4-24-18

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAME OF CANDIDATE OR COMMITTEE
4-24-2018	SAMUEL "SAM" JONES

2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE

4.a. CAMPAIGN ADDRESS AND PHONE

Street or Rural Route	City	State	Zip Code	Phone
6329 Heatherwood Ln	Kingsport	TN	37663	423-956-3197

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)	6. NAME OF POLITICAL TREASURER (may be candidate)
County Commission District 7	Samuel Jones

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	8.b. ENDING DATE OF REPORTING PERIOD
4-1-2018	4-24-2018

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.

Samuel Jones	4-24-2018	Samuel Jones	4-24-2018
signature of candidate	date	signature of political treasurer	date

11. WITNESS SIGNATURE

Melinda Rigon	4-24-18	Melinda Rigon	4-24-18
signature of witness	date	signature of witness	date

12. SUMMARY

a.	BALANCE ON HAND LAST REPORT	$ 2975.95
b.	TOTAL RECEIPTS THIS PERIOD	$ 0
c.	TOTAL DISBURSEMENTS THIS PERIOD	$ 942.56
d.	BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	$ 2033.39
e.	TOTAL LOANS OUTSTANDING	$ 3500.00
f.	TOTAL OBLIGATIONS OUTSTANDING	$ 0

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD	
SAMUEL "SAM" JONES	FROM: 4-1-18	TO: 4-24-18

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	Last Name/Business Name	Address	City	State	Zip Code	Purpose of Expenditure	Amount of Expenditure
		Stregtic Placement	2153 Hwy 75	Blountville	TN	37617	Mailer	942.56

5. TOTAL ITEMIZED EXPENDITURES

(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.)