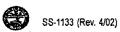
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

	g				
1. DATE OF REPORT	2.a. NAMEOFCAN				
7/00/2018	TIKLENE	5 CUNN	INGHA		
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DATE	018
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		State ,	Zip Code	Phone
104 Center Point C+ H	tenderson	oville	TN	370756	15-497-552
4.b. CANDIDATE'S HOME ADDRESS (if different t	han 4.a.) City	,,,,,,	State	Zip Code	Phone
OFFICE SOUGHT (include district number, if a	nnlicable)	6. NAME OF	POLITICAL	REASURER (may be	candidate)
Hiville Alderman Wards		/1	/ 1	ningha m	
7. CATEGORY OR REPORT (Check one)		_			
FIRST SECOND THIRD	FOURTH QUARTER F	PRE- PRIMARY	LJ PRE- GENERAL	L.J MID-YEAR SUPPLEMENTAL	L.J YEAR-END SUPPLEMENTAL
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD				RTING PERIOD	SOFFLENILINIAL
7/1/2018	1	9/3	0/2018	/	
9. (Check one)	•	- /	/		
a. This campaign is exempt from detailed tures total \$1,000 or less for this report	disclosure because ing period. (Comple	contributions (including in-kir 12e. and 12f.)	nd) received total \$1,0	00 or less AND expendi-
b. This campaign is required to file a deta and/or expenditures total more than \$1			ontributions (in	cluding in-kind) receiv	ved total more than \$1,000
I/we do solemnly swear or affirm that the info accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we sv benefit of the candidate or for any other nonp	s and expenditures of wear or affirm that no	required to be o campaign co	reported by the ntributions hav	e candidate committee re been expended for	e by the Campaign
) /		/ /
alen ununchen	10/4/18	(4	elene 1	mailson	10/4/18
signature of candidate	daté -		signature o	political treasurer	daté
11. WITNESS SIGNATURE			$\overline{}$		
Dawy Monk 1	0/4/18	<u>U</u>	aun	Monk	10/4/18
signature of vitness	uate		- signat	ure of Witness	, ugle
12. SUMMARY	FII	, E			
a. BALANCE ON HAND LAST REPORTALIM	Lamines Automatic		************	.s <u>&</u>	_
b. TOTAL RECEIPTS THIS PERIOD	OCT 10201	PM.		\$ 3.825.0 \$ 1.033.6	Ø
c. TOTAL DISBURSEMENTS THIS PERIOD !!	MNER	U		s 1,033,6	2
d. BALANCE ON HAND (12.a. plus 12.b. mir	CO Care	v ГҮ 8-8) (:) (: -			s 2,791.38
e. TOTAL LOANS OUTSTANDING					\$
			<u>.</u>		. 8
f. TOTAL OBLIGATIONS OUTSTANDING		.,	•••••		\$

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)		14. REPORT COV	ERING THE PERIOD
Arlene Cunningham		FROM: 7/1/18	TO:9/30/10
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)			
a. Unitemized Contributions (\$100 or less from each source this	period)	\$ <u>1,325.0</u>	2
b. Itemized Contributions (over \$100 from each source this perio	od)	\$ 2, 500.00	<u>?</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add	i 15.a. and 15.b.).,		\$ <i>3.825.00</i>
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 i	tem 12.b.)		\$ 3.825.00
DISBURSEMENTS			
19. EXPENDITURES (other than loan payments)			
a. Expenditures (\$100 or less each payee this period) (must be lis	ted by category - e	.g., printing, postage,	gasoline)
Supplies, posts	\$ 99.0	<u>70</u>	·
Sign supplie Equipment	\$ <u>25.0</u>	<u> </u>	
Equipment	\$ 76.0	0_	
	. \$		
	\$		
	. \$		•
	\$ <u></u>		
	\$		
	\$		
			i
Total of Expenditures (\$100 or less each payee)		-	- ,
b. Itemized Expenditures (Over \$100 each payee this period)			
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a			
20. LOAN REPAYMENTS MADE THIS PERIOD	***************************************	••••••	\$
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown	in item 12.c.)		\$ 1.033.62
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 p	oeriod)	\$	-
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (a	add 22.a, and 22.b.)	\$
23. OBLIGATIONS			
a. Uniternized Obligations Outstanding (\$100 or less each)		\$	_
b. Itemized Obligations Outstanding (Over \$100 each)	······	\$	-
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (maximum)	ust be shown i item	12.f.)	\$



