### **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For State and Local Candidates For Single-Candidate Committees

	<b></b>					-
1. DATE OF REPORT		NDIDATE OR CO				
July 26, 2018	leser	<u>e K S</u>	<u>chell</u>	<u>,</u>		
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION I		
				Thig.	2, 2018	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City (		State	Zip Code	Phone	
1558B Brinkley Branch Ro	l Herdus	arcuille i	TN	31075	615.45	7.8300
4.b. CANDIDATE'S HOME ADDRESS (if different	than 4.a.)					
Street or Rural Route	City		State	Zip Code	Phone	
	i anniinabla)	6. NAME O	POLITICAL	TREASURER (m	ev he candidate)	
5. OFFICE SOUGHT (include district number, if	applicable)	Cule			LOOO Ar	
7. CATEGORY OR REPORT (Check one)	1019	CURE		aba CL	<u> </u>	
		PRF-	``````````````````````````````````````	MID-YEA	.b VEAS	-END
FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH QUARTER	PRIMARY	GENERAL	SUPPLEME		
8.a. BEGINNING DATE OF REPORTING PERIOD				DRTINGPERIOD		
July 1, 2018		90	on o	3.9018		
9. (Check one)						
<ul> <li>a.  This campaign is exempt from detaile tures total \$1,000 or less for this repo</li> </ul>	d disclosure because rting period. (Compl	e contributions ( ete items 12d.,	including in-k 12e. and 12f.	ind) received tota )	l \$1,000 or less A	ND expendi-
b. This campaign is required to file a de	tailed financial disclo	sure because o	ontributions (i	ncluding in-kind)	received total mo	re than \$1,000
and/or expenditures total more than \$	1,000 for this reporti	ng period.	•	•		1
I/we do solemnly swear or affirm that the ir accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we impefit of the candidate or for any other nor signature of candidate	ons and expenditures swear or affirm that i	required to be no campaign co defined by the	reported by to intributions had deral interna	he candidate com ive been expende	mittee by the Car	npaign (
11. WITNESS SIGNATURE  signature of witness	7 <u>/26/201</u> 8	(=	sign	koc Sature of witness	LO1	7-26-20 /8
12. SUMMARY		IIF	$\bigcap$	1053	20	
a. BALANCE ON HAND LAST REPORT	A.M.	# Lang.	L) P.M.	s 10°0°	<u>.                                    </u>	
b. TOTAL RECEIPTS THIS PERIOD		UL 2620		\$	1.96	
c. TOTAL DISBURSEMENTS THIS PERIOD	SUM	<del>√ER-C⊙t</del> i	MTY	<u>\$ _ みら</u>		_ , ,
d. BALANCE ON HAND (12.a. plus 12.b. s	ELECTIC minus 12.c.)	N COMM	IISSION		, 19	8.54
e. TOTAL LOANS OUTSTANDING					. 0	
	<del></del>				(2)	
f. TOTAL OBLIGATIONS OUTSTANDING			*******		\$	<u></u>

#### SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
Lescie R. Schell	FROM: 7/1/18 TO: 7 /23/18
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.)	
16. LOANS RECEIVED THIS REPORTING PERIOD	\$_ <del>\bullet</del>
17. INTEREST RECEIVED THIS REPORTING PERIOD	
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>-</u>
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	e.g., printing, postage, gasoline)
\$	
\$	<del></del> /
\$	
	<del></del>
\$	
\$\$	
\$	
\$	
\$	
	~
Total of Expenditures (\$100 or less each payee)	636-1141
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>854.76</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ 854.96
20. LOAN REPAYMENTS MADE THIS PERIOD	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 854.46
22.IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$
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 ite	em 12.f.)\$



### ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVE	RING THE PERIOD	
1. INTIME OF CAMPBOATE OR COMMENT TEE				FROM:	TO:	
					Amount	
3. TOTAL TEMIZED CAMPAIGN CONTRIBU						
4. COMPLETE THE APPROPRIATE ITEMS FOR E	EACH ITEM	IZED CONTRIBUTION		\$100 from any contributo	r) Amount of Contribution	
First Name	Middle Na	me	Contribution Received For:	Contribution Received For:		
Last Name/Organization Name	<u> </u>		Primary Election	General Election		
			Runoff (Local Election	ns Only)		
Address					At This Flation	
City	State	Zip Code	Date of Contribution	,	Aggregate This Election	
Occupation						
Employer						
First Name	Middle Na	ame ·	Contribution Received For		Amount of Contribution	
Last Name/Organization Name	1		Primary Election [	General Election		
Address		<del>\</del>	Runoff (Local Electio	ns Only)		
City	State	Zip Coble	Date of Contribution		Aggregate This Election	
Occupation		1	1			
Employer		<del></del>	$\dashv$			
-		·	\			
			V	نتنف و محمد الناسب		
First Name	Middle Na	ime	Contribution Received Fo	Г.	Amount of Contribution	
	Middle Na	me		r:  General Election	Amount of Contribution	
First Name  Last Name/Organization Name	Middle Na	me	Primary Election	General Election	Amount of Contribution	
	Middle Na	me		General Election		
Last Name/Organization Name	Middle Na	Zip Code	Primary Election	General Election	Amount of Contribution  Aggregate This Election	
Last Name/Organization Name Address			Primary Election	General Election		
Last Name/Organization Name  Address  City			Primary Election	General Election		
Last Name/Organization Name  Address  City  Occupation			Primary Election  Rugoff (Local Election  Date of Contribution	General Election	Aggregate This Election	
Last Name/Organization Name Address City Occupation		Zip Code	Primary Election	General Election		
Last Name/Organization Name  Address  City  Occupation  Employer	State	Zip Code	Primary Election  Runoff (Local Election  Date of Contribution  Contribution Received For:	General Election	Aggregate This Election	
Last Name/Organization Name  Address  City  Occupation  Employer  First Name	State	Zip Code	Primary Election  Runoff (Local Election  Date of Contribution  Contribution Received For:	General Election ons Only)  General Election	Aggregate This Election  Amount of Contribution	
Last Name/Organization Name  Address  City  Occupation  Employer  First Name  Last Name/Organization Name	State	Zip Code	Primary Election  Runoff (Local Election  Date of Contribution  Contribution Received For:	General Election ons Only)  General Election	Aggregate This Election	
Last Name/Organization Name  Address  City  Occupation  Employer  First Name  Last Name/Organization Name  Address	State  Middle No	Zip Code	Primary Election  Runoff (Local Election  Date of Contribution  Contribution Received For:  Primary Election  Runoff (Local Election	General Election ons Only)  General Election	Aggregate This Election  Amount of Contribution	
Last Name/Organization Name  Address  City  Occupation  Employer  First Name  Last Name/Organization Name  Address  City	State  Middle No	Zip Code	Primary Election  Runoff (Local Election  Date of Contribution  Contribution Received For:  Primary Election  Runoff (Local Election	General Election ons Only)  General Election	Aggregate This Election  Amount of Contribution	
Last Name/Organization Name  Address  City  Occupation  Employer  First Name  Last Name/Organization Name  Address  City  Occupation	State  Middle No.	Zip Code  Zip Code	Primary Election  Runoff (Local Election  Date of Contribution  Contribution Received For:  Primary Election  Runoff (Local Election  Date of Contribution	General Election ons Only)  General Election	Aggregate This Election  Amount of Contribution	

# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR C	OMMITTEE			<u></u>		RING THE PERIOD			
TO THE OF PARTIES AND A STATE OF THE					FROM:	TO:			
3. TOTAL ITEMIZED IN-KIND C		S EBUM	PRECEDING PAG	F (enter \$0 if first itemized page	e)	Allogat			
4. COMPLETE THE APPROPRIATE	ITEMS FOR FA	CH ITEMIZ	ED IN-KIND CONTR	RIBUTION (in-kind contributions totaling	more than \$100 from any co	ontributor during the period)			
First Name	TIEMOT GIVE	Middle Nar		In-Kind Contribution Receive		Value of In-Kind Contribution			
1 astrone			Primary Election	Primary Election General Election					
Last Name/Organization Name				Runoff (Local Election	Runoff (Local Elections Only)				
Address				Date of In-Kind Contribution		Aggregate this Election			
City		State	Zip Code	Description of in-Kind Contribution	1				
Occupation	Employer	$\overline{}$	<u> </u>						
		_ \							
First Name		Middle Na	ne	In-Kind Contribution Receiv Primary Election	ed For: General Election	Value of In-Kind Contribution			
Last Name/Organization Name				Runoff (Local Election	ons Only)				
Address				Date of In-Kind Contribution		Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution	n .				
Occupation	Employer	<del></del>		$\angle$					
•						•			
First Name Middle Name				in Kind Contribution Received Primary Election	red For:	Value of In-Kind Contribution			
Last Name/Organization Name		1	<u> </u>	Rogoff (Local Electi					
Address			_ <del></del>	Date of In-Kind Contribution	<del>(10 011)</del>	Aggregate this Election			
	·	State	Zip Code	Description of In-Kins Contribution					
City		Sizie	Zip Code		••				
Occupation	Employer								
<b>5</b> 111-		Middle Na	ame	In-Kind Contribution Recei	veo For:	Value of In-Kind Contribution			
First Name				Primary Election	General Election				
Last Name/Organization Name				Runoff (Local Elect	ions Only				
Address		-		Date of In-Kind Contribution		Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contributi	on				
Occupation	Employer		<del></del>		\				
					Sund For	Value of in-Kind Contribution			
First Name		Middle Na	ante	In-Kind Contribution Rece	eived For: General Election	Agine of Iti-Land continuous			
Last Name/Organization Name				Runoff (Local Elect	ions Only)				
Address	<del></del>			Date of In-Kind Contribution		Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contributi	on				
Occupation	Employer	1				`			
5. TOTAL ITEMIZED IN-KIND (Carry forward to item 3. of next pa	ge if additional page	s of this form	n are used.)						
(Carry toward to item 5. of flext page of in-kind co	ntributions, this amo	unt must be	shown in item 22b. of su		4 7	201 450			
SS-1128 (Rev. 2/06)				F	Page of	RDA 1159			

## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER	TO:		
					Amount		
3. TOTAL ITEMIZED CAMPAIGN EXPENDIT	URES FRO	M PRECEDING PAG	SE (enter \$0 if first itemized p	age)			
4. COMPLETE THE APPROPRIATE ITEMS FOR	EACH ITEM	ZED EXPENDITURE (		30 to any payee during the per	1001)		
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name Fox Print	ina		mails	W			
	State	rd Zin Code	1 mar		U DTO (V)		
hemitace.	State	Zip Code 37076			Amount of Eunandia un		
First Name	me	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	<u> </u>			•			
Address			7				
City	State	Zip Code					
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	1						
Address							
City	State	Zip Code		•			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code		<u>-</u>			
First Name	Middle Na	ame	Purpose of Expenditure	· · · · · · · · · · · · · · · · · · ·	Amount of Expenditure		
Last Name/Business Name		<del></del>					
Address							
City	State	Zip Code					
5. TOTAL ITEMIZED EXPENDITURES		0.000,0004			854.96		
(Carry forward to Item 3. of next page if additional pa (If this is the last page of expenditures, this amount	nges of this form must be shown	in item 19b. of summary.)	. <u> </u>		1000.00		

## ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COI	MITTEE							REPORT ( DM:		G THE PERIOD  O:
									1	
3. COMPLETE THE APPROPRIAT	E ITEMS FO	OR EACH ITE	EMIZE	D LOAN (k	ans totaling m	nore than \$100 from	any source	during the pe	riod)	
Complete the Following for the Source	of the Loan					<del></del>			Outefor	iding Loan Balance
First Name	Middle Name	•		Outstanding Lo (Beginning of		Loans Received		oan ments		nd of Period)
Last Name/Organization Name	<u> </u>									
Address	<del>\</del>			Loan Receive	d For:	l		Date of Loa	<u>1 ———</u> iп	
Addiese	10:1	71 0.1.		☐ Primary	Election	General Elec	tion			
City	State	Zip Code			ocal Elections			<u> </u>		
l	ist All Endon		ntors fo	r Above Loar		ace is needed ple	ase attach	a page)	l Middle N	ama
First Name		Middle Name			First Name				IIIIddio 1	
Last Name/Organization Name			1		Last Name/O	rganization Name				
Address	<del>_</del>	<del> </del>		N.	Address					
City		Stale	Zip Co	ode	City			<del>-</del>	State	Zip Code
		<u> </u>			Amount Guar	anteed Outstanding		<del></del> -	<u> </u>	
Amount Guaranteed Outstanding				· .					Middle N	lame
First Name		Middle Name			First Name				Walking I	iante
Last Name/Organization Name					Last Name/C	organization Name				
Address	<del></del>	<del></del> -			Address	$\overline{}$				
- Aduless		1 0446	Zip C	edo .	City	$\overline{}$	<del></del>		State	Zip Code
City		State	Zip C		<u>                                     </u>				<u> </u>	
Amount Guaranteed Outstanding					Amount Gua	ranteed Outstanding			_	
First Name		Middle Name	)		First Name				Middle	Name
Last Name/Organization Name		<u>.i</u>	_		Last Name/0	Organization Name			1.	
Address					Address	<u>-</u>	<del> </del>	$\overline{}$		
		"Lo. /	1 75 - 6		City		_		State	Zip Code
City		State	Zip C	,00e	<u> </u>				$T_{Z}$	
Amount Guaranteed Outstanding					Amount Gua	aranteed Outstandin	9		<u>.</u>	
First Name		Middle Name	è		First Name				Middle	Name
Last Name/Organization Name		<u> </u>			Last Name/	Organization Name				$\overline{}$
		· <u>-</u> -			Address					
Address									State	Zip Code
City		State	Zip (	Code 	City				State	
Amount Guaranteed Outstanding					Amount Gu	aranteed Outstandin	9			
4. Totals for all Loans (complete o (Total loans received should also be show (Total loan payments should also be show (Total outstanding loan balance should also	vn in item 16. o vn in item 20. o	n summary page. n summary page	s.) s.)			g Loan Balance ng of Period)	Loans Received		oan yments	Outstanding Loan Balanc (End of Period)
SS-1132 (Rev. 4/02)			/			Pa	ge 🔽	_ of	_	RDA 1159

## ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD FROM: TO:					
I. NAME OF CANDIDATE ON COMMITTEE				FROM:		
<ol> <li>COMPLETE THE APPROPRIATE ITEMS F OBLIGATION tobligations totaling more than person/vendor at the end of the reporting per</li> </ol>	ı \$100 owe	ITEMIZED ed to any	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Nar	me		1		
Last Name/Business Name						
Address						
City	State	Zip Code		<u> </u>	<u> </u>	
Description of Obligation					·	
First Name	Middle Na	те				
Last Name/Business Name						
Address						
City	State	Zip Code				<u> </u>
Description of Obligation	<u> </u>					
First Name	Middle Na	ame				
Last Name/Business Name	<u> </u>					
Address			7			
City	State	Zip Code	7 \			
Description of Obligation		<u> </u>				
First Name	Middle N	ame			,	
Last Name/Business Name	ــــــــــــــــــــــــــــــــــــــ		_			
Address						
City	State	Zip Code				
Description of Obligation		<u> </u>			\	
First Name	Middle N	lame				
Last Name/Business Name						
Address					\	
City	State	Zip Code			\	\
Description of Obligation	!,				-	
4. TOTALS	•					
(Total from Outstanding Balance - (End of Period in item 23b. on summary page.)	) column m	ust also be showr	1		<u> </u>	
SS-1127 (Rev. 4/02)				Page	_ of	RDA 1159