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OCT 10 2012

CAMPAIGN FINANCIAL DISCLOSURE STATEMENS ON

For State and Local Candidates For Single-Candidate Committees

DATE OF REPORT		iiuiuate c		862	
10 200	2.a. NAME OF (COMMITTEE		
2.b. IF COMMITTEE, NAME OF CANDIDATE	Billy	Weeks			
2.b. II COMMITTEE, NAME OF CANDIDATE				3. ELECTION D	ATE
A CAMPAION APPRESS	W			11-04-1	12
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		01.1		
200 1	32		State	Zip Code	Phone
4.b. CANDIDATE'S HOME ADDRESS (if different	ebanon		TN	37087	(615) 533-5441
Street or Rural Route	than 4.a.)		State	Zip Code	
	·,		State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if	annlicable)	6. NAME O	F DOLUTION :	TDE LOUIDES	
Council Ward 5	аррпсавте)	o. NAME O	POLITICAL	TREASURER (may	y be candidate)
7. CATEGORY OR REPORT (Check one)		hat	hy Babi	b Boyd	
				, L	
FIRST SECOND THIRD QUARTER QUARTER	FOURTH	PRE-	PRE-	MID-YEAR	
8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY 8.b. ENDING D	GENERAL	SUPPLEMENT	AL SUPPLEMENTAL
7-1-12		The second secon	7-30		
9. (Check one)			1- 50	-12	
8 %					
This campaign is exempt from detailed tures total \$1,000 or less for this report.	disclosure because	e contributions (i	including in-kin	d) received total \$	1,000 or less AND expendi-
, , , , , , , , , , , , , , , , , , ,	ng penou. (Comp	iele ilems 120.,	12e. and 12f.)		
 This campaign is required to file a detain and/or expenditures total more than \$1 	led financial disclo	sure because co	ontributions (inc	cluding in-kind) rec	eived total more than \$1,000
and/or expenditures total more than \$1,	000 for this reporti	ng period.	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	,	orea total more than \$1,000
40. 14. 1	***************************************				
I/we do solemnly swear or affirm that the info accurate accounting of campaign contributions	rmation contained	in this campaigr	n financial disc	losure report is tru	e and that this report is an
Financial Disclosure Act. Additionally I/we sw	ear or affirm that n	required to be r	eported by the	candidate commit	tee by the Campaign
benefit of the candidate or for any other nonpo	litical purpose as o	defined by the fe	deral internal r	evenue code.	or the personal financial
		1			
	10 - 01 - 12 date	Ko	The Ba	W Boyd	10-07-12
signature of candidate	date		signature of	political treasurer	date
				>	
11 WITNESS SIGNATURE			-	- 1- 86 % LANSKI (
Hate Park Should			4	/	
Kathy Balb Bayd signature of witness	10-07-12	` /	7/~	1_	10-07-12
signature of witness	date		gnatur	re of witness	date
10. 0.111111111111111111111111111111111		\leftarrow	/		
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT			¢	234.7	0
50% said 3000 3000 (300000000000000000000000000		•••••••	φ		_
b. TOTAL RECEIPTS THIS PERIOD			\$	2250.0	0
				00000	_
c. TOTAL DISBURSEMENTS THIS PERIOD			\$	2333.8	5
d DALANCE ONLIAND 40					
d. BALANCE ON HAND (12.a. plus 12.b. minus	s 12.c.)		***************************************	••••••••••••	\$150.85
TOTAL 1 0 1110 1					
e. TOTAL LOANS OUTSTANDING			•••••		\$ 4813.43
f. TOTAL OBLIGATIONS OUTSTANDING					s 410.00
				Committee Committee	



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
Billy Weeks	FROM: 7/01/12 TO: 9/30/12
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)	5 - 19-100 () () () () () () () () () (
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.).	
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ 1750.00
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ -0-
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ 2250.00
DISBURSEMENTS	4,00.00
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)
Advertising \$ 100.0	2007 30 4007 30 4007
Bank Fees (Checks, Monthly Charge) \$ 48.8	
\$	
s	
\$	
	_
Ψ	
Total of Expenditures (\$100 or less each payee)	\$ 168.85
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 2165.00
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ 2333.85
20. LOAN REPAYMENTS MADE THIS PERIOD	\$0-
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 1	



