

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 7/25/2018		2.a. NAME OF CANDIDATE OR COMMITTEE Bill Hullander													
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE 8/6/2018													
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 10944 London Ln Apison TN 37302 (423) 595-7070															
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone 10944 London Ln Apison TN 37302 (423) 595-7070															
5. OFFICE SOUGHT (include district number, if applicable) County Trustee		6. NAME OF POLITICAL TREASURER (may be candidate) Russell Friberg													
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 7/1/2018		8.b. ENDING DATE OF REPORTING PERIOD 7/23/2018													
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. signature of candidate 9B6-4F8A-BEC0-63D 07/25/18 - 10:01:29 signature of political treasurer date															
11. WITNESS SIGNATURE signature of witness date signature of witness date															
12. SUMMARY <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a. BALANCE ON HAND LAST REPORT</td> <td style="width: 20%; text-align: right;">\$ <u>6,906.95</u></td> </tr> <tr> <td>b. TOTAL RECEIPTS THIS PERIOD</td> <td style="text-align: right;">\$ <u>0.00</u></td> </tr> <tr> <td>c. TOTAL DISBURSEMENTS THIS PERIOD</td> <td style="text-align: right;">\$ <u>2,964.57</u></td> </tr> <tr> <td>d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)</td> <td style="text-align: right;">\$ <u>3,942.38</u></td> </tr> <tr> <td>e. TOTAL LOANS OUTSTANDING</td> <td style="text-align: right;">\$ <u>0.00</u></td> </tr> <tr> <td>f. TOTAL OBLIGATIONS OUTSTANDING</td> <td style="text-align: right;">\$ <u>0.00</u></td> </tr> </table>				a. BALANCE ON HAND LAST REPORT	\$ <u>6,906.95</u>	b. TOTAL RECEIPTS THIS PERIOD	\$ <u>0.00</u>	c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>2,964.57</u>	d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <u>3,942.38</u>	e. TOTAL LOANS OUTSTANDING	\$ <u>0.00</u>	f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>0.00</u>
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SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) Bill Hullander		14. REPORT COVERING THE PERIOD	
		FROM: 7/1/2018	TO: 7/23/2018

RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ \$0.00

b. Itemized Contributions (over \$100 from each source this period) \$ \$0.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ \$0.00

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.) \$ \$0.00

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) \$ \$0.00

b. Itemized Expenditures (Over \$100 each payee this period) \$ \$2,964.57

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ \$2,964.57

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

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ \$2,964.57

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ \$0.00

b. Itemized in-kind contributions (over \$100 from each source this period) \$ \$0.00

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ \$0.00

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ \$0.00

b. Itemized Obligations Outstanding (Over \$100 each) \$ \$0.00

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) \$ \$0.00



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Bill Hullander			2. REPORT COVERING THE PERIOD FROM: 7/1/2018 TO: 7/23/2018		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$0.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name First Tennessee Bank		Middle Name		Purpose of Expenditure Service Fee	Amount of Expenditure \$5.00
Last Name/Business Name First Tennessee Bank					
Address 701 Market St					
City Chattanooga	State TN	Zip Code 37402			
First Name Political Ink, Inc		Middle Name		Purpose of Expenditure Mail outs	Amount of Expenditure \$2,959.57
Last Name/Business Name Political Ink, Inc					
Address 1200 18th St. NW Suite 700					
City Washington DC	State DC	Zip Code 20036			
First Name		Middle Name			
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name			
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name			
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name			
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name			
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.)					\$2,964.57

