CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

| | | | | | · · · · · · · · · · · · · · · · · · · |
|---------------|--|--|---|--|---------------------------------------|
| 1. | DATE OF REPORT 10/9/15 | 2.a. NAME OF 2 | ANDIDATE OR COMMIT | Thurds | |
| 2 h | . IF COMMITTEE, NAME OF CANDI | DATE | <u> </u> | | |
| 2.0, | . II COMMITTEE, NAME OF CANDI | מאוכ | | 3. ELECTION D | 1/6/18 |
| 4.a. | . CAMPAIGN ADDRESS AND PHON | | | | 7 -2 10 |
| | Street or Rural Route | City | State | Zip Code | Phone |
| 15 | S 5 Windlow Ci | rde, Hende | sowille, Tu | 37075 | 615-719-2282 |
| 4.0. | Street or Rural Route | City | State | Zip Code | Phone |
| | (Same) | • | | p | 1 110110 |
| 5. | OFFICE SOUGHT (include district n | umber, if applicable) | 6. NAME OF POLI | TICAL TREASURER (ma | y be candidate) |
| | Alderman, W. | al 3 | Lusa | Tolwards | |
| 7. | CATEGORY OR REPORT (Check on | e) | | | |
| | FIRST SECOND | THIRD FOURTH | PRE- PF |] 🔲 RE- MID-YEAF | YEAR-END |
| | QUARTER QUARTER QU | JARTER QUARTER | PRIMARY GEN | ERAL SUPPLEMEN | |
| 8.a. | BEGINNING DATE OF REPORTING PE | RIOD | 8.b. ENDING DATE OF | REPORTING PERIOD | |
| 0 ((| Check one) | | 1/3 | 0/18 | |
| 9 . (0 | · | | | | |
| | a. This campaign is exempt fror tures total \$1,000 or less for | n detailed disclosure becaus this reporting period. (Comp | se contributions (includir plete items 12d., 12e. ar | ng in-kind) received total s nd 12f.) | 1,000 or less AND expendi- |
| | b. This campaign is required to | file a detailed financial discle | neura hacausa cantribut | ione (including in kind) to | poisond tested assess these \$4,000 |
| | and/or expenditures total mor | e than \$1,000 for this report | ling period. | ions (including in-king) re | ceived total more than \$1,000 |
| | | | | | |
| 10. | I/we do solemnly swear or affirm th | at the information contained | l in this campaign finan | cial disclosure report is to | rue and that this report is an |
| | accurate accounting of campaign of Financial Diselosure Act. Additional | ontributions and expenditure llv. I/we swear or affirm that | s required to be reporte no campaign contribute | d by the candidate comm | ittee by the Campaign |
| | benefit of the candidate or for any o | ther penpolitical purpose as | defined by the federal i | sternal revenue code. | Tor the personal financial |
| / | 1 Ab. 6 | A 10/1/2 | | 11 0 | I 10/1 |
| <u>_</u> | signature of candidate | <u> </u> | 100 | 5 Trun | 13 19/18 |
| | signature of candidate | date | sign | ature of political treasure | r date |
| 11. | WITNESS SIGNATURE | | | | · · · · · · · · · · · · · · · · · · · |
| _ | 1 -/ 1/ | 1.1.1 | | -1111 | |
| _ | lennife High | <u> 10/9/18</u> | Jen | refler Hugh | 10/9/18 |
| | signature of witness | date | • | signature of witness | date |
| 12. | SUMMARY | | | | .<- |
| | a. BALANCE ON HAND LAST REPO | | - 1) | N/A - | 12 rebons |
| | a. DAD HOLOH MAD ENGLINE | i in the second | P.M. | | ' |
| ĺ | b. TOTAL RECEIPTS THIS PERIOD. | A:M | 02018 | <u>3,3<i>5</i></u> | |
| | c. TOTAL DISBURSEMENTS THIS P | EBIOD CO. | _ | , 2,25 | <u>7.</u> 36 |
| | | SUMNER | COUNTY | , | 1 man 14 |
| • | d. BALANCE ON HAND (12.a. plus | 12.b. minus 12.c. ON-C | OMMISSION | | \$ 1,0-12-69 |
| | | | _ | | -0- |
| | e. TOTAL LOANS OUTSTANDING | | | | \$ |
| | f. TOTAL OBLIGATIONS OUTSTAN | DINO | | | 0 - |
| | f. TOTAL OBLIGATIONS OUTSTAN | | | *************************************** | 5 ——— |

