CAMPAIGN FINANCIAL DISCLOSURE STATEME

For State and Local Candidates For Single-Candidate Committees

_ <b>F</b>	or State ar	id Local Cand	idates	JAN 23 2019 P
Fo	r Single-Ca	indidate Com	mittees	50 TAIA 19
1. DATE OF REPORT	2.a. NAME OF	CANDIDATE OR COMMIT		TESON COUNTY
1-23-18	$\perp \gamma \gamma$	ae Dear	ers I ELEG	NON COMMISSION
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DAT	i la Hah
Mar Sen	LUECS		201	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route				8 Hug
1	City	State	Zip Code	Phone
4.b. CANDIDATE'S HOME ADDRESS (if different	131 MJ		N 37122	615-754-463
Street or Rural Route	nt than 4.a.) Citv	0		
	<b></b> ,	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number,	if applicable)	6. NAME OF POLI	TICAL TODA OLORO	
Mayor	11	100 MAINE OF FOLI	TICAL TREASURER (may be	e candidate)
7. CATEGORY OR REPORT (Check one)		Mae	Beavers	
	<u> </u>		] 🗀	
QUARTER QUARTER QUARTER	FOURTH QUARTER	PRE-PR		YEAR-END
8.a. BEGINNING DATE OF REPORTING PERIOD		PRIMARY GENE 8.b. ENDING DATE OF	RAL SUPPLEMENTAL REPORTING PERIOD	SUPPLEMENTAL
18-1-18		1-15		
9. (Check one)			( 1	
<ul> <li>a.  This campaign is exempt from detaile tures total \$1,000 or less for this repo</li> <li>b. This campaign is required to file a detand/or expenditures total more than \$</li> </ul>	ailed financial disclo	ocure hearth and the distance	u (21.)	
10. I/we do solemnly swear or affirm that the interpretation accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we state that the candidate or for any other none signature of candidate.	Wear or offirm that	no campaign contribution defined by the federal int	by the candidate committee	by the Campaign ne personal financial $\frac{\sqrt{-23-18}}{\text{date}}$
11. WITNESS SIGNATURE				
signature of witness	$\frac{1-23-16}{\text{date}}$	, Jen	Beauty june june june june june june june june	1/2-3/18
2. SUMMARY		0	ignature of witness	date
a. BALANCE ON HAND LAST REPORT			<u>\$ 9.35</u> 0 ,53	
b. TOTAL RECEIPTS THIS PERIOD				
c. TOTAL DISBURSEMENTS THIS PERIOD				)
d. BALANCE ON HAND (12.a. plus 12.b. mini	us 12.c.)			· coming come
e. TOTAL LOANS OUTSTANDING				-0-
f. TOTAL OBLIGATIONS OUTSTANDING				-0-
			Φ	



## SUMMARY PAGE - CANDIDATE

JAN 23 2019

13 NAME OF CANDIDATE OF COMMITTEE IN	WILSON COUNTY
13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOR
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	FROM: 10 -1-18 TO: 1-15-19
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	\$ <u>0 -</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>-0 -</u>
DISBURSEMENTS	\$ 3619,42
19. EXPENDITURES (other than loan payments)	į
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g	e e e e e e e e e e e e e e e e e e e
	g., printing, postage, gasoline)
\$	
\$	
\$	
\$	
\$	
\$	_
\$	
\$	
\$	_
Total of Expenditures (\$100 or less each payee)	1917715
b. Itemized Expenditures (Over \$100 each payee this period)	-6-
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	
20. LOAN REPAYMENTS MADE THIS PERIOD	01771
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	3/6/7/15
22. IN-KIND CONTRIBUTIONS	\$ 9675,17
a. Unitemized in-kind contributions (\$100 or less from each source this period)\$	-0 -
b. Itemized in-kind contributions (over \$100 from each source this area.	- >
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	
23. OBLIGATIONS	\$
a. Unitemized Obligations Outstanding (\$100 or less each)\$	
b. Itemized Obligations Outstanding (Over \$100 each)\$	- 8) -
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.	f.)\$

