CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAMEOFCA		COMMITTEE		
2.b. IF COMMITTEE, NAME OF CANDIDATE	111011101	الرا د	II DVI OI	3. ELECTION DATE	
Thomas Dillard				11/6/18)
4.a. CAMPAIGN ADDRESS AND PHONE	011		04-4-	<u></u>	
Street or Rural Route	City	d	State	Zip Code	Phone
1000 DEGSY Lane 4.b. CANDIDATE'S HOME ADDRESS (if different	POVTI	ana	144	37148	6154006459
Street or Rural Route	City		State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if	applicable)	6. NAME	-	TREASURER (may be	e candidate)
7. CATEGORY OR REPORT (Check one) FIRST SECOND THRO	FOURTH	D PRE-	D PRE-	☐ MID-YEAR	YEAR-END
QUARTER QUARTER QUARTER	QUARTER	PRIMARY	GENERAL	SUPPLEMENTAL	SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD			ON 10 18	RTING PERIOD	
9. (Check one)					·
a. This campaign is exempt from detaile tures total \$1,000 or less for this report this campaign is required to file a defand/or expenditures total more than \$	rting period. (Comp tailed financial discl	olete items 12d osure because	., 12e. and 12f.)	·
10. 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 b no campaign o	e reported by the contributions ha	ne candidate committe ve been expended for	e by the Campaign
Thurs from	10.1.18	4	e Chu	of lone	10.1.18
signature of candidate	date		signature (of political treasurer	date
11. WITNESS SIGNATURE			_		
Stomic Peak signature of witness	10 1118		StVM signa	ture of witness	10/1/18 date
12. SUMMARY				\prec	
a., BALANCE ON HAND LAST REPORT			********************	\$	-
b. TOTAL RECEIPTS THIS PERIOD				\$ 950,00	<u>, </u>
c. TOTAL DISBURSEMENTS THIS PERIOD.				3216.25	<u> </u>
d. BALANCE ON HAND (12.a. plus 12.b. n	ninus 12.c.)				<u>\$</u>
e. TOTAL LOANS OUTSTANDING					s
f. TOTAL OBLIGATIONS OUTSTANDING					ş

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)		14 REPORT CO	VERING THE PERIOD
Thomas Dillard		FROM:	TO: 1016-18
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	-		
a. Unitemized Contributions (\$100 or less from each source this p	period)	s <u>350</u>	_
b. Itemized Contributions (over \$100 from each source this period		•	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add	15.a. and 15.b.)		\$ <u>950</u>
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 ite	em 12.b.)		\$ 950
DISBURSEMENTS			
19. EXPENDITURES (other than loan payments)			
a. Expenditures (\$100 or less each payee this period) (must be liste	d by category	e.g., printing, postage	e, gasoline)
	\$		
	\$ <u>Ø</u>		
	\$ <u>&</u>		
	\$ <u>Ø</u>		
	\$	<u>.</u>	
	\$	·	
	\$ Ø		
	s Ø		
	\$ 0		
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.		•	\$ 2216.25
20. LOAN REPAYMENTS MADE THIS PERIOD			
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in			
22.IN-KIND CONTRIBUTIONS		,	
a. Unitemized in-kind contributions (\$100 or less from each source t	his period)	\$	
b. Itemized in-kind contributions (over \$100 from each source this p			
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (a	dd 22.a. and 22.	b.)	\$
23. OBLIGATIONS		C	·
a. Unitemized Obligations Outstanding (\$100 or less each)		\$	_
b. Itemized Obligations Outstanding (Over \$100 each)		a.00	_
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (mu	st be shown i ite	m 12.f.)	\$

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				RING THE PERIOD
			FROM:	TO:
A TOTAL ITEMSTED CAMPAICN CONTRIBUTION	ONG EDOM BRECEDING BAC	SE (anter \$0 if first itemized n	ana)	Amount 600
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTION			_	
4. COMPLETE THE APPROPRIATE ITEMS FOR EA		Contributions totaling more than a	100 IIOH any common	Amount of Contribution
First Name BENNY KANALA	Middle Name		.	Amount of Condibution
Last Name/Organization Name		Primary Election	General Election	\$200
Address	ST	Runoff (Local Election	s Only)	
City Portano	State Zip Code 37148	Date of Contribution		Aggregate This Election
Occupation		9-12-	18	
Employer SELY EMPLOYED		- ' '- -		
Cinhoye				
First Name	Middle Name	Contribution Received For		Amount of Contribution
Last Name/Organization Name	<u> </u>	Primary Election D	General Election	\$200
