# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

For	Single-Candidate	Committees	ma
1. DATE OF REPORT	2.a. NAMEOFCANDIDATEOI	RCOMMITTEE	WHEEN COMME
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION	WILSON COUNTY
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	State Zip Code	38/8
2502 Kinderhill We 4.b. CANDIDATE'S HOME ADDRESS (if different	an Lebanon	TN 37090	615-405-1611
Street or Rural Route	City	State Zip Code	Phone
5. OFFICE SOUGHT (include district number, if WISDN COUNTY MA  7. CATEGORY OR REPORT (Check only)	i i	OF POLITICAL TREASURER (N	nay be candidate)
FIRST SECOND THIRD QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD 9. (Check one)		PRE- MID-YEA GENERAL SUPPLEME EDATE OF REPORTING PERIOD	
<ul> <li>a.  This campaign is exempt from detailed tures total \$1,000 or less for this reportion.</li> <li>b. This campaign is required to file a detain and/or expenditures total more than \$1,</li> <li>10. I/we do solemnly swear or affirm that the informaccurate accounting of campaign contributions Financial Disclosure Act. Additionally, I/we sw benefit of the candidate or for any other nonport.</li> </ul>	led financial disclosure because 000 for this reporting period.  rmation contained in this campais and expenditures required to be year or affirm that no campaign collitical purpose as defined by the	contributions (including in-kind) recontributions (including in-kind) regordance in the contributions of the contr	eceived total more than \$1,000 true and that this report is an
signature of candidate  11. WITNESS SIGNATURE	10 - 1/8 U	signature of political treasure	
signature of witness	10-4-18 S	signature of witness	1014118 date
2. SUMMARY		20 002	20
a. BALANCE ON HAND LAST REPORT			
b. TOTAL RECEIPTS THIS PERIOD			
c. TOTAL DISBURSEMENTS THIS PERIOD		s 18,112.3	<u> </u>
d. BALANCE ON HAND (12.a. plus 12.b. minus	s 12.c.)	·····	s 23, 989.48
e. TOTAL LOANS OUTSTANDING			s <u>-0-</u>
f. TOTAL OBLIGATIONS OUTSTANDING			sD-



RECEIVED

### SUMMARY PAGE - CANDIDATE 007 0 5 2018

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE	PERM
	FROM: 7/24 18 10 10 MM	PIPE
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)		
a. Unitemized Contributions (\$100 or less from each source this period)	s_668.00	
b. Itemized Contributions (over \$100 from each source this period)		
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and	15.b.) s 2218	3.D0
16. LOANS RECEIVED THIS REPORTING PERIOD	s	_
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$	
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) .		.0D
DISBURSEMENTS		
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by categ	Ory - e.g. printing postage gasoline)	
	PO.DD	
Check Cleared bank For more \$	.56	
1 Sime Comme	00.00	
\$		
\$ \$		
	<del></del>	
\$		
\$		
\$ <b>\$</b>		
Total of Expenditures (\$100 or less each payee)	\$ 200.5D	
b. Itemized Expenditures (Over \$100 each payee this period)	\$17,911.81	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		31
20. LOAN REPAYMENTS MADE THIS PERIOD		
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		31
22.IN-KIND CONTRIBUTIONS		
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$	
b. Itemized in-kind contributions (over \$100 from each source this period)	\$	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 2		
23. OBLIGATIONS		=-
a. Unitemized Obligations Outstanding (\$100 or less each)	. \$	
b. Itemized Obligations Outstanding (Over \$100 each)	\$	
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i		
	······································	- 1