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT,CO	YERING THE PERIOD
Arlene Cunnie	ncha	n/	FROM: 7/1/	18 TO: 9/30/18
3. TOTAL ITEMIZED CAMPAIGN CONTRIBL	7		AGE (enter \$0 if first itemized nage)	Amount
			N (contributions totaling more than \$100 from any contri	ibutor)
	Middle Nam		Contribution Received For:	Amount of Contribution
John Evans	MINGGE HAVI	•		
Last Name/Organization Name	<u> </u>		Primary Election	
Evans			Runoff (Local Elections Only)	1000
Address 155 Cumberlan	LDr.		Li Rulion (Local Elections Only)	1,000.00
city Hendersonville	State	Zip Code 37075	Date of Contribution	Aggregate This Election
Occupation Business man			7/10/18	
Employer Self				1,000.00
First Name	Middle Nar	ne	Contribution Received For:	Amount of Contribution
Last Name/Organization Name Verble			Primary Election General Election	ı
			Runoff (Local Elections Only)	500.00
City Hendersmirille	State	Zip Code 3707.	Date of Contribution	Aggregate This Election
City Hendersonville Occupation Retired Busin	265 m	an	8/15/18	500.00
Employer			8/15/18	300,00
First Name	Middle Nan	ne	Contribution Received For:	Amount of Contribution
	t t			
Last Name/Organization Name	No. 3	DON G.	Primary Election General Election	
Hiville Firefighters			Primary Election General Election Runoff (Local Elections Only)	
Hwille Firetighters Address 42 Main St PM City			Runoff (Local Elections Only) Date of Contribution	1
Hiville Firefighters	34	07) Zip Code	Runoff (Local Elections Only) Date of Contribution	1,000.00
Address 242 Main St PM City Hendersonville Occupation N/A	34	07) Zip Code	Runoff (Local Elections Only) Date of Contribution	/, OOO, OO Aggregate This Election
Hwille Firetighters Address 242 Main St PM City Hendersonville Occupation NIA Employer	34	07) Zip Code	Runoff (Local Elections Only) Date of Contribution	1,000.00
Address 242 Main St PM City Hendersonville Occupation N/A Employer N/A	B 4 State TA	07) Zip Code 3707	Runoff (Local Elections Only) Date of Contribution 8/26/18	/, OOO, OO Aggregate This Election
Address 242 Main St PM City Hendersonville Occupation N/A Employer	34	07) Zip Code 3707	Runoff (Local Elections Only) Date of Contribution 8/26/18 Contribution Received For:	Amount of Contribution
Address 242 Main St PM City Hendersonville Occupation N/A Employer N/A	B 4 State TA	07) Zip Code 3707	Runoff (Local Elections Only) Date of Contribution 8/26/18	Amount of Contribution
Address 242 Main St PM City Hendersonville Occupation N/A Employer N/A First Name	B 4 State TA	07) Zip Code 3707	Runoff (Local Elections Only) Date of Contribution 8/26/18 Contribution Received For:	Amount of Contribution
Address 2 42 Main St Pm City Hendersonville Occupation N/A Employer First Name Last Name/Organization Name	B 4 State TA	07) Zip Code 3707	Runoff (Local Elections Only) Date of Contribution 8/26//8 Contribution Received For: Primary Election General Election	Amount of Contribution
Address	State TX	07) Zip Code 3707	Runoff (Local Elections Only) Date of Contribution S/26//8 Contribution Received For: Primary Election General Election Runoff (Local Elections Only)	Amount of Contribution
Address Address Address Address Address Address Address Address City First Name Address City	State TX	07) Zip Code 3707	Runoff (Local Elections Only) Date of Contribution S/26//8 Contribution Received For: Primary Election General Election Runoff (Local Elections Only)	Amount of Contribution
Address City Occupation Companies Address City Occupation	State TX	07) Zip Code 3707	Runoff (Local Elections Only) Date of Contribution S/26//8 Contribution Received For: Primary Election General Election Runoff (Local Elections Only)	Amount of Contribution

