CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

	2		5.5
OCT		2018	Š

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1. DATE OF REPORT		ATE OR COMMITTEE	^ .	WILSON COUNTY
2.b. IF COMMITTEE, NAME OF CANDIDATE	11/10€ D	eavers fe	or County	ELLALISM COMMISSI
Mae Beavers			3. ELECTION DATE	=
4.a. CAMPAIGN ADDRESS AND PHONE			1 m 350	810
Street or Rural Route	City	State	Zip Code	rec Phone
2020 Hunters A. 4.b. CANDIDATE'S HOME ADDRESS (if different	Mt. Julie	t TN	32132 6	15-754-463
Street or Rural Route	City	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if Wilson Co. Magor	applicable) 6.	(1/1	TREASURER (may be	candidate)
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER CUARTER	FOURTH PRE	E- PRE- ARY GENERAL	MID-YEAR	YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD 7 - 24-18	8.b. £	ENDING DATE OF REPO	RTINGPERIOD	The second secon
9. (Check one)		9-30-1	8	
a. This campaign is exempt from detailed tures total \$1,000 or less for this report b. This campaign is required to file a deta and/or expenditures total more than \$1 10. I/we do solemnly swear or affirm that the info accurate accounting of campaign contribution. Financial Disclosure Act. Additionally, I/we sw benefit of the candidate or for any other nonpositional process.	illed financial disclosure be ,000 for this reporting periodermation contained in this is and expenditures requires year or affirm that no came	cause contributions (incod. campaign financial discod to be reported by the paign contributions have by the federal internal r	cluding in-kind) receive	ed total more than \$1,000 and that this report is an
11. WITNESS SIGNATURE			political dicascion	uate
11. WITNESS SIGNATURE In the signature of witness In the sign	10-10-18 date	Signatur	Guven re of witness	
12. SUMMARY				
a. BALANCE ON HAND LAST REPORT		\$	2,115.82	
BALANCE ON HAND LAST REPORT TOTAL RECEIPTS THIS PERIOD		\$	8,055.00)
c. TOTAL DISBURSEMENTS THIS PERIOD		\$	790.24	•
d. BALANCE ON HAND (12.a. plus 12.b. minu				9,380,58
e. TOTAL LOANS OUTSTANDING			\$_	13,000.00
f. TOTAL OBLIGATIONS OUTSTANDING				
				í

SUMMARY PAGE - CANDIDATE

OCT 9 2018

13 NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COXERINGUNTE PERIC
1 Vac Beavers Son County Mayor	FROM:7-24-18 4 48 MMISSIBN-18
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ -0 -
b. Itemized Contributions (over \$100 from each source this period)	s 8.055.00
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.).	\$ 8 055.8
16. LOANS RECEIVED THIS REPORTING PERIOD	s -0 -
17. INTEREST RECEIVED THIS REPORTING PERIOD	
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	
DISBURSEMENTS	<u> </u>
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.	O printing postage gasoline)
	gs, printing, postage, gasonite)
	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
Total of Expenditures (\$100 or less each payee)	6
b. Itemized Expenditures (Over \$100 each payee this period)	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ 190.27
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>-0 -</u>
22.IN-KIND CONTRIBUTIONS	\$ 770,07
a. Unitemized in-kind contributions (\$100 or less from each source this period)	0-
b. Itemized in-kind contributions (over \$100 from each source this period)	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.).	
3. OBLIGATIONS	\$
a. Unitemized Obligations Outstanding (\$100 or less each)\$	-0-
D. Itemized Obligations Outstanding (Over \$100 each)	
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12	
125.07.110110 00101ANDING (aud 23.a. and 23.b.) (must be shown i item 12	2.f.)s — U —

