Amended

#### CAMPAIGN FINANCIAL DISCLOSURE STATE

For State and Local Candidates
For Single-Candidate Committees

- MILSON COLINTY	
ETECTION CLUSTON	
ELECTION COMMISSIO	È.

1. DATE OF REPORT	2.a. NAME OF C	ANDIDATE OR COMMITT		١.٥
4-10-18	1 Moe	Deaver	s for 1	Vauos
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION	Vayor IDATE
Mae Dear	ens			2-18
4.a. CAMPAIGN ADDRESS AND PHONE				A 10
Street or Rural Route	City	State	Zip Code	Phone
2020 Hunters Place	Mt. Julie	it Th	37122	615-754-4632
4.b. CANDIDATE'S HOME ADDRESS (if different	t than 4.a.)			
Street or Rural Route	City	State	Zip Code	Phone
<ol><li>OFFICE SOUGHT (include district number, if</li></ol>	applicable)	6. NAME OF POLIT	TICAL TREASURER (I	may be candidate)
Wilson County Mayo	•		Beavers	,
7. CATEGORY OR REPORT (Check one)	1		3C0CVC 113	
				П
FIRST SECOND THRD QUARTER QUARTER QUARTER	FOURTH	PRE- PR		
QUARTER QUARTER QUARTER  8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY GENE 8.b. ENDING DATE OF	RAL SUPPLEME	ENTAL SUPPLEMENTAL
3-16-18				
9. (Check one)		<u> 3-31</u>	<u> </u>	
5. (Check dile)				
a. This campaign is exempt from detailed	d disclosure becaus	e contributions (includin	g in-kind) received tota	al \$1,000 or less AND expendi-
tures total \$1,000 or less for this report	rting period. (Comp	lete items 12d., 12e. an	d 12f.)	
b. X This campaign is required to file a det	ailed financial disclo	ieura hacausa contributi	ane finallyding in kind)	manipad total mare than \$1,000
and/or expenditures total more than \$	1,000 for this report	ing period.	Ons (moleculary ar-kasu)	received total more than \$1,000
				·····
10. I/we do solemnly swear or affirm that the inf	formation contained	in this campaign finance	det disabances ropod is	A common structure and the man
accurate accounting of campaign contributio	ns and expenditures	n this campaign imano required to be reported	ial disclosure report is thy the candidate com	strue and that this report is an
Financial Disclosure Act. Additionally, I/we s	swear or affirm that	no campaign contribution	ns have been expende	ed for the personal financial
benefit of the candidate or for any other non	political purpose as	defined by the federal in	nternal revenue code.	,
D		_		<i>6</i> .
Signature of candidate	<u>4-10-18</u>	$\mathcal{T}$	ae Dean	4-10-18
signature of candidate	date	signa	iture of political treasu	rer date
11. WITNESS SIGNATURE				
Ω	<b>.</b>	. 1	1	
- sur leave	4-10-19	8 Heren	- Dine	4-10-18
signature of witness	date		signature of witness	date
		,		
12. SUMMARY				
			A	
a. BALANCE ON HAND LAST REPORT			\$ <u></u>	
			<b>3</b>	- (n
b. TOTAL RECEIPTS THIS PERIOD		***************************************	\$ <u>a.</u> 4. 45	0.00
- TOTAL DISPLEDE MENTS THIS DEDUCE			11 109	18.00
c. TOTAL DISBURSEMENTS THIS PERIOD	4		\$ <del></del>	11100
d. BALANCE ON HAND (12.a. plus 12.b. mi	nuc 12 c \			.22 752
d. BALANCE ON HAND (12.a. plus 12.b. fill	nus (2.c.)			\$ <del>0 &amp;, 75 &amp;</del>
				10 000 0
e. TOTAL LOANS OUTSTANDING				\$ 10,000,00
				^
f. TOTAL OBLIGATIONS OUTSTANDING	***************************************	***************************************	,	s <u>~ ~ ~ ~ </u>

