CAMPAIGN FINANCIAL DISCLOSURE STATEMENT



For State and Local Candidates

	r State and r Single-Ca				JUL -8 2018 m.
1. DATE OF REPORT	•	CANDIDATE OF			WILSON COUNTY &
6-23-16		obie 1	M056	ELE	CTION COMMISSION 3
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DA	ATE ,
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	***************************************	State	Zip Code	Phone
948 Beckwith Rd	Mt Juli	iet	Th	37122	615-866-8435
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	t than 4.a.) City		State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if Circuit Court Cl	applicable)	6. NAME	of political	L TREASURER (May	
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH QUARTER	PRE- PRIMARY	PRE- GENERAL	MID-YEAR SUPPLEMENTA	YEAR-END AL SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD Jan. 1, 2016 9. (Check one)		j.		PORTINGPERIOD 30, 2014	C
 a. This campaign is exempt from detailed tures total \$1,000 or less for this report b. This campaign is required to file a detained and/or expenditures total more than \$1 	rting period. (Comp ailed financial disclo	olete items 12d osure because	d., 12e. and 12f	f.)	
I/we do solemnly swear or affirm that the infraccurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we statement of the candidate or for any other nonpositions. Signature of candidate	ns and expenditures swear or affirm that	s required to b no campaign of	pe reported by the contributions had be federal internal	the candidate committe ave been expended fo	ee by the Campaion
11. WITNESS SIGNATURE JOUYULLUS signature of witness	6/23/16 date	?	signa	ature of witness	6/23/16 date
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT	·····	,,,,,	***************************************	<u> 38.50</u>	
b. TOTAL RECEIPTS THIS PERIOD				s <u> </u>	
c. TOTAL DISBURSEMENTS THIS PERIOD				\$	
d. BALANCE ON HAND (12.a. plus 12.b. mir	nus 12.c.)				\$ 318.50
e. TOTAL LOANS OUTSTANDING	,				\$ 8950°°
f. TOTAL OBLIGATIONS OUTSTANDING					\$_ \phi



SUMMARY PAGE - CANDIDATE

RECEIVED &

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOL
Debbie Mobb	FROM: 1-16-WASOTPCOLON-30-16
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	ELECTION COMMISSION
a. Unitemized Contributions (\$100 or less from each source this period)	\$
b. Itemized Contributions (over \$100 from each source this period)	•
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$
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.)	s <u> </u>
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, gasoline)
*	

<u> </u>	
\$	
\$	-
*	
<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.)	
20. LOAN REPAYMENTS MADE THIS PERIOD	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	
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.)	Ø
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	<i>a</i> h



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATES &

1. NAME OF CANDIDATE OR COMMITTE Debbie Mu	EE 065		2. REPORTEGO FROM: 1-16-	WHISOMEPHINDS VERING MEPHINDS 76 PO CONGAHSBOOM
3. TOTAL ITEMIZED CAMPAIGN CONTR				Amount
4. COMPLETE THE APPROPRIATE ITEMS FO	OR EACH IT	EMIZED CONTRIBU	TION (contributions totaling more than \$100 from any contri	butor) Rka
First Name	Middle	Amount of Confibution		
Last Name/Organization Name			Primary Election General Election	VII = 8 2018
Address			Runoff (Local Elections Only)	Amount of Galifibution Amount
City	State	Zip Code	Date of Contribution	Aggregate This Aection
Occupation				
Employer				
First Name	Middle	Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name			Primary Election General Election	1
Address			Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation				
Employer	······································			ļ
First Name	Middle N	lame	Contribution Received For:	Amount of Contribution
Last Name/Organization Name			☐ Primary Election ☐ General Election	, insert of continuent
Address			Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution	A The State
Occupation	Oldic	Zip oode	Date of Contribution	Aggregate This Election
Employer				
3.40.0901				
irst Name	Middle N	ame	Contribution Received For:	Amount of Contribution
ast Name/Organization Name			Primary Election General Election	
Address			Runoff (Local Elections Only)	
Sity	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation				
mployer				
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pag (If this is the last page of contributions, this amount mi	es of this form ust be shown in	are used.) n item 15b. of summary.)		0

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS -

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- CA	NDI	DA	TE	4 0
WILSE	MCOL	INTV		

