CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

				<u> </u>			
DATE OF REPORT 2.a. NAME OF CANDIDATE OR COMMITTEE							
7-10-18	<u>I Mik</u>	e (arter					
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE	., .			
Committee to Elect	- Mike C	arter for J	udge 8-	4-16			
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	State	Zip Code	Phone			
	•	_		(bis) 206-0360			
4.b. CANDIDATE'S HOME ADDRESS (if differen		Clauain	M, 110 3 1000	(DI 57200 0000			
Street or Rural Route	City	State	Zip Code	Phone			
102 Cedar Ridge Lave.	Henders	anville, TN	37075 (615)	822-1020			
5, OFFICE SOUGHT (include district number, it	f applicable)	6. NAME OF POLITI	CAL TREASURER (may be o	candidate)			
General Sessions Judg	e DIVIII	Robe	rt Jennings				
7. CATEGORY OR REPORT (Check one)			v				
FIRST SECOND THIRD	FOURTH	PRE- PRE		YEAR-END			
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY GENER 8.b. ENDING DATE OF R		SUPPLEMENTAL			
1-16-18		0.5. 2.15.110.5.1120, 1	6-30-18				
9. (Check one)	<u> </u>		V 30 18				
a. X This campaign is exempt from detaile	d disalagues bossus	a contributions (including	in_kind) received total \$1 000	On less AND expendi-			
tures total \$1,000 or less for this repo	orting period. (Comp	lete items 12d., 12e. and	12f.)	o or loss AND expensi			
b. This campaign is required to file a de	tailed financial disclo	sure because contributio	ns (including in-kind) receive	d total more than \$1,000			
and/or expenditures total more than \$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
I/we do solemnly swear or affirm that the ir accurate accounting of campaign contributive. Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other nor signature of candidate.	ons and expenditure swear or affirm that	s required to be reported no campaign contributior defined by the tederal in	by the candidate committee is have been expended for th	by the Campaign			
11. AATNESS SIGNATURE	-		, 9				
	11212	Ω .	- ()	الإدارة			
Vette Chr	1-12-18		Willer	7110118			
signature of witness	date		signature of withess	' date			
12, SUMMARY							
a. BALANCE ON HAND LAST REPORT		FD	, <u>784. 76</u> , -0-				
b. TOTAL RECEIPTS THIS PERIOD	1 1.		\$ <u>- 0 -</u>				
c. TOTAL DISBURSEMENTS THIS PERIOD	A.M.	a c 20 18	s 784.76				
		·					
d. BALANCE ON HAND (12.a. plus 12.b. r	minus 12.c.) ,	ON	s	<u>- 0 -</u>			
TOTAL LOANS SUTSTANDING	ELECTION	Carrier Caracter	•	- 0 -			
e. TOTAL LOANS OUTSTANDING	***************************************						
f. TOTAL OBLIGATIONS OUTSTANDING			\$				

SUMMARY PAGE - CANDIDATE

18. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD						
Committee to Elect Mile Carter for Judge	FROM: 1-16-18 10: 6-30-18						
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)							
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>-0-</u>						
b. Itemized Contributions (over \$100 from each source this period)\$\$							
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)\$ o -							
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u> </u>						
17. INTEREST RECEIVED THIS REPORTING PERIOD							
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>-0-</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)						
Portland Chamber of Commerce \$ 90.0	<u>vr</u> 0						
Westmoreland Chamber of Commerces 50.	<u>סט</u>						
\$							
\$							
\$							
\$							
\$							
\$							
\$	·						
Total of Expenditures (\$100 or less each payee)	s 140.00						
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 644.76						
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	s 784.76						
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							
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)	\$0_						
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	ct Mil	ce Cart	er for lidge	2. REPORT COVER	TO: 6-30-18			
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) Amount								
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			
LackName/Business Name Commerce Address 100 N. Main St., Ste. D Cin. State Zin Code		Membership Dues		130.00				
Goodlettsville	State Zip C	7072	Jues					
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure			
Las Name/Business Name Hendersonville Chan Address 100 Country Club J City, Hendersonville	State Zip Co	104	_	ship Les	190.00			
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure			
Losi Name/Business Name Golfatin Area Ch Address 118 West Main St. Ch Gallatin	State Zip C	7066	Members I	hip)ues	157.50			
First Name	Middle Name		Purpose of Expenditure	· ·	Amount of Expenditure			
Last Name/Business Name Republican Party of Summer Co. Address O. Bex 1057 Circo detts ville Type Code Type Top Code Type Type Type Type Type Type Type Type		Candidate's Political party		167.26				
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
Address								
City	State Zip C	Code						
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
Address								
City	State Zip C	Code			;			
					<u> </u>			
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.)					644.76			