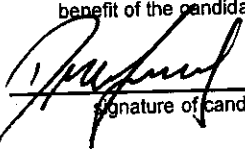
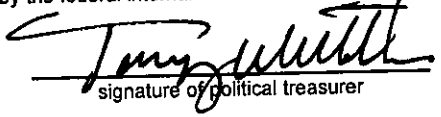
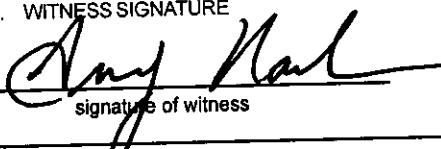
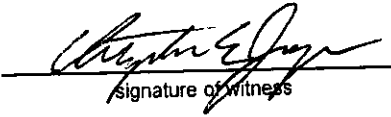


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 10-2-18	2.a. NAME OF CANDIDATE OR COMMITTEE Drew Jennings		
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE Nov 6	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 112 Estell Cir Portland TN 37148 957-5702			
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) Alderman - Portland		6. NAME OF POLITICAL TREASURER (may be candidate) Tommy Whittaker	
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		8.b. ENDING DATE OF REPORTING PERIOD	
9. (Check one)			
a. <input 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 checked="" 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.			
 signature of candidate		 signature of political treasurer	
10/3/18		10/2/18	
date		date	
11. WITNESS SIGNATURE			
 signature of witness		 signature of witness	
10/3/18		10/3/18	
date		date	
12. SUMMARY			
FILED			
a. BALANCE ON HAND LAST REPORT		\$ 1,661.51	
b. TOTAL RECEIPTS THIS PERIOD		\$ 2,375.00	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ 2,083.63	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ 1,952.88	
e. TOTAL LOANS OUTSTANDING		\$ - 0 -	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ - 0 -	



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <div style="font-size: 1.2em; font-family: cursive;">Drew Jennings</div>	14. REPORT COVERING THE PERIOD FROM: <u>7-1-18</u> TO: <u>9-30-18</u>
RECEIPTS	
15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>725.00</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>1,650.00</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>2,375</u>
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>-0-</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>-0-</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>2,375</u>
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)	
<u>Portland Chamber of Commerce</u>	\$ <u>45.00</u>
<u>Facebook - Ads</u>	\$ <u>99.99</u>
<u>SC Election Comm - Voter CD</u>	\$ <u>50.00</u>
<u>ACE Hardware - T Posts / Zip Ties</u>	\$ <u>74.80</u>
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ <u>269.79</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>1,813.84</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>2,083.63</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u>-0-</u>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>2,083.63</u>
22. IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>-0-</u>
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ <u>-0-</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	\$ <u>-0-</u>
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>-0-</u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u>-0-</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.)	\$ <u>-0-</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Drew Jennings				2. REPORT COVERING THE PERIOD FROM: 7-1-18 TO: 9-30-18			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount - 0 -		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)							
First Name Dr. Nathan		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Shadovens		Address 201 Westland St		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		\$150.⁰⁰	
City Portland		State TN		Zip Code 37148		Date of Contribution 7/23/18	
Occupation Veterinarian		Employer Portland Animal Hospital		<input type="checkbox"/> Runoff (Local Elections Only)		Aggregate This Election \$150.⁰⁰	
First Name Jaclyn		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Jennings		Address 112 Estell Circle		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		\$500.⁰⁰	
City Portland		State TN		Zip Code 37148		Date of Contribution 8/3/18	
Occupation Professor		Employer Cumberland University		<input type="checkbox"/> Runoff (Local Elections Only)		Aggregate This Election \$500.⁰⁰	
First Name Tommy		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Whittaker		Address 756 N Russell St		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		\$200.⁰⁰	
City Portland		State TN		Zip Code 37148		Date of Contribution 8/27/18	
Occupation CEO		Employer The Farmers Bank		<input type="checkbox"/> Runoff (Local Elections Only)		Aggregate This Election \$200.⁰⁰	
First Name Paul		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Fugua		Address 2372 Smt. Pleasant Rd.		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		\$300.⁰⁰	
City Greenbrier		State TN		Zip Code 37023		Date of Contribution 9/4/18	
Occupation Owner		Employer Shannon Insurance		<input type="checkbox"/> Runoff (Local Elections Only)		Aggregate This Election \$300.⁰⁰	
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 15b. of summary.)							