HESSON			an Only)	1,200
Address Hwy 76	la.: Ia.	Runoff (Local Election	na Othy)	Aggregate This Election
City PORTLAND	State Zip Code 37148	Date of Contribution		Aggregate this Election
Occupation Solve S		9-14-	18	
Self Employed		<u> </u>	•	1
Employer				1
г сироуч				
First Name	Middle Name	Contribution Received For	:	Amount of Contribution
First Name	Mikidle Name		:	Amount of Contribution
First Name Last Name/Organization Name	Middle Name			
First Name Last Name Organization Name Address			General Election	Amount of Contribution
First Name MAN Last Name/Organization Name MEADOWS Address 143 PARKERS	CHAPEL PD	Primary Election	General Election	\$200
First Name ARABASSAN Last Name/Organization Name Address Address Last Name/Organization Name Address Address City	C WA PEZ PD State Zip Code	Primary Election	General Election	
First Name MAN Last Name/Organization Name MEADOWS Address 143 PARKERS	CHAPEL PD	Primary Election Runoff (Local Election Date of Contribution	General Election	\$200
First Name MAN Last Name/Organization Name MEADOWS Address City PORTLAND Occupation SELF EMNOVEED	C WA PEZ PD State Zip Code	Primary Election Runoff (Local Election Date of Contribution	General Election	\$200
First Name Manual Company State of the Company Sta	C WA PEZ PD State Zip Code	Primary Election Runoff (Local Election Date of Contribution	General Election	\$200
First Name Man Manuscold Last Name/Organization Name MEADOWS Address 1143 PARKERS City PORTLAND Occupation SELF EMPLOYEED	CHAPEL RD State Zip Code TN 37148	Primary Election Runoff (Local Election Date of Contribution	General Election	\$200
First Name ABABAS Last Name/Organization Name Address Address PARKELS City POPTLAND Occupation SELF Employer First Name	C WA PEZ PD State Zip Code	Primary Election Runoff (Local Election Date of Contribution 9-12- Contribution Received For:	General Election ns Only)	\$ 2.00 Aggregate This Election
First Name MAN Last Name/Organization Name MEADOWS Address 1143 PARKELS City PORTLAND Occupation SELF Employer	CHAPEL RD State Zip Code TN 37148	Primary Election Runoff (Local Election Date of Contribution 9-12- Contribution Received For:	General Election Ins Only) General Election	\$ 2.00 Aggregate This Election
First Name Last Name/Organization Name MEADOWS Address Address City PORTLAND Occupation SELF Employer First Name	CHAPEL RD State Zip Code TN 37148	Primary Election Runoff (Local Election Date of Contribution 9- 12- Contribution Received For: Primary Election Runoff (Local Election	General Election Ins Only) General Election	\$ 200 Aggregate This Election Amount of Contribution
First Name Last Name/Organization Name Address Address Address PARKERS City PORTLAND Occupation SELF Employer First Name Last Name/Organization Name	CHAPEL RD State Zip Code TN 37148	Primary Election Runoff (Local Election Date of Contribution 9-12- Contribution Received For:	General Election Ins Only) General Election	\$ 2.00 Aggregate This Election
First Name Last Name/Organization Name Address Address City PORTLAND Occupation SELF Employer First Name Last Name/Organization Name Address	CHAPEL PD State Zip Code TN 37148 Middle Name	Primary Election Runoff (Local Election Date of Contribution 9- 12- Contribution Received For: Primary Election Runoff (Local Election	General Election Ins Only) General Election	\$ 200 Aggregate This Election Amount of Contribution
First Name Last Name/Organization Name Address Address City PORTLAND Occupation SELF Employer First Name Last Name/Organization Name Address City	CHAPEL PD State Zip Code TN 37148 Middle Name	Primary Election Runoff (Local Election Date of Contribution 9- 12- Contribution Received For: Primary Election Runoff (Local Election	General Election Ins Only) General Election	\$ 200 Aggregate This Election Amount of Contribution
First Name Last Name/Organization Name Address Address City PORTLAND Occupation SELF Employer First Name Last Name/Organization Name Address City Occupation	CHAPEL PD State Zip Code TN 37148 Middle Name	Primary Election Runoff (Local Election Date of Contribution 9- 12- Contribution Received For: Primary Election Runoff (Local Election	General Election Ins Only) General Election	\$ 200 Aggregate This Election Amount of Contribution