WILSON COUNTY

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATESION

1. NAME OF CANDIDATE OR COMMIT	TEE C	Ø	· WI	2. REPORT COV	VERING THE PERIOD
	13 7	or Loun	tx Mayor	FROM 2-24+	8 TO: 9 -30 -18 Amount
TOTAL ITEMIZED CAMPAIGN CONT COMPLETE THE APPROPRIATE ITEMS	RIBUTIONS	FROM PRECEDING	PAGE (enter \$0 if first itemized ;	page)	1 -6-
4. COMPLETE THE APPROPRIATE ITEMS First Name	FUR EACH II	EMIZED CONTRIBUTION	ON (contributions totaling more than	\$100 from any contribi	utor)
	IVIIII	riang	Contribution Received For:		Amount of Contribution
Last Name/Organization Name Serve Beovers Address	for s	SEC.		General Election	1,355.00
30 20 Hunte	rs P	loce	Runoff (Local Election	ns Only)	'
City Mt. Juliet	State 1 A		Date of Contribution		Aggregate This Election
Occupation Retired Employer			8-17	-18	1,355.00
				-	/
First Name	Middle	Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name				1 -	Amount of Contribution
Patriot PAC			Primary Election	General Election	6700.00
Address 7730 Hickory	, Ria	ar Po	Runoff (Local Elections	Only)	
City Mt. Juliet	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer	······································		9-6-1	8	7800.00
First Name	Middle Na	ame .	Contribution Received For:		Amount of Contribution
Last Name/Organization Name	L		Primary Election	- Tanasar or Contribution	
			Li minary Election	General Election	
Address			Runoff (Local Elections	Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation			-	i	
mployer					
irst Name	Middle Na	me	Contribution Received For:		
ast Name/Organization Name			<u> </u>		Amount of Contribution
- Signification reprie			Primary Election	eneral Election	
ddress			Runoff (Local Elections C	nly)	
ity	State	Zip Code	Date of Contribution		Aggregate This Election
ccupation	i	<u> </u>			35.03010 THIS EIGHIOT
nployer		***************************************			
. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pag (If this is the last page of contributions, this amount mo	es of this form an	e used.) tem 15b. of summary)			8,055

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS MEANDIDATE

1. NAME OF CANDIDATE	OR COMMITTEE	(1	Mayor	2. REPORT COV	ERING THE PERIOD			
- TOTAL	20612 3	<u>" 13</u>	-ou nt	Mayor	FROM:7/24/19	TO: 9/30/18 Amount			
4. COMPLETE THE APPROPRI	ND CONTRIBUTION	IS FROM	PRECEDING I	PAGE (enter \$0 if first itemized page	e)	_ ^ _			
	RIATE ITEMS FOR EAR	CHITEM	ZED IN-KIND CO	NTRIBUTION (in-kind contributions totaling	more than \$100 from any o	contributor during the period)			
First Name		Middle Na	me		In-Kind Contribution Received For: Primary Election General Election				
Last Name/Organization Name									
Address				Date of In-Kind Contribution	Runoff (Local Elections Only)				
City		State	Zip Code	Description of In-Kind Contribution					
Occupation Employ			-7 000	Description of In-Faina Contribution					
	- P-0/3								
First Name		Middle Nar	ne	In-Kind Contribution Received	For	Volument la Kind Court 2 de			
Last Name/Organization Name					General Election	Value of In-Kind Contributio			
				Runoff (Local Elections	Only)				
Address			_	Date of In-Kind Contribution		Aggregate this Election			
City	3	State	Zip Code	Description of In-Kind Contribution		1			
Occupation	Employer		<u> </u>						
First Name	rst Name Middle Name				or:	Value of In-Kind Contribution			
ast Name/Organization Name	<u> </u>				General Election				
Address			· · · · · · · · · · · · · · · · · · ·	Runoff (Local Elections Date of In-Kind Contribution	Only)				
City	I co					Aggregate this Election			
Occupation		ate	Zip Code	Description of In-Kind Contribution					
out of the second of the secon	Employer								
irst Name	<u> </u>	della Na							
	IVII	iddle Name		In-Kind Contribution Received F	Value of In-Kind Contribution				
ast Name/Organization Name				Runoff (Local Elections (
ddress				Date of In-Kind Contribution	,, ,	Aggregate this Election			
ity	Sta	ite	Zip Code	Description of In-Kind Contribution					
ccupation	Employer								
st Name	Mide	die Name	Maria de la Maria de Caractería de la composición de la composición de la composición de la composición de la c	In-Kind Contribution Received F	or:	Value of In-Kind Contribution			
t Name/Organization Name		 .		Primary Election G	eneral Election				
dress				Runoff (Local Elections Or	nly)				
				Date of In-Kind Contribution	ļ	Aggregate this Election			
1	State	2	ip Code	Description of In-Kind Contribution					
cupation	Employer	L_		 					
TOTAL ITEMIZED IN-KIND	CONTRIBILITIONS	and the second	and the constraint selection of the second constraint.		······································				
(Carry forward to item 3, of next page	e if additional pages of this	form are us	sed.)		-	-0 -			
(If this is the last page of in-kind cont SS-1128 (Rev. 2/06)	ributions, this amount mus	t be shown	in item 22b. of summ	aary.)					

