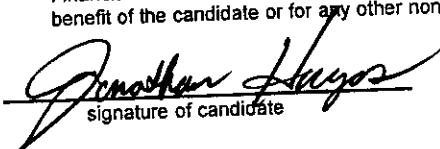
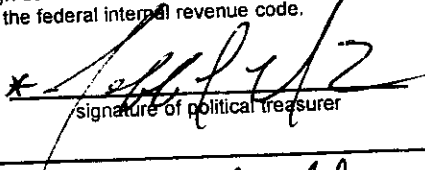
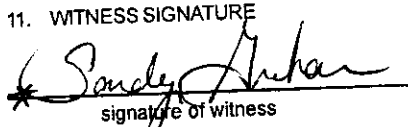
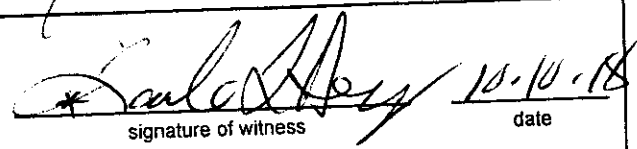


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT Oct 1 2018	2. a. NAME OF CANDIDATE OR COMMITTEE JONATHAN HAYES				
2. b. IF COMMITTEE, NAME OF CANDIDATE NA		3. ELECTION DATE Nov 6 2018			
4. a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 120 GOVERNORS PT Hendersonville TN 37075 615-330-5707					
4. b. CANDIDATE'S HOME ADDRESS (if different than 4. a.) Street or Rural Route City State Zip Code Phone SAME					
5. OFFICE SOUGHT (include district number, if applicable) Alderman Ward 5 Head.		6. NAME OF POLITICAL TREASURER (may be candidate) Jeff Glowacki			
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 July 1, 2018		8. b. ENDING DATE OF REPORTING PERIOD Sept 30 2018			
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		10-10-18 date	 signature of political treasurer	10/10/18 date	
 signature of witness		_____ date	 signature of witness		10-10-18 date
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT		<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">FILED</div> <div style="font-size: 1.5em; font-weight: bold; opacity: 0.5;">OCT 10 2018</div> <div style="font-size: 1.2em; font-weight: bold; opacity: 0.5;">SUMNER COUNTY ELECTION COMMISSION</div>			
b. TOTAL RECEIPTS THIS PERIOD					
c. TOTAL DISBURSEMENTS THIS PERIOD					
d. BALANCE ON HAND (12. a. plus 12. b. minus 12. c.)					
e. TOTAL LOANS OUTSTANDING		\$ 1000			
f. TOTAL OBLIGATIONS OUTSTANDING		\$ 0			



