

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                                                            |                                            |                                                                                 |                                            |                                                   |                                                   |                                                     |                                          |                                                   |                                                   |              |                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------|---------------------------------------------------|-----------------------------------------------------|------------------------------------------|---------------------------------------------------|---------------------------------------------------|--------------|-----------------------|
| 1. DATE OF REPORT<br><b>4/23/2018</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            | 2.a. NAME OF CANDIDATE OR COMMITTEE<br><b>Gregg Lawrence</b>               |                                            |                                                                                 |                                            |                                                   |                                                   |                                                     |                                          |                                                   |                                                   |              |                       |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            | 3. ELECTION DATE<br><b>5/1/2018</b>                                        |                                            |                                                                                 |                                            |                                                   |                                                   |                                                     |                                          |                                                   |                                                   |              |                       |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">4.a. CAMPAIGN ADDRESS AND PHONE<br/>Street or Rural Route</td> <td style="width: 16%;">City</td> <td style="width: 16%;">State</td> <td style="width: 16%;">Zip Code</td> <td style="width: 19%;">Phone</td> </tr> <tr> <td><b>4109 Clover Meadows Drive</b></td> <td><b>Franklin</b></td> <td><b>TN</b></td> <td><b>37067</b></td> <td><b>(615) 498-4794</b></td> </tr> </table>                                                                                                                       |                                            |                                                                            |                                            | 4.a. CAMPAIGN ADDRESS AND PHONE<br>Street or Rural Route                        | City                                       | State                                             | Zip Code                                          | Phone                                               | <b>4109 Clover Meadows Drive</b>         | <b>Franklin</b>                                   | <b>TN</b>                                         | <b>37067</b> | <b>(615) 498-4794</b> |
| 4.a. CAMPAIGN ADDRESS AND PHONE<br>Street or Rural Route                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | City                                       | State                                                                      | Zip Code                                   | Phone                                                                           |                                            |                                                   |                                                   |                                                     |                                          |                                                   |                                                   |              |                       |
| <b>4109 Clover Meadows Drive</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Franklin</b>                            | <b>TN</b>                                                                  | <b>37067</b>                               | <b>(615) 498-4794</b>                                                           |                                            |                                                   |                                                   |                                                     |                                          |                                                   |                                                   |              |                       |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)<br/>Street or Rural Route</td> <td style="width: 16%;">City</td> <td style="width: 16%;">State</td> <td style="width: 16%;">Zip Code</td> <td style="width: 19%;">Phone</td> </tr> <tr> <td><b>4109 Clover Meadows Drive</b></td> <td><b>Franklin</b></td> <td><b>TN</b></td> <td><b>37067</b></td> <td><b>(615) 202-7990</b></td> </tr> </table>                                                                                                |                                            |                                                                            |                                            | 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)<br>Street or Rural Route | City                                       | State                                             | Zip Code                                          | Phone                                               | <b>4109 Clover Meadows Drive</b>         | <b>Franklin</b>                                   | <b>TN</b>                                         | <b>37067</b> | <b>(615) 202-7990</b> |
| 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)<br>Street or Rural Route                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | City                                       | State                                                                      | Zip Code                                   | Phone                                                                           |                                            |                                                   |                                                   |                                                     |                                          |                                                   |                                                   |              |                       |
| <b>4109 Clover Meadows Drive</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Franklin</b>                            | <b>TN</b>                                                                  | <b>37067</b>                               | <b>(615) 202-7990</b>                                                           |                                            |                                                   |                                                   |                                                     |                                          |                                                   |                                                   |              |                       |
| 5. OFFICE SOUGHT (include district number, if applicable)<br><b>County Commissioner - Dist 04</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            | 6. NAME OF POLITICAL TREASURER (may be candidate)<br><b>Beverly Burger</b> |                                            |                                                                                 |                                            |                                                   |                                                   |                                                     |                                          |                                                   |                                                   |              |                       |
| 7. CATEGORY OR REPORT (Check one) <table style="width: 100%; border: none; text-align: center;"> <tr> <td><input type="checkbox"/> FIRST<br/>QUARTER</td> <td><input type="checkbox"/> SECOND<br/>QUARTER</td> <td><input type="checkbox"/> THIRD<br/>QUARTER</td> <td><input type="checkbox"/> FOURTH<br/>QUARTER</td> <td><input checked="" type="checkbox"/> PRE-<br/>PRIMARY</td> <td><input type="checkbox"/> PRE-<br/>GENERAL</td> <td><input type="checkbox"/> MID-YEAR<br/>SUPPLEMENTAL</td> <td><input type="checkbox"/> YEAR-END<br/>SUPPLEMENTAL</td> </tr> </table> |                                            |                                                                            |                                            | <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 checked="" type="checkbox"/> PRE-<br>PRIMARY | <input type="checkbox"/> PRE-<br>GENERAL | <input type="checkbox"/> MID-YEAR<br>SUPPLEMENTAL | <input type="checkbox"/> YEAR-END<br>SUPPLEMENTAL |              |                       |
