RECEIVED 7-26-18

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAME OF CANDIDATE OR COMMITTEE
7-26-2018	SAMUEL "SAM" JONES

2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE
	8-2-2018

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 C. 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
7-19-2018	7-28-2018

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 C Jones	7/26/18	Samuel C Jones	7/26/18
signature of candidate	date	signature of political treasurer	date

11. WITNESS SIGNATURE

Melinda Rigon	7-26-18	Melinda Rigon	7-26-18
signature of witness	date	signature of witness	date

12. SUMMARY

a.	BALANCE ON HAND LAST REPORT	$ 1467.06
b.	TOTAL RECEIPTS THIS PERIOD	$ 500.00
c.	TOTAL DISBURSEMENTS THIS PERIOD	$ 0
d.	BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	$ 1967.06
e.	TOTAL LOANS OUTSTANDING	$ 3500.00
f.	TOTAL OBLIGATIONS OUTSTANDING	$ 0

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD	
SAMUEL "SAM" JONES	FROM: 7/4/18	TO: 7/28/18

RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 0

b. Itemized Contributions (over $100 from each source this period) ..... $ 500.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) ..... $ 500.00

16. LOANS RECEIVED THIS REPORTING PERIOD ..... $ 0

17. INTEREST RECEIVED THIS REPORTING PERIOD ..... $ 0

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) ..... $ 500.00

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)

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

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

b. Itemized Expenditures (Over $100 each payee this period) ..... $ _____

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) ..... $ _____

20. LOAN REPAYMENTS MADE THIS PERIOD ..... $ _____

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) ..... $ _____

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions ($100 or less from each source this period) ..... $ _____

b. Itemized in-kind contributions (over $100 from each source this period) ..... $ _____

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) ..... $ _____

23. OBLIGATIONS

a. Unitemized Obligations Outstanding ($100 or less each) ..... $ _____

b. Itemized Obligations Outstanding (Over $100 each) ..... $ _____

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.) ..... $ _____

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD	
Samuel "Sam" Jones	FROM: 7/19/18	TO: 7/23/18

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)

Contributor	Contribution	Amount
First Name: Middle Name: Last Name/Organization Name: Sullivan County Republican Party Address: 206 E Charlemont St City: Bluff City State: TN Zip Code: 37618 Occupation: Employer:	Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only) Date of Contribution: 7/17/2018	Amount of Contribution: 500.00 Aggregate This Election: 500.00

Contributor	Contribution	Amount
First Name: Middle Name: Last Name/Organization Name: Address: City: State: Zip Code: Occupation: Employer:	Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only) Date of Contribution:	Amount of Contribution: Aggregate This Election:

Contributor	Contribution	Amount
First Name: Middle Name: Last Name/Organization Name: Address: City: State: Zip Code: Occupation: Employer:	Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only) Date of Contribution:	Amount of Contribution: Aggregate This Election:

Contributor	Contribution	Amount
First Name: Middle Name: Last Name/Organization Name: Address: City: State: Zip Code: Occupation: Employer:	Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only) Date of Contribution:	Amount of Contribution: Aggregate This Election:

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.)	500.00

ITEMIZED STATEMENT OF LOANS - PAC

1. NAME OF COMMITTEE			2. REPORT COVERING THE PERIOD	
SAMUEL "SAM" JONES			FROM: 7/1/18	TO: 7/23/18
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than $100 owed to any person/business at the end of the reporting period)	Outstanding Balance (Beginning of Period)	Loans Received This Period	Loan Payments This Period	Outstanding Balance (End of Period)
First Name: SAMUEL / Middle Name: CHARLES Last Name/Business Name: JONES Address: 6329 Heatherwood LN City: Kingsport / State: TN / Zip Code: 37663 Date of Loan	3500.00	0	0	3500.00
First Name / Middle Name Last Name/Business Name Address City / State / Zip Code Date of Loan				
First Name / Middle Name Last Name/Business Name Address City / State / Zip Code Date of Loan				
First Name / Middle Name Last Name/Business Name Address City / State / Zip Code Date of Loan				
First Name / Middle Name Last Name/Business Name Address City / State / Zip Code Date of Loan				
4. TOTALS (Total from "Outstanding Balance - (End of Period)" column must also be shown in item 21 on summary page.)				