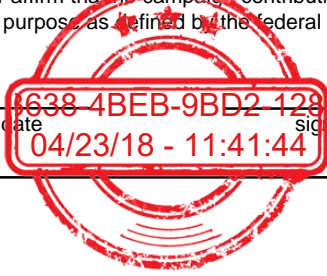


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 4/23/2018		2.a. NAME OF CANDIDATE OR COMMITTEE Mark Billingsley			
2.b. IF COMMITTEE, NAME OF CANDIDATE Mark Billingsley (I) (B)			3. ELECTION DATE 5/1/2018		
4.a. CAMPAIGN ADDRESS AND PHONE					
Street or Rural Route 1661 Aaron Brenner Dr Suite 300	City Memphis	State TN	Zip Code 38120	Phone (901) 761-2720	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)					
Street or Rural Route 8439 Farrah Lane	City Germantown	State TN	Zip Code 38139	Phone (901) 759-0035	
5. OFFICE SOUGHT (include district number, if applicable) Shelby County Commissioner, Dist. 4			6. NAME OF POLITICAL TREASURER (may be candidate) Mark Billingsley		
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 checked="" type="checkbox"/> PRE-PRIMARY	<input type="checkbox"/> PRE-GENERAL
			<input type="checkbox"/> MID-YEAR SUPPLEMENTAL	<input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD 4/1/2018			8.b. ENDING DATE OF REPORTING PERIOD 4/21/2018		
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.					
_____ signature of candidate		_____ date		_____ signature of political treasurer	
11. WITNESS SIGNATURE					
_____ signature of witness		_____ date		_____ signature of witness	
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT				\$	<u>5,169.23</u>
b. TOTAL RECEIPTS THIS PERIOD				\$	<u>2,050.00</u>
c. TOTAL DISBURSEMENTS THIS PERIOD				\$	<u>0.00</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)				\$	<u>7,219.23</u>
e. TOTAL LOANS OUTSTANDING				\$	<u>0.00</u>
f. TOTAL OBLIGATIONS OUTSTANDING				\$	<u>0.00</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Mark Billingsley (I) (B)			2. REPORT COVERING THE PERIOD	
			FROM: 4/1/2018	TO: 4/21/2018
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$0.00
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 Cigna PAC		<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		\$1,000.00
Address 1601 Chesnut St		<input type="checkbox"/> Runoff (Local Elections Only)		
City Philadelphia	State PA	Zip Code 19192	Date of Contribution 04/16/18	Aggregate This Election \$1,000.00
Occupation				
Employer				
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name West TN Chapter Assoc Builders PAC		<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		\$1,000.00
Address 1991 Nonconnah Blvd		<input type="checkbox"/> Runoff (Local Elections Only)		
City Memphis	State TN	Zip Code 38132	Date of Contribution 04/16/18	Aggregate This Election \$1,000.00
Occupation				
Employer				
First Name	Middle Name	Contribution Received For:		Amount of Contribution
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	Aggregate This Election
Occupation				
Employer				
First Name	Middle Name	Contribution Received For:		Amount of Contribution
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	Aggregate This Election
Occupation				
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.)				\$2,000.00