SUMMARY PAGE - CANDIDATE

| 13. NAME OF CANDIDATE OR COMMITTEE (In Full) | 14. REPORT COVE | RING THE PERIOD | | | | | | | |
|--|--|-----------------|--|--|--|--|--|--|--|
| Kuss Edwards | FROM: 7/18 | TO: 9/30/8 | | | | | | | |
| RECEIPTS 15. CONTRIBUTIONS (other than loans and interest) | | | | | | | | | |
| a. Unitemized Contributions (\$100 or less from each source this period) | _ i | | | | | | | | |
| b. Itemized Contributions (over \$100 from each source this period) | _ | | | | | | | | |
| c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)\$ | | | | | | | | | |
| 16. LOANS RECEIVED THIS REPORTING PERIOD | \$ | | | | | | | | |
| 17. INTEREST RECEIVED THIS REPORTING PERIOD | | \$ <u></u> | | | | | | | |
| 18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) | | \$3,350 | | | | | | | |
| 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, q | gasoline) | | | | | | | |
| Victures \$ 40 | | | | | | | | | |
| Sign Stands \$ 70 | | | | | | | | | |
| Mussic bags \$ 30 | _ _ | | | | | | | | |
| Design (4 Degrees) \$ 655. | . <u>50</u> | ļ | | | | | | | |
| Printing (Office Support Systems) \$ 1,35 | 5,64 | • | | | | | | | |
| 5ign poss \$ 55,3 | <u> </u> | | | | | | | | |
| 5h0iros \$ 32.8 | | | | | | | | | |
| Food For Sound \$ 18 | | | | | | | | | |
| \$ | | | | | | | | | |
| | | | | | | | | | |
| Total of Expenditures (\$100 or less each payee) | \$ 296,22 | - | | | | | | | |
| b. Itemized Expenditures (Over \$100 each payee this period) | , | _ | | | | | | | |
| c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) | | | | | | | | | |
| 20. LOAN REPAYMENTS MADE THIS PERIOD | | | | | | | | | |
| 21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) | | | | | | | | | |
| 22.IN-KIND CONTRIBUTIONS | | | | | | | | | |
| . Unitemized in-kind contributions (\$100 or less from each source this period)\$ | | | | | | | | | |
| b. Itemized in-kind contributions (over \$100 from each source this period) | Itemized in-kind contributions (over \$100 from each source this period)\$ | | | | | | | | |
| c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)\$ | | | | | | | | | |
| 23. OBLIGATIONS | | | | | | | | | |
| a. Unitemized Obligations Outstanding (\$100 or less each) | \$ <u>-0-</u> | | | | | | | | |
| Unitemized Obligations Outstanding (\$100 or less each) | | | | | | | | | |
| c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item | 12.f.) | \$ <u>-0-</u> | | | | | | | |

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMIT | RING THE PERIOD | | | | | | |
|---|------------------------|---|--|-------------------------------|--|--|--|
| Cuss C | 70: 973018 | | | | | | |
| 3. TOTAL ITEMIZED IN-KIND CONTRIE | 1-0- | | | | | | |
| 4. COMPLETE THE APPROPRIATE ITEMS I | FOR EACH ITEMIZ | ZED IN-KIND CONTRIBL | JTION (in-kind contributions totaling more than \$100 from any co | | | | |
| First Name | Middle Nar | THE | In-Kind Contribution Received For: In-Kind Contribution Received For: Value of In-Kind Co | | | | |
| Last Name/Organization Name | | · · · · · · · · · · · · · · · · · · · | Runoff (Local Elections Only) | | | | |
| Address | | | Date of In-Kind Contribution Aggregate this Election | | | | |
| City | State | Zip Code | Description of In-Kind Contribution | | | | |
| Occupation Em | ployer | | | | | | |
| First Name | Middle Na | me | In-Kind Contribution Received For: Primary Election | Value of In-Kind Contribution | | | |
| Last Name/Organization Name | | | Runoff (Local Elections Only) | | | | |
| Address | | · · · · · · · · · · · · · · · · · · · | Date of In-Kind Contribution | Aggregate this Election | | | |
| City | State | Zip Code | Description of In-Kind Contribution | | | | |
| Occupation Em | ployer | <u> </u> | 1 | | | | |
| | A Calaba A La | | In-Kind Contribution Received For: | Value of In-Kind Contribution | | | |
| First Name | Middle Na | | Primary Election General Election | | | | |
| Last Name/Organization Name | | | Runoff (Local Elections Only) | | | | |
| Address | | | Date of In-Kind Contribution | Aggregate this Election | | | |
| City | State | Zip Code | Description of In-Kind Contribution | | | | |
| Occupation Em | ployer | | | | | | |
| First Name | Middle Na | ame | In-Kind Contribution Received For: | Value of In-Kind Contribution | | | |
| Last Name/Organization Name | <u> </u> | <u></u> | Primary Election General Election | | | | |
| Cast Namer Organization Name | | | Runoff (Local Elections Only) | t and this Election | | | |
| Address | | | Date of In-Kind Contribution | Aggregate this Election | | | |
| City | State | Zip Code | Description of In-Kind Contribution | | | | |
| Occupation En | nployer | | | | | | |
| First Name | Middle Na | me | In-Kind Contribution Received For: | Value of In-Kind Contribution | | | |
| Last Name/Organization Name | <u> </u> | <u></u> | ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only) | | | | |
| Address | | . <u>-</u> | Date of In-Kind Contribution | Aggregate this Election | | | |
| City | State | Zip Code | Description of In-Kind Contribution | | | | |
| Occupation Employer | | | _ | | | | |
| 5 TOTAL ITEMIZED INLKIND CONTE | RIBUTIONS | | | | | | |
| (Carry forward to item 3. of next page if addition (If this is the last page of in-kind contributions, | nal pages of this form | are used.) shown in item 22b. of summa | | <i>−</i> 0 − | | | |
| TOTAL ITEMIZED IN-KIND CONTF (Carry forward to item 3. of next page if addition (If this is the last page of in-kind contributions, | nal pages of this form | are used.) shown in item 22b. of summa | ary.) | -0- | | | |