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMIT	TEE			2. REPORT COV	/ERING THE PERIOD		
Billy Weeks				FROM: 7/01/1.	2 TO: 9/30/12		
3. TOTAL ITEMIZED CAMPAIGN CONTI	RIBUTIONS	FROM PRECEDING	PAGE (enter \$0 if first itemized p	age)	Amount		
4. COMPLETE THE APPROPRIATE ITEMS F	OR EACH ITE	EMIZED CONTRIBUTIO	N (contributions totaling more than \$	100 from any contribu	itor)		
First Name	Middle	Name	Contribution Received For:		Amount of Contribution		
Last Name/Organization Name MCCall PAC			☐ Primary Election ☑	General Election			
Address P.O. Box 1540			Runoff (Local Election	s Only)			
city Lebanon	State	Zip Code 37088	Date of Contribution		500.00 Aggregate This Election		
Occupation	1710] 31088	7				
Employer			-				
First Name	T		8-04-12		500.00		
	Middle N	lame	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			
ccupation			1				
mployer					50		
rst Name	Middle Nar	me	Contribution Received For:	Amount of Contribution			
st Name/Organization Name			Primary Election	General Election	The second secon		
dress			Runoff (Local Elections	Only)			
1	State	Zip Code	Date of Contribution		Aggregate This Election		
cupation			1				
ployer			-				
t Name	Middle Nor						
	Middle Nam	e	Contribution Received For:		Amount of Contribution		
Name/Organization Name			Primary Election	General Election			
ess			Runoff (Local Elections C	Only)			
	State	Zip Code	Date of Contribution		Aggregate This Election		
pation							
yer							
TOTAL ITEMIZED CONTRIBUTIONS							
Carry forward to item 3. of next page if additional page. If this is the last page of contributions, this amount mus	s of this form are	used.)					
The same reading of continuous true amount mus	or de shown in ite	en iob. of summary.)			500.00		



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDAT	EORCOMMITTEE 2eKS			×	2. REPORT COV	ERING THE PERIOD			
1		NO EDO				Amount			
4. COMPLETE THE APPRO	PRIATE ITEMS FOR F	ACH ITEM	M PRECEDING F	PAGE (enter \$0 if first itemized page NTRIBUTION (in-kind contributions totaling	e)	-0-			
First Name		7							
middle Natile		In-Kind Contribution Received Primary Election		Value of In-Kind Contrib					
Last Name/Organization Name				Runoff (Local Election	ns Only)				
Address	Address		Date of In-Kind Contribution						
City	State Zip Code		Description of In-Kind Contribution						
Occupation	Employer								
First Name		Middle N	ame		In-Kind Contribution Received For:				
Last Name/Organization Name		-		Primary Election Runoff (Local Election	General Election				
Address				Date of In-Kind Contribution	o omy	Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution	Description of In-Kind Contribution				
Occupation	Employer								
First Name		Middle Na	me	In-Kind Contribution Received		Value of In-Kind Contribu			
Last Name/Organization Name				Primary Election Runoff (Local Election:	General Election				
Address	dress			Date of In-Kind Contribution					
City		State Zip Code		Description of In-Kind Contribution	· · · · · · · · · · · · · · · · · · ·				
Occupation	Employer								
irst Name		Middle Nar	ne	In-Kind Contribution Received		Value of In-Kind Contributi			
ast Name/Organization Name					☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)				
ddress				Date of In-Kind Contribution	Olly)	Aggregate this Election			
ity		State	Zip Code	Description of In-Kind Contribution					
ccupation	Employer								
st Name	ħ	vliddle Name		In-Kind Contribution Received	2000	Value of In-Kind Contribution			
t Name/Organization Name				Primary Election	General Election Only)				
dress				Date of In-Kind Contribution	11	Aggregate this Election			
,	S	tate	Zip Code	Description of In-Kind Contribution					
upation	Employer			7					
TOTAL ITEMIZED IN-KINE									
(Carry forward to item 3. of next pa (If this is the last page of in-kind co	ge if additional pages of t	his form are	used.)						
SS-1128 (Rev. 2/06)	minoutons, this amount n	iust be snot	wit in item 220. of sumn	nary.)	4 of 7	-0-			

OCT 1 0 2012

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATELECTION

1. NAME OF CANDIDATE OR COMMITTE	F			2. REPORT COVE	DING THE DEDICE	
Billy Weeks	. -			FROM: 7/01/12	TO: 9/30/12	
,					Amount	
3. TOTAL ITEMIZED CAMPAIGN EXPEND					-0-	
4. COMPLETE THE APPROPRIATE ITEMS FO	R EACH ITE	MIZED EXPENDITURE	(expenditures totaling more than \$10)	to any payee during the pe	riod)	
First Name	Middle N	lame	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name Wilson Post						
Address 216 Hartmann D	rive					
City	State TN	Zip Code 37087	Advertisin	1885.00		
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			-			
Lebanon Democ						
402 N. Cumber						
City Lebanon	State	Zip Code 37087	Advertising	3	280.00	
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			-			
Address			_			
City	State	Zip Code	The second secon			
First Name	Middle Nan	10	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address			1			
City	State	Zip Code				
First Name	Middle Nam	9	Purpose of Expenditure		Amount of Expenditure	
ast Name/Business Name			-			
Address			-			
Sity	State	Zip Code				
First Name	Middle Name		Purpose of Expenditure	A	mount of Expenditure	
ast Name/Business Name			manufacture of the state of the			
ddress						
ty	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 are	used.)			2165.00	

