

ITEMIZED STATEMENT OF LOANS - PAC

1. NAME OF COMMITTEE				2. REPORT COVERING THE PERIOD			
				FROM:		TO:	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 owed to any person/business at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Loans Received This Period	Loan Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
				Date of Loan			
4. TOTALS (Total from "Outstanding Balance - (End of Period)" column must also be shown in item 21 on summary page.)							



ITEMIZED STATEMENT OF OBLIGATIONS - PAC

1. NAME OF COMMITTEE				2. REPORT COVERING THE PERIOD			
				FROM:		TO:	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
4. TOTALS (Total from "Outstanding Balance - (End of Period)" column must also be shown in item 22.b on summary page.)							



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE Sumner Government of the People			2. REPORT COVERING PERIOD		
			FROM: 4/22/18	TO: 6/30/18	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$0.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)					
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name				Date of In-Kind Contribution	
Address					
City	State				Zip Code
Occupation					
Employer					
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name				Date of In-Kind Contribution	
Address					
City	State				Zip Code
Occupation					
Employer					
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name				Date of In-Kind Contribution	
Address					
City	State				Zip Code
Occupation					
Employer					
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name				Date of In-Kind Contribution	
Address					
City	State				Zip Code
Occupation					
Employer					
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS				\$0.00	
(Carry forward to item 3 of next page if additional pages of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 20.b. of summary.)					



ITEMIZED STATEMENT OF INDEPENDENT EXPENDITURES - PAC

1. NAME OF COMMITTEE Sumner Government of the People				2. REPORT COVERING THE PERIOD			
				FROM: 4/22/18	TO: 6/30/18		
3. TOTAL ITEMIZED INDEPENDENT EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount \$0.00		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED INDEPENDENT EXPENDITURE (expenditures totaling more than \$100 to any payee during the period). Please remember to include the purpose of the expenditure (e.g. postage, printing) and the name of the candidate supported or opposed.							
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Fox Printing				Printing, postage		\$8,193.85	
Address 931 Old Lebanon Dirt Rd				Candidate Supported or Opposed & Office Sought John Isbell, Jim Vaughn: Co Exec <input checked="" type="checkbox"/> Opposed		Date of Expenditure	
City Hermitage		State TN	Zip Code 37076	Jeremy Mansfield, Comm D11 <input type="checkbox"/> Supported		04/24/18	
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name							
Address				Candidate Supported or Opposed & Office Sought		Date of Expenditure	
City		State	Zip Code	<input type="checkbox"/> Opposed <input type="checkbox"/> Supported			
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name							
Address				Candidate Supported or Opposed & Office Sought		Date of Expenditure	
City		State	Zip Code	<input type="checkbox"/> Opposed <input type="checkbox"/> Supported			
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name							
Address				Candidate Supported or Opposed & Office Sought		Date of Expenditure	
City		State	Zip Code	<input type="checkbox"/> Opposed <input type="checkbox"/> Supported			
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name							
Address				Candidate Supported or Opposed & Office Sought		Date of Expenditure	
City		State	Zip Code	<input type="checkbox"/> Opposed <input type="checkbox"/> Supported			
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name							
Address				Candidate Supported or Opposed & Office Sought		Date of Expenditure	
City		State	Zip Code	<input type="checkbox"/> Opposed <input type="checkbox"/> Supported			
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name							
Address				Candidate Supported or Opposed & Office Sought		Date of Expenditure	
City		State	Zip Code	<input type="checkbox"/> Opposed <input type="checkbox"/> Supported			
5 (a) Itemized Independent Expenditures					\$ 8,193.85		
5 (b) Unitemized Independent Expenditures					\$ 0.00		
5 (c) Total Independent Expenditures (If this is the last page of ind. expenditures, this amount must be shown in item 17c. of summary page.)					\$ 8,193.85		

ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE Sumner Government of the People			2. REPORT COVERING THE PERIOD	
			FROM: 4/22/18	TO: 6/30/18
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$ 0.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code	Date of Contribution	
Occupation		Employer		
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code	Date of Contribution	
Occupation		Employer		
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code	Date of Contribution	
Occupation		Employer		
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code	Date of Contribution	
Occupation		Employer		
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code	Date of Contribution	
Occupation		Employer		
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code	Date of Contribution	
Occupation		Employer		
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code	Date of Contribution	
Occupation		Employer		
5. TOTAL ITEMIZED CONTRIBUTIONS				\$0.00
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 13b. of summary.)				



ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE Sumner Government of the People		2. REPORT COVERING THE PERIOD		
		FROM: 4/22/18	TO: 6/30/18	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount \$0.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period). If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g. postage, printing) along with the candidate's name in the purpose of expenditure section.				
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name Frost Brown Todd		Legal Services	\$2,500.00	
Address 150 3rd Avenue South, Suite 1900			Date of Expenditure	
City Nashville	State TN		Zip Code 37201	05/23/18
First Name			Middle Name	Purpose of Expenditure
Last Name/Business Name Robocent		Survey	\$150.01	
Address 2129 General Booth Blvd			Date of Expenditure	
City Virginia Beach	State VA		Zip Code 23454	04/22/18
First Name			Middle Name	Purpose of Expenditure
Last Name/Business Name				
Address			Date of Expenditure	
City	State		Zip Code	
First Name			Middle Name	Purpose of Expenditure
Last Name/Business Name				
Address			Date of Expenditure	
City	State		Zip Code	
First Name			Middle Name	Purpose of Expenditure
Last Name/Business Name				
Address			Date of Expenditure	
City	State		Zip Code	
First Name			Middle Name	Purpose of Expenditure
Last Name/Business Name				
Address			Date of Expenditure	
City	State		Zip Code	
First Name			Middle Name	Purpose of Expenditure
Last Name/Business Name				
Address			Date of Expenditure	
City	State		Zip Code	
First Name			Middle Name	Purpose of Expenditure
Last Name/Business Name				
Address			Date of Expenditure	
City	State		Zip Code	
First Name			Middle Name	Purpose of Expenditure
Last Name/Business Name				
Address			Date of Expenditure	
City	State		Zip Code	
First Name			Middle Name	Purpose of Expenditure
Last Name/Business Name				
Address			Date of Expenditure	
City	State		Zip Code	
First Name			Middle Name	Purpose of Expenditure
Last Name/Business Name				
Address			Date of Expenditure	
City	State		Zip Code	
First Name			Middle Name	Purpose of Expenditure
Last Name/Business Name				
Address			Date of Expenditure	
City	State		Zip Code	
First Name			Middle Name	Purpose of Expenditure
Last Name/Business Name				
Address			Date of Expenditure	
City	State		Zip Code	
First Name			Middle Name	Purpose of Expenditure
Last Name/Business Name				
Address			Date of Expenditure	
City	State		Zip Code	
First Name			Middle Name	Purpose of Expenditure
Last Name/Business Name				
Address			Date of Expenditure	
City	State		Zip Code	
First Name			Middle Name	Purpose of Expenditure
Last Name/Business Name				
Address			Date of Expenditure	
City	State		Zip Code	
First Name			Middle Name	Purpose of Expenditure
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 campaign expenditures, this amount must be shown in item 17b. of summary.)			\$2,650.01	

