CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

101	0111910 0011				
1. DATE OF REPORT	2.a. NAME OF CA	NDIDATE OR C	OMMITTEE		
10-8-18	Steve	Fann	١		
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION D	ľ
		,, ,-		11-6-1	8
4.a. CAMPAIGN ADDRESS AND PHONE	City		State	Zip Code	Phone
Street or Rural Route	City	44.		37000	615-967-6885
1010 Drowns Lane 4.b. CANDIDATE'S HOME ADDRESS (if different	Galla	JUL	TM	<u>.5 /UDLD</u>	101 - 101 G S S S
Street or Rural Route	City		State	Zip Code	Phone
5. OFFICE SOUGHT (include district number,	f applicable)			TREASURER (ma	ay be candidate)
Gallatin Alderman At-La	rse	Dun	icl Be	4	
7. CATEGORY OR REPORT (Check one)					
FIRST SECOND TRIPD	FOURTH	PRE-	LJ PRE-	MID-YEA	•
QUARTER QUARTER QUARTER	QUARTER	PRIMARY	GENERAL	SUPPLEMENT STRING PERIOD	NTAL SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD		_	0-18	ACTION LINES	
7-24-18		7:3	0-19		
9. (Check one)		4.71 47		inal manaissad tadal	\$1 000 or lace AND expendi-
a. This campaign is exempt from detail tures total \$1,000 or less for this rep	ed disclosure becaus orting period. (Comp	se contributions plete items 12d	s (including in-k i., 12e. and 12f.)	\$1,000 or less AIAD experior
					received total more than \$1,000
b. This campaign is required to file a do and/or expenditures total more than	\$1,000 for this repor	ting period.	CONTRIDUCTION (1	nousing in time,	
			-		
10. I/we do solemnly swear or affirm that the	information containe	d in this campa	aign financial di	sclosure report is	true and that this report is an
accurate accounting of campaign contribut Financial Disclosure Act. Additionally, I/we	ione and expenditure	s required to t	e reported by t	ne candidate com	minee by the Campaign
financial Disclosure Act. Additionally, lived to benefit of the candidate or for any other no	enpolitical purpose as	defined by the	federal interna	revenue code	m
1/2 1/2	1.0.10		1) 1	XX (II	1 INDIO
A QUE & ann	10-8-18		كبرك	The second	
signature of candidate	date		signature	of political treasu	ET. Cale
11. WITNESS SIGNATURE					
Nhung Marin	10-8-18		IDSSC	Musical Marian	10-8-18
signature of witness /)	date	-	sign	afure of withess	date
			J	0	
12. SUMMARY				_	i
				<u>. — — </u>	
a. BALANCE ON HAND LAST REPORT	NOISSIMMO	O LION C	יירבו	41.00	<u></u>
b. TOTAL RECEIPTS THIS PERIOD		UNINEE.	6 √¬ 1⊐	\$ <u>4,80</u>	ا مورد
	01070	~	J	. 682	0.90
c. TOTAL DISBURSEMENTS THIS PERIOD	.М.Ч Б	J-1 3 0	***************************************	\$ 	1/0 0 // 7/0
d. BALANCE ON HAND (12.a. plus 12.b.	w v ☐ minus 12.c.)		A		<u> 4984.78</u>
		., ,,			
e. TOTAL LOANS OUTSTANDING	レレ				:10,305.68
					<u> </u>
f. TOTAL OBLIGATIONS OUTSTANDING	***************************************	******		·····	ş <u> </u>
1					