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD				
					FROM:	TO:		
TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)						Amount		
TOTAL TEMIZED IN-KIND CON COMPLETE THE APPROPRIATE ITI	EMS FOR EACH	ITEMIZE	D IN-KIND CONTRIBU	TION (in-kind contributions totaling	more than \$100 from any cont	ributor during the period)		
First Name		liddle Name	-	In-Kind Contribution Receive		Value of In-Kind Contribution		
Last Name/Organization Name		-	· · · · · · · · · · · · · · · · · · ·	Runoff (Local Electio				
Address				Date of In-Kind Contribution Aggregate this Election				
City	State Zip Code		Description of In-Kind Contribution					
Occupation	Employer							
	<u> </u>					Malue atta Maria Aran		
First Name		Middle Name	e 	In-Kind Contribution Receive	ed For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name				Runoff (Local Election	ons Only)			
Address				Date of In-Kind Contribution		Aggregate this Election		
City	 ;	State	Zip Code	Description of In-Kind Contribution	n			
Occupation	Employer		l	1				
First Name		Middle Nam	e	In-Kind Contribution Received For: Primary Election				
Last Name/Organization Name		_		Runoff (Local Election	ons Only)	<u> </u>		
Address				Date of In-Kind Contribution Aggregate this Election				
City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	Description of In-Kind Contribution	vi			
Occupation	Employer]				
Circle North	- 1	Middle Nan	ne .	In-Kind Contribution Receiv	ved For:	Value of In-Kind Contribution		
First Name		TIBIN SEDERA		***************************************	General Election			
Last Name/Organization Name				Runoff (Local Electi	ons Only)			
Address				Date of In-Kind Contribution		Aggregate this Election		
City		State	Zip Code	Description of In-Kind Contribution	ж.			
Occupation	Employer		1	1				
						1171		
First Name		Middle Nam		In-Kind Contribution Rece	ived For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name				Runoff (Local Electi	ons Only)			
Address				Date of In-Kind Contribution		Aggregate this Election		
City		State	Zip Code	Description of In-Kind Contribution	DA			
Occupation	Employer	· ··		<u> </u>				
5. TOTAL ITEMIZED IN-KIND CO								
(Carry forward to item 3. of next page if (If this is the last page of in-kind contrib	additional pages o utions, this amoun	of this form a t must be sh	are used.) nown in item 22b. of summa	η.)				
SS-1128 (Rev. 2/06)	-			P	rage of	RDA 1159		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITTE	E	FROM:	TO:	
			TIVON	Amount
TOTAL ITEMIZED CAMPAIGN EXPEND	ITURES FROM	PRECEDING PA	GE (enter \$0 if first itemized page)	
COMPLETE THE APPROPRIATE ITEMS FO	R EACH ITEMIZ	ED EXPENDITURE	(expenditures totaling more than \$100 to any payee d	uring the period)
	Middle Name		Purpose of Expenditure	Amount of Expenditure
st Name			CAROS	
It Name/Business Name	150551 W	נ		2025
dans		<u> </u>	- Brunar Signs	768.25
510_N.D.	COAD State	Zin Code	Signs	
PORTANI)	71	Zip Code 32/48		
st Name	Middle Nam	ê	Purpose of Expenditure	Amount of Expenditure
<u></u>	i			
st Name/Business Name AMAR	<i>ع ا</i> لـ	11.400	Bill BOARD	1195.00
4		.,,,,,,		1 / 1 / 2 -
3965 CAMAR	State	Zip Code	 	
CLANKSVILE	7/	3740		
	Middle Nar		Purpose of Expenditure	Amount of Expenditure
st Name			- 7 A.L	
st Name/Business Name	neau_		INS YOU TOUR	253.00
ddraes			INS FOR PORK	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
800 5. 6	12 0710 State	Zip Code	- 	
PONTUAND	77/	37148		
	Middle Nar		Purpose of Expenditure	Amount of Expenditure
rst Name			_	
ast Name/Business Name				
address				
	State	Zip Code		
City	0.0.0			
	Middle Na	me.	Purpose of Expenditure	Amount of Expenditure
irst Name	Mildulation			
ast Name/Business Name				
Address		<u> </u>		
	State	Zip Code		
City	State			
First Name	Middle Na	ame	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				1
Address				i I
City	State	Zip Code		
	ı	1	Į.	