1. NAME OF CANDIDATE OR C			<u>, , , , , , , , , , , , , , , , , , , </u>		RINGN HEDMENISSION
Debbre	11/095			FROM: 1-16-16	TO: 6-30-16 Amount
3. TOTAL ITEMIZED IN-KIND C	ONTRIBUTIONS FRO	M PRECEDING P	AGE (enter \$0 if first itemized page)	Amount
4. COMPLETE THE APPROPRIATE	ITEMS FOR EACH ITE	MIZED IN-KIND CON	NTRIBUTION (in-kind contributions totaling i	nore than \$100 from any co	ntributor during the period)
First Name	Middle I	Vame	In-Kind Contribution Received		Value of In-Kind Contribution
Last Name/Organization Name			Runoff (Local Election	s Only)	
Address			Date of In-Kind Contribution	<u> </u>	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer	I			
First Name	- I Alianta		to Kind Contribution Province		Value of la Mind Contain time
First Name	Middle N	iame	In-Kind Contribution Received Primary Election	i ⊢or: ☐ General Election	Value of In-Kind Contribution
Last Name/Organization Name			Runoff (Local Election	s Only)	
Address			Date of In-Kind Contribution		Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer				
First Name	Middle N	ame	In-Kind Contribution Received Primary Election	For: General Election	Value of In-Kind Contribution
Last Name/Organization Name	·		Runoff (Local Elections		
Address			Date of In-Kind Contribution	71	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution		<u> </u>
Occupation	Employer				
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First Name	Middle N	ame	In-Kind Contribution Received Primary Election	For: General Election	Value of In-Kind Contribution
Last Name/Organization Name			Runoff (Local Elections		
Address			Date of In-Kind Contribution	2,,	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer				
and the second s					
First Name	Middle Na	me	In-Kind Contribution Received	For: General Election	Value of In-Kind Contribution
ast Name/Organization Name			Runoff (Local Elections		
Address			Date of In-Kind Contribution		Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer	_l			,
5. TOTAL ITEMIZED IN-KIND CO	U ONTRIBUTIONS				
(Carry forward to item 3, of next page if (If this is the last page of in-kind contribution)	• -	· · · · · · · · · · · · · · · · · · ·	nmary)		ψ
SS-1128 (Rev. 2/06)			Page	of	RDA 1159

3. TOTAL TEMAZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter 50 in first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE; respectatives tolering more than \$100 to any sayre during the seried; First Name Address City State Zo Code Purpose of Expenditure Amount of Expenditure	1. NAME OF CANDIDATE OR COMMITTEE	056	```		2. REPORT COVERING THE PERIOD FROM: -16-16 TO: 6-30-1
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more har 1100 to any payor quiring his posset) First Name Addies Name Address City State Zip Code Purpose of Expenditure Amount of Expenditure					Amount
First Name Additions Lot Name-Business Name Additions City State Zip Code Purpose of Expenditure Amount of Expenditure Purpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure Purpose of Expenditure Amount of Expenditure Name State Yerpose of Expenditure Amount of Expenditure		~~~			<u> </u>
Last Name Business Name Amount of Expenditure State Amount of Expenditure Purpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure Purpose of Expenditure Amount of Expenditure Amount of Expenditure Purpose of Expenditure Amount of Expenditure Amount of Expenditure Purpose of Expenditure Amount of Expenditure Amount of Expenditure Purpose of Expenditure Amount of Expenditure Amount of Expenditure Purpose of Expenditure Amount of Expenditure Amount of Expenditure Purpose of Expenditure Amount of Expenditure Amount of Expenditure Purpose of Expenditure Amount of Expenditure Amount of Expenditure Purpose of Expenditure Amount of Expenditure Purpose of Expenditure Amount of Expenditure Amount of Expenditure Purpose of Expenditure Amount of Expenditure Amount of Expenditure Purpose of Expenditure Amount of Expenditure Amount of Expenditure	The state of the s		Marine Committee of the	and the second of the second o	1998 and the state of the state
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State Zip Code Purpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure Purpose of Expenditure Amount of Expenditure Purpose of Expenditure Purpose of Expenditure Amount of Expenditure Purpose of Expenditure Purpose of Expenditure Amount of Expenditure Purpose of Expenditure Purpose of Expenditure Amount of Expenditure Purpose of Expenditure Purpose of Expenditure Amount of Expenditure Purpose of Expenditure Purpose of Expenditure Amount of Expenditure Purpose of Expenditure Purpose of Expenditure Amount of Expenditure Purpose of Expenditure	ast Mantipushiess Raine				
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Ist Name/Business Name State	ity	State	Zip Code	****	
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st Name/Business Name V	ty	State	Zip Code		
dress y State Zip Code St Name Middle Name Purpose of Expenditure Amount of Expenditure Amount of Expenditure St Name V State Zip Code St Name Purpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure Thame/Business Name It Name/Business Name	st Name	Middle Name		Purpose of Expenditure	Amount of Expenditure
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st Name/Business Name State Zip Code	у	State	Zíp Code		
st Name/Business Name State Zip Code	st Name	Middle Nam		Purpose of Expenditure	Amount of Expenditure
State Zip Code st Name Middle Name Purpose of Expenditure Amount of Expenditure t Name/Business Name	st Name/Business Name				
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t Name/Business Name fress	y	State	Zip Code		
t Name/Business Name fress	st Name	Middle Name		Purpose of Expenditure	Amount of Expenditure
	t Name/Business Name	****			
	ress.				
State Zip Code					

