

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>10-11-2018</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>SAMUEL "SAM" JONES</u>
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE <u>8-2-2018</u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>6329 HEATHERWOOD LN Kingsport TN 37663 423-956-3197</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>County Commission Dist. 7</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>SAMUEL C. JONES</u>
7. CATEGORY OR REPORT (Check one) ☐ FIRST QUARTER ☐ SECOND QUARTER ☒ THIRD QUARTER ☐ FOURTH QUARTER ☐ PRE-PRIMARY ☐ PRE-GENERAL ☐ MID-YEAR SUPPLEMENTAL ☐ YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD <u>7-24-2018</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>9-30-2018</u>
9. (Check one) a. ☐ 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. ☒ 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>Samuel Jones</u> <u>10-11-2018</u> <u>Samuel Jones</u> <u>10-11-2018</u> signature of candidate date signature of political treasurer date	
11. WITNESS SIGNATURE <u>Dandra May</u> <u>10-11-18</u> <u>Dandra May</u> <u>10-11-18</u> signature of witness date signature of witness date	
12. SUMMARY a. BALANCE ON HAND LAST REPORT \$ <u>1967.06</u> b. TOTAL RECEIPTS THIS PERIOD \$ <u>—</u> c. TOTAL DISBURSEMENTS THIS PERIOD \$ <u>—</u> d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) \$ <u>1967.06</u> e. TOTAL LOANS OUTSTANDING \$ <u>3500.00</u> f. TOTAL OBLIGATIONS OUTSTANDING \$ <u>—</u>	



ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE SAMUEL "SAM" JONES				2. REPORT COVERING THE PERIOD FROM: 7-24-18 TO: 9-30-18			
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 SAMUEL		Middle Name CHARLES		Outstanding Loan Balance (Beginning of Period) 3500.00	Loans Received —	Loan Payments —	Outstanding Loan Balance (End of Period) 3500.00
Last Name/Organization Name JONES				Loan Received For: ☒ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)		Date of Loan	
Address 6329 Heatherwood LN							
City Kingsport		State TN	Zip Code 37663				
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) (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) 3500.00