| <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 checked="" type="checkbox"/> PRE-<br>PRIMARY                             | <input type="checkbox"/> PRE-<br>GENERAL   | <input type="checkbox"/> MID-YEAR<br>SUPPLEMENTAL | <input type="checkbox"/> YEAR-END<br>SUPPLEMENTAL |                                                     |                                          |                                                   |                                                   |              |                       |
| 8.a. BEGINNING DATE OF REPORTING PERIOD<br><b>4/1/2018</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            | 8.b. ENDING DATE OF REPORTING PERIOD<br><b>4/21/2018</b>                   |                                            |                                                                                 |                                            |                                                   |                                                   |                                                     |                                          |                                                   |                                                   |              |                       |
| 9. (Check one) <p>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.)</p> <p>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.</p>                            |                                            |                                                                            |                                            |                                                                                 |                                            |                                                   |                                                   |                                                     |                                          |                                                   |                                                   |              |                       |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            | signature of political treasurer                                           |                                            |                                                                                 |                                            |                                                   |                                                   |                                                     |                                          |                                                   |                                                   |              |                       |
| <div style="border: 2px solid red; border-radius: 50%; padding: 10px; display: inline-block;"> 03B0-47E1-815D-CE<br/>04/23/18 - 09:08:00 </div>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                                                            |                                            |                                                                                 |                                            |                                                   |                                                   |                                                     |                                          |                                                   |                                                   |              |                       |
| 11. WITNESS SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |                                                                            |                                            |                                                                                 |                                            |                                                   |                                                   |                                                     |                                          |                                                   |                                                   |              |                       |
| signature of witness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            | signature of witness                                                       |                                            |                                                                                 |                                            |                                                   |                                                   |                                                     |                                          |                                                   |                                                   |              |                       |
| 12. SUMMARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                                                                            |                                            |                                                                                 |                                            |                                                   |                                                   |                                                     |                                          |                                                   |                                                   |              |                       |
| a. BALANCE ON HAND LAST REPORT .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            | \$2,887.18                                                                 |                                            |                                                                                 |                                            |                                                   |                                                   |                                                     |                                          |                                                   |                                                   |              |                       |
| b. TOTAL RECEIPTS THIS PERIOD .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            | \$610.00                                                                   |                                            |                                                                                 |                                            |                                                   |                                                   |                                                     |                                          |                                                   |                                                   |              |                       |
| c. TOTAL DISBURSEMENTS THIS PERIOD .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            | \$1,851.61                                                                 |                                            |                                                                                 |                                            |                                                   |                                                   |                                                     |                                          |                                                   |                                                   |              |                       |
| d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            | \$1,645.57                                                                 |                                            |                                                                                 |                                            |                                                   |                                                   |                                                     |                                          |                                                   |                                                   |              |                       |
| e. TOTAL LOANS OUTSTANDING .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | \$0.00                                                                     |                                            |                                                                                 |                                            |                                                   |                                                   |                                                     |                                          |                                                   |                                                   |              |                       |
| f. TOTAL OBLIGATIONS OUTSTANDING .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            | \$0.00                                                                     |                                            |                                                                                 |                                            |                                                   |                                                   |                                                     |                                          |                                                   |                                                   |              |                       |



