CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

For	Single-Call				
1. DATE OF REPORT	2.a. NAMEOFCA	1		1	
7-1		HRRY	HINT) \	<u></u>
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DA	
				8-2-1	<i>γ</i> γ
4.a. CAMPAIGN ADDRESS AND PHONE	 			Zin Codo	Phone
Street or Rural Route	City		State	Zip Code	
Hwy 1029	Ter 72+301	D	TN_	37148	6153237258
4.b. CANDIDATE'S HOME ADDRESS (if differen	it than 4.a.)		Cinta	Zip Code	Phone
Street or Rural Route	City		State	Zip Code	, 110110
					1 1:4-4-1
5. OFFICE SOUGHT (include district number,	if applicable)	6. NAME	OF POLITICAL	TREASURER (may	be candidate)
County Comm. Dist.	2,		(Author)	E	
7. CATEGORY OR REPORT (Check one)			———		,
	COURTU	PRE-	PRE-	L.J MID-YEAR	YEAR-END
FIRST SECOND THIRD OUARTER QUARTER QUARTER	FOURTH QUARTER	PRIMARY	GENERAL	SUPPLEMENT	TAL SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD		8.b. ENDING	S DATE OF REPO	ORTING PERIOD	
4-24-18		7	-1-18		
9. (Check one)					
9. (Check one)		1 .15	a (iacludina in l	(ind) received total 5	1 000 or less AND expendi-
a. This campaign is exempt from detain tures total \$1,000 or less for this reg	led disclosure because	se contribution dete items 12:	is (including in- d., 12e, and 12f	(ina) received total 4 (.)	, 1,000 at 1000 to 1000
tures total \$1,000 or less for this rep	offing period. (Com		,		ensited total more than \$1,000
b. This campaign is required to file a d	etailed financial discl	osure because	e contributions ((including in-kina) re	Celded form more firm \$1,000
and/or expenditures total more than	\$1,000 for this repor	ang period.			
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 n	e swear or affirm tha onpolitical purpose a	t no campaign s defined by th	contributions h	ave been expended	irue and that this report is an nittee by the Campaign I for the personal financial
signature of candidate	July Z /	- 	signature	e of political treasure	er date
11. WITNESS SIGNATURE					
TI. VALUACIONE	1 1				
1 Come	7/2/18				
signature of witness	date		sig	nature of witness	date
					
40 CURMADV	・リレレ			_	
12. SUMMARY	I Name and	$\square M$. 0	
a. BALANCE ON HAND LAST ARE PORT		.P. IVI		🔻	
	JUL 022018			\$ 1600	
b. TOTAL RECEIPTS THIS PERIOD		 CV	*********************	, 45.2.5	01
c. TOTAL DISBURSEMENTS THIS PERCO	NER COUNT ON COMMIS			\$ <u>1462</u>	<u>. 15</u> ,
c. TOTAL DISBURSEMENTS THIS PERIOD	ON COMMIS	21014			12175
d. BALANCE ON HAND (12.a. plus 12.	b. minus 12.c.)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$ <u></u>
					1.616
e. TOTALLOANS OUTSTANDING			5	f /DAN	\$ 1(U.00
e. TOTALLOANS OUTSTANDING					1Con
f. TOTAL OBLIGATIONS OUTSTANDIN	G			∫or!N	\$ <u>1000</u>
f. TOTAL OBLIGATIONS OUTSTANDING	ت	*****************		,	

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT CO	VERING THE PERIOD
	FROM:	TO:
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)		
a. Uniternized Contributions (\$100 or less from each source this period)	\$ /00	
b. Itemized Contributions (over \$100 from each source this period)	\$ 500	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)		\$ <u>600</u>
16. LOANS RECEIVED THIS REPORTING PERIOD	1 120	\$ <u> </u>
17. INTEREST RECEIVED THIS REPORTING PERIOD		\$
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		\$ 1600
DISBURSEMENTS	· · · · · · · · · · · · · · · · · · ·	
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	.g., printing, postag	e, gasoline)
\$ 49.00		
125- CHOO DOSINO \$ 80.00	· .	
_2 7/HILINGS \$ 1333.3	3 6	
\$		
\$		
\$		
\$		
\$		
\$		
	. 17 / 39	
Total of Expenditures (\$100 or less each payee)	\$ <u></u> \$Q0\$0	
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 1601-5	- 1009 36
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		\sim
20. LOAN REPAYMENTS MADE THIS PERIOD		10.0.21
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	***************************************	\$ <u>/00/.06</u>
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)	\$ <u></u> _	<u> </u>
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 ite	em 12.f.)	\$



