CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT		NDIDATE OR C				
00100er 9, 2018	Eddie Z	ODER	<u> </u>	,	· · · · · · · · · · · · · · · · · · ·	
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DATE	6 2019	
4.a. CAMPAIGN ADDRESS AND PHONE				November	- 6,0018	
Street or Rural Route	City		State	Zip Code	Phone	
1049 Smoke Rise Lu	Henderso	wille!	Th.	37075 6	15-618-6704	
4.b. CANDIDATE'S HOME ADDRESS (if differen Street or Rural Route	t than 4.a.) City		State	Zip Code	Phone	
	J.,		Cibio	£.p 0000	Those	
5. OFFICE SOUGHT (include district number, if	applicable)	6. NAME C	OF POLITICAL 1	TREASURER (may be	candidate)	
Hendersonville Aldern	DEW UN	tadi	if Rot	EBON		
7. CATEGORY OR REPORT (Check one)		П	m	П		
FIRST SECOND THIRD	FOURTH	PRE-	PRE-	MID-YEAR	YEAR-END	
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY 8.b. ENDING	GENERAL DATE OF REPO	SUPPLEMENTAL RTING PERIOD	SUPPLEMENTAL	
7/24/2018		9/3	30/ 201	18		
9. (Checkone)	· · · · ·	7	7			
a. This campaign is exempt from detaile tures total \$1,000 or less for this repo					00 or less AND expendi-	
			,,			
 b. This campaign is required to file a default and/or expenditures total more than \$ 			contributions (in	cluding in-kind) receive	ed total more than \$1,000	
						
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 r	no campaign c	ontributions hav	e been expended for t		
benefit of the candidate or for any other non	ipolitical purpose as	defined by the	federal internal	revenue code.		
Edictoberson,	10-9-2018	i L,	Ed : DSP	1.5000	8106-9-01	
signature of candidate	date	, 4	signature o	f political treasurer	date	
11. WITNESS SIGNATURE		. 1	٠, ٣, ١	\mathbf{I}		
Chety Roberson	10-9-2019	B /	NN/W	$\mathcal{M}_{\mathcal{N}}$	10 G Zaie	
signature of witness	date		signat	ure of witness	date	
	U. 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
12. SUMMARY				,		
a. BALANCE ON HAND LAST REPORT			•••••	.\$		
b. TOTAL RECEIPTS THIS PERIOD				s 2425,00	9	
c. TOTAL DISBURSEMENTS THIS PERIOD .				s 1063.61	_	
				,	1361 30	
d. BALANCE ON HAND (12.a. plus 12.b. m	ninus 12.c.)	- · · · · · · · · · · · · · · · · · · ·			1	
e. TOTAL LOANS OUTSTANDING				\$	<u> </u>	
	リ	•				
f. TOTAL OBLIGATIONS OUTSTANDING	P.M.	***************************************			<u> </u>	



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
Eddie Koberson	FROM: 7/24/18 TO: 9/30/18
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	, , , , , , , , , , , , , , , , , , , ,
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 675.00
b. Itemized Contributions (over \$100 from each source this period)	\$1,750.00
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	s <u>2425,00</u>
16. LOANS RECEIVED THIS REPORTING PERIOD	s <u>0</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	s <u>O</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	s 2425.00
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)
Postage \$ 23.10	<u>D</u>
Tee Skirts : 89.0	<u>o</u>
Reception Food/CANDU : 108.	 55
Printing \$ 16.11	

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Total of Expenditures (\$100 or less each payee)	\$ 236.76
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 8 36.85
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	s <u>1063.61</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	s <u>O</u>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	s 1063,61
22.IN-KIND CONTRIBUTIONS	
Uniternized in-kind contributions (\$100 or less from each source this period)	s
b. Itemized in-kind contributions (over \$100 from each source this period)	s0
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	ss
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>0</u>
b. Itemized Obligations Outstanding (Over \$100 each)	sO
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	12.f.) s 0
	· ************************************

