### **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For Multicandidate Committees (PACs)

1. DATE OF REPORT	2. NAME OF COMMITTEE			
July 10, 2018	Sumner Government of the People			
2.A. SHORT NAME OF COMMITTEE (IF APPLIC	CABLE)			
Sumner GOP				
ADDRESS AND PHONE     Street or Rural Route	City	State	Zip Code	Phone
	dlettsville	TN	37072	Thone
TYPE OF CANDIDATES SUPPORTED			0.0.2	
	STATE PUBLIC OFFICE.	LOCAL PUBL	IC OFFICE 🗹	вотн 🔲
5.A. NAME OF POLITICAL TREASURER		· · · · · · · · · · · · · · · · · · ·	5,B. DATE	E APPOINTED
Timothy D. Lynch Jr.			02/2	3/2018
6. CATEGORY OR REPORT (Check one)  FIRST SECOND THIRD  QUARTER QUARTER QUARTER	FOURTH PRE-	PRE- GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
7.A.BEGINNING DATE OF REPORTING PERIOD		G DATE OF REPO		
04/22/2018	06/30	/2018		
8. (Check one)	•			
<ul> <li>A.  This committee is exempt from detail expenditures total \$1,000 or less for is true and that the committee has coand 10f must also be completed.)</li> <li>B.  This committee is required to file a de \$1,000 and/or expenditures total mor in this statement is true and that the required to be reported by political care.</li> </ul>	this reporting period. I do solemly somplied with all applicable provision etailed financial disclosure because re than \$1,000 for this reporting perion following page(s) are a complete ar	swear or affirm the s of the Campaid contributions (in iod. I do solemly and accurate acco	nat the information cont gn Financial Disclosure aduding in-kind) receive a swear or affirm that th anting of all contribution	ained in this statement Act. (Items 10d., 10e.  d total more than e information contained
-	signature of po	illucal treasure		date
9. WITNESS SIGNATURE	signatur	me of witness		7/10/18 date
10 CHRARACOV				
10. SUMMARY			21,633.19	
a. BALANCE ON HAND LAST REPORT			\$	
b. TOTAL RECEIPTS THIS PERIOD	FILED			
c. TOTAL DISBURSEMENTS THIS PERIOD	A.M.	PM.	\$	
d. BALANCE ON HAND (10.a. plus 10.b. ı	JUL 1 0 2018 minus 10.c.)		\$	10,701.33
, , , , , , , , , , , , , , , , , , , ,	SUMNER COUNT	Y		0.00
e. TOTAL LOANS OUTSTANDING		C317/STN	\$	
f. TOTAL OBLIGATIONS OUTSTANDING	3		\$	0.00

#### **SUMMARY PAGE - PAC**

11. NAME OF COMMITTEE (In Full)		12. REPORT COVERING THE PER	
Sumner Government of the People		FROM 4/22/18	TO: 6/30/18
RECEIPTS 13. CONTRIBUTIONS (other than loans and interest)			
a. Unitemized Contributions (\$100 or less from each source this perion.)	od)	.\$0.0	00
b. Itemized Contributions (over \$100 from each source this period)		. \$0.0	00
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. a	and 13.b.)		\$0.00
14. LOANS RECEIVED THIS REPORTING PERIOD			\$0.00
15. INTEREST RECEIVED THIS REPORTING PERIOD			0.00
   16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10	.b.)		\$0.00
DISBURSEMENTS			
17. EXPENDITURES (other than loan payments)			
a. Unitemized Expenditures (\$100 or less each payee this period) (must gasoline)	be listed by	category - e.g., prir	nting, postage,
Fuel	63.	45	
Research	19.	<del></del> 10	
Postage \$	5.	<del></del> 45	
\$		<u> </u>	
\$	<del></del>	<del>=</del>	
		<del></del>	
\$			
Total of Expenditures (\$100 or less each payee)			_
b. Itemized Expenditures (Over \$100 each payee this period)		. \$2,650.0	<u>)1</u>
c. Independent Expenditures		.\$8,193.8	35 —
d. TOTAL EXPENDITURES (other than loan repayments)(add 17.a., 17.b.	. and 17.c.) .		\$10,931.86
18. LOAN REPAYMENTS MADE THIS PERIOD			\$0.00
19. TOTAL DISBURSEMENTS (add 17.d. and 18.) (must be shown in item	10.c.)		\$ 10,931.86
20.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	d)(t	. \$	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.	a. and 20.b.)		\$
21.LOANS			
LOANS OUTSTANDING (must be shown in item 10.e.)		***************************************	\$0.00
22. OBLIGATIONS			
a. Unitemized Obligations Outstanding (\$100 or less each)		.\$	
b. Itemized Obligations Outstanding (Over \$100 each)		.\$	
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be	shown i item	10.f.)	\$