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO	MMITTEE)	,	L	REPORT COVERING THE F	PERIOD		
1. NAME OF CANDIDATE OR CO	KY HINTON)	FI	Amount			
			AGE (enter \$0 if first itemized page		00,00 <u> </u>		
4. COMPLETE THE APPROPRIATE I	TEMS FOR EACH ITEM!	ZED CONTRIBUTION	N (contributions totaling more than \$100	from any contributor)			
First Name	Middle Nam		Contribution Received For:	Amount o	Contribution		
Last Name/Organization Name		<u> </u>	Primary Election	eneral Election	6.00		
Sunva ris	sw. Leali	<u>"57 '5</u>	Runoff (Local Elections O	! `	2,00		
Address	<u>, </u>						
City	State	Zip Code	Date of Contribution	Aggregati	This Election		
Occupation	1		5.7-70	18 2	00.00		
Employer	<u> </u>			_			
First Name	Middle Na	me	Contribution Received For:	Amount	of Contribution		
WAYNC Last Name/Organization Name			Primary Election	General Election			
BONDY			Runoff (Local Elections	only) 3	300.00		
Address !					to This Election		
City Population	State	Zip Code	Date of Contribution		te This Election		
Occupation			(-16-201	8 3	00.00		
Employer	<u> </u>	-					
First Name	Middle Na	те	Contribution Received For:	Amount	of Contribution		
Last Name/Organization Name			Primary Election	General Election			
Address			Runoff (Local Elections	Only)			
City	State	Zip Code	Date of Contribution	Aggrega	ate This Election		
Occupation							
Employer							
First Name	Middle N	ame	Contribution Received For:	Amount	of Contribution		
Last Name/Organization Name			Primary Election	General Election			
Address			Runoff (Local Elections	Only)			
City	State	Zip Code	Date of Contribution	Aggreg	ate This Election		
Occupation							
Employer							
5. TOTAL ITEMIZED CONTRIB	BUTIONS						
(Carry forward to item 3. of next page (If this is the last page of contribution	e if additional pages of this for	m are used.)	<i>1</i> 1	1 5	00,00		

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO	OMMITTEE		·	REPORT COVE	RING THE PERIOD		
I. HARLOI VARDIDALE ON O			Γ	FROM:	TO:		
<u> </u>					Amount		
B. TOTAL ITEMIZED IN-KIND CC	NTRIBUTIONS FRO	M PRECEDING PA	GE (enter \$0 if first itemized page)		The state of the s		
4. COMPLETE THE APPROPRIATE	ITEMS FOR EACH ITEM	IZED IN-KIND CONT	RIBUTION (in-kind contributions totaling ma	ore than \$100 from any co			
First Name	Middle t		In-Kind Contribution Received		Value of In-Kind Contribution		
Last Name/Organization Name			Runoff (Local Elections	Only)			
Address			Date of In-Kind Contribution		Aggregate this Election		
City	State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer						
<u></u>							
First Name	Middle	Name	In-Kind Contribution Received Primary Election	For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name			Runoff (Local Elections	s Only)			
Address			Date of In-Kind Contribution		Aggregate this Election		
City	State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer						
	İ						
First Name	Middle	Name	In-Kind Contribution Received	For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name			Runoff (Local Election	_			
Address			Date of In-Kind Contribution		Aggregate this Election		
City	State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer	<u> </u>					
First Name	Middle	e Name		In-Kind Contribution Received For: Value of In-Kind Primary Flection General Election			
Last Name/Organization Name		<u> </u>	Primary Election				
Address			Date of In-Kind Contribution		Aggregate this Election		
		1 = 6	Proprietos of la Vind Academica				
City	State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer						
First Name	Middle	Name	In-Kind Contribution Receive		Value of In-Kind Contribution		
	- Industrial Control of the Control		Primary Election	General Election			
Last Name/Organization Name			Runoff (Local Election	ns Only)	Aggregate this Election		
Address			Date of In-Kind Contribution		. 1951 OFFICE CONTROLLED		
City	State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer						
5. TOTAL ITEMIZED IN-KIND	CONTRIBITIONS						
(Carry forward to item 3. of next page (If this is the last page of in-kind cont	e if additional pages of this t	олт are used.) be shown in item 22b. of s	summary.)				
SS-1128 (Rev. 2/06)				ge of	RDA 1159		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR CO	DMMITTEE				COVERING THE PERIOD	
				FROM:	TO:	
·····			DI OE /	\	Amount	
3. TOTAL ITEMIZED CAMPAIGN						
4. COMPLETE THE APPROPRIATE	ITEMS FOR EACH ITEM	ZED EXPENDITUR		0 to any payee duri	Amount of Expenditure	
First Name	Middle Nar	ne	Purpose of Expenditure	Purpose of Expenditure		
Last Name/Business Name						
· · · · · · · · · · · · · · · · · · ·						
Address						
City	State	Zip Code				
First Name	Middle Na	те	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			_			
Address						
		T				
City	State	Zip Code				
First Name	Middle Na	me	Purpose of Expenditure	<u> </u>	Amount of Expenditure	
Last Name/Business Name	. <u> </u>					
Cast (Adille) Dazinoss (Adille						
Address						
City	State	Zip Code				
First Name	Middle Na	ne	Purpose of Expenditure	Purpose of Expenditure		
Last Name/Business Name						
Address	<u> </u>					
City	State	Zip Code				
First Name	Middle Na	me	Purpose of Expenditure	Purpose of Expenditure		
Last Name/Business Name						
Address	<u> </u>					
City	State	Zip Code				
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address			 			
City	State	Zip Code				
OIG	5.5.5					
5. TOTAL ITEMIZED EXPEN	DITURES					
(Carry forward to item 3, of next page	e if additional pages of this form	n are used.)				
(If this is the last page of expenditure	s, this amount must be shown	in item 195, of summa	3ry.)			