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ITEMIZED STATEMENT OF LOANS - CANDIDATE WILSON COUNTY ELECTION

1. NAME OF CANDIDATE OR CO	OMMITTEE	=						2. F	REPORT	COVE	RING	THE PERIOD	
Billy Wee	K5										TC):	
Billy Wee 3. COMPLETE THE APPROPRIA	TE ITEMS	FOR EAC	HITEMIZ	ZED LOAN	(loans totaling r	nore than	\$100 from any	source o	luring the po	eriod)		9/30/12	
Complete the Following for the Source		Name of Street, or other Persons	VENT NEW PRINCE	POT SATERINANI PA	a to security and security		Shirt Shirt Shirt	Mark Street	A STATE OF THE PARTY OF	TO STATE OF THE PARTY OF THE PA	STATE		
First Name	First Name Middle Name Outstand						pans	an	Ou		ng Loan Balance		
Billy Last Name/Organization Name				(Beginnir	ing of Period) Received				ents	(End of Period)		l of Period)	
Weeks				300	3.43	175	0.00	-(o –		481	3.43	
Address 222 Carver	lane	Loan Received For:							8/21-1300.00				
City	State .	Zip Code	Zip Code			5 (2010) - 10 (201				123.	- 2	50.00	
Lebanon	TN	370			ff (Local Elections				00.00				
First Name	LIST All Endo	rsers or Gua		or Above Lo	an (If more spa	ce is ne	eded please a	attach a	page)	PHILE NAME	ales 1997		
Billy		Middle Na	THE		First Name		100			Middl	le Name	,	
Lest Name/Organization Name Weeks					Last Name/Org	anization	Name						
Address 222 Carver City Lebanon	Lane	1			Address		-						
Lebanon		State TN	Zip Co	087	City					State		Zip Code	
Amount Guaranteed Oulstanding 4813					Amount Guaran	teed Outs	tanding			<u> </u>			
First Name		Middle Nam	ne		First Name	irst Name					Middle Name		
Last Name/Organization Name					Last Name/Orga	anization I	Vame			<u> </u>			
Address					Address	***************************************							
City	City State Zip Code					City State Zip Code					Zip Code		
Amount Guaranteed Outstanding		-			Amount Guarant	eed Outst	anding						
First Name		Middle Name	3	NAME OF THE OWNER, OWNE	First Name	THE TABLE	\$44 P 40 P 50 F		Selection of the last	Middle	Name		
Last Name/Organization Name					Last Name/Orga	nization N	ame						
Address					Address								
City		State	Zip Code	9	City					State	Т	Zip Code	
Amount Guaranteed Outstanding					Amount Guarante	ed Outsta	ending						
First Name	irst Name Middle Name					First Name Middle Name							
ast Name/Organization Name	1				Last Name/Organ	izalion Na	ame			·	-		
Address					Address								
City	3	State	Zip Code		City				3	State	Z	Zip Code	
nount Guaranteed Outstanding				1	Amount Guarantee	d Outstar	nding						
Totals for all Loans (complete on last Total loans received should also be shown in ite	m 16. on sum	mary nage)	s)		Outstanding Loan (Beginning of Pe		Loans Received	3	Loan Payments			ading Loan Balance and of Period)	
Total loan payments should also be shown in ite Total outstanding loan balance should also be sh	m 20, on sum own in item 12	nmary page.) 2.e. on front pa	ge.)		3063.4		1750.0	0	-0-			113.43	

RECEIVED OCT 10 2012

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE OMMISSION

1. NAME OF CANDIDATE OR COM	MITTEE			2. REPORT COVERING THE PERIOD					
Billy Weeks				FROM: 7/01		9/30/12			
COMPLETE THE APPROPRIATE OBLIGATION (obligations totaling r person/vendor at the end of the reg	more than \$100 or	H ITEMIZED wed to any	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)			
First Name	Middle N	ame							
Last Name/Business Name			-						
Jewell Signs			-						
229 W. Forrest	State	Zip Code	-						
Lebanon Description of Obligation	TN	37087	410.00	-0-	-0-	410.00			
Campaign	signs								
First Name	Middle Na	me							
Last Name/Business Name	l		4 1						
Address			-						
City	Loui	T= 2 .	_						
	State	Zip Code							
Description of Obligation									
First Name	Middle Nar	ne							
Last Name/Business Name									
Last Name/Business Name									
Address	// / / / / / / / / / / / / / / / / / /		1 1	1					
City	State	Zip Code	† 1						
Description of Obligation		L							
First Name	Middle Nam	е							
ast Name/Business Name					1	1			
ddress				1		1			
Dity	State	Zip Code							
	Utato								
Description of Obligation									
Irst Name	Middle Name				T				
st Name/Business Name					l				
Idress									
ity	State	Zip Code							
escription of Obligation		1							
TOTALS Total from Outstanding Balance - (End of Per	iod) column must a	lso he shown							
in item 23b. on summary page.)	y voidilli iliuot a	SO DO GITOWIT	410.00	-0-	-0-	410.00			
*				200 - 200 -		.,,,,,,,			