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Page \_\_\_\_\_ of \_\_\_\_

#### **ITEMIZED STATEMENT OF LOANS - PAC**

NAME OF COMMITTEE			2. REPORT COVI	ERING THE PERIOD		
					FROM:	TO:
COMPLETE THE APPROPRIATE ITEMS     LOAN (loans totaling more than \$100 owed to     the reporting period)			Outstanding Balance (Beginning of Period)	Loans Received This Period	Loan Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	ime				
		<del>-</del>				
Last Name/Business Name						
Address						
City	State Zip Code		Date of Loan			
			Date of Loan			i
First Name	Middle Na	me				
Last Name/Business Name						
Address		, , , , , , , , ,				
City	State	Zip Code	Date of Loan			
First Name	Middle Na	me				
Last Name/Business Name						
Address						
City	Loi-	75 O. d.				
, will	State	Zip Code	Date of Loan			
First Name	Middle Na	me			1	
Last Name/Business Name			1			
Address						
City	State	Zip Code	Date of Loan		]	
	Ĺ					
First Name	Middle Na	me	1			
Last Name/Business Name						
Address						
City	State	Zip Code	Date of Loan	<u> </u>	<u> </u>	
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**

100 owe		Outstanding Balance	Debt	FROM:	TO:
100 owe		Outstanding Balance	D-44	1	
	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)			Payments This Period	Outstanding Balance (End of Period)
Middle Name					
Last Name/Business Name					
State	Zip Code				
<u> </u>	<u> </u>	<u> </u>			
Middle Na	ame				
<u> </u>					
State	Zip Code				
<u></u>		<u> </u>			
Middle Na	me			<u> </u>	·
					,
State Zip Code					
		· · · · · · · · · · · · · · · · · · ·			
First Name Middle Name					
<u> </u>	·	1			
+	r				
State	Zip Code				
Middle Na	tme				'
Last Name/Business Name					
Address					
State	Zip Code				
•	• · · · · · · · · · · · · · · · · · · ·				•
				ī	
4. TOTALS  (Total from "Outstanding Balance - (End of Period)" column must also be shown in item 22.b on summary page.)					
	State  Middle Na  State  Middle Na  State  Middle Na  State	State Zip Code  Middle Name  State Zip Code  Middle Name  State Zip Code  Middle Name	State Zip Code  Middle Name  State Zip Code  Middle Name  State Zip Code  Middle Name  State Zip Code	State Zip Code  Middle Name  State Zip Code  Middle Name  State Zip Code  Middle Name  State Zip Code	State Zip Code  Middle Name  State Zip Code  Middle Name  State Zip Code  Middle Name  State Zip Code