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE ELECTION COMMISSION

1. NAME OF CANDIDATE OR COMMITTE	F			T	
Mae Beau		for M	layor	2. REPORT COV	ERING THE PERIOD  TO: 7-75-77
	Amount				
TOTAL ITEMIZED CAMPAIGN CONTRI      COMPLETE THE APPROPRIATE ITEMS FOR	BEACHTE	AGE (enter \$0 if first itemized p	E (enter \$0 if first itemized page)		
4. COMPLETE THE APPROPRIATE ITEMS FO			(contributions totaling more than \$	\$100 from any contribut	or)
, we take	Middle Name Contribution Received For:				
Last Name/Organization Name		< , ,	Primary Election		
Mrse Leavers &	<u>, a, ( '</u>	Denate		291.57	
2020 Hunter	s +	<sup>)</sup> lace	Runoff (Local Elections	s Only)	
Mt. Juliet	State 7 N	Zip Code 37/2 2	Date of Contribution	Aggregate This Election	
Occupation			112-31-		
Employer	······································		_	, •	291.57
First Name	Middle N	ame	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election	Company Miles all	A SOUTH OF CONTRIBUTION
Mae Dead	? ( S			General Election	3327.85
Address 2020 Mills	4	- 71	Runoff (Local Elections	Only)	
City Mt. Saliet	State 7 N	Zip Code 3 7 7 3 3	Date of Contribution	PRY	Aggregate This Election
Occupation	- ···		12-31-		_
Employer ( Set in each	<del></del>		1 / 5 / 5 / -	1.5	3,327.85
First Name	Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name		Primary Election	General Election		
				General Election	
Address			Runoff (Local Elections (	Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation	<u></u>				30 -3-14 -///6 2:55501/
		,		ĺ	
Employer					
First Name	Middle Nam	P	Contribution Descript		
		Contribution Received For:		Amount of Contribution	
.ast Name/Organization Name			☐ Primary Election ☐ G	ieneral Election	
Address			Runoff (Local Elections O	nly)	
Dity	State Zip Code		Date of Contribution		Aggregate This Election
Occupation	<u> </u>				33gata Tina Literion
mployer					
	on investment of the state of the		S. Harris Control of the Control of		
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of	of this form are	used.)			3619.42
(If this is the last page of contributions, this amount must	e shown in ite	m 15b. of summary.)			一 ツーカース

KEKEIVED

JAN 232019

# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS CANDIDATE

1. NAME OF CANDIDATE OR (	ELECTION COMMISSION  2. REPORT COVERING THE PERIOD									
1. NAME OF CANDIDATE OR (	FROM:/C -/ -/									
3. TOTAL ITEMIZED IN-KIND C	(a	Amount C —								
4. COMPLETE THE APPROPRIATE						contributor during the period)				
First Name		Middle N	productive complete production of the production	In-Kind Contribution Receive	In-Kind Contribution Received For:  Primary Election General Election					
Last Name/Organization Name				Runoff (Local Electio						
Address	<del></del>	***		Date of In-Kind Contribution	(in (in)	Aggregate this Election				
City	W. T. W. L.	State	Zip Code	Description of In-Kind Contribution						
Occupation	Employer									
First Name	irst Name Middle Name				In-Kind Contribution Received For:    In-Kind Contribution Received For:   Value of In-Kind					
Last Name/Organization Name				Runoff (Local Election						
Address				Date of In-Kind Contribution	io Only)	Aggregate this Election				
Cily		State	Zip Code	Description of In-Kind Contribution						
Occupation	Employer									
First Name Middle Name				In-Kind Contribution Received For:  Primary Election General Election  Value of In-Kind Contrib						
Last Name/Organization Name				Runoff (Local Election						
Address				Date of In-Kind Contribution	Aggregate this Election					
City		State	Zip Code	Description of In-Kind Contribution						
Occupation Employer										
First Name		Middle Na	me	In-Kind Contribution Received For:  Primary Election General Election  Value of In-Kind Co						
ast Name/Organization Name				Runoff (Local Elections Only)						
Address		· · · · · · · · · · · · · · · · · · ·		Date of In-Kind Contribution	Aggregate this Election					
City	······································	State	Zip Code	Description of In-Kind Contribution						
Occupation	Employer	<u> </u>								
		degan dagan dan salah dan da	ar o o o o o o o o o o o o o o o o o o o							
rst Name		Middle Nam	ne e	In-Kind Contribution Received Primary Election	For: General Election	Value of In-Kind Contribution				
ast Name/Organization Name				Runoff (Local Elections						
ddress			Date of In-Kind Contribution		Aggregate this Election					
ity		State	Zip Code	Description of In-Kind Contribution						
ccupation	Employer	<u> </u>	<u> </u>	-						
. TOTAL ITEMIZED IN-KIND CO	NTRIBUTIO	NS								
(Carry forward to item 3, of next page if a	idditional pages	of this form a				-0-				
(If this is the last page of in-kind contribut	iions, inis amoul	ii must be sh	own in item 22b, of summa	ary.)		<u> </u>				

SS-1128 (Rev. 2/06)