OCT 9 2018

ITEMIZED STATEMENT OF EXPENDITURES CINCAMBIDATE

1. NAME OF CANDIDATE OR COMMITTE		λ Λ	2. REPORT CO	VERING THE PERIOD
Mre Deavers	for County	Marion	FROM: 7-24-	18 TO: 9-30-18
3. TOTAL ITEMIZED CAMPAIGN EXPEND				Amount
4. COMPLETE THE APPROPRIATE ITEMS FO	P EACH ITEMIZED EVECUDITURE	AGE (enter 50 if first itemized pa	ige)	76-
4. COMPLETE THE APPROPRIATE ITEMS FO		and the second s) to any payee during the	period)
First Name	Middle Name	Purpose of Expenditure	·· ····	Amount of Expenditure
Last Name/Business Name				
tacebook				-7-71
Address / Hacker Wa		- Adventis	inq	275.26
City	State Zin Code			
Menlo Park	State Zip Code CA 94025	-		
First Name	Middle Name	Purpose of Expenditure	Modern to the Constitution of the Constitution	
	THE STORY OF THE S	Furpose of Experimitare		Amount of Expenditure
Last Name/Business Name		Advertis		
Facebooks Address		- naverros	· 5	4.48
Hacker U	Jay -			
City	State Zip Code	-		
Men to tark	CA 94025			
First Name	Middle Name	Purpose of Expenditure		
		1 dipose of Experiolitie		Amount of Expenditure
Last Name/Business Name		Jence F	rsts	
Address County Coo	2	\		222,61
107 Babb DR.		ł		a dai d
City	State Zip Code			
Lebanon	IN 37087			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		1		
Day Clevela	end	Advertis	Gnq -	
Address		Advertis Web Ser	vice	184,26
S605 Feckha	m Lane, W/7	00		
Antioch	TN 37013			
irst Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name	<u> </u>			
+ Contact		Email		11000
alai RDU Cente	c Dr.			49.00
Ψ _Λ	State Zip Code			
Vernisville	NC. 27560			
irst Name	Middle Name	Purpose of Expenditure	Assert Control of Control	Amount of Expenditure
ist Name/Business Name		,	İ	7 through of Expenditure
Mail Chims		Email N	kt 'a	
dress	Λ		ا د	54.63
675 Ponce de La	eon Ave NE			
Atl to	State Zip Code 30308			
TOTAL ITEMATE	U-0-17030 8	en ann an tallan ann an tallan an tallan ann an tallan an tallan an tallan an tallan an tallan an tallan an ta		
. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages)	of thin form are a 11		Ţ	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
(If this is the last page of expenditures, this amount must	or missiorm are used.) be shown in item 19b. of summary.)			790,24
				'