#### **ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - PAC**

1. NAME OF COMMITTEE 2. REPORT COVER						
Sumner Government of the People F			FROM: 4/22/18	TO: 6/30/18		
	T(0)(0 500)(1				Amount \$0.00	
3. TOTAL ITEMIZED IN-KIND CONTRIBU 4. COMPLETE THE APPROPRIATE ITEM	IONS FROM F IS FOR EACH I	RECEDING PAGE ( FEMIZED IN-KIND C	enter \$0 if first itemized page) ONTRIBUTION (in-kind contributions	s totaling more than \$100 from an		
	Middle Name				Value of In-Kind Contribution	
First Name	MILLOR NAME		Description of In-Kind Contribution		Value of ITPAING CONFIDURATION	
Last Name/Organization Name	<u> </u>					
			<u>}</u>			
Address						
City	State	Zip Code			Date of In-Kind Contribution	
		2.10 0000				
Occupation						
Employer				i		
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name		·	1		,	
Address	<u> </u>		-			
, datase					Date of In-Kind Contribution	
City	State	Zip Code	-		Date of ITI-King Contribution	
Occupation	<u> </u>		•			
Employer			4			
штркусг						
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name	<u> </u>		4			
Last namerorganization manie						
Address			1			
					Date of In-Kind Contribution	
City	State	Zip Code				
Occupation	•		1			
Employer			†			
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution	
	<u> </u>					
Last Name/Organization Name						
Address			4			
					Date of In-Kind Contribution	
City	State	Zip Code				
Occupation		<u> </u>	1			
Employer			-			
5. TOTAL ITEMIZED IN-KIND CONTR	RIBUTIONS		•			
(Carry forward to item 3 of next p	age if additional	pges of this form are u	used.)		\$0.00	
(If this is the last page of in-kind of					Ψ0.00	
L						



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#### ITEMIZED STATEMENT OF INDEPENDENT EXPENDITURES - PAC

1. NAME OF COMMITTEE 2. REPORT COVE					ERING THE PERIOD
Sumner Government of the Per	Sumner Government of the People FROM: 4/22/18				
3. TOTAL ITEMIZED INDEPENDENT E	XPEND	ITURES FROM PRE	ECEDING PAGE (enter \$0 if first itemized	nane)	Amount \$0.00
4. COMPLETE THE APPROPRIATE ITEMS	FOR EA	ACH ITEMIZED INDEP	ENDENT EXPENDITURE (expenditures totaling	ng more than \$100 to a	any payee during the
period). Please remember to include the	purpose	of the expenditure (e.g	p. postage, printing) and the name of the candi	date supported or op	oosed.
First Name	irst 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 E	xec Opposed ■	Date of Expenditure
City Hermitage	State TN	Zip Code 37076	Jeremy Mansfield, Comm D11 Luke Tinsley, Comm D6		04/24/18
First Name	Middle Na	<u> </u>	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	<u> </u>		_		
Address			Candidate Supported or Opposed & Office Sought	Opposed 🔲	Date of Expenditure
City	State	Zip Code		Supported	
First Name	Middle Na	ime	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	<u> </u>				
Address			Candidate Supported or Opposed & Office Sought	Opposed 🗆	Date of Expenditure
City	State	Zip Code		Supported 🗆	
First Name Middle Name		ime	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			_		
Address			Candidate Supported or Opposed & Office Sought		Date of Expenditure
City	State	Zip Code	_	Opposed	
City	State	Zip Code		Supported [	
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	<u> </u>				
Address			Candidate Supported or Opposed & Office Sought	Opposed 🔲	Date of Expenditure
City	State	Zip Code		Supported	
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			-		
Address		Candidate Supported or Opposed & Office Sought	Opposed $\square$	Date of Expenditure	
City	State	Zip Code		Supported 🔲	
				00.400.05	
			•	\$8,193.85 \$ 0.00	
, , , , , , , , , , , , , , , , , , , ,			ures, this amount must be showin in item 17c.	<del></del>	\$ \$8,193.85