APR 09 2018

# SUMMARY PAGE - CANDIDATE 2018

WILSON COUNTY ELECTION COMMISSION

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	REPORT COVERING THE PERIC
Mae Deavers for Mayor	LECTHOM SOM VISSON TO 3-31-18
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	.,, ., .,
Unitemized Contributions (\$100 or less from each source this period)	* -0 -
b. Itemized Contributions (over \$100 from each source this period)	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.	24, 150.00
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>27,450.6C</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ 70,000.0
18. TOTAL RECEIPTS (add 15 c. 16, and 17.) (must be shown in item 42 b.)	\$
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ 34,450.00
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category -	
\$	
\$	
\$	
\$	
*	
<b>\$</b>	
<b>\$</b>	<u> </u>
\$	
\$	
	-
Total of Expenditures (\$100 or less each payee)	
b. Itemized Expenditures (Over \$100 each payee this period)	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	s <u>328,00</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	s <u>328,00</u>
22.IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	.\$_^6 -
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)	
b. Itemized Obligations Outstanding (Over \$100 each)	
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	
The substitution of the substitution is a substitution of the subs	17 I ( ' ( )



### WILSON COUNTY ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE RISSION

1. NAME OF CANDIDATE OR COMMITTEE	^ /^ /		<ol><li>REPORT COVER</li></ol>	RING THE PERIOD
Mae Beave	rs for M	avor	FROM: 3-16-18	TO: 3-31-18
				Amount
3. TOTAL ITEMIZED CAMPAIGN CONTRIBL				_ O →
4. COMPLETE THE APPROPRIATE ITEMS FOR			100 from any contributor	)
First Name Lovetta	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		Primary Election	General Election	ļ
Saind			Contract Electron	200.00
Address Chandler (	₹d.	Runoff (Local Elections	Only)	
City Mt. Juliet	State Zip Code  [N 37/22	Date of Contribution		Aggregate This Election
Occupation Retired		3-24.	10	
Employer		1	' 0	200.00
First Name  Charlene	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		☐ Primary Election	General Election	
Address 14 Pascal	De	Runoff (Local Elections	Only)	50.00
on Mt. Juliet	State Zip Code 7/22	Date of Contribution		Aggregate This Election
Occupation Retired	11 10 10 11 00		1	
Employer Employer		3-24-	18	50.00
FirstName	Middle Name	Contribution Received For:		Amount of Contribution
First Name  Last Name/Organization Name	Middle Name	_	Conoral Floring	Amount of Contribution
Last Name/Organization Name	Middle Name	_	General Election	:
Last Name/Organization Name Address	IH.	_	ĺ	Amount of Contribution
Last Name/Organization Name As he Address 3709 Kingsto City	State Zip Code	Primary Election	Only)	:
Last Name/Organization Name  As he  Address  3709 Kingsto  City  Knoxville  Occupation	1H.  Pike	☐ Primary Election	Only)	300,00
Last Name/Organization Name As he Address 3709 Kingsto City Knoxville Occupation Retired	State Zip Code	☐ Primary Election ☑ ☐ Runoff (Local Elections  Date of Contribution	Only)	300,00
Last Name/Organization Name  As he  Address  3709 Kingsto  City  Knoxville  Occupation	State Zip Code	☐ Primary Election	Only)	300,00
Last Name/Organization Name As he Address 3709 Kingsto City Knoxville Occupation Retired	State Zip Code	☐ Primary Election ☑ ☐ Runoff (Local Elections  Date of Contribution	Only)	300.00 Aggregate This Election
Last Name/Organization Name  Address  Address  City  Knoxville  Occupation  Retired  Employer	State ZipCode TN 3719	Primary Election  Runoff (Local Elections  Date of Contribution  3 - 2 7 - 1  Contribution Received For:	Only)	300,00
Last Name/Organization Name  Address  Address  City  Knoxville  Occupation  Retired  Employer  Last Name  Last Name/Organization Name	State Zip Code TN 3719  Middle Name	Primary Election  Runoff (Local Elections  Date of Contribution  3 - 2 7 - 1  Contribution Received For:	Only)	300,00 Aggregate This Election 300,00
Last Name/Organization Name  Address A	State Zip Code TN 3719  Middle Name	Primary Election  Runoff (Local Elections  Date of Contribution  3 - 2 7 - 1  Contribution Received For:	Only)	300.00 Aggregate This Election
Last Name/Organization Name  Address	State Zip Code TN 3719  Middle Name	Primary Election  Runoff (Local Elections  Date of Contribution  3 - 2 7 - 1  Contribution Received For:	Only)  General Election Only)	300,00 Aggregate This Election 300,00
Last Name/Organization Name  Address	State Zip Code TN 3719  Middle Name  C  Ca Lane State Zip Code	Primary Election  Runoff (Local Elections  Date of Contribution  3 - 2 7 -  Contribution Received For:  Primary Election  Runoff (Local Elections  Date of Contribution	Only)  General Election  Only)	300,00 Aggregate This Election 300,00 Amount of Contribution 7800
Last Name/Organization Name  Address  City  City	State Zip Code TN 3719  Middle Name	□ Primary Election □ Runoff (Local Elections  Date of Contribution  3 - 2 7 - 1  Contribution Received For: □ Primary Election □ Runoff (Local Elections	Only)  General Election Only)	300,00 Aggregate This Election 300,00 Amount of Contribution 7800
Last Name/Organization Name  Address  City  City	State Zip Code TN 3719  Middle Name	Primary Election  Runoff (Local Elections  Date of Contribution  3 - 2 7 -  Contribution Received For:  Primary Election  Runoff (Local Elections  Date of Contribution	Only)  General Election Only)	300,00 Aggregate This Election  Amount of Contribution  7800
Last Name/Organization Name  Address  City  Employer  First Name  Last Name/Organization Name  Last Name/Organization Name  City  Address  City	State Zip Code TN 3719  Middle Name	Primary Election  Runoff (Local Elections  Date of Contribution  3 - 2 7 -  Contribution Received For:  Primary Election  Runoff (Local Elections  Date of Contribution	Only)  General Election Only)	300,00 Aggregate This Election  Amount of Contribution  7800
Last Name/Organization Name  Address  City  City	State Zip Code TN 3719  Middle Name  AC  Ca Acan & State Zip Code TN 37/32  State Zip Code TN 37/32	Primary Election  Runoff (Local Elections  Date of Contribution  3 - 2 7 -  Contribution Received For:  Primary Election  Runoff (Local Elections  Date of Contribution	Only)  General Election Only)	300,00 Aggregate This Election  Amount of Contribution  7800



#### ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			
Mag	Reavers for	2. REPOR	T COVERING THE PERIOD
		The second secon	-16-18 TO: 3 -31-16 Amount
3. TOTAL ITEMIZED CAMPAIGN CONTRIB	UTIONS FROM PRECEDING P	AGE (enter \$0 if first itemized page)	8350 00
4. COMPLETE THE APPROPRIATE ITEMS FOR	EACH ITEMIZED CONTRIBUTION	(contributions totaling more than \$100 from any	contributor)
First Name T	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name		Primary Election  General Elec	stion
tranklin		Las Geriera: Elec	
Address 2015 Julie D	) e .	Runoff (Local Elections Only)	500.00
City Mt. Juliet	State Zip Code 37/22	Date of Contribution	Aggregate This Election
Occupation Marketing Employer	Manager	3-31-18	500.00
Alco Prode		3-31-18	500,00
First Name	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name		Primary Election Signatural Elec	
Concerned Constitution	enal Conservation	S CAC	780000
Address 113 S. Cumbe	te bools	Runoff (Local Elections Only)	780000
City Lebanon	State Zip Code 7	Date of Contribution	Aggregate This Election
Occupation		7 2 5 10	
Employer		3-30-18	7800.00
First Name	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name			
	+C	Primary Election General Electi	į l
Address 7730 Hickory		Runoff (Local Elections Only)	7800.00
City Mt Juliet	State Zip Code 37/22	Date of Contribution	Aggregate This Election
Occupation	110 3/120		
Employer		3-30-18	7800,00
a mpoyer		- <del></del>	
First Name	Middle Name	Contribution Received For:	
		Continued Received Fol:	Amount of Contribution
ast Name/Organization Name			
		Primary Election    General Electio	n
Address		_	n
	Strip To Code	Runoff (Local Elections Only)	n
City	Starte Zip Code	_	Aggregate This Election
	Starte Zip Code	Runoff (Local Elections Only)	
City	State Zip Code	Runoff (Local Elections Only)	
Occupation Imployer	State Zip Code	Runoff (Local Elections Only)	
City Occupation	f this form are used )	Runoff (Local Elections Only)	



## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS CANDIDATE

1. NAME OF CANDIDATE OF	R COMMITTE	E		***	2. REPORT COV	ERING THE PERIOD
						Y TO: 3-3/- 18
3. TOTAL ITEMIZED IN-KIND	CONTRIBUT	IONS FRO	OM PRECEDING F	PAGE (enter \$0 if first itemized page	e)	-0-
	TE ITEMS FOR	REACH ITE	MIZED IN-KIND CO	NTRIBUTION (in-kind contributions totaling	more than \$100 from any	contributor during the period)
First Name		Middle	Name	In-Kind Contribution Receive Primary Election	d For.  General Election	Value of In-Kind Contribution
Last Name/Organization Name				Runoff (Local Election		
Address				Date of In-Kind Contribution	io otily)	Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employe					
First Name		Middle	Name	In-Kind Contribution Received Primary Election	1 For: I General Election	Value of In-Kind Contribution
Last Name/Organization Name				Runoff (Local Election		
Address	****	•**	· · · · · · · · · · · · · · · · · · ·	Date of In-Kind Contribution	s Olky)	Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer					
First Name		Middle N	ame	in-Kind Contribution Received		Value of In-Kind Contribution
Last Name/Organization Name		<u> </u>			General Election	
Address				Runoff (Local Elections  Date of In-Kind Contribution	only)	Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		Aggregate tris Election
Occupation	Employer	<u> </u>				
First Name		Middle Na	ame	In-Kind Contribution Received	For:	Value of In-Kind Contribution
Last Name/Organization Name					General Election	
Address			740.	Runoff (Local Elections	Only)	
Dity		1011	T	Date of In-Kind Contribution		Aggregate this Election
Occupation	I sada	State	Zip Code	Description of In-Kind Contribution		
occupation	Employer					
irst Name	<u> </u>	Middle Nan	пе	In-Kind Contribution Received	For:	Value of In-Kind Contribution
ast Name/Organization Name			·	l l	General Election	value of III-Milio Contribution
delana				Runoff (Local Elections (	Only)	
ddress				Date of In-Kind Contribution		Aggregate this Election
ity		State	Zip Code	Description of In-Kind Contribution		
cupation	Employer		•			
. TOTAL ITEMIZED IN-KIND CI (Carry forward to item 3. of next page if (If this is the last page of in-kind contrib	additional pages	of this form a	re used.)			-0-
(in this is the dast page of the kind confide	uauna, una amou	in must be SN	own in Item ZZD, of sumi	mary.)		



### ITEMIZED STATEMENT OF EXPENDITURES CANDIDATE

NAME OF CANDIDATE OR COMMITTEE	1 43 1	2-5	Mayor	2. REPORT COVE	RING THE PERIOD
			1	FROM: 3-16-17	Amount
TOTAL ITEMIZED CAMPAIGN EXPENDIT     COMPLETE THE APPROPRIATE ITEMS FOR					O
First Name	Middle Na		Purpose of Expenditure	to to any payor assing and p	Amount of Expenditure
Last Name/Business Name  Patrio + PAC	<u> </u>		Return	, of	
7730 Hickory	_	ge Rdi	Contrib	ation	7,800.00
my Juliet	State	Zip Code 37/22	***************************************		
First Name	Middle Na	eme	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Freedom P	AC		Return	70	
Address 505 Augus	ter	Lane	Return Contribu	tion	3570.00
Mt. Juliet	State 7 M	37122			
First Name	Middle Nar	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name  XPO Sure Hdv	enti	sing			
Address 36 Deer Ri		3	1 Ad		328.00
Wood bury	State \bigveeta	Zip Code 37190	, -		
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	<u> </u>				
Address					
City	State	Zip Code			
First Name	Middle Nam	е	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
ast Name/Business Name					
Address					ī
Dity	State	Zip Code		İ	
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					11,698.00



