CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

	single-Ca	ngigate C	ommitte	ees	JUL 17 2017 A.
1. DATE OF REPORT - 15-17	2.a. NAME OF	candidateoro	OMMITTEE	55	WILSON COUNTY
2.b. IF COMMITTEE, NAME OF CANDIDATE		-0010	110	3. ELECTION DAT	LECTION COMMECION
				201	
4.a. CAMPAIGN ADDRESS AND PHONE				1 00,	
Street or Rural Route 948 Backwith Pol	City		State	Zip Code	Phone
4.b. CANDIDATE'S HOME ADDRESS (if differen	M+ / (Juliet	<u> 1n</u>	37122	615-866-8435
Street or Rural Route	City		State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if	applicable)	6. NAME OF	POLITICAL	TREASURER (may b	
7. CATEGORY OR REPORT (Check one)					
FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH CUARTER	L_J PRE- PRIMARY	PRE- GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END
8.a. BEGINNING DATE OF REPORTING PERIOD		8.b. ENDINGD		RTING PERIOD	SUPPLEMENTAL
1-16-17		Ĺ	0-30-	[7	
9. (Check one)					
 This campaign is exempt from detailed tures total \$1,000 or less for this report 	l disclosure becaus ting period. (Comp	se contributions (ir plete items 12d., 1	ncluding in-kin 2e. and 12f.)	d) received total \$1,0	000 or less AND expendi-
b. This campaign is required to file a deta and/or expenditures total more than \$1	ailed financial disclo	osure because coi ing period.	ntributions (inc	cluding in-kind) receiv	red total more than \$1,000
10. I/we do solemnly swear or affirm that the inflaccurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we sbenefit of the candidate or for any other nonp	is and expenditures wear or affirm that	s required to be re	eported by the	candidate committee	s beer the at Comment of the co
Le Och Fran	7-17-17		Lana.	bleschoo	7-17/7
signature of candidate	date	<u>() </u>	signature of	political treasurer) /-/7-/7 date
11. WITNESS SIGNATURE					
Bat Chales -	7-17-17	\wedge	walle.	llim,	7
signature of witness			<u>U_</u>		<u> </u>
Signatore of Without	date		signatu	re of witness	date
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT		•••••	\$	318.50	
b. TOTAL RECEIPTS THIS PERIOD	·/····		\$	<u> </u>	İ
c. TOTAL DISBURSEMENTS THIS PERIOD	,		\$	φ	
d. BALANCE ON HAND (12.a. plus 12.b. min	us 12.c.)		,	\$	318.50
e. TOTAL LOANS OUTSTANDING			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	8950 =
f. TOTAL OBLIGATIONS OUTSTANDING				\$	Ø



SUMMARY PAGE - CANDIDATE

JUL 17 2017

WILSON COUNTY

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORTCONERING/ISHIOMERIO
Lebbe Moss	FROM: 1-16-17 TO: 6-30-1
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.)	
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.)	•
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	e.g., printing postage gasoline)
	ergn primary, poolego, gadonico,
\$	- months
	Manager Barr
\$	
\$	Province and
\$	
\$	·
\$	
\$	
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.)	s _ Ø
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	☆

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE					NCOMMISSION		
Denn		Moss		2. REPORT COVE FROM: 1-16-[7	RING THE PERIOD		
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		TO: 6-30-17		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU	JTIONS F	ROM PRECEDING I	PAGE (enter \$0 if first itemized p	age)			
4. COMPLETE THE APPROPRIATE ITEMS FOR First Name				100 from any contribute	r)		
ristivaline	Middle N	lame	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							
Employer							
First Name	Middle N	ame	Contribution Received For:	Tanks	Amount of Contribution		
Last Name/Organization Name	<u> </u>		Primary Election	General Election			
Address	······································		Runoff (Local Elections	Only)			
City	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation	-1		7				
Employer				ĺ			
First Name	Middle Nar	ne	Contribution Received For:		Amount of Contribution		
ast Name/Organization Name			Primary Election	General Election			
Address			Runoff (Local Elections (Only)			
City	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation			-				
mployer			-				
ica Maria	Salva et al con	and the second s	Activities of the control of the con				
irst Name	Middle Nam	e	Contribution Received For:		Amount of Contribution		
ast Name/Organization Name			Primary Election G	eneral Election			
ddress		M	Runoff (Local Elections O	nly)			
ty	State	Zip Code	Date of Contribution		Aggregate This Election		
ccupation							
ployer							
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 be	this form are	used.) om 15b. of summary.)					

