RECEIVED

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

001	- 4	office and the	20	14	'4
WIL:	SON	C	OUI	VTY	

				THE COUNTY OF
1. DATE OF REPORT	2.a. NAME OF CANDIDATE	1 1		ELECTION COMMISSION
7.7-14	Debbie	M055		
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DAT	~ .
4.a. CAMPAIGN ADDRESS AND PHONE			llugust	1,2014
Street or Rural Route	City	State	Zip Code	Phone
948 Beckwith Rd	Mt. Juliet	Tn	37122	615-866-8435
4.b. CANDIDATE'S HOME ADDRESS (if different	t than 4.a.)			
Street or Rural Route 948 Reckwith Rd	City	State	Zip Code 37122	Phone
5. OFFICE SOUGHT (include district number, if	applicable) 6. NAM	IN ME OF POLITICAL	TREASURER (may b	LO15-866-8435
Circuit Court Clerk	S K	athy H	ughes	pe candidate)
7. CATEGORY OR REPORT (Check one)			J [
FIRST SECOND THIRD	FOURTH PRE-	PRE-	MID-YEAR	YEAR-END
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER PRIMARY 8.b. END	GENERAL DING DATE OF REPO	SUPPLEMENTA RTING PERIOD	L SUPPLEMENTAL
Rovil 1, 2014	150	MO 30	2014	_
9. (Check one)		ara oc	7 -011	
a. This campaign is exempt from detaile	d disclosure because contribut	ions (including in-kir	nd) received total \$1	000 or less AND expendi-
tures total \$1,000 or less for this repo	rting period. (Complete items	12d., 12e. and 12f.)	ia, roserved total \$1	ood of less AND expendi-
b. This campaign is required to file a det	ailed financial disclosure becar	use contributions (in	cluding in-kind) rece	ived 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 in accurate accounting of campaign contribution. Financial Disclosure Act. Additionally, I/we shenefit of the candidate or for any other non signature of candidate.	ns and expenditures required t swear or affirm that no campaig	to be reported by the gn contributions have the federal internal	e candidate committe e been expended fo	ee by the Campaign

11. WITNESS SIGNATURE				
signature of witness	7-7-14 date	signat	ure of witness	7-7-(4 date
12. SUMMARY				
a. BALANCE ON HAND LAST REPORT			s 2890.2°	7
b. TOTAL RECEIPTS THIS PERIOD			\$ 8420.00	2
c. TOTAL DISBURSEMENTS THIS PERIOD			s 10,291.9	<u> </u>
d. BALANCE ON HAND (12.a. plus 12.b. m	inus 12.c.)			\$ 1090.36
TOTAL 1041/20170711/1041/20				4
e. IOTAL LOANS OUTSTANDING		***************************************		7
f. TOTAL OBLIGATIONS OUTSTANDING				\$

SUMMARY PAGE - CANDIDATE

JUL 11 2014
WILSON COUNTY

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	ELE	CTION COMMISSION
Debbie MOSS	FROM: 4-1-14	ERING THE PERIOD
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	7-1-17	TO: 6-30-14
a. Unitemized Contributions (\$100 or less from each source this period)	s 770 ºº	
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 4.420 ²⁰
16. LOANS RECEIVED THIS REPORTING PERIOD		
17. INTEREST RECEIVED THIS REPORTING PERIOD		
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		\$ 8,420°
DISBURSEMENTS		,
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.	g., printing, postage, g	gasoline)
Donation \$ 2500	000° 90 9556 00005	,
Rental \$ 4000		
Donation \$ 2000		
Donation \$ 25°		
Deposit \$ 5000		
Magnets \$ 1000	 -	
advertisement \$ 10000		
advertisement \$ 10000		
Donation \$ 5000		
Donation 40.17		
Total of Expenditures (\$100 or less each payee)	\$ 550.11	
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 4,669.14	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		\$ 10,219 91
20. LOAN REPAYMENTS MADE THIS PERIOD		\$Ф
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		\$ 10,219 91
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 22.b.)		5
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 item 1		\circ \bigcirc

