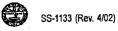
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT	1 -		
7-10-18	2.a. NAME OF CANDIDATE OF	r committee to Elect Lore	en Echols
2.b. IF COMMITTEE, NAME OF CANDIDATE	11. On Intilla	3. ELECT	
Loren Echols			-2-18
4.a. CAMPAIGN ADDRESS AND PHONE			210
Street or Rural Route 129 Fountain Brooke	City Lenderson ille	State Zip Code 27075	Phone (a) = 4 - 1 - 1 - 1
4.b. CANDIDATE'S HOME ADDRESS (if different	than 4.a.)	110 21013	615.306.6065
Street or Rural Route	City	State Zip Code	Phone
5. OFFICE SOUGHT (include district number, if	applicable) 6. NAME	OF POLITICAL TREASURE	R (may be candidate)
7. CATEGORY OR REPORT (Check one)	Dist.7 Pat	ncia Lemai	rbre
D D			
FIRST SECOND THRD QUARTER QUARTER QUARTER	FOURTH PRE-	PRE- MID-	J YEAR YEAR-END
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER PRIMARY	GENERAL SUPPLI G DATE OF REPORTING PERIO	MENTAL SUPPLEMENTAL
4-77-18	O.B. ENDIN	0-30-18	N)
9. (Check one)		2 00 10	
 This campaign is exempt from detailed tures total \$1,000 or less for this report 	d disclosure because contribution	ns (including in-kind) received	total \$1,000 or less AND expendi-
		•	
b. M This campaign is required to file a deta and/or expenditures total more than \$	1,000 for this reporting period.	e commounous (including in-kii	nd) received total more than \$1,000
10. I/we do solemnly swear or affirm that the infaccurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we should be for any other none signature of candidate Signature of candidate	ns and expenditures required to Wear or affirm that no campaign	be reported by the candidate of contributions have been expe e federal internal revenue cod	committee by the Campaign
11. WITNESS SIGNATURE		<u> </u>	
Signature of witness	7/9/2018 (signature of witness	rnev 7-9-18 s date
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		s 1,90	07/8
b. TOTAL RECEIPTS THIS PERIOD	FHED	<u>, 50</u>	00
c. TOTAL DISBURSEMENTS THIS PERIOD, J	M. P.A	s 19°	3729
d. BALANCE ON HAND (12.a. plus 12.b. mi	nus 126, 09 2018	Л. 	· 7989
e. TOTAL LOANS OUTSTANDING	UMNER COUNTY		\$_ -0-
f. TOTAL OBLIGATIONS OUTSTANDING			s

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
Conte + Elect Loven Echols	FROM: 4/22 TO: 6/30
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	s <u>50</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ -D-
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>50</u>
16. LOANS RECEIVED THIS REPORTING PERIOD	\$
17. INTEREST RECEIVED THIS REPORTING PERIOD	
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	s_50
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)
Campaign Supplies \$ 325	<u></u>
Postage s 35.	<u> </u>
Event Sponsorship \$ 900	<u>a</u>
Advertising : 58	<u>88</u>
Polling place workers \$ 150	00
	
	
——— 3 ———	
<u> </u>	
Total of Expenditures (\$100 or less each payee)	\$ 366.12
b. Itemized Expenditures (Over \$100 each payee this period)	157050
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	1/3/27/19
20. LOAN REPAYMENTS MADE THIS PERIOD	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	142 127
22.IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>-</u>
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.)	
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	
b. Itemized Obligations Outstanding (Over \$100 each)	s_ -0
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i ite	m 12.f.)\$



