CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

JUL 5 2018

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1. DATE OF REPORT		CANDIDATE OR COMMITTEE	FLECTION COMMISSIO			
2 h JE COMMITTEE MANE 25 A	Lino	la Armistea	ad	- TO HOR COMMISSION		
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DA	TE		
			20	13		
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	Q1-4				
210 Forrest Lawn Dr.	Mt. Julie	State TN	Zip Code	Phone		
4.b. CANDIDATE'S HOME ADDRESS (if different	nt than 4.a.)	77	37122	615-504-9393		
Street or Rural Route	City	State	Zip Code	Phone		
(Same)						
5. OFFICE SOUGHT (include district number,	if applicable)	6. NAME OF POLITICAL	TREASURER (may I	oe candidate)		
School Board Zone	24	Fred Cor	lev			
7. CATEGORY OR REPORT (Check one)	—					
FIRST SECOND THIRD	L.J FOURTH	PRE- PRF-	MID-YEAR	YEAR-END		
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY GENERAL	SUPPLEMENTA:			
4-24-18		8.b. ENDING DATE OF REPO				
9. (Check one)		6-30-	18			
į.						
a. This campaign is exempt from detaile tures total \$1,000 or less for this repo	ed disclosure becaus	e contributions (including in-ki	nd) received total \$1,	000 or less AND expendi-		
to the training report of the first report	orang penod. (Comp	lete items 12d., 12e. and 12f.))			
b. This campaign is required to file a de	tailed financial disclo	sure because contributions (ir	ncluding in-kind) recei	ved total more than \$1,000		
and/or expenditures total more than s	51,000 for this report	ing period.				
 I/we do solemnly swear or affirm that the ir accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other nor 	swear or affirm that r	required to be reported by the	e candidate committe			
Sinda armiste al	6-30-20	18 Ined	Collen	6-30-200		
signature of candidate	date		f political treasurer	<u>6-30-2018</u>		
				İ		
11. WITNESS SIGNATURE						
RE Colmono sa	10.1	. 00	Δa			
signature of with a se	6.30 De	118	falmo	10 5-3018		
signature of witness	date	signatu	re of witness	date		
12. SUMMARY						
DALANCE ON LIAME A ACT DOTAGE						
a. BALANCE ON HAND LAST REPORT	••••••••••••••••••••••••••••••		\$			
b. TOTAL RECEIPTS THIS PERIOD			600.00			
			507.72	ĺ		
c. TOTAL DISBURSEMENTS THIS PERIOD			507.72			
d. BALANCE ON HAND (12.a. plus 12.b. mi	nus 12 c)		_	92.28		
(12.0. place 12.0. 11)	12.0.7		\$			
e. TOTAL LOANS OUTSTANDING			_	600 00		
			\$	<u> </u>		
f. TOTAL OBLIGATIONS OUTSTANDING			_			
		***************************************	······ \$			



JUL & 2018

WILSON COUNTY ITEMIZED STATEMENT OF LOANS - CANDIDATE ON COMMISSION

1. NAME OF CANDIDATE OR COMMITTEE					2. REPORT COVERING THE PERIOD					
Linda Armistead 3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any s										
3. COMPLETE THE APPROPRIATE ITEMS	FOR EACH	لا ITEMI2	ED LOAN	(loans totaling r	nore than \$	100 from any s	タースタ source during the	period)	6-30	<u>>-18</u>
Complete the Following for the Source of the Loai	1000.000.000.00	roksiya-oʻsteniya	4-576-975-58-10-10-24-10-10-2	deelen rijk valley vytakan in v	e territoriano de com	et ook en stelle teen gevel		nese reserve	it on the state of	
First Name Middle Name Or									Outstanding Loan B	
Linda G. Last Name/Organization Name		(Beginning		Reci	eived UO	Payments		(End of Period)		
Armistead			600	600.00 600.			0	0 600.		
Address			Loan Receiv	Received For: Date of Loan						
City - State	Zip Code	•	☐ Primar	nary Election						
Mt. Juliet TN										
the state of the second of the	The secretarian states		or Above Loa	n (If more spa	ce is nee	ded please at	ttach a page)			e e estados en el el el
First Name	Middle Nam	е		First Name				Mide	dle Name	
Last Name/Organization Name				Last Name/Organization Name						
Address				Address					***************************************	
City	State	Zip Co	de	City				State	Zip Cod	e
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 Cod	łe	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 Cod	e	City				State	Zip Code	Э
Amount Guaranteed Outstanding	·			Amount Guarante	ed Outsta	nding		<u></u>		
First Name	irst Name Middle Name			First Name Middle Name						
Last Name/Organization Name		E	Last Name/Organization Name							
Address			Address							
City	State	Zip Code	9 (City State Zip Code					Zip Code	
Amount Guaranteed Outstanding			Ā	mount Guarante	ed Outstan	ding		L		
4. Totals for all Loans (complete on last page of itemized loans)			(Outstanding Loar		Loans	Loa		Outstanding Loa	
(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.)			-	(Beginning of F		Received			(End of Per	iod) 00
(Total outstanding loan balance should also be shown in item 12.e. on front page.)				600.0	~		6)	600.	