

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

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JUL 30 2018
3:10

WILSON COUNTY
ELECTION COMMISSION

1. DATE OF REPORT <u>7-30-18</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>Bill Jones</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>715 Kelly Ct Lebanon TN 37087 519-9898</u>			
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) <u>Dist 5 Wilson Co Comm</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>Bill Jones</u>	
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 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>[Signature]</u> signature of candidate		<u>7-30-18</u> date	
<u>[Signature]</u> signature of political treasurer		<u>7-30-18</u> date	
11. WITNESS SIGNATURE			
<u>[Signature]</u> signature of witness		<u>7-30-18</u> date	
<u>[Signature]</u> signature of witness		<u>7-30-18</u> date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ <u>0</u>	
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>524.79</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>524.79</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>0</u>	
e. TOTAL LOANS OUTSTANDING		\$ <u>500.00</u>	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>500.00</u>	



SUMMARY PAGE - CANDIDATE

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13. NAME OF CANDIDATE OR COMMITTEE (In Full)

Bill Jones

14. REPORT COVERING THE PERIOD

FROM: WILSON COUNTY TO: ELECTION COMMISSION

RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ 0

b. Itemized Contributions (over \$100 from each source this period) \$ 500.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 500.00

16. LOANS RECEIVED THIS REPORTING PERIOD \$ 500.00

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ 0

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 524.79

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)

Gas \$ 35.04

..... \$ _____

..... \$ _____

..... \$ _____

..... \$ _____

..... \$ _____

..... \$ _____

..... \$ _____

..... \$ _____

..... \$ _____

Total of Expenditures (\$100 or less each payee) \$ 35.04

b. Itemized Expenditures (Over \$100 each payee this period) \$ 489.75

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 524.79

20. LOAN REPAYMENTS MADE THIS PERIOD \$ 0

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 524.79

22. IN-KIND CONTRIBUTIONS

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 period) \$ 0

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ 0

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ 0

b. Itemized Obligations Outstanding (Over \$100 each) \$ 500.00

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) \$ 500.00



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Bill Jones				2. REPORT COVERING THE PERIOD			
				FROM:	TO:		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)							
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		\$500.00	
City		State		Zip Code		Date of Contribution	
Occupation		Employer				Aggregate This Election	
City		State		Zip Code		Date of Contribution	
Occupation		Employer				Aggregate This Election	
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
City		State		Zip Code		Date of Contribution	
Occupation		Employer				Aggregate This Election	
City		State		Zip Code		Date of Contribution	
Occupation		Employer				Aggregate This Election	
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
City		State		Zip Code		Date of Contribution	
Occupation		Employer				Aggregate This Election	
City		State		Zip Code		Date of Contribution	
Occupation		Employer				Aggregate This Election	
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
City		State		Zip Code		Date of Contribution	
Occupation		Employer				Aggregate This Election	
City		State		Zip Code		Date of Contribution	
Occupation		Employer				Aggregate This Election	
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.)							

JUL 30 2018

WILSON COUNTY

ACTING COMMISSIONER

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Bill Jones	2. REPORT COVERING THE PERIOD FROM: _____ TO: _____
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3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)	Amount
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4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)

First Name	Middle Name	In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Value of In-Kind Contribution	
Last Name/Organization Name		Date of In-Kind Contribution	Aggregate this Election	
Address		Description of In-Kind Contribution		
City	State			Zip Code
Occupation	Employer			

First Name	Middle Name	In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Value of In-Kind Contribution	
Last Name/Organization Name		Date of In-Kind Contribution	Aggregate this Election	
Address		Description of In-Kind Contribution		
City	State			Zip Code
Occupation	Employer			

First Name	Middle Name	In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Value of In-Kind Contribution	
Last Name/Organization Name		Date of In-Kind Contribution	Aggregate this Election	
Address		Description of In-Kind Contribution		
City	State			Zip Code
Occupation	Employer			

First Name	Middle Name	In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Value of In-Kind Contribution	
Last Name/Organization Name		Date of In-Kind Contribution	Aggregate this Election	
Address		Description of In-Kind Contribution		
City	State			Zip Code
Occupation	Employer			

First Name	Middle Name	In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Value of In-Kind Contribution	
Last Name/Organization Name		Date of In-Kind Contribution	Aggregate this Election	
Address		Description of In-Kind Contribution		
City	State			Zip Code
Occupation	Employer			

5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS <small>(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)</small>	
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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Bill Jones		2. REPORT COVERING THE PERIOD		
		FROM:	TO:	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount	
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 VistaPrint		mailer Post Cards	174.75	
Address				
City Lexington	State mt			Zip Code
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name U.S. Post Office		First Class stamps for mailer.	\$315.00	
Address				
City	State			Zip Code
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name Food / Gas		Gas and food For campaign use.	\$35.04	
Address				
City	State			Zip Code
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				
Address				
City	State			Zip Code
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				
Address				
City	State			Zip Code
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				
Address				
City	State			Zip Code
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				
Address				
City	State			Zip Code
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>				

JUL 30 2018
WILSON COUNTY

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Bill Jones		2. REPORT TO: ELECTION COMMISSION	
		FROM:	TO:

3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)

Complete the Following for the Source of the Loan					
First Name Bill	Middle Name F	Outstanding Loan Balance (Beginning of Period) 0	Loans Received \$500.00	Loan Payments 0	Outstanding Loan Balance (End of Period) \$500.00
Last Name/Organization Name Jones		Loan Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Date of Loan 7-5-2018	
Address 715 Kelly Cr		City Lebanon	State TN	Zip Code 37087	

List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)

First Name	Middle Name	First Name	Middle Name
Last Name/Organization Name		Last Name/Organization Name	
Address		Address	
City	State	City	State
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	City	State
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	City	State
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	City	State
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	

4. Totals for all Loans (complete on last page of itemized loans) (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.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)			
Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)



JUL 30 2018

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

WAGON COUNTY
ELECTION COMMISSION

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
				FROM:		TO:	
First Name	Bill	Middle Name	F	0	\$500.00	0	\$500.00
Last Name/Business Name	Jones						
Address	715 Kelly Crt						
City	Lebanon	State	TN				
		Zip Code	37087				
Description of Obligation							
Loan to Campaign							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State					
		Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State					
		Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State					
		Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State					
		Zip Code					
Description of Obligation							
4. TOTALS							
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)							