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMIT	TEE Floc	A (Ne	u Februs 2 REPORT COVE	RING THE PERIOD TO: (p 30
				Amount
3. TOTAL ITEMIZED CAMPAIGN CONT	RIBUTIONS FRO	M PRECEDING F	AGE (enter 50 if first iterflized page)	x)
4. COMPLETE THE APPROPRIATE ITEMS First Name	Middle Nam		N (contributions totaling more than \$100 from any contribute Contribution Received For:	Amount of Contribution
Last Name/Organization Name			☐ Primary Election ☐ General Election /	1
Last Haller Organization Hallio	<u> </u>		D D was first and Stanting Oaks	
Address			Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation	- · · · · ·	· · · · · · · · · · · · · · · · · · ·	7	
Employer	_ _		7	1
				Amount of Contribution
First Name	Middle Nar	ne	Contribution Received For:	Amount of Commodition
Last Name/Organization Name			Primary Election General Election	
Address	<u></u>		Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation		<u> </u>	A	
·	 -		_	
Employer				
First Name	Middle Nar	те	Contribution Received For:	Amount of Contribution
Last Name/Organization Name		/	Primary Election General Election	
Address		<u> </u>	Runoff (Local Elections Only)	
	Vstate	Zip Code	Date of Contribution	Aggregate This Election
City	31216	230 0000		
Occupation				
Employer	/			
First Name	Middle Na	атте	Contribution Received For:	Amount of Contribution
Last Name/Organization Name			☐ Primary Election ☐ General Election	ľ
Last Italies of your country			Runoff (Local Elections Only)	
Address				Aggregate This Election
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation				
Employer				
	NO.			
5 TOTAL ITEMIZED CONTRIBUTIO (Carry forward to item 3. of next page if additi	ional pages of this form	n are used.)		
(If this is the last page of contributions, this a	mount must be shown	in item 15b. of summan	<i>(</i> .)	

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OF	ee to	Tle	et Core	en telis FROM: 4/22	TO: 6 30				
_				enter \$0 if first itemized page)	Amount •				
. COMPLETE THE APPROPRIA	TE ITEMS FOR EA	CH ITEMIZ	ED IN-KIND CONTRIBL	JTION (in-kind contributions totaling more than \$100 from any co	ntributor during the period)				
First Name	REDI-Alasa			In-Kind Contribution Received For: Primary Election General Election	Value of In-Kind Contribution				
Last Name/Organization Name				Runoff (Local Elections Only)					
Address				Date of tn-Kind Contribution Aggregate this Election					
City		State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer	<u>L., </u>	-l						
First Name		Middle Na	m é	In-Kind Contribution Received For: Primary Election General Election	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	_,I. ,				
Occupation	Employer			√					
				1	•				
First Name Middle Name				In-Kind Contribution Received For: Primary Election					
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		/1						
First Name		Middle Na	ame	In-Kind Contribution Received For: Primary Election General Election Value of In-Kind Contrib					
Last Name/Organization Name		71		Runoff (Local Elections Only)					
Address			. <u></u>	Date of In-Kind Contribution Aggregate this Election					
City	/	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer	<u> </u>							
First Name		Middle Na	ame	In-Kind Contribution Received For: Primary Election General Election	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>	7					
	ND CONTRIBUTE	ONG							
5. TOTAL ITEMIZED IN-KII (Carry forward to item 3. of next (If this is the last page of in-kind	cage if additional page	es of this form	n are used.) shown in item 22b. of summ	nary.)					
SS-1128 (Rev. 2/06)				Page of	RDA 1159				