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)		ERING THE PERIOD						
Steve tann	FROM: 7-24-18	TO: 9-30-18						
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)								
a. Uniternized Contributions (\$100 or less from each source this period)\$								
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								
	7. INTEREST RECEIVED THIS REPORTING PERIOD							
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		\$ <u>11,805.68</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)						
Voter List-Summer Co. \$ 50	,00							
Bog Stuffing \$ 95	700							
\$								
<u> </u>								
<u> </u>								
<u> </u>	<u></u>							
<u> </u>								
\$								
s	_ 							
Total of Expenditures (\$100 or less each payee)		t						
b. Itemized Expenditures (Over \$100 each payee this period)								
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	*	\$ 6830.90						
20. LOAN REPAYMENTS MADE THIS PERIOD	************************	\$						
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		.\$ <u>6820.90</u>						
22.IN-KIND CONTRIBUTIONS								
a. Unitemized in-kind contributions (\$100 or less from each source this period)	.\$ <u> </u>	_						
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ <u> </u>	-						
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)		.\$						
23. OBLIGATIONS								
a. Unitemized Obligations Outstanding (\$100 or less each)	\$	- 1						
b. Itemized Obligations Outstanding (Over \$100 each)	\$							
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	12.f.)	()						

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2, REPORT COVER			
Steve Fann				FROM7-24-18	TO: 9-30-18		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITUR	RES FROM	A PRECEDING PAGE	(enter \$0 if first itemized page	ige)	Amount —		
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	CH ITEMIZ	ED EXPENDITURE (ex	xpenditures totaling more than \$100) to any payee during the peri	od)		
E .1N	Middle Nam		Purpose of Expenditure		Amount of Expenditure		
Greater Gaucons		Main Stre	العلا	\$125,00			
Last Name/Business Name			Festival		4.00		
Address			1004,000				
146 North Water	State	Zin Code	-				
Gallatin	Tr.	Zip Code 37066					
First Name	Middle Nam	ne .	Purpose of Expenditure		Amount of Expenditure		
Nathan	<u> </u>		election si	gns :	\$ 2345.32		
Last Name/Business Name				_			
Address			campaign.	73UII-12			
760 Carolyn Lane	State	Zip Code	1				
Galletin	TH	370celo					
First Name	Middle Nan	10	Purpose of Expenditure	\ (C.	Amount of Expenditure		
Lauthian Davis and Name	<u> </u>		give away 5	yutt:	\$4305.68		
Last Name/Business Name TIMPTINT			Purpose of Expenditure aive away 5 nail files, frish	ees, bandaids	'		
	νη 3, 		pens, bags	•			
101 Commerce St. P.O.B	State	Zip Code	†'				
OshKosh	WI	54901					
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	<u>. </u>						
Address]				
City	State	Zip Code					
	Middle Nan		Purpose of Expenditure		Amount of Expenditure		
First Name	MIGGIE Nati		1 diposo of asponensia		·		
Last Name/Business Name							
Address			7				
City	State	Zip Code	1				
First Name	Middle Nar	THE	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	<u> </u>		-				
			_				
Address		T= '	_				
City	State	Zip Code					
5. TOTAL ITEMIZED EXPENDITURES							
(Carry forward to item 3. of next page if additional page (If this is the tast page of expenditures, this amount ma	es of this form	are used.) in item 19b, of summary.)			6675.90		
(ii dila la die seat halte di exhancianes, dila allouis iis				2 77			