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

. NAME OF CANDIDATE OF CO	MMITTEE			REPORT COVERING THE	PERIOD
Hrlene U	minoham	/	FRO	OM:7/1/18 TO: 9	130/18
. TOTAL ITEMIZED IN-KIND COM	JONS EROM P	RECEDING PAGE (enter \$0 if first itemized page)	Alloun	
TOTAL TEMIZED IN-KIND COM	EMS FOR FACH ITEMIZE	D IN-KIND CONTRIBU	TION (in-kind contributions totaling more the	an \$100 from any contributor during	the period)
	Middle Name		In-Kind Contribution Received For:		-Kind Contribution
irst Name	Hilderite		Primary Election Ge	neral Election	
ast Name/Organization Name			Runoff (Local Elections On		
Address			Date of In-Kind Contribution	Aggregate t	his Election
City	State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer	<u> </u>	1		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
First Name	Middle Nam	0	In-Kind Contribution Received For		n-Kind Contribution
_ast Name/Organization Name			1	eneral Election	
ast Namerorganization Name			Runoff (Local Elections O		this Election
Address			Date of In-Kind Contribution	nggreyate	UND ENOUGH
City	State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer	<u>!</u>	1 /		
First Name	Middle Nan	ne \ \ \	In-Kind Contribution Received Fo	r: Value of eneral Election	In-Kind Contribution
Last Name/Organization Name		$\tau + W$	T	!	
		///.	Durie of In-Kind Contribution		e this Election
Address					
City	State	Žīp ā ode	Description of In-Kind Contribution		
Occupation	Employer				
				bir	In-Kind Contributio
First Name	Middle Na	me	In-Kind Contribution Received Fo	or: Value of General Election	I IV-KING COUMBURO
Last Name/Organization Name			Runoff (Local Elections C	ŀ	
			Date of In-Kind Contribution		e this Election
Address	/		Description of In-Kind Contribution		
City	State	Zip Code	Description of III-Kind Contribution		
Occupation	Employer				
			In-Kind Contribution Received	For: Value o	f In-Kind Contribution
First Name	Middle Nar	Tie		General Election	
Last Name/Organization Name			Runoff (Local Elections (
Address			Date of In-Kind Contribution	Aggrega	te this Election
City	State	Zip Code	Description of In-Kind Contribution		
City	Employer	<u></u>	_		
Occupation	Employer				
5. TOTAL ITEMIZED IN-KIND	CONTRIBUTIONS			·	
(Carry forward to item 3. of next page (If this is the last page of in-kind cont	e it additional pages of this form	are used.) shown in item 22b, of sumi	nary.)		
SS-1128 (Rev. 2/06)			Page	L of	RDA 1159

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE		/		2. REPORT COVER	ING THE PERIOD TO: 9/30/18
3. TOTAL ITEMIZED CAMPAIGN EXPENDI			E (enter \$0 if first itemized page	age)	Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR					iod)
First Name	Middle Nar		Purpose of Expenditure	- 	Amount of Expenditure
Last Name/Business Name Do Dat Commun	i cati	ons	Yard Si	ans	593.56
Address 1026 Lavern City Hendensonville	rcle	Y Zip Code	1410	/	545,56
div Hendersonville	77	37075			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name HSAP Printing			Painting	,	
Address Imperial BI	vd_	T_:	Printing	-d-	240.06
Address U Imperial Blue City Henders on ville	State	Zip Code 37075	ruen ca	- W	
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	1				
Address	···	<u> </u>			
City	State	Zip Code			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					ļ
Address					
City	State	Zip Code			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional	pages of this form	m are used.)			833.62
(If this is the last page of expenditures, this amoun	t must be shown	in item 19b, of summary.)		<u> </u>	1 3 3 3 3 3

