

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>October 10, 2018</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>Steve GRAVES</u>
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE <u>Aug 9, 2018</u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route      City      State      Zip Code      Phone <u>169 Chisman Rd</u> <u>BETHPAGE</u> <u>TN</u> <u>37022</u> <u>615-330-0688</u>	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route      City      State      Zip Code      Phone	
5. OFFICE SOUGHT (include district number, if applicable)	6. NAME OF POLITICAL TREASURER (may be candidate) <u>TERESA GRAVES</u>
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 <u>July 24, 2018</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>Sept 30, 2018</u>
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.  <u>Steve Graves</u> <u>10-9-18</u> <u>Teresa Graves</u> <u>10-9-18</u> signature of candidate      date      signature of political treasurer      date	
11. WITNESS SIGNATURE <u>Ruth Graves</u> <u>10-9-18</u> <u>Vickie A. Man</u> <u>10-9-18</u> signature of witness      date      signature of witness      date	
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT .....	\$ <u>1572.78</u>
b. TOTAL RECEIPTS THIS PERIOD .....	\$ <u>—</u>
c. TOTAL DISBURSEMENTS THIS PERIOD .....	\$ <u>1572.78</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .....	\$ <u>0</u>
e. TOTAL LOANS OUTSTANDING .....	\$ <u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING .....	\$ <u>0</u>



FILED

A.M.      P.M.

OCT 10 2018

SUMNER COUNTY  
ELECTION COMMISSION

## SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <div style="text-align: center; font-size: 1.2em; font-family: cursive;">Steve Graves</div>	14. REPORT COVERING THE PERIOD FROM: <u>7-24-18</u> TO: <u>9-30-18</u>
<b>RECEIPTS</b>	
15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized 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 .....	\$ _____
17. INTEREST RECEIVED THIS REPORTING PERIOD .....	\$ _____
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) .....	\$ <u>0</u>
<b>DISBURSEMENTS</b>	
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>Bethpage Store</u> .....	\$ <u>27.78</u>
_____ .....	\$ _____
_____ .....	\$ _____
_____ .....	\$ _____
_____ .....	\$ _____
_____ .....	\$ _____
_____ .....	\$ _____
_____ .....	\$ _____
_____ .....	\$ _____
Total of Expenditures (\$100 or less each payee) .....	\$ _____
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.) .....	\$ <u>27.78</u>
<b>22. IN-KIND CONTRIBUTIONS</b>	
a. Unitemized in-kind contributions (\$100 or less from each source this period) .....	
b. 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.) .....	
\$ <u>0</u>	
<b>23. OBLIGATIONS</b>	
a. Unitemized Obligations Outstanding (\$100 or less each) .....	
b. Itemized Obligations Outstanding (Over \$100 each) .....	
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.) .....	
\$ <u>0</u>	



# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>Steve GRAVES</b>			2. REPORT COVERING THE PERIOD FROM: <b>7-24-18</b> TO: <b>9-30-18</b>		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <b>27.78</b>		
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 <b>Campaign Signs " T-Shirts Business Cards for election</b>	Amount of Expenditure <b>1545.00</b>
Last Name/Business Name <b>CONCEPT ONE</b>					
Address <b>210 N. LOCUST AVE</b>					
City <b>Gallatin</b>	State <b>TN</b>	Zip Code <b>37066</b>			
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 (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.)					<b>1572.78</b>