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Steve Fano	REPORT COVERING THE PERIOD ROM: 1-24-18 TO: 9-30-18							
	Amount							
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	200 000							
4. COMPLETE THE APPROPRIATE ITEMS FOR E	COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributors to the contribution received For:							
	MIGGIO ING.			Amount of Contribution				
Last Name/Organization Name			Primary Election	Seneral Election				
Address			Runoff (Local Elections C	Only)				
City State Zip Code			Date of Contribution	Aggregate This Election				
Occupation								
Employer								
First Name	Middle Nar	THE	Contribution Received For:	Amount of Contribution				
Last Name/Organization Name	1		Primary Election 🔲	Seneral Election				
Address			Runoff (Local Elections	Only)				
City	State	Zip Code	Date of Contribution	Aggregate This Election				
Occupation								
Employer		.		1				
First Name	Middle Nan	ne	Contribution Received For:	Amount of Contribution				
First Name Last Name/Organization Name	Middle Nan	ne		Amount of Contribution General Election				
	Middle Nan	ne		General Election				
Last Name/Organization Name	Middle Nam	Zip Code	Primary Election	General Election				
Last Name/Organization Name Address			Primary Election	General Election Only)				
Last Name/Organization Name Address City			Primary Election	General Election Only)				
Last Name/Organization Name Address City Occupation		Zip Code	Primary Election	General Election Only)				
Last Name/Organization Name Address City Occupation Employer	State	Zip Code	Primary Election	General Election Only) Aggregate This Election				
Last Name/Organization Name Address City Occupation Employer First Name	State	Zip Code	Primary Election	General Election Only) Aggregate This Election Amount of Contribution General Election				
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name	State	Zip Code	Primary Election Runoff (Local Elections Date of Contribution Contribution Received For:	General Election Only) Aggregate This Election Amount of Contribution General Election				
Last Name/Organization Name Address City Cocupation Employer First Name Last Name/Organization Name Address	State Middle Nar	Zip Code	Primary Election Runoff (Local Elections Date of Contribution Contribution Received For: Primary Election	General Election Only) Aggregate This Election Amount of Contribution General Election Only)				
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address City	State Middle Nar	Zip Code	Primary Election Runoff (Local Elections Date of Contribution Contribution Received For: Primary Election	General Election Only) Aggregate This Election Amount of Contribution General Election Only)				
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address City Occupation	State Middle Nar State	Zip Code Zip Code	Primary Election Runoff (Local Elections of Date of Contribution Contribution Received For: Primary Election Runoff (Local Elections of Date of Contribution	General Election Only) Aggregate This Election Amount of Contribution General Election Only)				

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COM	IMITTEE				2. REPORT COVER			
FROM:						TO:		
A TOTAL ITEMPTED BUILDING CONT	ZDIDUTIONO EE	ON DE	PECEDINO BACE (a	nter CO if first itemized page	۸ .	Amount		
3. TOTAL ITEMIZED IN-KIND CON						ributor during the period)		
4. COMPLETE THE APPROPRIATE ITE	MS FOR EACH II	EMIZE	IN-KIND CONTRIBUT					
First Name Middle Name			In-Kind Contribution Received For: Primary Election General Election Value of In-Kind Contrib					
Last Name/Organization Name			Runoff (Local Elections Only)					
Address			Date of In-Kind Contribution	Aggregate this Election				
y State Zip Code			Description of In-Kind Contribution					
Occupation	Employer							
First Name	Midd	de Name		In-Kind Contribution Receive	d For. General Election	Value of in-Kind Contribution		
Last Name/Organization Name				Runoff (Local Electio	ns Only)			
Address		-		Date of In-Kind Contribution		Aggregate this Election		
City	Statie	Ð	Zip Code	Description of In-Kind Contribution				
Occupation	Employer							
First Name	Mido	dle Name		In-Kind Contribution Receive Primary Election	ed For: General 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								
						1121 - 21-18-18-28-8-		
First Name	Midd	die Name		in-Kind Contribution Received Primary Election	ed For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name				Runoff (Local Election	ons Only)			
Address	· <u>·</u>			Date of in-Kind Contribution		Aggregate this Election		
City	State	te	Zip Code	Description of In-Kind Contribution	h			
Occupation	Employer							
			·					
First Name	Mido	die Name		In-Kind Contribution Received Primary Election	ved For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name	-			Runoff (Local Election	ns Only)			
Address				Date of In-Kind Contribution		Aggregate this Election		
Спу	State	he	Zip Code	Description of In-Kind Contribution	1			
Occupation	Employer]				
				<u> </u>	<u> </u>			
5. TOTAL ITEMIZED IN-KIND CO (Carry forward to item 3. of next page if a (If this is the last page of in-kind contribut	dditional pages of this	s form are	e used.) wn in item 22b. of summan	٨)		0		
(it also to me rept hade or it Louin couls non	econo, uno amboni mo					<u> </u>		