ITEMIZED STATEMENT OF LOANS - CANDIDATE

. NAME OF CANDIDAT	E OR COMMITTEE						2. REPO	ORT COV	ERING TO:	THE PERIOD
			.				con control during	the period)	_!_	
3. COMPLETE THE APP	ROPRIATE ITEMS F	OR EACH IT	EMIZ	ED LOAN (lo	ans totaling m	note than \$100 noni	asy source during	are believe		
Complete the Following for t	he Source of the Loan			Outstanding Lo	an Balance	Loans	Loan			ng Loan Balance
First Name	Middle Nan	16		(Beginning of	Period)	Received	Payments	1	(End	i of Period)
ast Name/Organization Name										
Address				Loan Received			1	e of Loan		
Oib.	State	Zip Code		Primary		General Elec	noui			
City		<u> </u>		Runoff (I			ase attach a na	ge)		
	List All Endo	rsers or Guara Middle Name		or Above Loar	First Name	ace is needed ple	saso unasi a pa	11	vliddle Nar	T i O
First Name		WINGUIS I VAITE				rganization Name				
Last Name/Organization Name					Last Name/O	rganization warre				
Address	<u> </u>				Address					
City		State	Zip C	Code	City				State	Zip Code
			<u>. </u>		Amount Gua	ranteed Outstanding	}			
Amount Guaranteed Outstandin	ng 								Middle Na	me
First Name		Middle Nam	16		First Name					
Last Name/Organization Name	<u>-</u>	<u>. </u>	_		Last Name/	Organization Name	*			
					Address		_			
Address		100	170	O-do	City				State	Zip Code
City		State		Code						
Amount Guaranteed Outstand	ing				Amount Gua	aranteed Outstandin	ig 			
First Name	<u> </u>	Middle Nan	me		First Name				Middle N	lame
Last Name/Organization Nam		_1		·	Last Name	Organization Name				
Lost Hallor Organization, 100					Address			_		
Address									State	Zip Code
City		State	Zip	Code	City				Julio	
Amount Guaranteed Outstand	ding				Amount Gu	aranteed Outstandi	ng			
Firm Name		Middle Na	me		First Name	3			Middle 1	Name
First Name		I I I I I I I I I I I I I I I I I I I			l ast Name	/Organization Name	9		<u> </u>	
Last Name/Organization Nar	me									
Address					Address					
City		State	Zi	p Code	City				State	Zip Code
Amount Guaranteed Outstan	nding				Arnount G	uaranteed Outstand	ling			
4. Totals for all Loans (complete on last par	e of itemized	oans		Outstand	ing Loan Balance	Loans	Loa		Outstanding Loan Bala
Charlenge manipal char	complete on last pay ld also be shown in item 16 ld also be shown in item 20	, on summary pa	age.)	•	(Begin	ning of Period)	Received	Payn	nents	(End of Period)
(Total loan payments shou (Total outstanding loan bala	ance should also be shown	n item 12.e. on fr	ont page	9.}				47	_	2014450

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
				FROM:	TO:	
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 Nar	ne				
Last Name/Business Name	<u> </u>					
Address						
City	State	Zip Code	7			
Description of Obligation	<u> </u>					
First Name	Middle Na	ne				!
Last Name/Business Name	1					
Address						
City	State	Zip Code				
Description of Obligation	•					
First Name	Middle Na	тi ė				
Last Name/Business Name					ļ]
Address	Address					İ
City	State	Zip Code		<u> </u>	!	
Description of Obligation						
First Name	Middle Na	ne			ļ	
Last Name/Business Name	!					
Address						
City	State	Zip Code				
Description of Obligation				····		
First Name	Middle Na	me				
Last Name/Business Name						1
Address						
City	State	Zip Code				
Description of Obligation	1		L	•	•	,
4. TOTALS		4 alaa ka ataa				
(Total from Outstanding Balance - (End of Period) of in item 23b. on summary page.)						