JUL -8 2016 70 ITEMIZED STATEMENT OF LOANS - CANDIDATE SON COUNTY

NAME OF CANDIDATE OR COMMITTEE							2 DEDORT	COVE	ECTION COMMISSI RING THE PERIOD
Debbie Moss					FROM:		TO:		
3. COMPLETE THE APPROPRIATE ITEMS F	ED LOAN	loans totaling r	more than \$1	00 from any s	I - 1 6 - 1		6-30-16		
Complete the Following for the Source of the Loan					er anny en landen argad eithea				ti et er en en en en ett et til et en et et et en en en
First Name Middle Nam	ne	- · · · · · · · · · · · · · · · · · · ·	Outstanding I	oan Balance	Loan Receiv		Loan Payments	Outs	standing Loan Balance (End of Period)
Last Name/Organization Name	<u> </u>			50°		K	Ø	<	195000
M055	2 /		Loan Receiv		У		P Date of Lo		950-
1 vo joech wei	ld		☐ Primary		Gener	al Election			
It Juliet In	Zip Code	೩	☐ Runoff	Local Elections	Only)			8-1	4-14
List All Endor	sers or Guara	antors fo	r Above Loa	n (If more spa	ce is neede	ed please a	ttach a page)		
First Name	Middle Name)		First Name				Middle	Name
Last Name/Organization Name		******		Last Name/Org	janization Na	ame			
Address				Address					
City	State	Zip Co	de	City				State	Zip Code
Amount Guaranteed Outstanding	<u> </u>	J		Amount Guarar	nteed Outstar	nding	·····	.L	
First Name	Middle Name			First Name Middle Name					
Last Name/Organization Name	L			Last Name/Organization Name					
Address				Address					
City State Zip Code				City State Zip Code					Zip Code
Amount Guaranteed Outstanding	.			Amount Guaran	iteed Outstan	nding		· !	
First Name	Middle Name			First Name				Middle	Name
Last Name/Organization Name				Last Name/Orga	anization Nar	me	······································		
Address				Address					
City	State Zip Code			City State Zip Cod					Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name	Middle Name			First Name Middle Name					Name
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City	State	Zip Cod	е	City State Zip			Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					1
4. Totals for all Loans (complete on last page of it		15)		Outstanding Loa		Loans	Loar		Outstanding Loan Balance
(Total loans received should also be shown in item 16. on summary page.) (Total loan payments should also be shown in item 20. on summary page.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)				(Beginning of	Period)	Receive	ed Payme	ents	(End of Period)

JUL - 8 2016 6:30

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE COUNTY

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
Devoie W	099			FROM: 1-(6	6-30-16	
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)			Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	ame	1			
Last Name/Business Name						
Address			_			
City	State	Zip Code				
Description of Obligation	1			<u>L</u>		
First Name	Middle Na	ame				
Last Name/Business Name	<u> </u>					
Address						
City	State	Zip Code	1			
Description of Obligation						
First Name	Middle Na	ime				
£ast Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation	<u> </u>					
		**************************************	···]			1
First Name	Middle Na	me				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	me				
Last Name/Business Name	1					
Address						
City	State	Zip Code				
Description of Obligation	<u> </u>	4			<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>
A. TOTAL 0	vectories en traspetation		e grande de glandgronner e donar in '' igrand de dige diam an '' a '' ''	t standardet somt med had en het had en		
TOTALS (Total from Outstanding Balance - (End of Period) of in item 23b. on summary page.)	column mus	at also be shown				