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE								2. REPORT COVERING THE PERIOD TO:					
3. COMPLETE THE APPROP	RIATE ITEMS F	OR EACH IT	EMIZ	ED LOAN (I	oans totaling n	nore than \$100	from any source du	ring the perio	od)		,		
Complete the Following for the So	urce of the Loan												
First Name					Outstanding Loan Balance Loans (Beginning of Period) Received			Loan Outstanding Loan Balance Payments (End of Period)					
Last Name/Organization Name													
Address		Zip Code Primary			Loan Received For. Primary Election General Election					Date of Loan			
City	State				(Local Elections Only)								
	List All Endor	sers or Guara	ntors f	or Above Loa	n (If more spa	ce is needed	please attach a	page)					
First Name		Middle Name			First Name				Middle f	lame			
Last Name/Organization Name					Last Name/Or	ganization Nam	16						
Address					Address								
City		State	Zip C	ode	City				State		Zip Code		
Amount Guaranteed Outstanding					Amount Guara	inteed Outstand	ding						
First Name	First Name Middle Name				First Name Middle Name								
Last Name/Organization Name			•		Last Name/Organization Name								
Address					Address								
City		State	Zip C	Code	City State Zip Cod					Zip Code			
Amount Guaranteed Outstanding					Amount Guar	anteed Outstand	ding						
First Name		Middle Name	,		First Name		· · · · · · · · · · · · · · · · · · ·		Middle	Name	!		
Last Name/Organization Name		<u></u>			Last Name/Organization Name								
Address					Address			•					
City		State	Zip C	Code	City				State		Zip Code		
Amount Guaranteed Outstanding					Amount Guar	anteed Outstan	ding				 -		
First Name		Middle Name	÷	<u>- '</u> .	First Name Middle Name								
Last Name/Organization Name			<u>-</u> .	Last Name/Organization Name									
Address					Address	<u>+</u> .		-					
City		State	Zip (Code	City		*.		State		Zip Code		
Amount Guaranteed Outstanding		<u>.</u>	•		Amount Guar	anteed Outstan	ding						
Totals for all Loans (comple (Total loans received should also be (Total loan payments should also be	shown in item 16, or shown in item 20, or	summary page. summary page.	.) .)			Loan Balance of Period)	Loans Received	Loa Paym		Outs	standing Loan Balance (End of Period)		
(Total outstanding loan balance shoul	d also be shown in iti	em 12.e. on front	page.)				<u> </u>	<u> </u>		<u> </u>			



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE					NG THE PERIOD			
				FROM:	то:			
COMPLETE THE APPROPRIATE ITEMS OBLIGATION (obligations totaling more that person/vendor at the end of the reporting parts).	in \$100 ow	HITEMIZED ed to any	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)		
First Name	Middle Na	me						
Last Name/Business Name	·-•							
Address					l			
City	State	Zip Code						
Description of Obligation								
First Name	Middle Na	ame			i i			
Last Name/Business Name	_1	<u> </u>						
Address	-							
City	State	Zip Code						
Description of Obligation								
First Name	Middle Name							
Last Name/Business Name		<u>-</u>						
Address								
City	State	Zip Code						
Description of Obligation								
First Name	Middle N	ame						
Last Name/Business Name		·						
Address								
City	State	Zìp Code						
Description of Obligation		. 1						
First Name	Middle N	lame						
Last Name/Business Name								
Address		_						
City	State	Zip Code						
Description of Obligation			<u> </u>					
4. TOTALS		-						
(Total from Outstanding Balance - (End of Period in item 23b. on summary page.)	d) column m	ust also be shown	1					
2			<u> </u>			-		