Page 4 of 4 RDA 1159

#### WILSON COUNTY

### ITEMIZED STATEMENT OF EXPENDITURES ON CONDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	<u> </u>	ecuers		2. REPORT COVE FROM:/ 8/ - 18	RING THE PERIOD			
<b>1</b>		Amount						
TOTAL ITEMIZED CAMPAIGN EXPENDIT     COMPLETE THE APPROPRIATE ITEMS FOR	**************************************			<u> </u>				
First Name Mae	Middle N		Purpose of Expenditure	to only payor during the pe	Amount of Expenditure			
Last Name/Business Name Deavers			repay 1	Оан	10 50 5 5 5			
2020 Hunte	<u>ر ح</u>	Place	1 epag		13,000.00			
Cily Mt. Juliet	State //	Zip Code 37/2み						
First Name	Middle N	ame	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
Address								
City	State	Zip Code						
First Name	Middle Na	ime	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
Address	~	······································						
City	State	Zip Code						
First Name	Middle Nar	ne	Purpose of Expenditure	Amount of Expenditure				
ast Name/Business Name	·!							
Address								
City	State	Zip Code						
irst Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure			
ast Name/Business Name	L							
ddress								
ity	State	Zip Code						
irst Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure			
ast Name/Business Name								
ddress								
ity	State	Zip Code						
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount mus					13,000,00			

JAN 23 2019

## ITEMIZED STATEMENT OF LOANS - CANDIDATE COUNTY

			<del></del>						**	FLEC	<b>AOIT</b>	COMMISSION
NAME OF CANDIDATE OR COMMITTEE						2. REPORT COVERING THE PER						
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than							FF	ROM:   10-1	. ( )	TC	):	
3 COMPLETE THE APPRO	DDIATE ITEMS	EOD EACH	S ITEMI	7.01	1 / La	40	<u>V</u>	<u> </u>	10.4	-18		175-19
3. COMPLETE THE AFFRO	FRIMICHENIS	FOR EACH	I I CIVII Z	EU LOAN	(loans totaling r	noie than S	100 from any	Source	during the p	period)	interpretations	rang 1875 dag 1885 dag 1886 d
Complete the Following for the S	Source of the Loan											
First Name	Middle Nar	ne		Outstanding (Beginning	Loan Balance	Loa	1		oan	0		ng Loan Balance
Last Name/Organization Name				(Deginning	от геноа)	Rece	eived	Pay	rments		(End	d of Period)
Last Name/Organization Name				ĺ								
Address Loan					sived For: Date of Loan							
<b>!</b>				☐ Primar	Primary Election General Election							
City State Zip Code					Runoff (Local Elections Only)							
		<u> </u>		L								4.0
	List All Endo	1 22 1 20 20 20 20 20 20 20		or Above Loa	n (If more spa	ce is need	ded please	attach	a page)			systemateric (15 to 200 pt to 15
First Name		Middle Name	e		First Name					Mido	lle Nami	E
Last Name/Organization Name		1			Last Name/Org	anization h	Jame					
-												
Address					Address				······································			
City		State	T 7:- C:	J.	0.1					<del></del>	· · · · · · · · · · · · · · · · · · ·	1
Olly		State	Zip Co	ae	City					State	!	Zip Code
Amount Guaranteed Outstanding	· · · · · · · · · · · · · · · · · · ·		<u> </u>		Amount Guaran	teed Outst	anding	··			<del> </del>	
									Salata -			
First Name	First Name Middle Name				First Name Middle Name							
Last Name/Organization Name					Last Name/Organization Name							
Address	***************************************				Address			···		·····		
	<del> </del>	<del> </del>	· · · · · · · · · · · · · · · · · · ·									
City State Zip Co			Zip Coo	ie	City					State		Zip Code
Amount Guaranteed Outstanding		<u> </u>	<u>!</u>		Amount Guarant	eed Outsta	inding			1		<u> </u>
First Name		Middle Name			First Name					Midd	le Name	}
Last Name/Organization Name			···		Last Name/Organization Name							
. <b>3</b>												
Address					Address							
C4.	·····		r-z									
City		State	Zip Cod	e	City				State		Zip Code	
Amount Guaranteed Outstanding			L		Amount Guaranteed Outstanding							
First Name	First Name Middle Name				First Name Middle Name						t a arte att a stagelijke til	
Last Name/Organization Name			······································		not Name (Osci-	inatio - N						
To not of gainz abon Halife				ľ	.ast Name/Orgar	nzanon Na	111 <del>6</del>					
Address					Address							
Δ".												
City		State	Zip Code	)	City					State		Zip Code
Amount Guaranteed Outstanding	<u> </u>			A	mount Guarante	ed Outstan	ding					
			opagasaasaasiks	en e	ata ngaraha keliki Salah Makaya,	nathara (1991)	and the state of t	leist deletige	eenskyl besky talleenskyl is	Maria de la compansión de	nie der Artestand	and the complete of the control of t
. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16, on summary page.)					otstanding Loan Beginning of F		Loans				anding Loan Balance	
(Total loan payments should also be sh	own in item 20, on su	mmary page.)		F			Receive			yments (End of Period)		
(Total outstanding loan balance should also be shown in item 12.e. on front page.)					13,000	Oa, C	_O_	_	13,000	0.0.0	-	- 0 -