

ORIGINAL DOCUMENT
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NOV

STATEMENT
COMMITTEE

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT		2.a. NAME OF CANDIDATE OR COMMITTEE <i>Mitchell Arnold</i>			
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE <i>NOV 6 2018</i>		
4.a. CAMPAIGN ADDRESS AND PHONE					
Street or Rural Route <i>3604 Broadway Rd.</i>		City <i>BARTLET</i>	State <i>TN</i>	Zip Code <i>38135</i>	Phone <i>901 489-0501</i>
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) <i>BARTLET ALDERMAN POS. 2</i>			6. NAME OF POLITICAL TREASURER (may be candidate) <i>Mitch Arnold</i>		
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 <i>7-1-18</i>			8.b. ENDING DATE OF REPORTING PERIOD <i>9-30-18</i>		
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.					
<i>Robert Mitchell Arnold</i> signature of candidate		<i>9-30-18</i> date	<i>Robert Mitchell Arnold</i> signature of political treasurer		<i>9-30-18</i> date
11. WITNESS SIGNATURE <i>Clare W Arnold</i> signature of witness		<i>9-30-18</i> date	<i>Clare W Arnold</i> signature of witness		<i>9-30-18</i> date
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT		\$ <u>0</u>		OCT 8 PM 8:44:24	
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>2,000.00</u>		OCT 8 PM 8:44:19	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>1,852.38</u>			
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>147.62</u>			
e. TOTAL LOANS OUTSTANDING		\$ <u>0</u>			
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>0</u>			



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Mitch Arnold</i>				2. REPORT COVERING THE PERIOD	
				FROM: <i>7-1-18</i>	TO: <i>9-30-18</i>
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)					
First Name <i>Robert</i>		Middle Name <i>Mitchell</i>		Contribution Received For:	
Last Name/Organization Name <i>Arnold</i>				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address <i>3604 Broadway Rd.</i>				<input type="checkbox"/> Runoff (Local Elections Only)	
City <i>Bartlett</i>		State <i>TN</i>	Zip Code <i>38135</i>	Date of Contribution <i>8-27-18</i>	
Occupation <i>Steam + Refrigeration Engineer</i>				Aggregate This Election	
Employer <i>Memphis Shelby County Airports Authority</i>				Amount of Contribution <i>\$2000.00</i>	
First Name		Middle Name		Contribution Received For:	
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	
Occupation				Aggregate This Election	
Employer				Amount of Contribution	
First Name		Middle Name		Contribution Received For:	
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	
Occupation				Aggregate This Election	
Employer				Amount of Contribution	
First Name		Middle Name		Contribution Received For:	
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	
Occupation				Aggregate This Election	
Employer				Amount of Contribution	
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.)					

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Mitch ARNOLD</i>			2. REPORT COVERING THE PERIOD		
			FROM: <i>7-1-18</i>	TO: <i>9-30-18</i>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <i>\$ 0</i>	
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
				<i>CAMP ALIGNING</i>	<i>400.00</i>
Last Name/Business Name <i>NORTH EAST Shelby County Republican Club</i>					
Address <i>5868 Stage Rd - Community Room upstairs</i>					
City <i>BARTLET</i>		State <i>TN</i>	Zip Code <i>38134</i>		
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
				<i>YARD SIGNS</i>	<i>\$746.00</i>
Last Name/Business Name <i>S. Huddleston</i>					
Address <i>758 Scott St.</i>					
City <i>Memphis</i>		State <i>TN</i>	Zip Code <i>38112</i>		
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
				<i>Tec shirts</i>	<i>\$626.38</i>
Last Name/Business Name <i>Flipside Screen Printing</i>					
Address <i>6829 Summer Avenue</i>					
City <i>BARTLET</i>		State <i>TN</i>	Zip Code <i>38134</i>		
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.)				<i>\$1772.38</i>	

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
				FROM:		TO:	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
4. TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)							