## CAMPAIGN FINANCIAL DISCLOSURE STATEMENTS For State and Local Candidates

For	r Single-Cai	ndidate (	committe	ees	JUL6 2018
1. DATE OF REPORT	2.a. NAME OF C	ANDIDATE OR	COMMITTEE		WILSON COUNTY
Tuly 5-16	Ronald	H. M.	= Carver		ELECTION COMMISSION
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DAT	
Ronald A. MECarrer				8-20	4-16
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		State	Zip Code	Phone
102 Hartman Dr. Suite (	2 Leban	<i>p1</i> )	TN	37087	832-286-6849
CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	t than 4.a.) City <sub>-</sub>		State	Zip Code	Phone
460 Peyton Rd.	Lebanon				832-286 - 6849
5. OFFICE SOUGHT (include district number, if		6. NAME (		TREASURER (may b	
Lebanon Special School Dis	strict-Board	Ceci	LE. N	<i>lartin</i>	
FIRST SECOND THIRD	FOURTH	PRE-	PRE-	MID-YEAR	YEAR-END
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY 8.b. ENDING	GENERAL DATE OF REPO	SUPPLEMENTAL RTING PERIOD	. SUPPLEMENTAL
April 1, 2016			30, 20		
9. (Clieck one)			,		
<ul> <li>a. This campaign is exempt from detailed tures total \$1,000 or less for this report</li> </ul>	d disclosure becaus rting period. (Comp	e contributions plete items 12d.	(including in-kir , 12e. and 12f.)	nd) received total \$1,0	000 or less AND expendi-
b. This campaign is required to file a deta	ailed financial discle	nsure hecause :	contributions (in	cluding in kind) rocci	and total more than \$1,000
and/or expenditures total more than \$	1,000 for this report	ing period.	iii) eisoibulianoo	cidoling in-kind) recen	ec total more than \$1,000
10. I/we do solemnly swear or affirm that the inflacturate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we sherefit of the candidate or for any other nonpage 2.4.	ns and expenditures swear or affirm that i political purpose as	s required to be no campaign or defined by the	reported by the ontributions hav	e candidate committed e been expended for	e by the Campaign
Signature of candidate	7/1/20 date	5/6 <u>{</u>	ent E signature of reoko	Date political treasurer Skeyplos	> 7.1.16 date 07/05/14
11. WITNESS SIGNATURE				8	
Lendu D. Martin signature of witness	7-1-16 date		Sindu signati	D. Martin ure of witness	71-1 Cp
12. SUMMARY				*****	
a. BALANCE ON HAND LAST REPORT					-
b. TOTAL RECEIPTS THIS PERIOD			,	\$ 1000.00	<u>-</u> -
c. TOTAL DISBURSEMENTS THIS PERIOD				\$ 503. 83	<u>-</u>
d. BALANCE ON HAND (12.a. plus 12.b. mi					$IZ \rightarrow I$
e. TOTAL LOANS OUTSTANDING					326.30
f. TOTAL OBLIGATIONS OUTSTANDING		.,	••••		. 0-



## ITEMIZED STATEMENT OF LOANS - CANDIDATE JUL -5 2016

							1 8.7 F-L	WILSONCO	
1. NAME OF CANDIDATE OR COMMITTEE  Mª CARVER FOR School Board LSSD						2. REPORT COVERING THE PERSONNE FROM: TO: TO: June 30-16			
3. COMPLETE THE APPROPRIATE ITEMS I	OR EACH	ITEMIZED L	OAN .	(loans totaling more than \$	100 from any si	ource during the	period)	Jane 00 1	
Complete the Following for the Source of the Loan	a eine-superiorium eine	the Architect of the terms of the co		Andrew Control of the second o		Maria de la granda de la compansa de	s decy Asserts desert		
First Name Middle Name Outstandin (Beginnir			Loan Balance Loans Loan of Period) Received Payments			Outstanding Loan Balance (End of Period)			
Last Name/Organization Name  Car Jer		\   2	26.	30	`				
Address 760 Peyton Rd State	29 Zip Code 3708		·		eral Election	Date of Lo		2016	
List All Endou	1			n (if more space is need	led please at	lach a nage)			
First Name	Middle Name			First Name	ica picace at	aon a page)	Middle	Name	
Last Name/Organization Name			Last Name/Organization N	lame					
and organization resille				Lost (rainer Organization is	iunic				
Address			Address						
City	State	Zip Code		City			State	Zip Code	
Amount Guaranteed Outstanding		<u> </u>		Amount Guaranteed Outsta	anding		<u></u>		
First Name	Middle Name			First Name				Middle Name	
Last Name/Organization Name			Last Name/Organization Name						
Address			Address						
City	State Zip Code			Cit.				State Zip Code	
GRY	State	Zip Code		City			State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outsta	inding				
First Name	Middle Name First Name				Middle	Middle Name			
Last Name/Organization Name			Last Name/Organization Name						
Address			Address						
City	State	Zip Code		City			State	Zip Code	
Amount Guaranteed Outstanding			Amount Guaranteed Outstanding						
First Name Middle Name			First Name Middle Name						
Cost (4dino) Organizandi (4dino			ľ	Last Name/Organization Na	an <b>e</b>				
Address			Address						
City	State	Zip Code		City				Zip Code	
Amount Guaranteed Outstanding		L	<i>,</i>	Amount Guaranteed Outstar	nding		ļ	I	
		Outstanding Loan Balance	Loans	Loar		Outstanding Loan Balance			
(Total loans received should also be shown in item 16, on si (Total loan payments should also be shown in item 20, on si (Total outstanding loan balance should also be shown in item	ımmary page.)	age.)	}	(Beginning of Period)	Received	l Payme	ents	(End of Period)	

