

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 10/8/2018		2.a. NAME OF CANDIDATE OR COMMITTEE Committee to Elect Mark Billingsley					
2.b. IF COMMITTEE, NAME OF CANDIDATE Mark Billingsley (I)			3. ELECTION DATE 8/2/2018				
4.a. CAMPAIGN ADDRESS AND PHONE							
Street or Rural Route 1661 Aaron Brenner Dr Suite 300	City Memphis	State TN	Zip Code 38120	Phone (901) 761-2720			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)							
Street or Rural Route 8439 Farrah Lane	City Germantown	State TN	Zip Code 38139	Phone (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 checked="" 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 type="checkbox"/> YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD 7/24/2018			8.b. ENDING DATE OF REPORTING PERIOD 9/30/2018				
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		_____ date	
							
11. WITNESS SIGNATURE							
_____ signature of witness		_____ date		_____ signature of witness		_____ date	
12. SUMMARY							
a. BALANCE ON HAND LAST REPORT				\$ <u>33,278.13</u>			
b. TOTAL RECEIPTS THIS PERIOD				\$ <u>850.00</u>			
c. TOTAL DISBURSEMENTS THIS PERIOD				\$ <u>871.45</u>			
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)				\$ <u>33,256.68</u>			
e. TOTAL LOANS OUTSTANDING				\$ <u>0.00</u>			
f. TOTAL OBLIGATIONS OUTSTANDING				\$ <u>0.00</u>			



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) Mark Billingsley (I)	14. REPORT COVERING THE PERIOD	
	FROM: 7/24/2018	TO: 9/30/2018

RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>100.00</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>750.00</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>850.00</u>
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>0.00</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>0.00</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>850.00</u>

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)	\$ <u>0.00</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>871.45</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>871.45</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u>0.00</u>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>871.45</u>

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>0.00</u>
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ <u>732.39</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	\$ <u>732.39</u>

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>0.00</u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u>0.00</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)	\$ <u>0.00</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Mark Billingsley (I)			2. REPORT COVERING THE PERIOD	
			FROM: 7/24/2018	TO: 9/30/2018
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 Memphis Critical Care Associates		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		\$250.00
Address 3960 Knight Arnold Rd #215-A		<input type="checkbox"/> Runoff (Local Elections Only)		
City Memphis	State TN	Zip Code 38118	Date of Contribution 08/08/18	Aggregate This Election \$250.00
Occupation		Employer		
First Name Ben	Middle Name C.	Contribution Received For:		Amount of Contribution
Last Name/Organization Name Adams		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		\$200.00
Address 4272 Gwynne		<input type="checkbox"/> Runoff (Local Elections Only)		
City Memphis	State TN	Zip Code 38117	Date of Contribution 08/13/18	Aggregate This Election \$200.00
Occupation Attorney		Employer Baker Donelson		
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name Retirement Companies of America		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		\$300.00
Address 6465 N Quail Hollow Rd #400		<input type="checkbox"/> Runoff (Local Elections Only)		
City Memphis	State TN	Zip Code 38120	Date of Contribution 09/11/18	Aggregate This Election \$300.00
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 (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.)				\$750.00



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Mark Billingsley (I)				2. REPORT COVERING THE PERIOD FROM: 7/24/2018 TO: 9/30/2018		
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount \$0.00	
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
				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		\$732.39
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)		
Address		Date of In-Kind Contribution		Aggregate this Election		
2121 SW Broadway, Suite 111		07/25/18		<input type="checkbox"/> Aggregate this Election		
City	State	Zip Code		Description of In-Kind Contribution		
Portland	OR	97201				
Occupation	Employer		Personnel Services & Supplies			
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)		
Address		Date of In-Kind Contribution		Aggregate this Election		
				<input type="checkbox"/> Aggregate this Election		
City	State	Zip Code		Description of In-Kind Contribution		
Occupation	Employer					
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)		
Address		Date of In-Kind Contribution		Aggregate this Election		
				<input type="checkbox"/> Aggregate this Election		
City	State	Zip Code		Description of In-Kind Contribution		
Occupation	Employer					
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)		
Address		Date of In-Kind Contribution		Aggregate this Election		
				<input type="checkbox"/> Aggregate this Election		
City	State	Zip Code		Description of In-Kind Contribution		
Occupation	Employer					
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS					\$732.39	
(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 Mark Billingsley (I)			2. REPORT COVERING THE PERIOD		
			FROM: 7/24/2018	TO: 9/30/2018	
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 Watkins Uiberall, PLLC		Accounting		\$500.00	
Address 1661 Aaron Brenner Dr, Ste 300					
City Memphis	State TN				Zip Code 38120
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name MidSouth Solutions		Signs		\$371.45	
Address PO Box 601					
City Ellendale	State TN				Zip Code 38029
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
City	State				Zip Code
5. TOTAL ITEMIZED EXPENDITURES				\$871.45	
<small>(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.)</small>					

