

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 10/30/2018		2.a. NAME OF CANDIDATE OR COMMITTEE Michele Dial			
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE 11/6/2018		
4.a. CAMPAIGN ADDRESS AND PHONE					
Street or Rural Route 9054 Breckenridge Cove	City Lakeland	State TN	Zip Code 38002	Phone (901) 487-8130	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)					
Street or Rural Route 9054 Breckenridge Cove	City Lakeland	State TN	Zip Code 38002	Phone (901) 487-8130	
5. OFFICE SOUGHT (include district number, if applicable) Lakeland Commissioner			6. NAME OF POLITICAL TREASURER (may be candidate) Julie Bingham		
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 type="checkbox"/> PRE-PRIMARY	<input checked="" type="checkbox"/> PRE-GENERAL
			<input type="checkbox"/> MID-YEAR SUPPLEMENTAL	<input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD 10/1/2018			8.b. ENDING DATE OF REPORTING PERIOD 10/27/2018		
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		_____ date		_____ signature of political treasurer	
11. WITNESS SIGNATURE					
_____ signature of witness		_____ date		_____ signature of witness	
				_____ date	
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT				\$	<u>550.00</u>
b. TOTAL RECEIPTS THIS PERIOD				\$	<u>2,330.00</u>
c. TOTAL DISBURSEMENTS THIS PERIOD				\$	<u>550.00</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)				\$	<u>2,330.00</u>
e. TOTAL LOANS OUTSTANDING				\$	<u>0.00</u>
f. TOTAL OBLIGATIONS OUTSTANDING				\$	<u>0.00</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Michele Dial			2. REPORT COVERING THE PERIOD	
			FROM: 10/1/2018	TO: 10/27/2018
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$0.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)				
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name MAAR-Memphis Area Association of Realtors PA		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		\$1,000.00
Address 6393 Poplar Ave		<input type="checkbox"/> Runoff (Local Elections Only)		
City Memphis	State TN	Zip Code 38119	Date of Contribution	Aggregate This Election
Occupation			10/15/18	\$1,000.00
Employer				
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name West TN Home Builders Assn. - Build PAC		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		\$1,000.00
Address 505 Halle Park Dr.		<input type="checkbox"/> Runoff (Local Elections Only)		
City Collierville	State TN	Zip Code 38017	Date of Contribution	Aggregate This Election
Occupation			10/26/18	\$1,000.00
Employer				
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				
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				\$2,000.00
<small>(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.)</small>				



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Michele Dial			2. REPORT COVERING THE PERIOD FROM: 10/1/2018 TO: 10/27/2018	
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 Steve	Middle Name	Purpose of Expenditure Yard signs		Amount of Expenditure
Last Name/Business Name Huddleston				\$350.00
Address 758 Scott St				
City Memphis	State TN	Zip Code 38112		
First Name	Middle Name	Purpose of Expenditure Ad - 1/4 page	Amount of Expenditure	
Last Name/Business Name Arlington Publishing LLC				\$200.00
Address P.O. Box 863				
City Arlington	State TN	Zip Code 38002		
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		
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.)				\$550.00