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR CO	NAME OF CANDIDATE OR COMMITTEE 2. REPORT COVERING THE PERIOD										
Committee to Kleet Cover Files 4/22 16/30											
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	Middle Nam	3		Outstanding L (Beginning o		Loans Received		an nents			Loan Balance [Period)
Last Name/Organization Name				,•							·
				Loan Receive	od Foe			Date of Loar			
Address Loan Received				☐ General	Election	Date of Loan	•				
City	State	Zip Code		Runoff (Local Elections Only)					1		
	List All Endor	ers or Guara	ntors fo				please attach	a page)			
First Name		Middle Name			First Name				Middle !	Vame	
Last Name/Organization Name		l			Last Name/Or	ganization Nam	18	· · · -	<u> </u>		
					Address						
Address					- Audiess	, <u>.</u>					
City		State	Zip C	ode	City				State		Zip Code
Amount Guaranteed Outstanding		<u> </u>	L		rnount Guara	Inteed Outstand	ding				
First Name	_	Middle Name)	/	First Name				Middle	Name	
Last Name/Organization Name			/	Last Name/Organization Name							
Address				Address							
City		State	Zip C	ode	City				State		Zip Code
Amount Guaranteed Outstanding					Amount Guar	anteed Outstan	ding				
First Name	/	Middle Name)		First Name				Middle	Name	
Last Name/Organization Name		<u> </u>		· 	Last Name/O	rganization Nar	ne		<u> </u>		
Address	$\overline{}$				Address						
City	/	State	Zip C	ode	City		··.	<u> </u>	State		Zip Code
Amount Guaranteed Outstanding		<u> </u>			Amount Guar	anteed Outstan	ding		<u> </u>		
		Legal- vi-			Cimt Manage			<u> </u>	Middle	Name	
First Name Middle Name				First Name Middle Name							
Last Name/Organization/Name					Last Name/C	rganization Na	ne				
Address	 				Address						
City	<u>.</u>	State	Zip C	Code	City				State		Zip Code
Amount Guaranteed Outstanding			1		Amount Guar	anteed Outstan	ding				
4. Totals for all Loans (complete o	n last page of	itemized loa	ans)			Loan Balance	Loans	Los		Outs	standing Loan Balance
(Total to an navments should also be shown in item 20, on summary page.)				(Heginnin	of Period)	Received	Рауп	IUNIS		(End of Period)	
(Total outstanding loan balance should also be shown in Item 12.e. on front page.)								<u> </u>			

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			- (/	2. REPORT COVER	RING THE PERIOD /			
Committee to E	1001	t loven	tchols		TO: 6/30/18			
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	Amount							
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)								
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name OOLGIAS Pri	115'A	a			,			
Address O			Print	6555				
ay Nashville								
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name CE SUPPOR- Address LIHS MYAH	r Sy Or.	stems	Mailing	54720				
madison	State TN	77115			_			
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Bysiness Name Face book Address / Hacker Way			Voter Ou	Hreach	36780			
Menlo Park	State CA	74×25						
First Name	Middle Nam	e ;	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name	<u>. </u>							
Address								
City	State	Zip Code						
First Name	Middle Name	e	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name					·			
Address								
City	State	Zip Code						
irst 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 pages (If this is the last page of expenditures, this amount must								

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD,			
Committee to El	ect Loven	Echols	FROM: 4/2		P/30/18	
3. COMPLETE THE APPROPRIATE ITEMS I	OR EACH ITEMIZED	Outstanding Balance	Debt Incurred	Payments	Outstanding Balance	
OBLIGATION (obligations totaling more tha	n \$100 owed to any	(Beginning of Period)	This Period	This Period	(End of Period)	
person/vendor at the end of the reporting p	eriod)					
First Name	Middle Name					
					į	
Last Name/Business Name Douglas Printi	11 -	15550		1,000		
	10	$\psi \mathcal{I}$	<i>(</i>)			
Address 2601 Winford	Ave				_	
City	State Zin Code					
Nashville	TN 31211					
Description of Obligation						
First Name	Lament	, 		-		
rist Name	Middle Name					
Last Name/Business Name		-				
LOTTICE SUPPORT	- Systems	11720	~	~(776)		
Address	~ <i>'</i>	1741	0	5419	0	
	<i>W</i> .	'			-	
city madison	State Zip Code 371(5					
Description of Obligation		<u> </u>				
Mailina Service	25					
First Name	Middle Name					
	Wildlie Name					
Last Name/Business Name		21-780				
Facebook		10/00/	Ð	スんつり	\	
Address / Hacker Wa	11	' '	•			
City		ŀ				
city mento Park	State A Zip Code 94025			ļ		
Description of Obligation		· · · · · · · · · · · · · · · · · · ·				
First Name	Middle Name					
Last Name/Business Name						
Address						
Address						
City	State Zip Code					
			ł			
Description of Obligation				-		
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State Zip Code		:			
Description of Ohlings						
Description of Obligation						
A TOTALS						
4. TOTALS (Total from Outstanding Release) (Find of Regard) a	aluma muusi alaa 1	10-0	47 T	·		
(Total from Outstanding Balance - (End of Period) or in item 23b. on summary page.)	must also de shown	157050		1510	W	
6				'		