CAMPAIGN FINANCIAL DISCLOSURE STATEMENT 2 2 2015

For State and Local Candidates For Single-Candidate Committees

WILSON COUNTY **ELECTION COMMISSION**

DATE OF REPORT 2.a. NAME OF CANDIDATE OR COMMITTEE
10-4-14 Paul Harvey
2.b. IF COMMITTEE, NAME OF CANDIDATE 3. ELECTION DATE
1041 Harvey 8-7-14
4.a. CAMPAIGN ADDRESS AND PHONE
Street or Rural Route City State Zip Code Phone
10 150x 541 M+ Suliet TN 37102 485-3756
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone
OI rebblestoneller. Mt Juliet TO 37122 485-3156
OFFICE SOUGHT (include district number, if applicable) NAME OF POLITICAL TREASURER (may be candidate)
Histrict 3 Co. Compaisioner Self
7. CATEGORY OR REPORT (Check one)
LI LI LI LI LI FIRST SECOND THIRD FOURTH PRE- PRE- MID-YEAR YEAR-END
QUARTER QUARTER QUARTER PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL
7-29-14 9-30-14
9. (Check one)
 a. This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)
b. This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received 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 information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate of for any other nonpolitical purpose as defined by the federal internal revenue code.
1/2/- 1/2/5
1-18-15
signature of candidate date signature of political treasurer date
11. WITNESS SIGNATURE 2
Handle 1-1-
Sinceled Hansey 1/18/15 Sincelet trainey 1/18/15
signature of witness date signature of witness date
12. SUMMARY
a. BALANCE ON HAND LAST REPORT\$ <u>03.52</u>
b. TOTAL RECEIPTS THIS PERIOD\$
c. TOTAL DISBURSEMENTS THIS PERIOD\$
\mathcal{L}_{2}
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)
e. TOTAL LOANS OUTSTANDING\$
\$
f. TOTAL OBLIGATIONS OUTSTANDING

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CAMPAIGN FINANCIAL DISCLOSURE STATEMENTOUNTY

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT 2.2 NAME OF CAMPINETS OF C	
1-18-15	
2.b. IF COMMITTEE, NAME OF CANDIDATE 3. ELECTION DATE	
1011 Vacani	
Street or Rural Route	
MOBOX 541 MLZ 1/21 To 2000 Phone	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City	16
COIPEDDESTONE DE MILCOLA STATE ZIP CODE Phone	-,
5. OFFICE SOUGHT (include district number, if applicable) 6. NAME OF POLITICAL TREASURER (may be candidate)	XO
7. CATEGORY OR REPORT (Check one)	
FIRST SECOND THIRD FOURTH PRE- PRE- MID-YEAR YEAR-END	
8.b. ENDING DATE OF REPORTING PERIOD	
9. (Check one)	
a. This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)	
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10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code. Signature of candidate date signature of political treasurer date	
11. WITNESS SIGNATURE **MORE SIGNATURE Signature of Witness 15/15	_
12. SUMMARY	7
a. BALANCE ON HAND LAST REPORT	
b. TOTAL RECEIPTS THIS PERIOD	
c. TOTAL DISBURSEMENTS THIS PERIOD	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	
e. TOTAL LOANS OUTSTANDING	1
f. TOTAL OBLIGATIONS OUTSTANDING	