

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                                                               |                                            |                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------|
| 1. DATE OF REPORT<br><b>7/16/2019</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            | 2.a. NAME OF CANDIDATE OR COMMITTEE<br><b>Jeff Cassidy</b>                    |                                            |                                                              |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            | 3. ELECTION DATE<br><b>2018-08-02</b>                                         |                                            |                                                              |
| 4.a. CAMPAIGN ADDRESS AND PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                                                               |                                            |                                                              |
| Street or Rural Route<br><b>3216 Monroe Way</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | City<br><b>Kingsport</b>                   | State<br><b>TN</b>                                                            | Zip Code<br><b>37664</b>                   | Phone<br><b>(423) 408-1219</b>                               |
| 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                                                               |                                            |                                                              |
| Street or Rural Route<br><b>3216 Monroe Way</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | City<br><b>Kingsport</b>                   | State<br><b>TN</b>                                                            | Zip Code<br><b>37664</b>                   | Phone<br><b>(423) 480-1219</b>                               |
| 5. OFFICE SOUGHT (include district number, if applicable)<br><b>SHERIFF</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            | 6. NAME OF POLITICAL TREASURER (may be candidate)<br><b>Cassandra Honaker</b> |                                            |                                                              |
| 7. CATEGORY OR REPORT (Check one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                                                               |                                            |                                                              |
| <input type="checkbox"/> FIRST<br>QUARTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> SECOND<br>QUARTER | <input type="checkbox"/> THIRD<br>QUARTER                                     | <input type="checkbox"/> FOURTH<br>QUARTER | <input type="checkbox"/> PRE-<br>PRIMARY                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                                                               |                                            | <input type="checkbox"/> PRE-<br>GENERAL                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                                                               |                                            | <input checked="" type="checkbox"/> MID-YEAR<br>SUPPLEMENTAL |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                                                               |                                            | <input type="checkbox"/> YEAR-END<br>SUPPLEMENTAL            |
| 8.a. BEGINNING DATE OF REPORTING PERIOD<br><b>2019-01-16</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | 8.b. ENDING DATE OF REPORTING PERIOD<br><b>2019-06-30</b>                     |                                            |                                                              |
| 9. (Check one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                                                               |                                            |                                                              |
| a. <input checked="" 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 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. |                                            |                                                                               |                                            |                                                              |
| _____<br>signature of candidate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            | _____<br>signature of political treasurer                                     |                                            |                                                              |
| _____<br>signature of witness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            | _____<br>signature of witness                                                 |                                            |                                                              |
| _____<br>date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            | _____<br>date                                                                 |                                            |                                                              |
| 11. WITNESS SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |                                                                               |                                            |                                                              |
| 12. SUMMARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                                                                               |                                            |                                                              |
| a. BALANCE ON HAND LAST REPORT .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            | \$2,958.68                                                                    |                                            |                                                              |
| b. TOTAL RECEIPTS THIS PERIOD .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            | \$0.00                                                                        |                                            |                                                              |
| c. TOTAL DISBURSEMENTS THIS PERIOD .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            | \$756.00                                                                      |                                            |                                                              |
| d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            | \$2,202.68                                                                    |                                            |                                                              |
| e. TOTAL LOANS OUTSTANDING .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | \$637.00                                                                      |                                            |                                                              |
| f. TOTAL OBLIGATIONS OUTSTANDING .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            | \$0.00                                                                        |                                            |                                                              |



# ITEMIZED STATEMENT OF LOANS - CANDIDATE

|                                                                                                                                                                                                                                                                                                                |  |                            |                          |                                                                                                                      |  |                                                                                |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|----------|
| 1. NAME OF CANDIDATE OR COMMITTEE<br><b>Jeff Cassidy</b>                                                                                                                                                                                                                                                       |  |                            |                          |                                                                                                                      |  | 2. REPORT COVERING THE PERIOD<br>FROM: <b>2019-01-16</b> TO: <b>2019-06-30</b> |          |
| 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<br><b>Jeff</b>                                                                                                                                                                                                                                                                                      |  | Middle Name<br><b>Carl</b> |                          | Outstanding Loan Balance<br>(Beginning of Period)<br><b>\$1,393.00</b>                                               |  | Loans Received<br><b>\$0.00</b>                                                |          |
| Last Name/Organization Name<br><b>Knoxville TVA Credit Union</b>                                                                                                                                                                                                                                               |  |                            |                          | Loan Payments<br><b>\$756.00</b>                                                                                     |  | Outstanding Loan Balance<br>(End of Period)<br><b>\$637.00</b>                 |          |
| Address<br><b>102 North Seven Oaks Drive</b>                                                                                                                                                                                                                                                                   |  |                            |                          | Loan Received For:<br><input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election |  | Date of Loan<br><b>2018-03-01</b>                                              |          |
| City<br><b>Knoxville</b>                                                                                                                                                                                                                                                                                       |  | State<br><b>TN</b>         | Zip Code<br><b>37922</b> | <input type="checkbox"/> Runoff (Local Elections Only)                                                               |  |                                                                                |          |
| 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                      | Zip Code                 | City                                                                                                                 |  | State                                                                          | Zip Code |
| 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                      | Zip Code                 | City                                                                                                                 |  | State                                                                          | Zip Code |
| 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                      | Zip Code                 | City                                                                                                                 |  | State                                                                          | Zip Code |
| 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                      | Zip Code                 | City                                                                                                                 |  | State                                                                          | Zip Code |
| Amount Guaranteed Outstanding                                                                                                                                                                                                                                                                                  |  |                            |                          | Amount Guaranteed Outstanding                                                                                        |  |                                                                                |          |
| 4. Totals for all Loans (complete on last page of itemized loans)<br>(Total loans received should also be shown in item 16. on summary page.)<br>(Total loan payments should also be shown in item 20. on summary page.)<br>(Total outstanding loan balance should also be shown in item 12.e. on front page.) |  |                            |                          | Outstanding Loan Balance<br>(Beginning of Period)<br><b>\$1,393.00</b>                                               |  | Loans Received<br><b>\$0.00</b>                                                |          |
|                                                                                                                                                                                                                                                                                                                |  |                            |                          | Loan Payments<br><b>\$756.00</b>                                                                                     |  | Outstanding Loan Balance<br>(End of Period)<br><b>\$637.00</b>                 |          |