OCT 0.5 2018

#### ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE		
	2. REPORT COVE	N COMMISSION RING THE PERIOD
Randall Hutto	FROM: 7/24/)8	2 10:9 30 18
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemiz	ed nage)	Amount — D —
14. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than	nan \$100 from any contributo	I
FirstName Contribution Received F		Amount of Contribution
Last in me Organization Name Primary Election	General Election	
Address 113 Brittann Dr. Runoff (Local Elec		500.00
City Dd Hickory State 77 37138 Date of Contribution		Aggregate This Election
Occupation Octobra Octobra	1.0	- 1997-99 WIND ENGLISH
Employer Admin. 7/26	118	1,500.0t
Summit Hospital		
First Name Contribution Received F	or:	Amount of Contribution
Last Name Organization Name  Primary Election	General Election	
Address 151 Hamilton Springs Blvd. DRunoff (Local Elect	ions Only)	300.00
Lebanon State Zip Code 37087 Date of Contribution		Aggregate This Election
AVP/DFFICE Manager 7/31/	18	300.00
Cedar Stone Bank		
First Name Middle Name Contribution Received Fo	r	Amount of Contribution
(V) (V) (C_	General Election	
Address 385 / OCCUSE CENTRE PA Runoff (Local Electic	ns Only\	5DD.00
_ 385 LOCUST Grove Rd.   Divining (Course Electic		000,00
City Watertown State Zip Code 37184 Date of Contribution		Aggregate This Election
Decupation In Surance Agent 7/301		Aggregate This Election
Watertown IN 37184 Date of Contribution  Decupation Insurance Agent 7/30/		
Decupation IN 37184 Date of Contribution  The Insurance Agent  THW Insurance Services  Date of Contribution  7/30/	18	Aggregate This Election
Watertown TN 37184  Decupation  Insurance Agent  THW Insurance Services  Application Name  Middle Name  Contribution Received For:	18	Aggregate This Election
Watertown IN 37184  Decupation  Insurance Agent  THW Insurance Services  Instrume  Middle Name  Contribution Received Formula Services  Tennessee Business Brokers  Date of Contribution  T/30/  THW Insurance Services  Contribution Received Formula Services  Primary Election	General Election	Aggregate This Election
Watertown TN 37184  Decupation In 37184  Decupation In 37184  Decupation In 37184  The Insurance Agent T/30/  THW Insurance Services  In a structure of Contribution Received Formula Insurance Services  In a structure of Contribution Received Formula Insurance Services  Determined to the structure of Contribution Received Formula Insurance Services  Determined to the structure of Contribution Received Formula Insurance Services  Determined to the structure of Contribution Insurance Services  Determined to	General Election s Only)	Aggregate This Election  SDD , DD  mount of Contribution
Watertown IN 37184  Decupation  Linsurance Agent  THW Insurance Services  Instrume  Middle Name  Contribution Received Formula Services  Middle Name  Contribution Received Formula Services  All Primary Election  Runoff (Local Election of Services)  The Gladeville State ZipCode Date of Contribution	General Election s Only)	Aggregate This Election  SDD, OD  mount of Contribution  250, DD
Watertown IN 37184  Decupation In 37184  Decupation In 37184  Decupation In 37184  The Insurance Agent Insurance Agent Insurance Agent Insurance Services  First Name Insurance Services Insurance Services  First Name Insurance Services Insura	General Election s Only)	Aggregate This Election  SDD, OD  mount of Contribution  250,00
Watertown IN 37184  Decupation  Linsurance Agent  THW Insurance Services  Instrume  Middle Name  Contribution Received Formation  Middle Name  Contribution Received Formation  Between Business Brokers  Contribution Received Formation  Between Business Brokers  Contribution  Primary Election  Runoff (Local Election  State ZipCode  Ty Gladeville,  State ZipCode  Date of Contribution	General Election s Only)	Aggregate This Election  SDD, OD  mount of Contribution  250, DD

## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMIT	7FF		ELECTION COMMISSION
	hitto		EPORT COVERING THE PERIOD  M: 7 24 18 TO: 9 30 18
3. TOTAL ITEMIZED CAMPAIGN EXPE	VDITURES FROM PRECEDING P		Amount
4. COMPLETE THE APPROPRIATE ITEMS	FOR EACH ITEMIZED EXPENDITURE	(expenditures totaling more than \$100 to any n	avee during the period)
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Las Name/Business Name CYEATIVE Graph	<u> </u>	- Check # 141°	1
Address & Prapr	LICS	- 7/24 Mt. Juli	et
Address O Oak Stree		_ meet & greet	2,313,55
citlebanon	State Zip Code 7087	Printing + Pos	teg Fee
First Name Lillian	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name ,		- Check # 141	8
Last Nagre/Business Name  Devetta		- mt. Juliet	
Address Fleasant (	Frove Rd.	meet & greet	- 441.59
Mt-Juliet	State Zip Code 3 7 1 2 2	Food Exp. 7/2	4/18
First Name			
	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name E. Allan Brand	lon	Check # 142	- 1
Address D. BOX 10809		Direct Mail o	ut 12,806.12
	State Zip Code	to Voters	
MurFreesboro	TN 37129		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name Hampton Innt	Suites	Check # 142	
1065 Franklin		Watch Party banquet Room	1100 10
aty	State Zip Code	banauet Room	4 409.69
Lebanon	TN 37090	Projector	
irst <b>/N</b> ame	Middle Name	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name	-	Check # 142	2
dress 700 Brian St	root	Watch Party F	ood 150.71
Lebanon	State Zip Code	)	
irst Mame	7N 37087	Purpose of Europelius	
Paula st Name/Businass Name		Purpose of Expenditure  Oliver F 142	Amount of Expenditure
Hutto		UNELK TI	
2502 Kinderhis	1 Way	Check # 1423 Watch Party F a balloons	Tood 665.15
Lebanon	State Zip Code 37090	a balloons	
TOTAL ITEMIZED EXPENDITURES	tere en en en stadte delta en en en electrica de la la entre del transporte en el del transporte en el del tra		
(Carry forward to item 3, of next page if additional pag- (If this is the last page of expenditures, this amount may	es of this form are used.) ust be shown in item 19b. of summary.)		16,786.81
20 4400 (5		. 1	

