


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

| | | | | | |
|---|---|--|--|---|--------------------------------------|
| 1. DATE OF REPORT 1/30/2018 | | 2.a. NAME OF CANDIDATE OR COMMITTEE Mark Billingsley | | | |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE Mark Billingsley | | | 3. ELECTION DATE 8/2/2018 | | |
| 4.a. CAMPAIGN ADDRESS AND PHONE | | | | | |
| Street or Rural Route | City | State | Zip Code | Phone | |
| 1661 Aaron Brenner Drive, Ste. 30 | Memphis | TN | 38120 | (901) 761-2720 | |
| 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) | | | | | |
| Street or Rural Route | City | State | Zip Code | Phone | |
| 8439 Farrah Lane | Germantown | TN | 38139 | (901) 759-0035 | |
| 5. OFFICE SOUGHT (include district number, if applicable) Shelby County Commissioner Dist. 4 | | | 6. NAME OF POLITICAL TREASURER (may be candidate) Mark Billingsley | | |
| 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 type="checkbox"/> PRE-GENERAL |
| | | | <input type="checkbox"/> MID-YEAR SUPPLEMENTAL | <input checked="" type="checkbox"/> YEAR-END SUPPLEMENTAL | |
| 8.a. BEGINNING DATE OF REPORTING PERIOD 7/1/2017 | | | 8.b. ENDING DATE OF REPORTING PERIOD 1/15/2018 | | |
| 9. (Check one) | | | | | |
| a. <input checked="" 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 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 | | date | |
|  | | | | | |
| 11. WITNESS SIGNATURE | | | | | |
| _____ | | _____ | | _____ | |
| signature of witness | | signature of witness | | date | |
| 12. SUMMARY | | | | | |
| a. BALANCE ON HAND LAST REPORT | | | \$ <u>3,319.23</u> | | |
| b. TOTAL RECEIPTS THIS PERIOD | | | \$ <u>0.00</u> | | |
| c. TOTAL DISBURSEMENTS THIS PERIOD | | | \$ <u>150.00</u> | | |
| d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) | | | \$ <u>3,169.23</u> | | |
| e. TOTAL LOANS OUTSTANDING | | | \$ <u>0.00</u> | | |
| f. TOTAL OBLIGATIONS OUTSTANDING | | | \$ <u>0.00</u> | | |



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

| | | | | |
|--|--------------------|------------------------|---|-------------------------|
| 1. NAME OF CANDIDATE OR COMMITTEE Mark Billingsley | | | 2. REPORT COVERING THE PERIOD FROM: 7/1/2017 TO: 1/15/2018 | |
| 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 | Middle Name | Purpose of Expenditure | | Amount of Expenditure |
| Last Name/Business Name Germantown Touchdown Club | | Donation | | \$150.00 |
| Address PO Box 382641 | | | | |
| City Germantown | State TN | | | |
| 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 | | | |
| 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 | | | |
| 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 (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.) | | | | \$150.00 |

