CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

JUL 1 4 2015

1100

1. DATE OF REPORT	2.a. NAME OF CAI	NDIDATE OR COMMITTEE		WILSON COUNTY
6-30-15	1 Debbi	P. MO55	9624 ************************************	LECTION COMMISSION
2.b. IF COMMITTEE, NAME OF CANDIDATE	<u>, </u>		3. ELECTION DAT	
			201	Ū
4.a. CAMPAIGN ADDRESS AND PHONE			1 901	
Street or Rural Route	City	State	Zip Code	Phone
948 Beckwith Rd	MI. Ju	liet In	3712a	615-866-8435
4.b. CANDIDATE'S HOME ADDRESS (if differen			30 1. 0	010 000 0.00
Street or Rural Route	City	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, it	f applicable)	6. NAME OF POLITICA	AL TREASURER (may t	pe candidate)
Circuit Court	Ceark	Kon Hh.	Hickory	, ·
7. CATEGORY OR REPORT (Check one)		1 0 100	Trug ne)
			Ŭ X	
FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH QUARTER	PRE- PRE- PRIMARY GENERAI	MID-¥EAR _ SUPPLEMENTA	YEAR-END
8.a. BEGINNING DATE OF REPORTING PERIOD		8.b. ENDING DATE OF RE		SUPPLEMENTAL
1-16-15		6.30		
9. (Check one)		4)	٠/	
 This campaign is exempt from detaile tures total \$1,000 or less for this repo 	d disclosure because	contributions (including in	-kind) received total \$1,	000 or less AND expendi-
b. This campaign is required to file a de	tailed financial disclos	ure because contributions	(including in-kind) rece	ived total more than \$1,000
and/or expenditures total more than \$	1,000 for this reportin	g period.		
 I/we do solemnly swear or affirm that the in accurate accounting of campaign contribution 	formation contained i	n this campaign financial	disclosure report is true	and that this report is an
Financial Disclosure Act. Additionally, I/we	swear or affirm that no	campaign contributions l	nave been expended for	ee by the Campaign the personal financial
benefit of the candidate or for any other non	political purpose as d	efined by the federal inter	nal revenue code.	
() () () ()	I lade	da.		. 1- 1-
A selice I ass	0/00/15	Muth	1 Kushes	<u> </u>
cionaturant candidate	d ate	signatur	of political treasurer	date

11. WITNESS SIGNATURE				
11100006.101	6/30/15	Poh.	Luy ande	1. 12/1E
WernSunk	<u>@/30//</u> 3	veru	uy croci	<u>6/34/15</u>
signature of witness	date	sig	nature/of witness	date
12. SUMMARY				
a. BALANCE ON HAND LAST REPORT			. 278.23	3
d. BALLWOL ON WHO LAST NEW ON THE	***************************************	***************************************	3	_
b. TOTAL RECEIPTS THIS PERIOD	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		s <i>D</i>	
			1500	_
c. TOTAL DISBURSEMENTS THIS PERIOD	***************************************	***************************************	s <u>/ 50.00</u>	<u>-</u>
			•	110 17
d. BALANCE ON HAND (12.a. plus 12.b. m	inus 12.c.)	***************************************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ <u>/ & 8 · 40</u>
				905x 02
e. TOTAL LOANS OUTSTANDING	***************************************			\$ 0700
				<i>A</i>
f. TOTAL OBLIGATIONS OUTSTANDING	*************************************		*********************************	s <u> </u>
				•



SUMMARY PAGE - CANDIDATE

RICENED

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD					
Debbie Moss "11 1 4 2015 "Co	FROM: 1-16-15 TO: 6-30-15					
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest) ***********************************	./					
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.)	\$ <u></u>					
16. LOANS RECEIVED THIS REPORTING PERIOD	s <u>Ø</u>					
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>- 9</u>					
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>						
<u> </u>						
<u> </u>						
\$						
\$						
<u> </u>						
\$						
Total of Expenditures (\$100 or less each payee)	ا م د د د					
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.)\$						
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 12.f.)\$						

SS-1133 (Rev. 4/02)

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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Debbie ()	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>	142015 ho	2. REPORT COVE	RING THE PERIOD	
		30/11	SON COUNTY		TO: 6-30-15 Amount	
TOTAL ITEMIZED CAMPAIGN EXPENDIT COMPLETE THE APPROPRIATE ITEMS FOR	URES FRI	OM PRECEDING PAC	Expenditures totaling more than \$100	ge)		
First Name	Middle N	anere e como e e como e esperante de la como e e como e e e como e e e como e e e como e e e e e e e e e e e e	Purpose of Expenditure	to any payee ourning the pe	Amount of Expenditure	
Last Name/Bysiness Name	Ligh School		4			
Milson Central High School Address Wildcat Way		Ad for		15000		
City Lebanon	Siate (V)	Zip Code 37087	Ad for Yearbook		130	
First Name	Middle Na		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address	Address					
City	State	Zip Code				
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name	lame Middle Name		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	
Last Name/Business Name						
Address						
City	State	Zìp Code				
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure	
.ast Name/Business Name						
Address						
City	State	Zip Code				
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 a be shown in i	re used.) item 19b. of summary.)			15000	

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			1111	2. REPORT COVERING THE PERIOD					
Debbie Moss				ONCOUNTY FROM: 1-16-15 TO: -30-				TO: -30-15	
3. COMPLETE THE APPROPRIATE ITEMS F		TEMB			00 from any source	e during the pe	eriod)	1677	
Complete the Following for the Source of the Loan		************					wassangana		
				ng Loan Balance Loans Loan Outstanding Loan Balanc ng of Period) Received Payments (End of Period)					
Last Name/Organization Name			893	5000 \$ \$ \$9.509					
1948 Deckwith Rd 101			Loan Receive						
Mt. Juliet Tin	Zip Code		Runoff (Local Elections Only)						
			or Above Loa	n (If more space is neede	d please attac	h a page)			
First Name	Middle Name) 		First Name Middle Name					
Last Name/Organization Name			Last Name/Organization Name						
Address			Address						
City	State	Zip Co	ode	City State Zip			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 Code			de	City State Zip Code					
Amount Guaranteed Outstanding			Amount Guaranteed Outstanding						
First Name	Middle Name	2440469969		First Name			Middl	e Name	
Last Name/Organization Name			Last Name/Organization Name						
Address			Address						
City	State	Zip Co	de	City State Zip Cod				Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstar	ding		·	**************************************	
First Name Middle Name				First Name Middle Name					
Last Name/Organization Name		Last Name/Organization Name							
Address		Address							
City	State	Zip Cod	de	City State Zip Code			Zip Code		
Amount Guaranteed Outstanding	1			Amount Guaranteed Outstan	ding		<u> </u>		
4. Totals for all Loans (complete on last page of itemized loans)				Outstanding Loan Balance	Loans	Loa		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)	Received	Paym	ents P	(End of Period) 89509		
					·	——————————————————————————————————————	*		