JUL 11 2014 «

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATESSION

 NAME OF CANDIDATE OR COMMITTEE 			1 A DEDODE COLUM	
Debbie M			FROM 4-1-14	RING THE PERIOD TO: 6-30-14
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU	JTIONS FROM PRECEDING PA	AGE (enter \$0 if first itemized r		Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR	EACH ITEMIZED CONTRIBUTION	(contributions totaling more than	\$100 from any contribute	or)
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		☐ Primary Election ☐	General Election	00
Addrass 120 1		Runoff (Local Election	an Only)	1,50000
SYST hebanon	Road		is Only)	
Labanon	staten Zip Gode 7087	Date of Contribution		Aggregate This Election
Occupation Real tor		5-20-	14	
Employer Self Empl	oyed		•	
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		Primary Election	General Election	m
Address	Rd	Runoff (Local Election	s Only)	1500
city Labornon	State Zin Code 37087	Date of Contribution		Aggregate This Election
Occupation Construction	.00			
Employer Puramid Netu	vyanager	5-20-	.14	
First Name	Middle Name	Contribution Device LE		
Chet	Wild It Walfie	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		Primary Election	General Election	25000
808 Guinever	e Pt	Runoff (Local Elections	Only)	230
M. Juliet	State Zin Code 31122	Date of Contribution		Aggregate This Election
Occupation Retired		1 10 1	.1	
Employer		6-10-1	7	-
First Name	Middle Name	Contribution Received For:		A
.ast Name/Organization Name		_		Amount of Contribution
Easley & Assoc.	8	Primary Election	General Election	20000
1744 N.Mt. Ju	net Rd	☐ Runoff (Local Elections	Only)	200
Mt-Juliet	State 25/1/22	Date of Contribution		Aggregate This Election
accountant		6-10-	14	
mployer		Q 10		
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages or	f this form are used)			3,45000
(If this is the last page of contributions, this amount must b	e shown in item 15b. of summary.)			J, T30-



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATEUNTY

1. NAME OF CANDIDATE OR COMMITTEE Deboie	Me	055		2. REPORT COVE FROM: 4-1-14	RING THE PERIOD
3. TOTAL ITEMIZED CAMPAIGN CONTRIB			AGE (enter \$0 if first itemized r		Amount 450.00
4. COMPLETE THE APPROPRIATE ITEMS FOR	EACH ITE	MIZED CONTRIBUTION	(contributions totaling more than	\$100 from any contributo	7 7 7 80.00
First Name	Middle N		Contribution Received For:	TOO HOM ANY COMMIDUO	Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	700 00
Addres			Runoff (Local Election	ns Only)	200.00
on Mt. Juliet	State	Zip Code 37121	Date of Contribution		Aggregate This Election
Occupation Realton			6-10	0-14	
Self Employer	104-	d		50 S	
First Name	Middle Na	11/1	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
Address	99		Runoff (Local Election	s Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer			1		
First Name	Middle Nar	ne	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
Address			Runoff (Local Elections	s Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation			1		
Employer			1		
First Name	Middle Nan	ne	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			☐ Primary Election ☐	General Election	
Address			Runoff (Local Elections	Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation		l			
mployer					
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of (If this is the last page of contributions, this amount must leave the contributions).	of this form are	e used.) em 15b. of summary.)			365020





ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

ALL STAR STAR STAR STAR STAR STAR STAR STAR	GE (enter \$0 if first itemized page)	Amount uring the period) Amount of Expenditure 207.58 Amount of Expenditure
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE First Name Authority Star Stiteles Address 205 Palani Circle City Lebanon Fixt Name Middle Name Middle Name Middle Name St Name/Business Name Middle Name St Name/Business Name St Name Name/Business Name St Name Name/Business Name St Name N	Purpose of Expenditure Purpose of Expenditure Purpose of Expenditure	Amount of Expenditure Amount of Expenditure Amount of Expenditure
Address Name Ad	Purpose of Expenditure TShirts Purpose of Expenditure	Amount of Expenditure 207.58 Amount of Expenditure
ast Name/Business Name Address Addres	TShirts Purpose of Expenditure	207.58 Amount of Expenditure
City Lebanon Circle Zig Code Zig Code In 37087 rst Name Middle Name M	Purpose of Expenditure	Amount of Expenditure
City Lebanon Circle Zig Code Zig Code In 37087 rst Name Middle Name M	-	Amount of Expenditure
rst Name Middle Name St Name/Business Name Sams Club Idress State Zip Code Zip Code Zip Code Zip Code Zip Code Zip Code	-	
rst Name Middle Name st Name/Business Name Sams Club dress State Zip Code	-	
Sams Club dress Nashville Th Zip Code	Tood for Meet & Greet	207.73
Nashulle In Zip Code	Tood for Meet & Greet	207.73
Nashville Th	Meet & Greet	, 00
	There is the	.
it Name Middle Name		
	Purpose of Expenditure	Amount of Expenditure
t Name/Business Name	Λ	
ress	Auction	14500
Slate Zip Code	item	1.0-
Lebanon W 37087	10111	
Name Middle Name	Purpose of Expenditure	Amount of Expenditure
Name/Business Name		
A		27700
95 33 D. Mic Source	Signs	175797
133 Public Square State Zip Code	Signs	757.92
133 Hublic Square	Signs	75 1.92
Slate Zip Code Th 37087 Name Middle Name	Signs Purpose of Expenditure	Amount of Expenditure
Slate Zip Code Th 37087 Name Middle Name	Purpose of Expenditure	
Slate Zip Code Th 37087 Name Middle Name Lamp/Business Name Promo ss	Purpose of Expenditure	Amount of Expenditure
State Zip Code Th 37087 Hame Middle Name Ampleusiness Name Promo State Zip Code State Zip Code State Zip Code	0	
State Zip Code Th 37087 Name Middle Name Middle Name State Zip Code Amp/Business Name Plench Promo State Zip Code State Zip Code At Quliet State Zip Code 37122	Purpose of Expenditure Magnets	Amount of Expenditure
State Zip Code The 37087 Name Middle Name Middle Name Amp/Business Name Flench Promo State State Zip Code The State Zip Code Middle Name Middle Name Middle Name	Purpose of Expenditure	Amount of Expenditure
State Zip Code Th 37087 Name Middle Name Middle Name State Zip Code Amp/Business Name Plench Promo State Zip Code State Zip Code At Quliet State Zip Code 37122	Purpose of Expenditure Magnets Purpose of Expenditure	Amount of Expenditure Amount of Expenditure
State Zip Code TM 37087 Name Middle Name Ampulbusiness Name Promo State Zip Code The State Zip Code At Juliet State Zip Code Middle Name Middle Name Middle Name Middle Name	Purpose of Expenditure Magnets	Amount of Expenditure
State Zip Code The 37087 Name Middle Name Middle Name State Zip Code Applied State Zip Code Middle Name	Purpose of Expenditure Magnets Purpose of Expenditure	Amount of Expenditure Amount of Expenditure
State Zip Code The 37087 Name Middle Name Middle Name State Zip Code At Juliet State Zip Code Middle Name	Purpose of Expenditure Magnets Purpose of Expenditure	Amount of Expenditure Amount of Expenditure
Name/Business Name A+ Signs		V