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <div style="text-align: center; font-size: 1.2em; font-weight: bold;">JONATHAN HAYES</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>1,440</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>4,550</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>5,990</u>
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>1,000</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>6,990</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>Printing</u>	\$ <u>99.90</u>
<u>hourly pay to prep signs</u>	\$ <u>80.00</u>
<u>Printer</u>	\$ <u>94.04</u>
<u>hourly pay sign placements</u>	\$ <u>100.00</u>
<u>SC Elementary PTO</u>	\$ <u>100.00</u>
<u>Photo shoot</u>	\$ <u>40.00</u>
<u>Fuel</u>	\$ <u>97.39</u>
<u>Meals/meetings</u>	\$ <u>99.51</u>
<u>kick off Ultimate Party</u>	\$ <u>49.10</u>
Total of Expenditures (\$100 or less each payee)	\$ <u>759.55</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>5,778.66</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>6,538.21</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>6,538.21</u>
22. IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>400</u>
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ <u>500</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	\$ <u>900</u>
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>0</u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u>1,000.00</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.)	\$ <u>1,000</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD		
JONATHAN HAMES				FROM: 7/1	TO: 9/30/18	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name David		Middle Name		Contribution Received For:		Amount of Contribution \$1000
Last Name/Organization Name Kimbrough				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address 109 Howard Path Suite 2				Date of Contribution		Aggregate This Election \$1,000
City Harrisonville	State	Zip Code		8/18		
Occupation Attorney						
Employer BUSINESS OWNER						
First Name Luther/Cathy		Middle Name		Contribution Received For:		Amount of Contribution \$250
Last Name/Organization Name McDaniel				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address 112 Governors Pt Blvd				Date of Contribution		Aggregate This Election \$250
City Memphis	State TN	Zip Code 37075		8/18		
Occupation CFO						
Employer						
First Name Hamiltons Vickie		Middle Name		Contribution Received For:		Amount of Contribution \$150
Last Name/Organization Name Frost				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address 116 Dalton Circle				Date of Contribution		Aggregate This Election \$150
City Memphis TN	State TN	Zip Code 37075		8-31-18		
Occupation Dental Technology Expert						
Employer						
First Name James Marilyn		Middle Name		Contribution Received For:		Amount of Contribution \$200
Last Name/Organization Name Dunlap				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address 1070 Sir Francis Ct				Date of Contribution		Aggregate This Election \$200
City Gallatin	State TN	Zip Code 37050		9/14/18		
Occupation BUSINESS OWNER - FPS						
Employer Self						
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				2. REPORT COVERING THE PERIOD		
				FROM:	TO:	
				Amount		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)						
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name Robin		Middle Name		Contribution Received For:		Amount of Contribution 750
Last Name/Organization Name Mc Daniel				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address 31 Executive Pk Drive				Date of Contribution		Aggregate This Election 750
City Hendersonville	State TN	Zip Code 37075		8-25-18		
Occupation Retired						
Employer 11						
First Name		Middle Name		Contribution Received For:		Amount of Contribution 1000
Last Name/Organization Name Fire Fighters Association				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address 242 W Main St PMB 407				Date of Contribution		Aggregate This Election 1000
City Hend	State TN	Zip Code 37075		8-25-18		
Occupation Association of Fire Fighters						
Employer Endorsed JH for Ward 5						
First Name John		Middle Name		Contribution Received For:		Amount of Contribution 1000
Last Name/Organization Name Evans				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address 155 Cumberland Dr				Date of Contribution		Aggregate This Election 1000
City Hend	State TN	Zip Code 37075		9/17/18		
Occupation Corporate Strategist						
Employer Retired						
First Name Chris		Middle Name		Contribution Received For:		Amount of Contribution 200
Last Name/Organization Name Blackman				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address 105 River Ridge Rd				Date of Contribution		Aggregate This Election 200
City Hend	State TN	Zip Code 37075		9/18		
Occupation Broker / Entrepreneur						
Employer Self Employed						
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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE JONATHAN HAYES				2. REPORT COVERING THE PERIOD FROM: 7/1/18 TO: 9/30/18	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount
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 Cliff		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name EARNST		Address 744 Main Street		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
City Hendersonville		State NC		<input type="checkbox"/> Runoff (Local Elections Only)	
Occupation Entrepreneur		Employer Self		Date of In-Kind Contribution	
Description of In-Kind Contribution				Value of In-Kind Contribution	
Allowed use of Venue for Kickoff				\$500	
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
City		State		<input type="checkbox"/> Runoff (Local Elections Only)	
Occupation		Employer		Date of In-Kind Contribution	
Description of In-Kind Contribution				Value of In-Kind Contribution	
				1	
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
City		State		<input type="checkbox"/> Runoff (Local Elections Only)	
Occupation		Employer		Date of In-Kind Contribution	
Description of In-Kind Contribution				Value of In-Kind Contribution	
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
City		State		<input type="checkbox"/> Runoff (Local Elections Only)	
Occupation		Employer		Date of In-Kind Contribution	
Description of In-Kind Contribution				Value of In-Kind Contribution	
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
City		State		<input type="checkbox"/> Runoff (Local Elections Only)	
Occupation		Employer		Date of In-Kind Contribution	
Description of In-Kind Contribution				Value of In-Kind Contribution	
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS					Amount
(Carry forward to item 3. of next page if additional pages of this form are used.)					\$500
(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 JONATHAN HAYES		2. REPORT COVERING THE PERIOD FROM: 7/1/18 TO: 9/30/18	
		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)			
First Name Bobby Head	Middle Name	Purpose of Expenditure T SHIRTS	Amount of Expenditure 159.61
Last Name/Business Name Southern Promotions			
Address Volunteer Dr			
City Head	State TN	Zip Code 37075	
First Name	Middle Name	Purpose of Expenditure Push Cards Printing	Amount of Expenditure 978.74
Last Name/Business Name Halford Co			
Address Spence LN			
City Nashville	State TN	Zip Code 37217	
First Name Direct	Middle Name	Purpose of Expenditure Magnets	Amount of Expenditure 464.89
Last Name/Business Name Promotionals			
Address 855-762-4638			
City North Carolina	State	Zip Code	
First Name CAPITOL	Middle Name	Purpose of Expenditure YARP SIGNS	Amount of Expenditure 1,239.02
Last Name/Business Name Promotions			
Address Glenside PA			
City Glenside	State PA	Zip Code 19038	
First Name Halford	Middle Name	Purpose of Expenditure Printing	Amount of Expenditure 279.55
Last Name/Business Name Co			
Address Spence LN			
City Nash	State TN	Zip Code 37217	
First Name Halford	Middle Name	Purpose of Expenditure Printing/Marker	Amount of Expenditure 2456.85
Last Name/Business Name Co			
Address Spence LN			
City Nash TN	State TN	Zip Code 37217	
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.)			

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD	
				FROM:	TO:
				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)					
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
SAMS		TAIL Gate Feed		\$200	
Last Name/Business Name					
Address					
City	State				
Hend	IN	39075			
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			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State	Zip Code			
5. TOTAL ITEMIZED EXPENDITURES				\$5778.44	
(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.)					

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <div style="text-align: center; font-size: 1.2em; font-weight: bold;">JONATHAN HAYES</div>					2. REPORT COVERING THE PERIOD FROM: 7/1/18 TO: 9/30/18							
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 JONATHAN		Middle Name CRAFT		Outstanding Loan Balance (Beginning of Period) -		Loans Received \$1,000		Loan Payments -		Outstanding Loan Balance (End of Period) \$1,000		
Last Name/Organization Name HAYES				Address 120 GOV PT BLVD				Loan Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Date of Loan 7/13/18		
City HARD		State TN	Zip Code 37075									
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	Zip Code				
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	Zip Code				
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	Zip Code				
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	Zip Code				
Amount Guaranteed Outstanding						Amount Guaranteed Outstanding						
4. Totals for all Loans (complete on last page of itemized loans) (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 (Beginning of Period) 0		Loans Received \$1,000		Loan Payments 0		Outstanding Loan Balance (End of Period) 1,000.00	



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
<div style="font-size: 1.5em; font-family: cursive;">JONATHAN HAYES</div>				FROM: <u>7/1/18</u> TO: <u>9/30/18</u>			
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			\emptyset	\emptyset	\emptyset	\emptyset
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							
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)							