CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

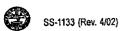
2.a. NAME OF CANDIDATE OR COMMITTEE

3.a. NAME OF CANDIDAT

1.	DATE OF REPORT		NDIDATE OR C		, ,		2018			
	7-5-18	Ray So	nny" We	atherto	ord ELEC	TIVER				
2.b.	IF COMMITTEE, NAME OF CANDIDATE	,			3. ELECTION E	2018 M	INTY ISSION			
	CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	***	State	Zip Code	Pho	ne			
16	CANDIDATE'S HOME ADDRESS (If different	Bethpase	7	~ 3	37022	(415)8	41-4024			
4.b.	CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	than 4.a.) City		State	Zip Code	Pho	ne ,			
	OFFICE SOUGHT (include district number, if Sheriff	applicable)	6. NAME O	FPOLITICAL T	TREASURER (mi	ay be candida	te)			
7.	CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER BEGINNING DATE OF REPORTING PERIOD	FOURTH QUARTER	PRE- PRIMARY 8.b. ENDING	PRE- GENERAL DATE OF REPO	MID-YEA SUPPLEME RTING PERIOD		EAR-END PLEMENTAL			
o.a	4-22-18			6-30-1						
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. 										
10	I/we do solemnly swear or affirm that the in accurate accounting of campaign contribution. Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other not signature of candidate.	ons and expenditure swear or affirm that	es required to be no campaign of defined by the	e reported by tr ontributions ha	ve been expende	itilities by the	Campaign 1			
11	WITNESS SIGNATURE			<u> </u>						
 	Civida Williamson signature of witness	7/9/18 date		Linde U	Lillians ature of witness	on	7/9//8 date			
12	SUMMARY					09				
	a. BALANCE ON HAND LAST REPORT	***************************************			\$ 30, 798					
	b. TOTAL RECEIPTS THIS PERIOD	•••••••		******	\$ <u>O</u>		,			
	c. TOTAL DISBURSEMENTS THIS PERIOD		***************************************		\$582	<u></u>	09			
	d. BALANCE ON HAND (12.a. plus 12.b.	minus 12.c.)	***************************************			<u> </u>	,216.			
	e. TOTAL LOANS OUTSTANDING						0			
	f. TOTAL OBLIGATIONS OUTSTANDING					\$	0			

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD								
Roy" Sonny" Weatherford	FROM: 4/22/18 TO: 6/30/18								
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.)	c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)\$								
	3. LOANS RECEIVED THIS REPORTING PERIOD\$								
7. INTEREST RECEIVED THIS REPORTING PERIOD\$									
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)\$									
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)								
Donation GHS Quarterbook Club \$ 100.									
U.S. Post Office P.O. Box RentAL \$ 82.									
\$									
\$									
\$									
\$									
\$									
\$									
\$									
Total of Expenditures (\$100 or less each payee)	, 65								
b. Itemized Expenditures (Over \$100 each payee this period)									
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)								
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u>0</u>								
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 582								
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)\$									
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 COVERI								
Roy "Song" Weath	TO: 6/30/18											
	Amount											
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 in list 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		6	Purpose of Expenditure		Amount of Expenditure							
Last Name/Business Name			1	ļ								
Henderson ville Rotary	b			150 -								
Address /			Dues		.							
550 6. Mais 57.	State	Zip Code	1									
Henderson ville	/~	37075	<u> </u>									
First Name Middle Nam		ne	Purpose of Expenditure		Amount of Expenditure							
Last Name/Business Name	L		1		00							
Living Sent Ministries	<u> </u>		Donati	Un	350 _							
Address Indian Lake Blvd	L Ro	om 112										
City.	State	Zip Code	1									
Hendorsonville.	TN	37075										
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure							
Last Name/Business Name	<u> </u>	<u> </u>	-									
Last name/business name												
Address												
City	State	Zip Code	-									
First Name Middle Name		ne	Purpose of Expenditure		Amount of Expenditure							
Last Name/Business Name		-										
			_									
Address												
City	State	Zip Code										
		·										
First Name Middle Name		ne	Purpose of Expenditure		Amount of Expenditure							
Last Name/Business Name	J		1									
												
Address												
City	State	Zip Code	7									
	Edual - M		Purpose of Expenditure		Amount of Expenditure							
First Name Middle Name			1 dibase of exherionise									
Last Name/Business Name												
Address		1										
City	State	Zip Code	7									
	<u> </u>	1	·									
5. TOTAL ITEMIZED EXPENDITURES	و م											
(Carry forward to item 3, of next page if additional page	s of this form	are used.)			500. =							