CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

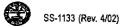
For State and Local Candidates For Single-Candidate Committees

	onigie-ca	MIUALE	Committe	PG2	
1. DATE OF REPORT	1		RCOMMITTEE	1	
October 1, 2018	Me,	rrol	N Hya		
2.b. IF COMMITTEE, NAME OF CANDIDATE			,	3. ELECTION DAT	E
				August	2,2018
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		State	Zip Code	Phone
103 Rebecca Dr. H	<u>lenderson</u>	ville:	∇	37075	615822 3866
4.b. CANDIDATE'S HOME ADDRESS (if differer Street or Rural Route	it than 4.a.)	,			
N/A	City		State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, i		6. NAM	E OF POLITICAL	TREASURER,(may b	e candidate)
County Commissioner-	District8	1	Merrol	N. Hed	e i
7. CATECORY OR REPORT (Check one)		· <u> </u>		1145	
FIRST SECOND THRO	L_I FOURTH	L.) PRE-	PRE-	☐ MID-YEAR	YEAR-END
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY	GENERAL NG DATE OF REPO	SUPPLEMENTAL	SUPPLEMENTAL
July 24 2018	ŀ		tem be		2018
9. (Check one)		201	7 TCTTT OC		~~~
This same in it assessed to the item.					
 a. This campaign is exempt from detaile tures total \$1,000 or less for this repo 	d disclosure becaus rting period. (Comp	e contributio dete items 12	ns (including in-ki 2d., 12e, and 12f.)	nd) received total \$1,	000 or less AND expendi-
			·		
b. This campaign is required to file a de and/or expenditures total more than \$	1,000 for this report	ing period.	e contributions (in	icluding in-kind) recei	ved total more than \$1,000
	-			<u> </u>	
 I/we do solemnly swear or affirm that the in accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other non 	ons and expenditure: swear or affirm that	s required to no campaigr	be reported by the contributions have	e candidate committe	a by the Competer
Mens Myde.	10-1-18		mi	Mel	
signature of candidate	10-1-18 date	-	signature o	f political treasurer	
				· political treasurer	date
11. WITNESS SIGNATURE					
A 1/2.	_		6/ /	. 11	
Johnsabilk X/Ulmon	10-1-18	\mathcal{G}	lisabe	thetar	Kon/10-1-18
signature of witness	date	,	signati	ure of witness	date
12. SUMMARY	· · · · · · · · · · · · · · · · · · ·		$\overline{}$		
a. BALANCE ON HAND LAST REPORT		HE	U	s <u>Ø</u>	
b. TOTAL RECEIPTS THIS PERIOD	r	1	P.M.	, Ø	
c. TOTAL DISBURSEMENTS THIS PERIOD	A.M.	OCT 0.2	5018	Ø	
c. TOTAL DISBURSEMENTS THIS PERIOD	•••••••••••••••		WYY WILL	<u> </u>	-
d. BALANCE ON HAND (12.a. plus 12.b. m	nus 12.c.)	MNER	OMMISSION		<u> </u>
TOTAL 10 110	ELEC	TION			
e. TOTAL LOANS OUTSTANDING			*************************	······································	S
f. TOTAL OBLIGATIONS OUTSTANDING					<u> </u>



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. [REPORT COVE	RING	THE PERIOD
Merrol N. Hude				-30-18
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)				
a. Unitemized Contributions (\$100 or less from each source this period)	\$	Ø		
b. Itemized Contributions (over \$100 from each source this period)	\$	Ø	_	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	,,,,,,,,,,	***************************************	.\$	<u> </u>
16. LOANS RECEIVED THIS REPORTING PERIOD	•••••		\$	<u>_</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD				
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)			.\$	0_
DISBURSEMENTS			· · ·	
19. EXPENDITURES (other than loan payments)				
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.	g., prin	nting, postage, g	gasoline	e)
<u> </u>				
\$				
\$				
\$				
\$				
•				
•				
<u> </u>				
<u> </u>				
<u> </u>				
Total of Expenditures (\$100 or less each payee)	. \$	Ø		
b. Itemized Expenditures (Over \$100 each payee this period)	.\$	Ø		
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		***************************************	\$	Ø
20. LOAN REPAYMENTS MADE THIS PERIOD		***************************************	\$	<u>ø</u> _
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)				·
22.IN-KIND CONTRIBUTIONS				·
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$	Ø		}
b. Itemized in-kind contributions (over \$100 from each source this period)	\$	<u>ø</u>		
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)			\$	Ø
23. OBLIGATIONS		<u></u>		
a. Unitemized Obligations Outstanding (\$100 or less each)	\$	Ø		1
b. Itemized Obligations Outstanding (Over \$100 each)		•		į
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 2		,	i	Ø