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OF APPROPRIES 3. COMPLETE THE APPROPRIES	COMMITTEE	n in A		m /			2. REP FROM:	ORT CO	VERING TO	9/3d/18
3. COMPLETE THE APPROP	PRIATE ITEMS	OR EACH ITE	EMIZE	ED LOAN (oans totaling n	nore than \$100 fro	m any source durin	g the period)	
Complete the Following for the So	· · · · · · · · · · · · · · · · · · ·									
First Name	Middle Na	пе	_	Outstanding L (Beginning o		Loans Received	Loan Payments	s		ling Loan Balance nd of Period)
Last Name/Organization Name						 				
Address		·		Loan Receive	ed For:			te of Loan		
City	State	Zip Code		☐ Primary	Election (Local Elections	General Ele	ection			
	Liet All Ende	Prepare or Guaran	ntors fo				lease attach a pa	age)		
First Name	LIST AII LITA	Middle Name	101010	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	First Name	-			Middle Na	me
Last Name/Organization Name		<u> </u>			Last Name/Or	rganization Name	 			
Address	 -				Address				-	
City		State	Zip Ci	ode	City				State	Zip Code
Amount Guaranteed Outstanding			l <u>.</u>		Amount Guar	anteed Outstandi	ng			
		Middle Name		^	First Name				Middle N	ame
First Name		Mildio Hallo								
Last Name/Organization Name	_		(_	IX	ast Name/C	organization Name				
Address				1	Address					
City		State	Zip C	Code	City				State	Zip Code
Amount Guaranteed Outstanding	, . _	1	J		Amount Qua	ranteed Outstand	ng		_	
First Name		Middle Name			First Name				Middle	Name
Last Name/Organization Name				-/	Last Name/0	Organization Nam	e			
Address	 	<u> </u>		/	Address					
City		State	J ip (Code	City				State	Zip Code
Amount Guaranteed Outstanding		/	1		Amount Gua	aranteed Outstand	ing		<u>. </u>	
First Name		Middle Name	e		First Name				Middle	Name
Last Name/Organization Name	· 		_		Last Name/	Organization Nam	ne		<u> </u>	
	<u> </u>				Address					<u></u>
Address		l ou c	T-:-	Codo	City				State	Zip Code
City		State	ZIP	Code		aranteed Outstand	ding	-		
Amount Guaranteed Outstanding						<u> </u>	•			
4. Totals for all Loans (comp	he shown in item 16	on summary page	3.)		Outstandin (Beginni	g Loan Balance ing of Period)	Loans Received	Loa Paym		Outstanding Loan Balance (End of Period)
(Total loan payments should also (Total outstanding loan balance sh	ould also be shown i	tem 12.e. on front	t page.)	<u> </u>				-		

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMPIT	2. REPORT COVERING, THE PERIOD					
NAME OF CANDIDATE OR COMMIT NAME OF CANDIDATE OR COMMIT OBLIGATION (obligations totaling more person/vendor at the end of the report	EMS FOR EACH re than \$100 ow	TEMIZED red to any	Outstanding Balance (Beginning of Period)	FROM: 7// Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	mė				-
ast Name/Business Name	l					
Address	<u></u> 					
City	State	Zip Code	_			
Description of Obligation		<u> </u>				
First Name	Middle N	ame				
Last Name/Business Name			_			
Address		<u></u>			1	
City	State	Zip Code	<u> </u>		ļ	
Description of Obligation						<u></u>
First Name	Middle N	larne				
Last Name/Business Name		- 	* /			Ì
Address		/ \ \				
City	State	Zip Code	_/			
Description of Obligation	1	1	/	<u>.l .—, — — — — — — — — — — — — — — — — — —</u>	_ <u>l_</u>	
First Name	Middle	vame /		<u> </u>		
Last Name/Business Name						
Address	State	Zip Code			ŀ	
City Description of Obligation				<u> </u>		
Description of Congation						
First Name	Middle	Name		1	-	
Last Name/Business Name	<u> </u>				ļ	
Address						
City	State	Zip Code				
Description of Obligation	, <u>.</u>	· ·				
4. TOTALS		of all and				
(Total from Outstanding Balance - (End of in item 23b. on summary page.)	Period) column r	nust also be showr	<u> </u>		1	<u> </u>

Page _____ of ____