WILSON COUNTY

ITEMIZED STATEMENT OF LOANS - CANDIDATE ISSION

1. NAME OF CANDIDATE O	R COMMITTEE						<u> </u>	חרוייי	T 0 0 1	FDAIO TUE DESCE	
1	eavers	CH ITEMI	COU.	ntx Y	No	76r	Fi ク	ROM: '-24-	13	ERING THE PERIOD TO: 9-30-19	
and the second s		OTTENS.	ZED LOAN	(loans totaling m	ore than	\$100 from ar	y sourc	e during the	period)	ar e e e e e e e e e e e e e e e e e e e	
Complete the Following for the So First Name	Middle Name	·		Loan Balance	Lo	oans	Τ	Loan	1 0	utstanding Loan Balance	
Last Name/Organization Name			(Beginnin	g of Period)	Red	ceived	Pa	yments		(End of Period)	
Address				_oan Received For: Date of Loan ☐ Primary Election ☐ General Election							
City	State Zip Code				nly)	neral Election					
First Name	List All Endorsers or G		or Above Lo		e is nec	eded please	attach	a page)			
	Middle f	Vame		First Name					Midd	le Name	
Last Name/Organization Name				Last Name/Orga	inization	Name					
Address		***************************************		Address							
City	State	Zip Co	ode	City			·		State	Zip Code	
Amount Guaranteed Outstanding	mount Guaranteed Outstanding				Amount Guaranteed Outstanding						
First Name	Middle N	ame		First Name Middle Name						e Name	
Last Name/Organization Name				Last Name/Organization Name							
Address				Address		****					
City	State	Zip Cod	de	City					State	Zip Code	
Amount Guaranteed Outstanding				Amount Guarantee	ed Outsta	anding		***************************************	1		
First Name	Middle Na	ime		First Name					Middl	e Name	
ast Name/Organization Name	**** <u> </u>			Last Name/Organi	zation Na	ame	·		<u> </u>		
Address				Address							
City	State	Zip Code	е	City					State	Zip Code	
mount Guaranteed Outstanding			,	Amount Guarantee	d Outstai	nding		<u></u>			
irst Name	Middle Nar	ne	ļ	First Name Middle Name						Name	
ast Name/Organization Name			L	ast Name/Organiz	ation Na	me		<u>_</u>			
ddress			Ā	ddress							
Sity	State	Zip Code		City					State	Zip Code	
mount Guaranteed Outstanding			A	mount Guaranteed	Outstan	ding					
Totals for all Loans (complete or Total loans received should also be show Total loan payments should also be show	n in item 16, on summary page	e.)	0	utstanding Loan B. (Beginning of Per		Loans Receive	d	Loan Payment	ts	Outstanding Loan Balance (End of Period)	
Total outstanding loan balance should also	be shown in item 12.e. on from	t page.)		13,000		c		0 -	- [13,000	

OCT 9 2018

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATESION

						-		
1. NAME OF CANDIDATE OR C	OMMITTEE	^ ,	M.	2. REPORT CO	OVERING THE P	FRIOD		
Mae Dec	wers So	- Count	y Mayor	2. REPORT COVERING THE PERIOD FROM: 7-24-18 TO: 9-30-18				
COMPLETE THE APPROPRIA OBLIGATION (obligations totali person/vendor at the end of the	ATE ITEMS FOR EAC ng more than \$100 o	CH ITEMIZED	Outstanding Balance (Beginning of Period)	Debt incurred	Payments This Period	Outstanding Baland (End of Period)		
First Name	Middle N	lame						
Last Name/Business Name								
Address			_					
City	State	7.01						
	State	Zip Code						
Description of Obligation						<u> </u>		
First Name	Middle Na	eme						
Last Name/Business Name		<u> </u>	-					
Address			_		•			
City	State	Zip Code	_					
Description of Obligation	Ville	Lip code						
Description of Obligation								
Flrst Name	Middle Na	me						
Last Name/Business Name		**··	-[]					
Address			_					
City	State	T-0-1	_					
	State	Zip Code						
Description of Obligation								
First Name	Middle Nan	ne						
ast Name/Business Name					į			
Address		· · · · · · · · · · · · · · · · · · ·						
City		···						
	State	Zip Code						
Description of Obligation								
Irst Name	Middle Nam	*************************************						
ast Name/Business Name								
ddress								
ity	State	Zip Code						
escription of Obligation		<u> </u>						
TOTALS				an dental (1 to 1 t				
Total from Outstanding Balance - (End of in item 23b. on summary page.)	Period) column must a	lso be shown	-0-	-0-	-0-	-0-		
Na North Least on Sammary page.		<u></u>						