CAMPAIGN FINANCIAL DISCLOSURE STATEMENT For State and Local Candidates For Single-Candidate Committees

4	1						
1. DATE OF REPORT	2.a. NAME OF CANDIDATE OR COMMITTEE JUL 06 2018						
1 0 18	1 Derry Becker		SUMME 62010 F.				
2.b. IF COMMITTEE, NAME OF CANDIDATE)	3. ELEG	A 18COUNT				
4.a. CAMPAIGN ADDRESS AND PHONE	Cit.	0.4.	MISS				
Street or Rural Route	City Lless of es Co and lo	State Zip Code					
4.b. CANDIDATE'S HOME ADDRESS (if different	Hendersonville	TH 3707	7 (10-544-574) C				
Street or Rural Route	City	State Zip Code	e Phone				
5 OFFICE SOUGHT (include district number, if		of political treasur hanie C. Tig	ER (may be candidate) 介と				
7. CATEGORY OR REPORT (Check one) X	FOURTH PRE- QUARTER PRIMARY		D-YEAR YEAR-END				
8.a. BEGINNING DATE OF REPORTING PERIOD		DATE OF REPORTING PER					
9. (Check one)		* * * * * * * * * * * * * * * * * * * *					
a. 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. 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.							
I/we do solemnly swear or affirm that the in accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we sherrefit of the candidate or for any other non signature of candidate	ons and expenditures required to be swear or affirm that no campaign of	e reported by the candidate contributions have been exp	e committee by the Campaign pended for the personal financial ode.				
11. WITNESS SIGNATURE							
Signature of witness	7/5//8 date	signature of with	7/5/18 ess date				
12. SUMMARY							
a. BALANCE ON HAND LAST REPORT		<u> \$2441</u>	los 67				
b. TOTAL RECEIPTS THIS PERIOD		\$					
c. TOTAL DISBURSEMENTS THIS PERIOD		s <u>25</u>	0.00				
d. BALANCE ON HAND (12.a. plus 12.b. m	inus 12.c.)		:219667				
e. TOTAL LOANS OUTSTANDING			s				
f. TOTAL OBLIGATIONS OUTSTANDING							



SS-1109 (Rev. 2/06)

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD						
Jerry Becker	FROM: 422 18 TO:62018						
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.)	s						
16. LOANS RECEIVED THIS REPORTING PERIOD	ss						
17. INTEREST RECEIVED THIS REPORTING PERIOD	ss						
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	s <u>Φ</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)						
\$							
\$							
<u></u> \$							
\$							
\$							
s							
6							
							
\$							
Total of Expenditures (\$100 or less each payee)	\$						
b. Itemized Expenditures (Over \$100 each payee this period)	s_250,00						
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	s <u>250.00</u>						
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	1						
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 i item 12.f.)\$							

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVER	TO: 43018			
J	Amount						
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 Historic Rock (Address 139 Rock Castle	aste		Donation		°250.00		
tlendersunville	State	Zip Code 370 (5					
First Name	Middle Na		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name		-					
Address		-					
City	State	Zip Code	<u> </u>				
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name		ĺ	:				
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				ļ			
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.)					°250.∞		