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE	EE ,		2. REPORT COVE	RING THE DEDICE
Debbie	Mo55	_	FROM: 4-1-14	TO: 6-30-14
3. TOTAL ITEMIZED CAMPAIGN EXPEND	DITURES FROM PRECEDING PA	GE (enter \$0 if first itemized pa	age)	Amount 2354.38
4. COMPLETE THE APPROPRIATE ITEMS FO	OR EACH ITEMIZED EXPENDITURE	(expenditures totaling more than \$100) to any payee during the pe	eriod)
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Fast Sign	15			
Address 833 Memorial	Blvd #1	Signs		1751.61
Murfrees boro	State Zip Code 129			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name WANT - K Address P.O. Box 39	adio	Radio	,	154000
city Lebanon	State Zip Code 37087	Ad	\$	
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Rucinoss Name Fast Sign Address 33 Memorial City Wurfreesboro	S S S S S S S S S S	5ign:	5	1303.83
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Fast Signé Address 33 Memorial City Murfreesboro	Blvd # 1 Stale Zip Code Th 31129	5ign+	,	2317.92
First Name	Middle Name	Purpose of Expenditure	I A	Amount of Expenditure
Last Name/Business Name Water Town Address	Salette.	ad		40000
Watertown	State Zip Code			
First Name	Middle Name	Purpose of Expenditure	A	mount 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 (If this is the last page of expenditures, this amount must	of this form are used.) be shown in item 19b. of summary.)		(9669.74



ITEMIZED STATEMENT OF LOANS - CANDIDATE

NAME OF CANDIDATE OR COMMITTE					-		2.	REPORT	COVE	RING	THE PERIOD
Debbie	_	10	55				1	-1-1	4	TO	-30-14
3. COMPLETE THE APPROPRIATE ITEMS		II EMIZ	ZED LOAN	(loans totaling r	nore than \$	100 from any	source	e during the p	eriod)	Allegan	
Complete the Following for the Source of the Loar First Name Middle No			I								
Dehbie	arrie		(Beginning	Loan Balance of Period)	Los Rece	ans eived		Loan yments	Ou		ng Loan Balance d of Period)
Last Name/Organization Name			4.0	000	400	2000	($\not \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	'	8,	00000
948 Beckwill	Rd	34	Loan Recei		Den	eral Election		Date of Lo.		,	(
Mt Juliet In	Zip Code	22	☐ Runofi	(Local Elections	Only))-l	-/	14
	orsers or Guar	antors fo	or Above Loa	an (If more spa	ce is need	ded please	attach	a page)			
First Name	Middle Nam	е		First Name					Middle	e Name	•
Last Name/Organization Name				Last Name/Org	anization N	lame					
Address				Address	1						
City	State	Zip Co	de	City					State		Zip Code
Amount Guaranteed Outstanding				Amount Guaran	teed Outsta	anding					L
First Name	Middle Name			First Name					Middle	Name	
Last Name/Organization Name				Last Name/Orga	nization N	ame			1		
Address				Address							
City	State	Zip Cod	е	City					State	\neg	Zip Code
Amount Guaranteed Outstanding		•		Amount Guarant	eed Outsta	nding					
First Name	Middle Name			First Name					Middle	Name	
Last Name/Organization Name				Last Name/Orga	nization Na	ime					
Address				Address							
City	State	Zip Code	,	City			-		State	\neg	Zip Code
Amount Guaranteed Outstanding				Amount Guarante	ed Outstar	nding					
First Name	Middle Name			First Name					Middle N	lame	
ast Name/Organization Name			L	ast Name/Organ	ization Nar	me					
Address				Address						_	
City	State	Zip Code	(City			36		State	7	Zip Code
mount Guaranteed Outstanding			A	mount Guarantee	ed Outstan	ding					
Totals for all Loans (complete on last page of ite (Total loan received should also be shown in item 16. on sur (Total loan payments should also be shown in item 20. on sur	mmary page.)	5.0	C	Outstanding Loan (Beginning of P		Loans Receive		Loan Payment	ts	Outstan (Ei	nding Loan Balance nd of Period)
Total outstanding loan balance should also be shown in item 1	2.e. on front pag	je.)		TUU		4000		19		81	000.00