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Drew Jennings				2. REPORT COVERING THE PERIOD FROM: 7-1-18 TO: 9-30-18			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount: \$1,150.⁰⁰		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)							
First Name Jim		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Donoho				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		300. ⁰⁰	
Address P.O. Box 7				<input type="checkbox"/> Runoff (Local Elections Only)			
City Portland		State TN	Zip Code 37148	Date of Contribution 9/14/18		Aggregate This Election 300.⁰⁰	
Occupation owner							
Employer Donoho Nursery							
First Name Andy		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Jennings				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		200. ⁰⁰	
Address 138 Old Fountain Head Rd				<input type="checkbox"/> Runoff (Local Elections Only)			
City Portland		State TN	Zip Code 37148	Date of Contribution 9/16/18		Aggregate This Election 200.⁰⁰	
Occupation Sales							
Employer MTD INC							
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City		State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation							
Employer							
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City		State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation							
Employer							
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 15b. of summary.)					\$1,650.⁰⁰		

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD	
				FROM:	TO:
				Amount	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					
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		In-Kind Contribution Received For:	
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
				Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer				
First Name		Middle Name		In-Kind Contribution Received For:	
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
				Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer				
First Name		Middle Name		In-Kind Contribution Received For:	
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
				Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer				
First Name		Middle Name		In-Kind Contribution Received For:	
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
				Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer				
First Name		Middle Name		In-Kind Contribution Received For:	
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
				Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer				
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS					- 0 -
(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 22b. of summary.)					

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Drew Jennings			2. REPORT COVERING THE PERIOD FROM: 7-9-18 TO: 9-30-18			
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		Address		2 Large Signs	\$109. ⁰⁰	
Address		City	State			Zip Code
City		State	Zip Code			
First Name		Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		Address		Large signs/shirts	\$846.17	
Address		City	State			Zip Code
City		State	Zip Code			
First Name		Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		Address		Fans/push cards	\$696.92	
Address		City	State			Zip Code
City		State	Zip Code			
First Name		Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		Address		Paper Envelopes Sealant Stamp	\$161.75	
Address		City	State			Zip Code
City		State	Zip Code			
First Name		Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		Address				
Address		City	State			Zip Code
City		State	Zip Code			
First Name		Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		Address				
Address		City	State			Zip Code
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.)				\$ 1,813.84		

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE					2. REPORT COVERING THE PERIOD	
					FROM:	TO:
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)						
Complete the Following for the Source of the Loan						
First Name	Middle Name	Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	
Last Name/Organization Name						
Address		Loan Received For:			Date of Loan	
		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election				
City		State	Zip Code	<input type="checkbox"/> Runoff (Local Elections Only)		
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)						
First Name		Middle Name		First Name		Middle Name
Last Name/Organization Name				Last Name/Organization Name		
Address				Address		
City		State	Zip Code	City		State
City		State	Zip Code	City		State
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding		
First Name		Middle Name		First Name		Middle Name
Last Name/Organization Name				Last Name/Organization Name		
Address				Address		
City		State	Zip Code	City		State
City		State	Zip Code	City		State
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding		
First Name		Middle Name		First Name		Middle Name
Last Name/Organization Name				Last Name/Organization Name		
Address				Address		
City		State	Zip Code	City		State
City		State	Zip Code	City		State
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding		
First Name		Middle Name		First Name		Middle Name
Last Name/Organization Name				Last Name/Organization Name		
Address				Address		
City		State	Zip Code	City		State
City		State	Zip Code	City		State
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding		
4. Totals for all Loans (complete on last page of itemized loans)					Outstanding Loan Balance (Beginning of Period)	Loans Received
(Total loans received should also be shown in item 16. on summary page.)						
(Total loan payments should also be shown in item 20. on summary page.)						
(Total outstanding loan balance should also be shown in item 12.e. on front page.)						
					Outstanding Loan Balance (End of Period)	Outstanding Loan Balance (End of Period)



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR 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							-0
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)							