## CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

2.b. IF COMMITTEE, NAME OF CANDIDATE  3. ELECTION DATE  3. ELECTION	N COUNTY /COMMISSION
2.b. IF COMMITTEE, NAME OF CANDIDATE  3. ELECTION DATE  3. ELECTION	COMMISSION
Aug 7, 201	1
	14
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone	
loco Virginia Hill DR. Mt. Tuliet TN 37122 615-7	58-0829
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)	
LONE 4, School BOARD Roit	
7. CATEGORY OR REPORT (Check one)  FIRST SECOND THIRD FOURTH PRE- PRE- MID-YEAR YEAR-E QUARTER QUARTER QUARTER PRIMARY GENERAL SUPPLEMENTAL SUPPLEME	
8.a. BEGINNING DATE OF REPORTING PERIOD  8.b. ENDING DATE OF REPORTING PERIOD  1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	16
9. (Check one)	<del>/</del>
<ul> <li>a.          This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND tures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)     </li> </ul>	expendi-
b. This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more to and/or expenditures total more than \$1,000 for this reporting period.	:han \$1,000
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this re accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campa Financial/Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal fin benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal reverue code.  Signature of candidate  date  signature of political treasurer	nian
11. WITNESS SIGNATURE	
signature of witness	- 3/-/4 date
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT\$	
b. TOTAL RECEIPTS THIS PERIOD	
c. TOTAL DISBURSEMENTS THIS PERIOD	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	
	1/1/2
e. TOTAL LOANS OUTSTANDING	.52/19



#### ma

### SUMMARY PAGE - CANDIDATE

JUL 3 1 2014 10:10

	13. NAME OF GANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD	
-	RECEIPTS	FROM: 7/1/4 TO: 9/2N COMMISSION	
	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		
L	18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		
	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)	
	\$		
	\$		
	<del></del>		
	<b></b> \$		
	<b></b> \$		
	<del></del>		
	\$		
	\$		
	<b></b> \$		
	Total of Expenditures (\$100 or loss cook pours)		
b	Total of Expenditures (\$100 or less each payee)		
	Itemized Expenditures (Over \$100 each payee this period)		
20	TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ 2673,52	
	LOAN REPAYMENTS MADE THIS PERIOD		
2:	. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 2675,52	
	Unitemized in-kind contributions (\$100 or less from each source this period)		
	Itemized in-kind contributions (over \$100 from each source this period)		
	TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)  OBLIGATIONS	\$	
		5	
	Unitemized Obligations Outstanding (\$100 or less each)		
	Itemized Obligations Outstanding (Over \$100 each)		
C.	TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 1	2.f.)	



# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATEN COUNTY

					LECTION COARRIOG
1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVER		
	05/	4///	Amount Amount		
TOTAL ITEMIZED CAMPAIGN CONTRIBUTE     COMPLETE THE APPROPRIATE ITEMS FOR	FACH ITE	MIZED CONTRIBUTION	AGE (enter \$0 if first itemized p	rage)	12675.52
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION     First Name			Contributions totaling more than \$	100 from any contributor	The state of the s
Last Name Organization Name				General Election	Amount of Contribution
13Ritt			] ' `	2675.52	
1000 Virginia Hill De		Runoff (Local Election			
City of Julie 7 State Zip Code 27 57122		Date of Contribution		Aggregate This Election	
Occupation Refixed			7/5/14		4775.50
Employer N A			1		, , ,
First Name	Middle Na	ame	Contribution Received For:		Amount of Contribution
Last Name/Organization Name	1		Primary Election	General Election	
Address			Runoff (Local Elections	s Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation			+		33.33.40 7.10 2.00.01
Employer			-		
First Name	Middle Nan	ne	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
Address		Runoff (Local Elections	Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
-mployer					
First Name Middle Name					
istranic	Middle Nam	ie	Contribution Received For:		Amount of Contribution
ast Name/Organization Name			☐ Primary Election ☐	General Election	
Address			☐ Runoff (Local Elections	Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
occupation					
mployer					
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages o (If this is the last page of contributions, this amount must b	e used.) em 15b. of summary.)			4776.60	
					1 / 21 1/2

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RDA 1159



## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

					ANTOCIA CODIÁ! À	
1. NAME OF CANDIDATE OR COMMITTEE	T	2 REPORT COVE	RING THE PERIOD			
KON BRITT					TO: 7/20/	
3 TOTAL ITEMIZED CAMPAIGN EXPENSIV	Amount/					
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)						
4. COMPLETE THE APPROPRIATE HEMS FOR EACH HEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)						
First Name Chronicle	Middle	Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	•		1 CALLA			
Address / /			(Andichote A	A.	270,00	
Lohavon	RN					
City Mt. Julie T	State	Zip Code	1			
First Name ANTH JOHO CRA	Middle I	Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			(Andidate;	1-1	- 4/	
Address B. / (	211		(SING CHE)	40	38500	
City / HOOVR F	State	Zip Code	-			
(character)	State	37087				
First Name	1 1 1	SA COLUMN TO THE REAL PROPERTY OF THE PARTY				
	Middle N	ame	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			11			
Address Address			Alyers An	BAIGN	2020,52	
(06 OAF S	1		-			
City	State	Zip Code				
/ DATOR	TN	37087				
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
.ast Name/Business Name						
Address						
nutress						
City	State	Zip Code				
irst Name	Middle Nar	me	Purpose of Expenditure	46-1-1	Amount of Expenditure	
ast Name/Business Name						
ddress						
ity	State	Zip Code		1		
irst Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure	
st Name/Business Name			1			
dress						
у	State	Zip Code				
. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of	re used.)			71255		
(If this is the last page of expenditures, this amount must	item 19b, of summary.)			2675,52		