

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees

RECEIVED  
JUL 24 2018  
WILSON COUNTY  
ELECTION COMMISSION

1. DATE OF REPORT <u>7/24/18</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>Tolo Arnold</u>	
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE <u>2018</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route      City      State      Zip Code      Phone <u>108 Weemby</u> <u>MT. Juliet</u> <u>TN</u> <u>37122</u> _____			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route      City      State      Zip Code      Phone <u>108 Weemby</u> <u>MT. Juliet</u> <u>TN</u> <u>37122</u> _____			
5. OFFICE SOUGHT (include district number, if applicable) <u>District 16 Co-Commissioner</u>		6. NAME OF POLITICAL TREASURER (may be candidate)	
7. CATEGORY OR REPORT (Check one)			
<input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input checked="" type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD <u>7-1-18</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>7-23-18</u>	
9. (Check one)			
a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. <input checked="" type="checkbox"/> This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.			
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.			
<u>Toll D. Cole</u> signature of candidate		<u>Toll D. Cole</u> signature of political treasurer	
<u>7/24/18</u> date		<u>7/24/18</u> date	
11. WITNESS SIGNATURE <u>[Signature]</u> signature of witness		<u>[Signature]</u> signature of witness	
<u>7-24-18</u> date		<u>7-24-18</u> date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT .....		\$ <u>21.57</u>	
b. TOTAL RECEIPTS THIS PERIOD .....		\$ <u>813.71</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD .....		\$ <u>834.28</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .....		\$ <u>0</u>	
e. TOTAL LOANS OUTSTANDING .....		\$ <u>0</u>	
f. TOTAL OBLIGATIONS OUTSTANDING .....		\$ <u>0</u>	





# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>Todd Almond</b>		2. REPORT COVERING THE PERIOD FROM: <b>7-1-18</b> TO: <b>7-23-18</b>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <b>0</b>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)			
First Name <b>Todd</b>	Middle Name <b>Douglas</b>	Contribution Received For:	
Last Name/Organization Name <b>Almond</b>		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address <b>108 Wembley Lane</b>		<input type="checkbox"/> Runoff (Local Elections Only)	
City <b>MT. Juliet</b>	State <b>TN</b>	Zip Code <b>37122</b>	Date of Contribution <b>7/3/18</b>
Occupation <b>VP Product Development</b>		Aggregate This Election <b>1113.71</b>	
Employer <b>TransCore</b>			
First Name -	Middle Name	Contribution Received For:	
Last Name/Organization Name		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address		<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution
Occupation		Aggregate This Election	
Employer			
First Name	Middle Name	Contribution Received For:	
Last Name/Organization Name		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address		<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution
Occupation		Aggregate This Election	
Employer			
First Name	Middle Name	Contribution Received For:	
Last Name/Organization Name		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address		<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution
Occupation		Aggregate This Election	
Employer			
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)			

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>Todd Arnold</b>			2. REPORT COVERING THE PERIOD FROM: <b>7-1-18</b> TO: <b>7-23-18</b>		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <b>0</b>	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name <b>Postal Annex</b>		<b>Postal Services</b>		<b>561.44</b>	
Address <b>651 S Mt. Juliet Road</b>					
City <b>Mt. Juliet</b>	State <b>IN</b>				Zip Code <b>37122</b>
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name <b>Vista Print</b>		<b>Post Cards and Postal Services</b>		<b>272.84</b>	
Address <b>275 WYMAN Street</b>					
City <b>Waltham</b>	State <b>MA</b>				Zip Code <b>02451</b>
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name					
Address					
City	State				Zip Code
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name					
Address					
City	State				Zip Code
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name					
Address					
City	State				Zip Code
First Name	Middle Name				Purpose of Expenditure
5. TOTAL ITEMIZED EXPENDITURES <small>(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)</small>				<b>834.29</b>	