## **ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC**

NAME OF COMMITTEE			2. REPORT COVI	RING THE PERIOD		
Sumner Government of the People FROM: 4/22/18			TO:6/30/18			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)						
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name	M.I.	Last Name/Organization Name		Amount of Contribution		
Address						
City	State	Zip Code		Date of Contribution		
0						
Occupation		Employer				
First Name	M.I.	Last Name/Organization Name		A		
	ma.	Last Harries Organization Harrie		Amount of Contribution		
Address						
City	State	Zip Code		D-1-10-11-5-		
	1			Date of Contribution		
Occupation	L	Employer				
	_					
First Name	M.I.	tast Name/Organization Name		Amount of Contribution		
Address	l .					
City	State	Zip Code		Date of Contribution		
	<u> </u>					
Occupation		Employer				
First Name	M,I.	Last Name/Organization Name		Amount of Contribution		
Address	<u> </u>					
City	State	Zip Code		Date of Contribution		
Occupation		Employer				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution		
		and the organization of th		A I CONTINUED I		
Address						
City	State	Zip Code		Date of Contribution		
	İ					
Occupation		Employer				
First Name	M.3.	Last Name/Organization Name		Amount of Contribution		
Address				]		
City	State	Zip Code				
1	Julio	— · · · · · · · · · · · · · · · · · · ·	j	Date of Contribution		
Occupation		Employer		:		
		, •				
S TOTAL ITEMIZED CONTRIBUTIONS						
5.TOTAL ITEMIZED CONTRIBUTIONS						
(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.)						
(IT trils is the last page of contributions, this	samount n	nust be shown in item 13b. of summary.)				



# ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE					
	ner Government of the People 2. REPORT COVI		ERING THE PERIOD		
				FROM: 4/22/18	
3. TOTAL ITEMIZED EXPE	NDITURES FROM	A PRECEDING PA	GE (enter \$0 if first itemized page)		Amount
I 4 COMPLETE (HEAPPROP	RIATE ITEMS FOR	EACH ITEMIZED EV	VDENDITUDE (		\$0.0
penditure is an in-kind contrib	oution to a candidate	please remember to	RPENDITURE (expenditures totaling more than \$100 to include the purpose of the expenditure (e.g. postage, principle)	o any payee during the	e period). If the ex-
First Name		e Name		rang) along with the Ca	indidate shame in
	MOG	e inarne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Frost Brown Todd			Legal Services		\$2.500.00
Address					\$2,500.00
150 3rd Avenue South, 8	Suite 1900				Date of Expenditure
City	State	Zip Code			
Nashville	TN	37201			05/23/18
First Name	Middle	Name	Purpose of Expenditure		mount of Expenditure
Last Name/Business Name			Survey	ſ	anount or Experiencine
Robocent			<b>,</b>		\$150.01
Address					
2129 General Booth Blv	d		1	P	ate of Expenditure
City Virginia Beach	State	Zip Code		ļ	04/00/40
First Name	VA				04/22/18
	Middle	Name	Purpose of Expenditure	Aı	mount of Expenditure
ast Name/Business Name					
·					
Address				<u>p</u>	ate of Expenditure
City	Torre	Ta a .		ľ	ate or Experiotore
_	State	Zip Code		]	
irst Name	Middle	lame	Purpose of Expenditure		
			, apode of Experionale	An An	nount of Expenditure
ast Name/Business Name					
viddress				Da	te of Expenditure
City	State	Zip Code			, panetty c
_	J GAZE	2p code		j	
irst Name	Middle N	ame	Purpose of Expenditure		
			. Special Experience	Am	ount of Expenditure
ast Name/Business Name					(
ddress					
				Dat	e of Expenditure
ty	State	Zip Code		1	ļ
					J
st Name	Middle Na	me	Purpose of Expenditure	Amo	ount of Expenditure
st Name/Business Name					
				ľ	ł
dress				Date	of Expenditure
y	<del></del>			Date	of Experionare
•	State	Zip Code			J
TOTAL ITEMIZED EXPENDIT	TIPE				
(Carry forward to item 3. of nex	IUNES (t page if additional n	ages of this form are	upod)		
(If this is the last page of campa	aign expenditures. th	S amount must he ch	useu.)		\$2,650.01
SS-1119-E (Rev. 1/00)		and the state of state	Page		