ITEMIZED STATEMENT OF LOANS - CANDIDATE

							,				
1. NAME OF CANDIDATE OR COMMITTEE							2. REPORT COVERING THE PERIOD				
Steve Fann							FROM: TO: 7-24-18 9-35-18				
3. COMPLETE THE APPROPRIATE ITEMS F	OR EACH I	TEMIZ	ED LOAN (loans totaling r	nore than \$100) from any s					۱۹ حل -
Complete the Following for the Source of the Loan											
First Name Middle Nam	Ne		Outstanding 1		Loans	. 1	Loa				Loan Balance
Steve			(Beginning o	of Period)	Receive		Paym	l			of Period)
Last Nague/Organization Name			-6) –	10,30	568	-6	?	10,0	305	5.68
Address 1 Loan Receiv								Date of Loa	1		
Old State Zip Code Primary Election & General Election						8.3	30-18				
Gallatin Tu	370	<u>ب) ہ</u>	Runoff	Local Elections	Only)			<u> </u>			· · · · · · · · · · · · · · · · · · ·
List All Endor	sers or Guara	untors fo	or Above Loa	n (If more spa	ice is neede	d please a	attach a	page)			
First Name	Middle Name]		First Name					Middle	Name	
Last Name/Organization Name				Last Name/Or	ganization Nar	The					
Address				Address					 -		
City	State	Zip Co	ode	City		<u>.</u>			State		Zip Code
Amount Guaranteed Outstanding	'			Amount Guara	inteed Outstan	ding					
First Name	Middle Name	1		First Name Middle Name				•			
Last Name/Organization Name	<u>L</u>			Last Name/Or	ganization Nar	me			l		
Address				Address		. 					
Audiess				Audiess							
City	State	Zip Co	ode	City					State		Zip Code
Amount Guaranteed Outstanding				Amount Guara	inteed Outstan	ding					
First Name	Middle Name	1		First Name					Middle	e Name	•
Last Name/Organization Name	<u> </u>			Last Name/Or	ganization Nar	me					
Address				Address							<u> </u>
City	State	Zip C	ode	City					State		Zip Code
Amount Guaranteed Outstanding		<u> </u>		Amount Guara	enteed Outstan	ding					
First Name	Middle Name)		First Name				-	Middle	Name	
					nanization No.						
Last Name/Organization Name				Last Name/Of	ganization Nar						
Address				Address							
City	State	Zip C	ode	City					State		Zip Code
Amount Guaranteed Outstanding				Amount Guara	inteed Outstan	ding					
4. Totals for all Loans (complete on last page of (Total loans received should also be shown in item 16. on				Outstanding L (Beginning		Loa Rece		Los		Outs	tanding Loan Balance (End of Period)
(Total loan payments should also be shown in item 20, on	summary page.)		0	u. s viewj	10,30		1		10:	305.68
(Total outstanding loan balance should also be shown in iter	TI FZ.E. ON TONE	page.)				بحروا	ن من در			100	

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
Steve tans	\		Outstanding Balance	FROM: 7-24-		9-30-18
 COMPLETE THE APPROPRIATE ITEMS F OBLIGATION (obligations totaling more than person/vendor at the end of the reporting p 	TON (obligations totaling more than \$100 owed to any			Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	me		<u> </u>		
Last Name/Business Name	<u>l</u>			<u> </u>	-	
Address				<u>.</u>		
City	State	Zip Code				
Description of Obligation		<u> </u>			<u></u>	L
First Name	Middle Na	me				
Last Name/Business Name	<u> </u>					
Address						
City	State	Zip Code			:	
Description of Obligation	<u> </u>					·
First Name	Middle Na	rne				
Last Name/Business Name	<u> </u>					
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	ame				
Last Name/Business Name	<u> </u>		-			
Address						
City	State	Zip Code	-			
Description of Obligation	.l	1		<u> </u>	<u>I</u>	.l
First Name	Middle Na	ame				
Last Name/Business Name	<u> </u>					
Address						
City	State	Zip Code	-			
Description of Obligation	1	<u> </u>	<u> </u>		<u> </u>	,
4. TOTALS					Ţ	Ţ''
(Total from Outstanding Balance - (End of Period) in item 23b. on summary page.)	column mu	stalso be shown	0	0	10	-0
m went pass on annually bedayl						1

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Page _____

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