CAMPAIGN FINANCIAL DISCLOSURE STATEMENT,

For State and Local Candidates
For Single-Candidate Committees

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RECEIVED	, ? , `
KECEIAED	1/6
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1. DATE OF	REPORT	2.a. NAME OF	CANDIDATE	OR COMMITTEE		061 B G 2018
		Lind	· · · · · · · · · · · · · · · · · · ·	misted	/	IN I MA COM
2.b. IF COM	MITTEE, NAME OF CANDIDATE	1 2/1100	2 ///	miste		ALLOUN COUNTY
	_				3. ELECTION DA	FCTION COMMISSION
4.a. CAMPAII	GN ADDRESS AND PHONE				I Dung &	8100
Street or	Rural Route	City		State	0	
210	Former / lawy N		1. 1		Zip Code	Phone
4.b. CANDIDA	Forrest Lawn D	7. 717. Ju	1,eT,	TN 3	37122	
Street or	Rural Route	City		State	Zin Carla	
(Same)	,		Otale	Zip Code	Phone
5. OFFICE S	OUGHT (include district number,	f applicable)	6. NAM	- O- OO	···	
801	1 1 1			E OF POLITICAL	TREASURER (may b	e candidate)
7. CATEGOR	RY OR REPORT (Check one).	ne 4	tr	ed Cor	ley	
	CT OR REPORT (Check one),		_	-	7	
FIRST	SECOND TIMED	FOURTH	PRE-	LJ PRE-	☐ MID-YEAR	
QUARTER 8 a RECINIVIN	R QUARTER QUARTER GDATE OF REPORTING PERIOD	QUARTER	PRIMARY	GENERAL	SUPPLEMENTA:	YEAR-END SUPPLEMENTAL
C.B. DEGINANIA			8.b. ENDI	NG DATE OF REPO	RTINGPERIOD	COLLECTION
	7-24-18			9-30-	18	
9. (Check one)						
a. 🔟 Thi	s campaign is exempt from detaile es total \$1,000 or less for this repo	d disclosure hecaus	e contribution	an Grahada - 1		
ture	es total \$1,000 or less for this repo	rting period. (Comp	lete items 12	is (including in-kir d., 12e and 12f)	d) received total \$1,0	00 or less AND expendi-
and	s campaign is required to file a det l/or expenditures total more than \$	alled financial disclo	sure becausi	e contributions (in	cluding in-kind) receiv	ed total more than \$1,000
		Toda ist and report	ng penou.			
10. I/we do so	demnly swear or offirm that the					
accurate a	plemnly swear or affirm that the in accounting of campaign contributio Disclosure Act. Additionally I/we s	ormation contained	in this camp	aign financial disc	losure report is true a	and that this report is an
						by the Campaign
benefit of	the candidate or for any other non	political purpose as	defined by th	e federal internal r	evenue code.	ne personal financial
~ ·	_			1	1/1	
Trid	a srmisle ad	<u>10 - 9 - 18</u>		Med	1 (Allen	10-0-18
✓ signate	ure of candidate	date		signature of	political treasurer	
					- 4	5515
11. WITNESS S	SIGNATURE O			-		
Fage	005/1/2011	n	//		18 DO	8 IM
X-egv	weet falmose	10.9-18	K	rall	to take	Well 2 10
gignat	ure of witness	date	/ <u>~</u>	signatur	e of witness	10-110
-/-				J Oignatui	e or withess	date
12. SUMMARY						
					00 -	
a. BALAN	CE ON HAND LAST REPORT			\$	<u> 72.28</u>	
					•	,
b. TOTAL F	RECEIPTS THIS PERIOD	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$	43.96	
					30 00	
c. TOTALE	DISBURSEMENTS THIS PERIOD			\$	72. 28	
d DALAN	SE ON HAVE 440					_
d. BALAN	CE ON HAND (12.a. plus 12.b. min	us 12.c.)			\$	0
e. TOTAL L	OANS OUTSTANDING		.,		œ.	0
					Φ.	
f. TOTAL C	BLIGATIONS OUTSTANDING					0
					······ \$ -	
					W	

OCT 0 9 2018

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR							2. REPOR	T COVE	RING THE PERIODS	
Linda Armistead 3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$10)							FROM: TO: 7-24-18 9-30-18			
3. COMPLETE THE APPROPE	MATE ITEMS FOR EA	CH ITEMI,	ZED LOAN	(loans totaling	more than S	\$100 from any sou	rce during the	period)		
Complete the Following for the Sou First Name			To die		· r					
Wild did Harrie			Outstanding Loan Balance Loans (Beginning of Period) Received				Loan Outstanding Loan Balance Payments (End of Period)			
Last Name (Orange Last)			\$600.00		\$/	00			O campa	
Hrmistead 6				co. 00 600, Details on						
2125-20-4 1 D.				Received For: Date of Loan Primary Election ☐ General Election						
City M+ T. L'-+	State Zip Cod	。 ′22		Runoff (Local Elections Only)					16-18	
mi. Juijej	List All Endorsers or G		<u> </u>			dod alcone ette		·····		
First Name	Middle N		of Above Los	First Name	ice is nee	ued piease attac	on a page)	Luida	e Name	
Lock Manual Constitution of the Manual Constitut				ristranc				WIGGA	e Name	
Last Name/Organization Name				Last Name/Or	ganization N	lame				
Address				Address						
Cily	State	Zip Co	odo	City			***************************************	· · · · · · · · · · · · · · · · · · ·		
	State			City				State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding						
First Name Middle Name				First Name Middle Name						
Last Name/Organization Name				Last Name/Organization Name						
Address			Address							
City	State	Zip Coo	de	City				State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding						
First Name Middle Name				First Name Middle Name						
Last Name/Organization Name				Last Name/Organization Name						
Áddress				Address						
City	State	Zip Cod	e	City				State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding						
First Name Middle Name				First Name Middle Name						
ast Name/Organization Name				Last Name/Organization Name						
Address										
				Address						
City	State	Zip Code	e (City				State	Zip Code	
mount Guaranteed Outstanding				Amount Guaranteed Outstanding						
Totals for all Loans (complete on last page of itemized loans)				Outstanding Loan Balance Loans Loan Outstanding Loan Bala				Outstanding Loan Balance		
(Total loans received should also be shown in item 16. on summary page.) (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.)				(Beginning of F	Period)	Received	Payme		(End of Period)	