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVE	RING THE PERIOD			
Merrol N	<u>. H</u>	1de		FROM: 7-24-18	TO: 9-30-18			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU	TIONS FF	ROM PRECEDING	PAGE (enter \$0 if first itemized	page)	Amount			
4. COMPLETE THE APPROPRIATE ITEMS FOR	EACH ITEM	IIZED CONTRIBUTI	ON (contributions totaling more than	\$100 from any contribute	ж)			
First Name	Middle Na	me	Contribution Received For:					
Last Name/Organization Name			Primary Election [General Election				
Address	tress		Runoff (Local Election	Runoff (Local Elections Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation								
Employer								
First Name	Middle Na	me	Contribution Received For		Amount of Contribution			
Łast Name/Organization Name	<u> </u>		Primary Election	General Election				
Address			Runoff (Local Election	ns Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation								
Employer		<u> </u>						
First Name	Middle Name		Contribution Received For:	-	Amount of Contribution			
Last Name/Organization Name	<u> </u>		Primary Election	General Election				
Address			Runoff (Local Election	s Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation	<u></u>	<u> </u>	-	i				
Employer			-					
First Name	Middle Name	0	Contribution Received For:		Amount of Contribution			
ast Name/Organization Name			☐ Primary Election ☐	General Election				
Address			Runoff (Local Elections	Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
ocupation	·							
mployer			7					
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of (If this is the last page of contributions, this amount must be	f this form are e shown in ite	used.) rm 15b. of summary.)			Ø			

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO	OMMITTEE		2 . /		2. REPORT COVER	RING THE PERIOD
	M	erro	1 N. Hyde		FROM: 7-24-18	TO: 9-30-18
2 TOTAL ITEMIZED IN KIND CO			,		7	Amount
3. TOTAL ITEMIZED IN-KIND CO						
4. COMPLETE THE APPROPRIATE I	TEMS FUR EA	OTI II EMIZ	ZED IN-KIND CONTRIE	SUTION (in-kind contributions totaling	more than \$100 from any cor	tributor during the period)
First Name		Middle Nar	me	In-Kind Contribution Received Primary Election		Value of In-Kind Contribution
Last Name/Organization Name				Runoff (Local Election	ns Only)	
Address			· · · · · · · · · · · · · · · · · · ·	Date of In-Kind Contribution		Aggregate this Election
City	_	State	Zip Code	Description of in-Kind Contribution	- /	
Occupation	Employer		·	7		
				1		
First Name		Middle Nan	ne	In-Kind Contribution Received	d For:	Value of In-Kind Contribution
Last Name/Organization Name				Primary Election	General Election	
•			·	Runoff (Local Election	s Only)	
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer	-	·	1		
First Name		Middie Nan	ne -	In-Kind Contribution Received	_	Value of In-Kind Contribution
Last Name/Organization Name				1 = ' -	General Election	
Address			<u> </u>	Runoff (Local Election:	s Only)	Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer					
,						
First Name		Middle Nam	е	In-Kind Contribution Received		Value of In-Kind Contribution
Last Name/Organization Name			-	<u> </u>	General Election	
				Runoff (Local Elections	s Only)	
Address				Date of In-Kind Contribution	İ	Aggregate this Election
City	- (State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer					
First Name	N	liddle Name		In-Kind Contribution Received		value of In-Kind Contribution
ast Name/Organization Name	<u>.</u>			☐ Primary Election ☐ ☐ Runoff (Local Elections	General Election	
Address	<u></u>		<u>.</u>	Date of In-Kind Contribution		Aggregate this Election
City	S	tate	Zip Code	Description of In-Kind Contribution	<u> </u>	
Occupation	Employer	<u> </u>				
TOTAL PROPERTY.						
 TOTAL ITEMIZED IN-KIND CON (Carry forward to item 3. of next page if ad // this is the last page of in kind contribution. 	ditional pages of t	his form are	used.)			Ø
(If this is the last page of in-kind contribution SS-1128 (Rev. 2/06)	ons, mis amount m	iust de shov	vn in item 22b. of summary.	· · · · · · · · · · · · · · · · · · ·		
29 00-1120 (Nev. 2/00)				Page	4 of 7	RDA 1159

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMIT	TEE Me	errol N	1. Hyde	2. REPORT COVE FROM: 7-24-18	RING THE PERIOD TO: 9-30-18
TOTAL ITEMIZED CAMPAIGN EXPEN COMPLETE THE APPROPRIATE ITEMS				page)	Amount
COMPLETE THE APPROPRIATE ITEMS F First Name				00 to any payee during the p	
	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			\neg		
Address					
City	State	Zip Code	7		
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address			_		
City	State	Zip Code	\dashv		
First Name	Middle Na	ıme	Purpose of Expenditure	-	Amount of Expenditure
Last Name/Business Name			\dashv		
Address			\dashv	-	
City	State	Zip Code	1		
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	L				
Address			7		
City	State	Zip Code	_		
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address	· · · · · · · · · · · · · · · · · · ·		7		
City	State	Zip Code	-		
First Name	Middle Nam	18	Purpose of Expenditure	Purpose of Expenditure	
Last Name/Business Name		 -	7		
Address			-		
City	State	Zip Code	7		
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional p (If this is the last page of expenditures, this amount	ages of this form a	ure used.) item 19b. of summary.)			* Ø

SS-1129 (Rev. 4/02)

* All contributions have been from the candidate. All expenses and leans have been forgiven.

