COVERING THE PERIOD			
				FROM: 04-01-18	TO: 06-30-18		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount			
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)							
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		200.00	
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
35 Executive Pt. Drive Unit B				Date of Contribution		Aggregate This Election	
City		State		Zip Code			
Hendersonville		TN		37075		04/2018	
Occupation				04/2018			
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	
Occupation		Employer				Aggregate This Election	
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	
Occupation		Employer				Aggregate This Election	
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	
Occupation		Employer				Aggregate This Election	
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.)						200.00	

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE James Brian Smalleg				2. REPORT COVERING THE PERIOD FROM 04-01-18 TO 06-30-18			
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (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:		Value of In-Kind 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		Date of In-Kind Contribution	
Occupation				Employer		Aggregate this Election	
Description of In-Kind Contribution							
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind 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		Date of In-Kind Contribution	
Occupation				Employer		Aggregate this Election	
Description of In-Kind Contribution							
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind 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		Date of In-Kind Contribution	
Occupation				Employer		Aggregate this Election	
Description of In-Kind Contribution							
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind 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		Date of In-Kind Contribution	
Occupation				Employer		Aggregate this Election	
Description of In-Kind Contribution							
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind 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		Date of In-Kind Contribution	
Occupation				Employer		Aggregate this Election	
Description of In-Kind Contribution							
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.)							

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE James Brian Smalley				2. REPORT COVERING THE PERIOD			
				FROM: 8-21-18	TO: 06-30-18		
				Amount			
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)							
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 Vinyl Destination				Sign Printing		\$540.00	
Address Westmead							
City Westmead		State Tx	Zip Code 77186				
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last 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				
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last 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				
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name							
Address							
City		State	Zip Code				
5. TOTAL ITEMIZED EXPENDITURES						540.00	
(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.)							

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE James Brian Smalley				2. REPORT COVERING THE PERIOD	
				FROM: 04-01-19	TO: 02-28-18
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 James	Middle Name Brian	Outstanding Loan Balance (Beginning of Period) 2,000.00	Loans Received 0	Loan Payments 0	Outstanding Loan Balance (End of Period) 2,000.00
Last Name/Organization Name Smalley		Loan Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		Date of Loan 12/2017	
Address 4202 Hawkins Dr.		<input type="checkbox"/> Runoff (Local Elections Only)			
City Westmoreland	State TN	Zip Code 37186			
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)					
First Name		Middle Name		First Name	
Last Name/Organization Name		Last Name/Organization Name		Last Name/Organization Name	
Address		Address		Address	
City	State	Zip Code	City	State	Zip Code
Amount Guaranteed Outstanding			Amount Guaranteed Outstanding		
First Name		Middle Name		First Name	
Last Name/Organization Name		Last Name/Organization Name		Last Name/Organization Name	
Address		Address		Address	
City	State	Zip Code	City	State	Zip Code
Amount Guaranteed Outstanding			Amount Guaranteed Outstanding		
First Name		Middle Name		First Name	
Last Name/Organization Name		Last Name/Organization Name		Last Name/Organization Name	
Address		Address		Address	
City	State	Zip Code	City	State	Zip Code
Amount Guaranteed Outstanding			Amount Guaranteed Outstanding		
First Name		Middle Name		First Name	
Last Name/Organization Name		Last Name/Organization Name		Last Name/Organization Name	
Address		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)				Outstanding Loan Balance (Beginning of Period)	Outstanding Loan Balance (End of Period)
(Total loans received should also be shown in item 16. on summary page.)				2,000.00	2,000.00
(Total loan payments should also be shown in item 20. on summary page.)				0	0
(Total outstanding loan balance should also be shown in item 12.e. on front page.)				2,000.00	2,000.00



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
James Brian Smalley				FROM 04-01-18		TO: 06-30-18	
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)				Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
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					
Description of Obligation							
4. TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)				0	0	0	0