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE EDICIE ROBERSON	2. REPORT COVE FROM: 7 24/19	RING THE PERIOD
		Amount
TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PA COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (<u> 18435.00</u>
First Name Middle Name	Contribution Received For:	Amount of Contribution
Lest Name/Organization Name	Primary Election General Election	#17
Zettergren		600.00C
Address 11 08 Tariel Drive	Runoff (Local Elections Only)	
city Hendersonville In. 37025	Date of Contribution	Aggregate This Election
Occupation Financial Advision	Sept. 20.2018	\$500,00
Employer Self		
First Name Middle Name Edd # Edward	Contribution Received For:	Amount of Contribution
Last Name/Organization Name	Primary Election General Election	500.00
Address 622 CATOL ANN Drive	Runoff (Local Elections Only)	
City Bood attaville State Zip Code 37072	Date of Contribution	Aggregate This Election
Occupation Retired	Sept. 20,2018	\$500.00
Employer	1	
First Name Middle Name	Contribution Received For:	Amount of Contribution
First Name First Name Ar Shapi Last Name/Croanization Name		Amount of Contribution
Eddie Marshall	Primary Election General Election	Amount of Contribution
Eddie Last Name/Organization Name Address Address		
Last Name/Crganization Name Dobbeson Address Address City 1 State Zip Code	Primary Election General Election	
Eddie Last Name/Crganization Name Last Name/Crganization Name Address 1549 Smoke Rise LN: City Hender Serville State Zip Code Coccupation	Primary Election General Election Runoff (Local Elections Only) Date of Contribution	Aggregate This Election
Eddie Lasi Name/Organization Name Lasi Name/Organization Name Lobis Descan Address 1549 Smoke Rise Ln. City Hendersenville State Zip Code 37075	Primary Election General Election	£500.00
Eddie Lasi Name/Cranization Name Lasi Name/Cranization Name Address 1849 Smoke Rise Ln. City Hender Sequilbe No. 37075 Occupation Retried Employer	Primary Election Runoff (Local Elections Only) Date of Contribution Sept. 2818	#500.00 Aggregate This Election
Eddie Last Name/Organization Name Last Name/Organization Name Address 1849 Smoke Rise Ln. City Hender Sequilbe State Zip Code Occupation Retyrod	Primary Election Runoff (Local Elections Only) Date of Contribution Sept 1, 2818 Contribution Received For:	Aggregate This Election
Eddie Last Name/Organization Name Policy Smoke Rise Ln. City Hendersenville State Zip Code Coccupation Retried Employer Eigst Name Middle Name	Primary Election Runoff (Local Elections Only) Date of Contribution Sept. 2818	Aggregate This Election Solution Amount of Contribution
Edic Last Name Cryanization Name Address Dya Smoke Rise Ln. City Hender Senville State Zip Code Occupation Retrinod Employer First Name Middle Name Last Name/Organization Name Address Declaration Name	Primary Election Runoff (Local Elections Only) Date of Contribution Sept 1, 2818 Contribution Received For:	#500.00 Aggregate This Election
Edic Last Name Cryanization Name Address Dya Smoke Rise Ln. City Hender Senville State Zip Code Occupation Retrinod Employer First Name Middle Name Last Name Organization Name Address State Middle Name	Primary Election Runoff (Local Elections Only) Date of Contribution Sept 2818 Contribution Received For:	Aggregate This Election Solve the Amount of Contribution
Edic Last Name/Organization Name Address Deposition Retried State Zip Code Eigst Name Middle Name Last Name/Organization Name Dock Address 254 Wavecrest Circle City C. A. State Zip Code	Primary Election Runoff (Local Elections Only) Date of Contribution Contribution Received For: Primary Election Runoff (Local Elections Only) Date of Contribution	Aggregate This Election 500.00 Amount of Contribution
Eddie Last Name/Organization Name Address City Hendersenville City Hendersenville Einst Name Last Name/Organization Name Address A	Primary Election Runoff (Local Elections Only) Date of Contribution Contribution Received For: Primary Election Runoff (Local Elections Only)	Aggregate This Election Amount of Contribution Aggregate This Election Aggregate This Election
East Name/Organization Name Address IDVA Smoke Rise Ln. City Hender Sequilbe State Zip Code City Hender Sequilbe No. 37075 Occupation Retriced Employer Eigst Name Last Name/Organization Name TOCK Address 1254 Wavecrest Cricle City Cal Ativ	Primary Election Runoff (Local Elections Only) Date of Contribution Contribution Received For: Primary Election Runoff (Local Elections Only) Date of Contribution Contribution Date of Contribution	Aggregate This Election Amount of Contribution Aggregate This Election Aggregate This Election

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVER FROM: 7/22/S						
Amount Amount							
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)							
4. COMPLETE THE APPROPRIATE TEMS FOR EX			Purpose of Expenditure		Amount of Expenditure		
First Name	Middle Name		-	\ (1		
Last Name/Business Name VISTA Print		Printing of burger Hick	brochurs,	1230.15			
Address Hudsonwag 8		conds.					
CHY Venio, Netherlands	State	120°08 5M					
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name		ensil boah					
Address 25 A Stonehollow Dr.				596.70			
City Austin	State 1 ×	78758					
First Name	Middle Nan	ne	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		1					
City	State	Zip Code					
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name]					
Address		_		i i			
City	State	Zip Code					
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional page (If this is the last page of expenditures, this amount mu.)	es of this form	are used.) n item 19b. of summary.)			826.35		