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMITTEE | 30.0 | < | | 2. REPORT COVER FROM: // / / / | TO: 9/30/18 | | | |
|--|----------------|---------------------------------------|---------------------------------|--------------------------------|-----------------------|--|--|--|
| | | | (enter \$0 if first itemized as | | 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) | | | | | | | | |
| | Middle Name | | Purpose of Expenditure | | Amount of Expenditure | | | |
| First Name | | ~ | | , | | | | |
| Last Name/Business Name Secrees | | | Design | ^ | 655,50 | | | |
| Address 10131 | 24 | | V | | | | | |
| Noshville | Sime TN | Zip Code 3722 Y | | | | | | |
| First Name | e | Purpose of Expenditure | | Amount of Expenditure | | | | |
| Last Name/Business Name | <u> </u> | 5 V-0. < | \cap | | 125514 | | | |
| Address P.O. Box 154 | 4 | 70-7113 | Printin | 9 | 1,355.64 | | | |
| City Madison | State TX | Zip Code 37116 | | | | | | |
| First Name | Middle Nam | | Purpose of Expenditure | | Amount of Expenditure | | | |
| Last Name/Business Name | <u> </u> | | | | , | | | |
| Address | | | | | | | | |
| City | State | Zip Code | | | | | | |
| First Name | Middle Nam | e | Purpose of Expenditure | | Amount of Expenditure | | | |
| Last Name/Business Name | ! | · · · · · · · · · · · · · · · · · · · | , | | | | | |
| Address | | | | | | | | |
| City | State | Zip Code | | | į | | | |
| First Name | Middle Nam | e | Purpose of Expenditure | | Amount of Expenditure | | | |
| Last Name/Business Name | | | | | | | | |
| Address | <u> </u> | | | | | | | |
| City | State | Zip Code | | | | | | |
| First Name Middle Name | | | Purpose of Expenditure | | Amount of Expenditure | | | |
| Last Name/Business Name | ·· | | | | | | | |
| Address | | | | | | | | |
| City | State | Zip Code | | | | | | |
| TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional page) | e of this form | are used) | | | 2,011.14 | | | |
| (Carry forward to flem 3. or next page it additional page (If this is the last page of expenditures, this amount mu | st be shown in | | <u></u> | 1-,011,00 | | | | |

