CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT  
   10-1-2018

2.a. NAME OF CANDIDATE OR COMMITTEE  
   Bobby W Norman

2.b. IF COMMITTEE, NAME OF CANDIDATE

3. ELECTION DATE  
   11-6-2018

4.a. CAMPAIGN ADDRESS AND PHONE  
   Street or Rural Route  
   City  
   State Zip Code Phone
   1103 North Church St  
   Portland  
   TN 615-325-2241

4.b. CANDIDATE'S HOME ADDRESS (If different than 4.a.)  
   Street or Rural Route  
   City
   1103 North Church St  
   Portland  
   TN 615-325-2241

5. OFFICE SOUGHT (include district number, if applicable)
   Mayor

6. NAME OF POLITICAL TREASURER (may be candidate)
   Bobby W Norman

7. CATEGORY OR REPORT (Check one)
   □ FIRST QUARTER  
   □ SECOND QUARTER  
   □ THIRD QUARTER  
   □ FOURTH QUARTER  
   □ PRE-PRIMARY  
   □ PRE-MID-YEAR  
   □ MID-YEAR  
   □ SUPPLEMENTAL  
   □ SUPPLEMENTAL  

8.a. BEGINNING DATE OF REPORTING PERIOD  
   07-01-2018

8.b. ENDING DATE OF REPORTING PERIOD  
   09-30-2018

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 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.

Bobby Norman  
signature of candidate  
10-1-18  
date

Bobby Norman  
signature of political treasurer  
10-1-18  
date

11. WITNESS SIGNATURE
   M. Lynn Heffron  
   signature of witness  
   10-1-18  
date

   Susan Buder  
   signature of witness  
   10-1-18  
date

12. SUMMARY
   a. BALANCE ON HAND LAST REPORT ........................................ $

   b. TOTAL RECEIPTS THIS PERIOD ........................................ $
   A.M. P.M.
   OCT 09 2018

   c. TOTAL DISBURSEMENTS THIS PERIOD ................................ $
   SUMNER COUNTY  
   ELECTION COMMISSION

   d. BALANCE ON HAND (12a. plus 12b. minus 12c.)  
   $ 0

   e. TOTAL LOANS OUTSTANDING ........................................ $ 0

   f. TOTAL OBLIGATIONS OUTSTANDING ................................ $ 0