RDA 1159

ITEMIZED STATEMENT OF LOANS - CANDIDATE

NAME OF CANDIDATE OF COMPLETE THE APPROPRIES	Merrol	N. H		Unans totalino	more than \$100 from a	FROM: 7-24-	18	IG THE PERIOD O: 9-30-18
	<u> </u>			(Autorial create)	INOIS MISH \$ 100 HUMI &	ny source ouring the	e period)	
Complete the Following for the So First Name	urce of the Loan Middle Nam	ne	Outstanding	Loan Balance	Loans	Lan	T Outst	
Merrol	N			of Period)	Received	Loan Payments		ind of Period)
Last Name/Organization Name				\not	1,5\$5.28	Ø	forg	yen by Mercial H
Address 103 Rebecc	a Dr.		Loan Recei			Date of		1
Hend'ville	State TW	Zip Code 37075	Primai	ry Election f (Local Elections	General Election Only)	n	N	4
	List All Endon	sers or Guaranto	ors for Above Loa	an (If more spa	ace is needed pleas	e attach a page)	<u> </u>	
First Name		Middle Name		First Name			Middle Na	me
Last Name/Organization Name		<u> </u>		Last Name/On	ganization Name			
Address				Address	 ·			-
City		State Z	ip Code	City		. <u>.</u> -	State	Zip Code
Amount Guaranteed Outstanding		<u> </u>		Amount Guara	nteed Outstanding			<u> </u>
First Name		Middle Name		First Name Middle Name				те
ast Name/Organization Name				Last Name/Org	janization Name		1	
Address	ddress			Address				
City		State Zi	p Code	City	"		State	Zip Code
mount Guaranteed Outstanding	•			Amount Guarar	nteed Outstanding			
irst Name		Middle Name	-	First Name Middle Name				
ast Name/Organization Name		·		Last Name/Org	anization Name			
ddress		<u></u>		Address				
City Control C	<u> </u>	State Zip	Code	City			State	Zip Code
mount Guaranteed Outstanding				Amount Guaran	teed Outstanding		<u> </u>	
rst Name		Middle Name		First Name Middle Name				
ist Name/Organization Name	1			Last Name/Organization Name				
ddress		<u>-</u>		Address			···	
ity		State Zip	Code	City		··-	State	Zip Code
nount Guaranteed Outstanding	<u></u>			Amount Guarant	eed Outstanding	 -	1	<u> </u>
Totals for all Loans (complete of (Total loans received should also be should to the should also be should also be should also be should also do that outstanding loan balance should also	wn in item 16. on sur wn in item 20. on sur	nmary page.)		Outstanding Loa (Beginning of	Period) Rece	pived Payr	an Our	tstanding Loan Balance (End of Period)
SS-1132 (Rev. 4/02)				<u> </u>	Page _4			RDA 1159

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMI	NAME OF CANDIDATE OR COMMITTEE Merrol N.		Hunk	2. REPORT COVERING THE PERIOD			
	71/6	ONTOT N.	11700	FROM: 7-24-		9-30-18	
COMPLETE THE APPROPRIATE IT OBLIGATION (obligations totaling maperson/vendor at the end of the report	EMS FOR EAC ore than \$100 or	H ITEMIZED	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)	
First Name	Middle N	ame					
Last Name/Business Name		 .	-				
Address		-	4				
			_]				
City	State	Zip Code		ļ			
Description of Obligation		_ 	 		<u> </u>		
First Name	Middle Na	ame		·			
Last Name/Business Name		-	-				
Address	- .						
Address						İ	
City	State	Zip Code	7 . ;			ı	
Description of Obligation		<u> </u>		<u> </u>		<u> </u>	
				<u> </u>			
First Name	Middle Na	me					
Last Name/Business Name			-			!	
Address		 -	-	İ			
City	State	Zip Code	-				
Description of Obligation		<u> </u>				<u> </u>	
·							
First Name	Middle Na	The The			· · ·		
Last Name/Business Name			_				
Address		<u> </u>	1				
				ľ			
City	State	Zip Code	7 1		i		
Description of Obligation		<u>. </u>					
First Name	No. 11	-	1				
	Middle Nan	ne]	İ		ŀ	
Last Name/Business Name	· · · · · · · · · · · · · · · · · · ·]				
Address					ĺ		
City	State	Zip Code					
Description of Obligation		L	<u> </u>				
*****			<u> </u>			· ·	
I. TOTALS (Total from Outstanding Balance, (End of Dec		-l ll					
(Total from Outstanding Balance - (End of Per in item 23b. on summary page.)	ioaj column must	aiso be shown			ļ	Ø	
FA.						/	