ITEMIZED STATEMENT OF LOANS - CANDIDATE

| 1. NAME OF CARDIDATE OR COMMITTEE | | | | | | | 2. REPORT COVERING THE PERIOD | | | | |
|--|-----------------|---------------|-------------------------------|-------------------------------|---|------------------------------|-------------------------------|--|---------------|---|--|
| Kuss Schwards | | | | | | FR | ROM: | 8 | 10: 9/30/8 | | |
| 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 Sou | rce of the Loan | | | | | | | | | | |
| First Name | Middle Nan | 18 | | Outstanding L (Beginning c | Outstanding Loan Balance Loans (Beginning of Period) Received | | | Loan Outstanding Loan Balance Payments (End of Period) | | | |
| Last Name/Organization Name | <u> </u> | | | | | | | | | | |
| rodios. | | | | | n Received For: Primary Election General Election Date of Loan | | | | | | |
| City State Zip Code | | | Runoff (Local Elections Only) | | | | | | | | |
| | List All Endo | sers or Guara | antors f | or Above Loa | n (If more spa | ice is needed | please attac | h a page) | _ | | |
| First Name | | Middle Name | 3 | | First Name | | | | Middle | łame | |
| Last Name/Organization Name | | | _, | | Last Name/Organization Name | | | | | | |
| Address | | | | | Address | | | <u> </u> | • | | |
| City | <u> </u> | State | Zip C | ode | City | | - | | State | Zip Code | |
| Amount Guaranteed Outstanding | | | <u> </u> | · | Amount Guaranteed Outstanding | | | | | | |
| First Name Middle Name | | | | | First Name Middle Name | | | | | Name | |
| Last Name/Organization Name | | | | _ | Last Name/Organization Name | | | | | | |
| Address | | | | Address | | | | | | | |
| City State Zip C | | | Zip C | Code | City State Zip Code | | | | | Zip Code | |
| Amount Guaranteed Outstanding | - - | _! | <u>)</u> | | Amount Guaranteed Outstanding | | | | | | |
| First Name | - | Middle Nam | e | | First Name Middle Name | | | | | | |
| Last Name/Organization Name | | | | ··· <u></u> | Last Name/Organization Name | | | | | | |
| Address | | | | | Address | | | | | | |
| City | - | State | Zip (| Code | City | | | | State | Zip Code | |
| Amount Guaranteed Outstanding | | | <u> </u> | | Amount Guaranteed Outstanding | | | | | | |
| Siret Name | | Middle Nam | nė | | First Name | | | · · | Middle | Name | |
| | | | | <u></u> | Last Name/Organization Name | | | | | | |
| Last Name/Organization Name | | | | | Address | | | | | | |
| Address | | | | | | | | | 7in Code | | |
| City | | State | Zip | Code | City Amount Guar | ranteed Outstan | ding | . | State | Zip Code | |
| Amount Guaranteed Outstanding | | | | | Mittouli Gaa | anteeu Outotali | | | | | |
| 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.) | | | | | | Loan Balance g of Period) | Loans Received | | oan /ments | Outstanding Loan Balance (End of Period) | |
| (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.) | | | | | | | | | | -0- | |

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

| 1. NAME OF CAMDIDATE OR COMMITTEE | 2. REPORT COVERING THE PERIOD | | | | | |
|--|--|------------------------------|-------------------------|--|-------------|-----|
| | | | FROM: 7// | R TO: | | |
| COMPLETE THE APPROPRIATE ITEMS F OBLIGATION (obligations totaling more than person/vendor at the end of the reporting person.) | Outstanding Balance (Beginning of Period) | Debt Incurred This Period | Payments This Period | Outstanding Balance (End of Period) | | |
| First Name | Middle Nar | ne | | | | |
| Last Name/Business Name | 1 | | 1 | | | |
| Address | | | 1 | | | |
| City | State Zip Code | | 1 | | | |
| Description of Obligation | | 1 | | | | |
| First Name | Middle Nar | ne | | | | |
| Last Name/Business Name | <u></u> | | _ | | | |
| Address | | ····· | 1 | | | |
| City | State | Zip Code | 1 . | | | |
| Description of Obligation | | | | | • | |
| Flirst Name | First Name Middle Name | | | | | |
| Last Name/Business Name | | | - | | | |
| Address | Address | | | | | |
| City | State Zip Code | | Ī | | | |
| Description of Obligation | | | | | | |
| First Name | Middle Na | пе | | | | , |
| Last Name/Business Name | .1 | | 1 | | | |
| Address | | - , | 1 | | | |
| City | State | Zip Code | | : | | |
| Description of Obligation | | <u> </u> | | - | ···· | |
| First Name Middle Name | | | | | | |
| Last Name/Business Name | | | 7 | | | |
| Address | | | 1 | | | |
| City | State Zip Code | | 7 | | | |
| Description of Obligation | | | • | | | , |
| 4. TOTALS | oluma | t also ha shawa | | | | -0- |
| (Total from Outstanding Balance - (End of Period) of in item 23b. on summary page.) | column mus | a also de snown | | | | -U- |