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE Rayaal ( )	tict	+6		2. REPORT COV	ERING THE REBIOD	
				1 FROM. 1/24/15	Amount Mass di	
TOTAL ITEMIZED CAMPAIGN EXPEN     COMPLETE THE APPROPRIATE ITEMS F	OR EACH	FROM PRECEDING F	PAGE (enter \$0 if first itemized page	age)	16,786.8	<u>'</u>
First Name		ile Name		0 to any payee during the		
Last Name/Business Name			Purpose of Expenditure  CINECK # 1	424	Amount of Expenditure	
Watertown High Box	s Ba	skethau	1 .			
4360 Sparta Pike	_		Baskebali P	1 4 1 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	225.0	Œ.
cityWatertown	State T/	N 37184	- Baskeban P	YVZY UM HOX		
First Name	Middle	e Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Thomas	<u>-</u>		- Check #	1425		
Address P. D. BOX 189			- Cleanina	Fee	250.00	۶.,
City	State	, Zip Code	- Cleaning - For Heada	unvters		
Lebanon	Tr	<i>i</i> 1 '		)		
First Name	Middle	Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			Check #	1426		
Address D. BOX 152	·		Advertis		450.00	)
City 10 ( ) City	State	Zip Code	1 11000001113			
"Watertown	10	37184			;   	
First Name	Middle N	ame	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Water Town High	Bou	s Footbal	Check #	1427		
Address 360 Sparta P	ike	, , , ,	Footban	Sian	200.00	
city Watertown	State	Zip Code	-	21.7.		
WILLET TOWN	77	37184				
rirst Name	Middle Na	me	Purpose of Expenditure	1	Amount of Expenditure	4
ast Name/Business Name						
Address						
ity	State	Zip Code				
	CIGIO	Zip Code				
irst Name	Middle Nan	ne	Purpose of Expenditure	A	mount of Expenditure	
st Name/Business Name					·	
ddress	<del></del>					
у	State	Zip Code				
	-1010	Sip code				
. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of (If this is the last page of expenditures, this amount must	of this form ar	e used.)		1	7,911.81	
a continuati		om rob. or surmalary.)			, , , , , , , , , ,	

OCT 0 5 2018

### ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

					FIFOTION		
1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
- Randall F	<del>ut</del>	LO		FROM: '7/2	4 8 TO:		
<ol> <li>COMPLETE THE APPROPRIATE ITEMS         OBLIGATION (obligations totaling more the person/vendor at the end of the reporting</li> </ol>	ian \$100 i	CH ITEMIZED owed to any	Outstanding Balan (Beginning of Perio		d Payments This Period	Outstanding Balance	
First Name	Middle	Name	Manager and the same and the sa	According to the second	The same of the sa		
Las Wame/Business Name LYEATIVE GYAPI Address DO DAK Street		>	721250		72:20	-h -	
City Dak street	<del></del>	7:-0-1		5 -0 -	4313.5	S	
Lebanon	State						
Description of Obligation M+ Juliet "Walk-In	" Ma	iling For	7/24/18 Me	et + Greet	aintine	3 + Postage Fa	
First Name	Middle N	Vame					
Last Name/Business Name	-1						
Address		***					
City	State	Zip Code					
Description of Obligation							
First Name	Middle N	ame					
Last Name/Business Name	- <b>L</b>		-				
Address			1				
City	State	Zip Code	+		:		
Description of Obligation	.L					1	
		· · · · · · · · · · · · · · · · · · ·			<b>_</b>		
First Name	Middle Name						
ast Name/Business Name			1				
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Mad. N			Γ			
	Middle Nar	ne					
ast Name/Business Name							
ddress							
City	State	Zip Code					
escription of Obligation	<del></del>	<u> </u>					
. TOTALS	ekin engan engan en	re steel de la children de la childr	li mada masa di binda esa yekana salika bada ma zu.		and the second of the second o		
(Total from Outstanding Balance - (End of Period) co in item 23b. on summary page.)	lumn must	also be shown	2,313,55	-v-	2,313.55	-0-	