WILSON COUNTY

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS CANDIDATE

1. NAME OF CANDIDA	<u> </u>	Oloce	J WOOD	S FROM: -W	o-17 TO: 6-30-1	
3. TOTAL ITEMIZED IN	KIND CONTRIBU	IONS FR	OM PRECEDING F	PAGE (enter \$0 if first itemized page)		
4. COMPLETE THE APPR	OPRIATE ITEMS FOR	REACH ITE	MIZED IN-KIND COI	NTRIBUTION (in-kind contributions totaling more than \$100 from a	any contributor during the period)	
First Name Last Name/Organization Name Address			Name	In-Kind Contribution Received For: Primary Election General Election	Value of In-Kind Contribu	
				Runoff (Local Elections Only)		
				Date of In-Kind Contribution	Aggregate this Election	
City		Slate	Zip Code	Description of In-Kind Contribution		
Occupation	Employe	<u> </u>				
First Name		Middle I	Vame	In-Kind Contribution Received For:	Value of In-Kind Contribu	
Last Name/Organization Name		<u>-</u>		☐ Primary Election ☐ General Election☐ Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution	Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer	I				
First Name Middle Name Last Name/Organization Name Address				In-Kind Contribution Received For:	Value of In-Kind Contribut	
				Primary Election General Election Runoff (Local Elections Only)		
				Date of In-Kind Contribution	Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution		
occupation	Employer	. - !				
irst Name		Middle Na	ime	In-Kind Contribution Received For:	Value of In-Kind Contribution	
ast Name/Organization Name		!		☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)		
ddress				Date of In-Kind Contribution	Aggregate this Election	
ty		State	Zip Code	Description of In-Kind Contribution		
Ccupation	Employer		····			
t Name		Middle Nam	е	In-Kind Contribution Received For:	Value of In-Kind Contribution	
f Name/Organization Name				☐ Primary Election ☐ General Election☐ Runoff (Local Elections Only)		
Iress				Date of In-Kind Contribution	Aggregate this Election	
	- 	State	Zip Code	Description of in-Kind Contribution		
upation	Employer	<u> </u>	I			
TOTAL ITEMIZED IN-KIN					~	
(Carry forward to item 3. of next (If this is the last page of in-kind	page if additional pages contributions, this amour	of this form an of must be sho	e used.) wn in item 22b. of summ	nary i	(/)	

Page _____ of ____

RDA 1159

ITEMIZED STATEMENT OF EXPENDITURES ELECTION COMMISSION

1. NAME OF CANDIDATE OR COMMITTEE	Na	n s S		2. REPORT COVE FROM: 1-16-17	RING THE PERIOD		
3. TOTAL ITEMIZED CAMPAIGN EXPENDI	***************************************	TO: 6-30-17 Amount					
4. COMPLETE THE APPROPRIATE ITEMS FOR	EACH ITE	MIZED EXPENDITURE	(expenditures totaling more than \$10	0 to any payee during the pe	riod)		
First Name	Middle N	and a second control of the second control o	Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle N	ame	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address			_				
City	State	Zip Code	-				
First Name	ame Middle Name				Amount of Expenditure		
.ast Name/Business Name		1					
Address	dress						
City	State	Zip Code					
irst Name	ne	Purpose of Expenditure		Amount of Expenditure			
ast Name/Business Name		·					
ddress							
ity	State	Zip Code					
rst Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure		
st Name/Business Name	***************************************						
idress							
ty	State	Zip Code					
rst Name	Middle Name		Purpose of Expenditure	Amount of Expenditure			
st Name/Business Name							
dress							
,	Stale	Zip Code					
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 the carry format in the carry format	of this form are	e used.)					
CC 1120 (Day 102)	O GROWII III 10	one con. or surrangly,			<u>/</u>		