# SUMMARY PAGE - CANDIDATE

|                                                                       |                                                                     |  |
|-----------------------------------------------------------------------|---------------------------------------------------------------------|--|
| 13. NAME OF CANDIDATE OR COMMITTEE (In Full)<br><b>Gregg Lawrence</b> | 14. REPORT COVERING THE PERIOD<br>FROM: 4/1/2018      TO: 4/21/2018 |  |
|-----------------------------------------------------------------------|---------------------------------------------------------------------|--|

**RECEIPTS**

15. CONTRIBUTIONS (other than loans and interest)

|                                                                                   |                  |
|-----------------------------------------------------------------------------------|------------------|
| a. Unitemized Contributions (\$100 or less from each source this period) .....    | \$ <u>360.00</u> |
| b. Itemized Contributions (over \$100 from each source this period) .....         | \$ <u>250.00</u> |
| c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) ..... | \$ <u>610.00</u> |

16. LOANS RECEIVED THIS REPORTING PERIOD ..... \$ 0.00

17. INTEREST RECEIVED THIS REPORTING PERIOD ..... \$ 0.00

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) ..... \$ 610.00

**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)

|                                                |                 |
|------------------------------------------------|-----------------|
| Fees for Square Space Online Contribution Acce | \$ <u>18.30</u> |
|                                                | \$              |
|                                                | \$              |
|                                                | \$              |
|                                                | \$              |
|                                                | \$              |
|                                                | \$              |
|                                                | \$              |
|                                                | \$              |
|                                                | \$              |

Total of Expenditures (\$100 or less each payee) ..... \$ 18.30

b. Itemized Expenditures (Over \$100 each payee this period) ..... \$ 1,833.31

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) ..... \$ 1,851.61

20. LOAN REPAYMENTS MADE THIS PERIOD ..... \$ 0.00

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) ..... \$ 1,851.61

**22. IN-KIND CONTRIBUTIONS**

|                                                                                        |                |
|----------------------------------------------------------------------------------------|----------------|
| a. Unitemized in-kind contributions (\$100 or less from each source this period) ..... | \$ <u>0.00</u> |
| b. Itemized in-kind contributions (over \$100 from each source this period) .....      | \$ <u>0.00</u> |
| c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) .....        | \$ <u>0.00</u> |

**23. OBLIGATIONS**

|                                                                                           |                |
|-------------------------------------------------------------------------------------------|----------------|
| a. Unitemized Obligations Outstanding (\$100 or less each) .....                          | \$ <u>0.00</u> |
| b. Itemized Obligations Outstanding (Over \$100 each) .....                               | \$ <u>0.00</u> |
| c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.) ..... | \$ <u>0.00</u> |



# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

|                                                                                                                                                                                                                          |  |                          |                          |                                                                                                                                                                                            |                         |                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------------|
| 1. NAME OF CANDIDATE OR COMMITTEE<br><b>Gregg Lawrence</b>                                                                                                                                                               |  |                          |                          | 2. REPORT COVERING THE PERIOD<br>FROM: 4/1/2018 TO: 4/21/2018                                                                                                                              |                         |                                                |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)                                                                                                                          |  |                          |                          |                                                                                                                                                                                            | Amount<br><b>\$0.00</b> |                                                |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)                                                                                           |  |                          |                          |                                                                                                                                                                                            |                         |                                                |
| First Name<br><b>John</b>                                                                                                                                                                                                |  | Middle Name<br><b>R.</b> |                          | Contribution Received For:<br><input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election<br><br><input type="checkbox"/> Runoff (Local Elections Only) |                         |                                                |
| Last Name/Organization Name<br><b>Greene</b>                                                                                                                                                                             |  |                          |                          | Amount of Contribution<br><b>\$250.00</b>                                                                                                                                                  |                         |                                                |
| Address<br><b>4540 Stagecoach Circle</b>                                                                                                                                                                                 |  |                          |                          | Date of Contribution<br><br><b>04/13/18</b>                                                                                                                                                |                         |                                                |
| City<br><b>Franklin</b>                                                                                                                                                                                                  |  | State<br><b>TN</b>       | Zip Code<br><b>37067</b> |                                                                                                                                                                                            |                         | Aggregate This Election<br><br><b>\$250.00</b> |
| Occupation<br><b>CEO</b>                                                                                                                                                                                                 |  |                          |                          |                                                                                                                                                                                            |                         |                                                |
| Employer<br><b>Psychiatric Medical Care</b>                                                                                                                                                                              |  |                          |                          |                                                                                                                                                                                            |                         |                                                |
| First Name                                                                                                                                                                                                               |  | Middle Name              |                          | Contribution Received For:<br><input type="checkbox"/> Primary Election <input type="checkbox"/> General Election<br><br><input type="checkbox"/> Runoff (Local Elections Only)            |                         |                                                |
| Last Name/Organization Name                                                                                                                                                                                              |  |                          |                          | Date of Contribution<br><br>                                                                                                                                                               |                         |                                                |
| Address                                                                                                                                                                                                                  |  |                          |                          |                                                                                                                                                                                            |                         |                                                |
| City                                                                                                                                                                                                                     |  | State                    | Zip Code                 |                                                                                                                                                                                            |                         |                                                |
| Occupation                                                                                                                                                                                                               |  |                          |                          | Aggregate This Election<br><br>                                                                                                                                                            |                         |                                                |
| Employer                                                                                                                                                                                                                 |  |                          |                          |                                                                                                                                                                                            |                         |                                                |
|                                                                                                                                                                                                                          |  |                          |                          |                                                                                                                                                                                            |                         |                                                |
| First Name                                                                                                                                                                                                               |  | Middle Name              |                          | Contribution Received For:<br><input type="checkbox"/> Primary Election <input type="checkbox"/> General Election<br><br><input type="checkbox"/> Runoff (Local Elections Only)            |                         |                                                |
| Last Name/Organization Name                                                                                                                                                                                              |  |                          |                          | Date of Contribution<br><br>                                                                                                                                                               |                         |                                                |
| Address                                                                                                                                                                                                                  |  |                          |                          |                                                                                                                                                                                            |                         |                                                |
| City                                                                                                                                                                                                                     |  | State                    | Zip Code                 |                                                                                                                                                                                            |                         |                                                |
| Occupation                                                                                                                                                                                                               |  |                          |                          | Aggregate This Election<br><br>                                                                                                                                                            |                         |                                                |
| Employer                                                                                                                                                                                                                 |  |                          |                          |                                                                                                                                                                                            |                         |                                                |
|                                                                                                                                                                                                                          |  |                          |                          |                                                                                                                                                                                            |                         |                                                |
| First Name                                                                                                                                                                                                               |  | Middle Name              |                          | Contribution Received For:<br><input type="checkbox"/> Primary Election <input type="checkbox"/> General Election<br><br><input type="checkbox"/> Runoff (Local Elections Only)            |                         |                                                |
| Last Name/Organization Name                                                                                                                                                                                              |  |                          |                          | Date of Contribution<br><br>                                                                                                                                                               |                         |                                                |
| Address                                                                                                                                                                                                                  |  |                          |                          |                                                                                                                                                                                            |                         |                                                |
| City                                                                                                                                                                                                                     |  | State                    | Zip Code                 |                                                                                                                                                                                            |                         |                                                |
| Occupation                                                                                                                                                                                                               |  |                          |                          | Aggregate This Election<br><br>                                                                                                                                                            |                         |                                                |
| Employer                                                                                                                                                                                                                 |  |                          |                          |                                                                                                                                                                                            |                         |                                                |
|                                                                                                                                                                                                                          |  |                          |                          |                                                                                                                                                                                            |                         |                                                |
| 5. TOTAL ITEMIZED CONTRIBUTIONS<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of contributions, this amount must be shown in item 15b. of summary.) |  |                          |                          |                                                                                                                                                                                            | <b>\$250.00</b>         |                                                |



# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

|                                                                                                                                                                                                                        |                    |                                                                                      |                                                                             |                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------|
| 1. NAME OF CANDIDATE OR COMMITTEE<br><b>Gregg Lawrence</b>                                                                                                                                                             |                    |                                                                                      | 2. REPORT COVERING THE PERIOD<br>FROM: <b>4/1/2018</b> TO: <b>4/21/2018</b> |                         |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)                                                                                                                         |                    |                                                                                      |                                                                             | Amount<br><b>\$0.00</b> |
| 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<br><b>Sign Rocket</b>                                                                                                                                                                          |                    | <b>Signs</b>                                                                         |                                                                             | <b>\$664.35</b>         |
| Address<br><b>340 Broadway Ave</b>                                                                                                                                                                                     |                    |                                                                                      |                                                                             |                         |
| City<br><b>St. Paul</b>                                                                                                                                                                                                | State<br><b>MN</b> |                                                                                      |                                                                             |                         |
| First Name                                                                                                                                                                                                             | Middle Name        | Purpose of Expenditure                                                               |                                                                             | Amount of Expenditure   |
| Last Name/Business Name<br><b>SmithWorks</b>                                                                                                                                                                           |                    | <b>Website Construction &amp; Square Space Subscription for online contributions</b> |                                                                             | <b>\$591.00</b>         |
| Address<br><b>208 Coronation Ct.</b>                                                                                                                                                                                   |                    |                                                                                      |                                                                             |                         |
| City<br><b>Franklin</b>                                                                                                                                                                                                | State<br><b>TN</b> |                                                                                      |                                                                             |                         |
| First Name                                                                                                                                                                                                             | Middle Name        | Purpose of Expenditure                                                               |                                                                             | Amount of Expenditure   |
| Last Name/Business Name<br><b>Copy Solutions</b>                                                                                                                                                                       |                    | <b>Printing of Mailers</b>                                                           |                                                                             | <b>\$274.37</b>         |
| Address<br><b>4091 Mallory Lane Suite 128</b>                                                                                                                                                                          |                    |                                                                                      |                                                                             |                         |
| City<br><b>Franklin</b>                                                                                                                                                                                                | State<br><b>TN</b> |                                                                                      |                                                                             |                         |
| First Name                                                                                                                                                                                                             | Middle Name        | Purpose of Expenditure                                                               |                                                                             | Amount of Expenditure   |
| Last Name/Business Name<br><b>DNI Corp.</b>                                                                                                                                                                            |                    | <b>Mailing</b>                                                                       |                                                                             | <b>\$303.59</b>         |
| Address<br><b>711 Spence Lane</b>                                                                                                                                                                                      |                    |                                                                                      |                                                                             |                         |
| City<br><b>Nashville</b>                                                                                                                                                                                               | State<br><b>TN</b> |                                                                                      |                                                                             |                         |
| First Name                                                                                                                                                                                                             | Middle Name        | Purpose of Expenditure                                                               |                                                                             | Amount of Expenditure   |
| Last Name/Business Name                                                                                                                                                                                                |                    |                                                                                      |                                                                             |                         |
| Address                                                                                                                                                                                                                |                    |                                                                                      |                                                                             |                         |
| City                                                                                                                                                                                                                   | State              |                                                                                      |                                                                             |                         |
| First Name                                                                                                                                                                                                             | Middle Name        | Purpose of Expenditure                                                               |                                                                             | Amount of Expenditure   |
| Last Name/Business Name                                                                                                                                                                                                |                    |                                                                                      |                                                                             |                         |
| Address                                                                                                                                                                                                                |                    |                                                                                      |                                                                             |                         |
| City                                                                                                                                                                                                                   | State              |                                                                                      |                                                                             |                         |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of expenditures, this amount must be shown in item 19b. of summary.) |                    |                                                                                      |                                                                             | <b>\$1,833.31</b>       |

