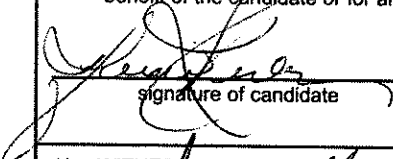
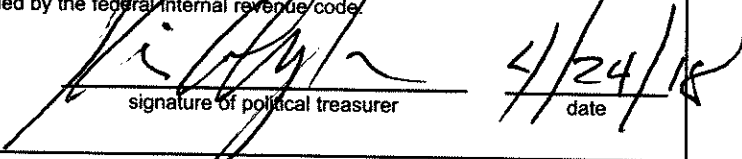
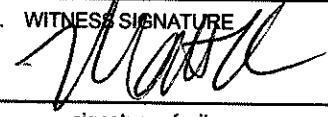



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

18 APR 24 PM 4:23:08

1. DATE OF REPORT 4-24-18		2.a. NAME OF CANDIDATE OR COMMITTEE Friends to Elect Heidi Kuhn	
2.b. IF COMMITTEE, NAME OF CANDIDATE Heidi Kuhn		3. ELECTION DATE MAY 1, 2018	
4.a. CAMPAIGN ADDRESS AND PHONE			
Street or Rural Route 2428 Oak Trail	City Germentown	State TN	Zip Code 38139
Phone 901-598-0175			
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) Criminal Court Clerk		6. NAME OF POLITICAL TREASURER (may be candidate) Kevin Gallagher	
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 4-1-18		8.b. ENDING DATE OF REPORTING PERIOD 4-21-18	
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 		signature of political treasurer 	
4/24/18 date		4/24/18 date	
11. WITNESS SIGNATURE 		signature of witness 	
4-24-18 date		4-24-18 date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ <u>10,145.84</u>	
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>4600</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>9504.51</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>5,241.33</u>	
e. TOTAL LOANS OUTSTANDING		\$ <u>4500</u>	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ _____	



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

18 APR 24 PM 4:23:15

1. NAME OF CANDIDATE OR COMMITTEE <i>Friends of Heidi Kuhn</i>				2. REPORT COVERING THE PERIOD	
				FROM: <i>4-1</i>	TO: <i>4-21</i>
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name <i>Kristan</i>	Middle Name <i>I</i>	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name <i>Faust</i>		<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		<i>250⁰⁰</i>	
Address <i>1856 Imperial Ave</i>		<input type="checkbox"/> Runoff (Local Elections Only)			
City <i>DAVIS</i>	State <i>CA</i>	Zip Code <i>95616</i>	Date of Contribution <i>4-16-18</i>		Aggregate This Election <i>250⁰⁰</i>
Occupation <i>consultant</i>					
Employer <i>self</i>					
First Name	Middle Name	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name <i>Steamfitters Local Union 615</i>		<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		<i>1,500</i>	
Address <i>3746 Jackson Ave</i>		<input type="checkbox"/> Runoff (Local Elections Only)			
City <i>Memphis</i>	State <i>TN</i>	Zip Code <i>38108</i>	Date of Contribution <i>4-18-18</i>		Aggregate This Election <i>1,500</i>
Occupation					
Employer					
First Name <i>Roger</i>	Middle Name	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name <i>Salazar</i>		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		<i>250</i>	
Address <i>10234 Sorenstam Dr</i>		<input type="checkbox"/> Runoff (Local Elections Only)			
City <i>Sacramento</i>	State <i>CA</i>	Zip Code <i>95829</i>	Date of Contribution <i>4-18-18</i>		Aggregate This Election <i>250</i>
Occupation <i>consultant</i>					
Employer <i>self</i>					
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.)					<i>2,000</i>

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

18 APR 24 PM 4:23:18

1. NAME OF CANDIDATE OR COMMITTEE <i>Friends of Heidi Rubin</i>				2. REPORT COVERING THE PERIOD		
				FROM: <i>4-1</i>	TO: <i>4-21</i>	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)						
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind 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 In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind 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 In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind 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 In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind 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 In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind 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 In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS						
(Carry forward to item 3. of next page if additional pages of this form are used.)						
(If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)						

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Friends of Heidi Kuhn</i>				2. REPORT COVERING THE PERIOD	
				FROM: <i>4-1</i>	TO: <i>4-21</i>
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 <i>Kevin</i>	Middle Name	Purpose of Expenditure <i>radio</i>			Amount of Expenditure <i>2831.00</i>
Last Name/Business Name <i>Ballagher</i>					
Address <i>2095 Nelson</i>					
City <i>Memphis</i>	State <i>TN</i>	Zip Code <i>38104</i>			
First Name <i>Kevin</i>	Middle Name	Purpose of Expenditure <i>radio</i>			Amount of Expenditure <i>2831.00</i>
Last Name/Business Name <i>Ballagher</i>					
Address					
City	State <i>TN</i>	Zip Code			
First Name	Middle Name	Purpose of Expenditure <i>postage</i>			Amount of Expenditure <i>3442.51</i>
Last Name/Business Name <i>Direct XF</i>					
Address					
City	State	Zip Code			
First Name <i>Matt</i>	Middle Name	Purpose of Expenditure <i>poll workers</i>			Amount of Expenditure <i>400</i>
Last Name/Business Name <i>Kuhn</i>					
Address <i>2428 Oak trail</i>					
City <i>6 town</i>	State <i>TN</i>	Zip Code <i>38139</i>			
First Name	Middle Name	Purpose of Expenditure			Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle Name	Purpose of Expenditure			Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
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.)					<i>9,504.51</i>

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