Page _____ of ____

ITEMIZED STATEMENT OF LOANS - CANDIDATE COUNTY

								ELE(AOIT:	LCOMMO
1. NAME OF CANDIDATE OR COMMITTEE					2. REPORT COVERING THE PERIOD N					
Debbie Moss						EDOM: TO:				
3. COMPLETE THE APPROPRIATE ITEMS	ZEDLOAN	dana tare		****	1-11	6-11		6-30-17		
The Committee of the Co	* Committee Committee on Committee of the Committee of Co	T I I CIVIIZ	ZED LOAN	(loans totaling r	nore than	\$100 from any	source durin	g the period)	en di Jewase	g vergens and desired the state of the services of the service
Complete the Following for the Source of the Loa First Name Middle N			Outstanding	Loan Balance	La	ans	Loan		2.4.4	E. I. B.I.
				eginning of Period) Received			Payments (E		(En	ling Loan Balance id of Period)
M055			895	150- 0 9 8950						50=
44% Dockwith Rd			ceived For: Date of Loan mary Election General Election							
City To State Zip Code				Date of Loan Today Election						
List All End	orsers or Gua	rantors fo	or Above Loa	an (If more space	e is nee	ded please a	ittach a pad	ne)		
First Name	List All Endorsers or Guarantors for Above Lo First Name Middle Name								die Nam	е
Last Name/Organization Name	···	·····	······	Last Name/Org.	anization h	Name	· · · · · · · · · · · · · · · · · · ·			
Address				Address	-					
City	State	Zip Co	de	City				Stat	 е	Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding						
First Name	Middle Name			First Name		***************************************	er en engelepe	1		and the state of t
Middle Name				First Name Middle Name						
Last Name/Organization Name				Last Name/Organization Name						
Address				Address						
City	State	Zip Cod	le	City	**********			State	:	Zip Code
Amount Guaranteed Outstanding				Amount Guarante	ed Outsta	inding		l		1
First Name	Middle Name	· · · · · · · · · · · · · · · · · · ·	***	First Name			·	Midd	de Name	3
Last Name/Organization Name	<u> </u>			Last Name/Organization Name						
Address				Address						
City	State	Zip Code	9	City State Zip Code						Zip Code
Amount Guaranteed Outstanding		<u> </u>		Amount Guaranteed Outstanding						
First Name	Middle Name			First Name Middle Name						
Last Name/Organization Name				ast Name/Organi	zation Nar	me		J		
Address		····	 /	∖ddress						
City	State	Zip Code	(City				State		Zip Code
Amount Guaranteed Outstanding	L	I		mount Guarantee	d Outstan	ding		L	1	
. Totals for all Loans (complete on last page of	tomizod loc-			na na 18 kilomot na prima ngana ini na		ayerid in the court of the	or the second second	and a second	Constanti	ACTOR STORY COME PASSIFICATE CONTROL
(Total loans received should also be shown in item 16, on s (Total loan payments should also be shown in item 20, on s	ummary page.) ummary page.)	•	F	Outstanding Loan (Beginning of Pe		Loans Received	,	Loan ayments		anding Loan Balance End of Period)
(Total outstanding loan balance should also be shown in item	12.e. on front pa	age.)							80	150.00

WILSON COUNTY ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATEON

1. NAME OF CANDIDATE OR COMMITTEE. Debbie Moss			44		2. REPORT COVERING THE PERIOD FROM: 1-16-17 TO: 6-30-17			
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)	FROM: -16 Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)		
First Name	Middle N	ame		and the second second second second second		kan kan di digarah, dari sa mengan di sa		
Last Name/Business Name		<u></u>						
Address								
City	State	Zip Code						
Description of Obligation	· · · · · · · · · · · · · · · · · · ·					<u> </u>		
First Name	Middle N	ame	delication of the second second	The second of Model Medical		Alignades de la companya de la comp		
Last Name/Business Name								
Address								
City	State	Zip Code				<u> </u>		
Description of Obligation	······							
First Name	Middle Na	ime						
Last Name/Business Name		**************************************						
Address								
City	State	Zip Code						
Description of Obligation		······································	k	<u> </u>				
First Name	Middle Na	me						
Last Name/Business Name			 					
Address			-					
City	State	Zip Code						
Description of Obligation				· · · · · · · · · · · · · · · · · · ·				
First Name	Middle Nar	ne						
ast Name/Business Name	<u> </u>		_					
Address								
City	State	Zip Code	1					
Description of Obligation	<u> </u>			L				
. TOTALS (Total from Outstanding Balance - (End in item 23b. on summary page.)	of Period) column must	also be shown						

SS-1127 (Rev. 4/02)

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