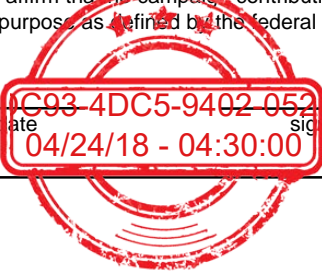


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 4/24/2018		2.a. NAME OF CANDIDATE OR COMMITTEE Williamson Business PAC			
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE 5/1/2018		
4.a. CAMPAIGN ADDRESS AND PHONE					
Street or Rural Route PO Box 364	City Franklin	State TN	Zip Code 37064	Phone (615) 456-9331	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)					
Street or Rural Route PO Box 364	City Franklin	State TN	Zip Code 37064	Phone (615) 456-9331	
5. OFFICE SOUGHT (include district number, if applicable) Political Action Committee			6. NAME OF POLITICAL TREASURER (may be candidate) Clinton McCain		
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 checked="" 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 4/1/2018			8.b. ENDING DATE OF REPORTING PERIOD 4/21/2018		
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		_____ date		_____ signature of witness	
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT				\$	<u>18,008.91</u>
b. TOTAL RECEIPTS THIS PERIOD				\$	<u>500.00</u>
c. TOTAL DISBURSEMENTS THIS PERIOD				\$	<u>0.00</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)				\$	<u>18,508.91</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 Williamson Business PAC			2. REPORT COVERING THE PERIOD		
			FROM: 4/1/2018	TO: 4/21/2018	
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 Andrew		Middle Name S		Contribution Received For:	Amount of Contribution \$500.00
Last Name/Organization Name Voyles				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address 311 Hamlets End Way				<input type="checkbox"/> Runoff (Local Elections Only)	
City Franklin	State TN	Zip Code 37067		Date of Contribution 04/13/18	Aggregate This Election \$500.00
Occupation EVP/ Director of Lending					
Employer First Community Mortgage					
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					
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.)				\$500.00	

