

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>10/09/18</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>Billy Geminden</u>	
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE <u>08/02/18</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route <u>1419 Hwy 259</u>		City <u>Portland</u>	State <u>TN</u> Zip Code <u>37144</u> Phone <u>615.354 4298</u>
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route		City	State Zip Code Phone
5. OFFICE SOUGHT (include district number, if applicable) <u>Co Commissioner District #2</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>Denise Geminden</u>	
7. CATEGORY OR REPORT (Check one)			
<input type="checkbox"/> FIRST QUARTER	<input type="checkbox"/> SECOND QUARTER	<input checked="" type="checkbox"/> THIRD QUARTER	<input type="checkbox"/> FOURTH QUARTER
<input type="checkbox"/> PRE-PRIMARY	<input type="checkbox"/> PRE-GENERAL	<input type="checkbox"/> MID-YEAR SUPPLEMENTAL	<input type="checkbox"/> YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD <u>July 24, 2018</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>Sept 30, 2018</u>	
9. (Check one)			
a. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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 information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.			
<u>Billy Geminden</u> signature of candidate		<u>10/09/18</u> date	<u>Denise Geminden</u> signature of political treasurer
			<u>10/9/18</u> date
11. WITNESS SIGNATURE			
<u>* Amy Geminden</u> signature of witness		<u>10/09/18</u> date	<u>* Amy Geminden</u> signature of witness
			<u>10/09/18</u> date
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT	.....		\$ <u>1539.06</u>
b. TOTAL RECEIPTS THIS PERIOD	.....		\$ <u>100.00</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	.....		\$ <u>513.22</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	.....		\$ <u>1122.84</u>
e. TOTAL LOANS OUTSTANDING	.....		\$ <u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING	.....		\$ <u>0</u>



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Billy Gemindge</i>			2. REPORT COVERING THE PERIOD FROM <i>July 24</i> TO <i>Sept. 30</i>	
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
Last Name/Business Name <i>SUMNER Co Tourism</i>		<i>Farm to Table</i>		<i>158.00</i>
Address				
City <i>Ballatin</i>	State <i>TX</i>				Zip Code 37066
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>Portland Chamber of Commerce</i>		<i>Tickets</i>		<i>150.00</i>
Address				
City <i>Portland</i>	State <i>TU</i>				Zip Code 37148
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State				Zip Code
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.)				<i>308.00</i>