# WILSON COUNTY ITEMIZED STATEMENT OF LOANS - CANDIDATE COMMISSION

1. NAME OF CANDIDATE OR COMMITTEE					•••		2. REPORT	COV	FRINC	THE PERIOD
3. COMPLETE THE APPROPRIATE ITEMS	<u> </u>	So.	· W	lavo	Į.		FROM: 3 ー/6	-18	TO	
3. COMPLETE THE APPROPRIATE ITEMS	FOR EACH	ITEMIZ	ED LOAN	(loans totaling r	more than \$	100 from any so	urce during the	period)		
Complete the Following for the Source of the Loan										
First Name Middle Na	Outstanding (Beginning	Loan Balance of Period)	Loa Rece		Loan Payments	0		ing Loan Balance d of Period)		
Last Name/Organization Name			- (	) <del>-</del>	10,0	000	-6-	10	ۍ ر (	000
2020 Hunters	Loan Receiv		PSL o		Date of Lo		************			
City Mt. Toliet IN 37/22 Primary Election Property Election 3-30-18						-18				
List All Endo	rsers or Guar	antors fo	or Above Loa	ın (If more spa	ce is need	ded please atta	ich a page)			
First Name	Middle Nam	e		First Name			<u></u>	Midd	de Nam	e
Last Name/Organization Name			**************************************	Last Name/Org	ganization N	łame		<u> </u>	<del></del>	
Address	· · · · · · · · · · · · · · · · · · ·	*		Address						<del></del>
City	State	Zip Co	de	City			······································	State	;	Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding						
First Name	Middle Name	•		First Name Middle Name						
Last Name/Organization Name			Last Name/Organization Name							
Address				Address						
City	State	Zip Coo	Je	City				State		Zip Code
Amount Guaranteed Outstanding				Amount Guaran	teed Outsta	anding		<del></del>		
First Name	Middle Name			First Name				Midd	lle Name	3
Last Name/Organization Name	·		777212	Last Name/Organization Name						
Address	*****			Address					*****	
City	State	Zip Cod	ė	City				State		Zip Code
Amount Guaranteed Outstanding	· · · · · · · · · · · · · · · · · · ·	<u> </u>		Amount Guarant	eed Outsta	nding		L		
First Name	Middle Name			First Name				Middle	e Name	
Last Name/Organization Name		****		Last Name/Organization Name						
Address	**	<del></del>		Address		······································		<del></del>		
City	State	Zip Code	e	City				State		Zip Code
Amount Guaranteed Outstanding				Amount Guarante	ed Outstan	ading				
<ol> <li>Totals for all Loans (complete on last page of i (Total loans received should also be shown in item 16. on st (Total loan payments should also be shown in item 20. on st</li> </ol>	ummary page.) ummary page.)	•		Outstanding Loar (Beginning of I		Loans Received	Loan Payme			anding Loan Balance (End of Period)
(Total outstanding loan balance should also be shown in item	12.e. on front pa	ige.)		-0-	•	10,000	0		10	,000.00

#### WILSON COUNTY ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COM	MMITTEE	For (M	•	2. REPORT CO	VERING THE PE	RIOD
3. COMPLETE THE APPROPRIAT OBLIGATION (obligations totaling	E ITEMS FOR EAC g more than \$100 o	HITEMIZED	Outstanding Balance (Beginning of Period)	FROM: 3 76 Debt Incurred This Period	-/ S TO: 3 Payments This Period	3 -3 / - / S Outstanding Balanc (End of Period)
person/vendor at the end of the r	eporting period)				ttilo i onog	~ O ~
·	Middle N	ame				
Last Name/Business Name			ļ			
Address		-7-R-11-12-1				
City	State	Zip Code	7		;	
Description of Obligation		<del></del>	<del></del>		<u> </u>	
First Name	Middle N	ame				
Last Name/Business Name						
Address						
City	State	Zip Code	_			
Description of Obligation	<u></u>					
First Name	Middle Na	me				
Last Name/Business Name			-			
Address			_			
City	State	Zip Code				
Description of Obligation	**************************************		·			I
First Name	Middle Na	me				
.ast Name/Business Name			-	į		
Address			_			
City	State	Zip Code	-			
Description of Obligation		<u> </u>				
First Name	Middle Nan	ne				
ast Name/Business Name			-			
ddress			-			
Dity	State	Zip Code				
Description of Obligation		L	<u> </u>			
. TOTALS (Total from Outstanding Balance - (End of	Doried) only					
in Item 23b. on summary page.)	renou) column must	aiso de shown			1	-0-