

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

	DATE OF DEDOOT	3111913 34	memerate e	70111111116	.669	
1.	DATE OF REPORT	2.a. NAME OF C	CANDIDATE OR C	COMMITTEE	Terry by	7-1-
2.b.	IF COMMITTEE, NAME OF CANDIDATE		110000	3a G/ /		She
					3. ELECTION DATE	
1.0	CAMPAIGN ADDRESS AND PHONE	THE PARTY NAMED IN COLUMN TO PARTY NAMED IN CO			8-5	-10
4.a.	Street or Rural Route	City		04-4-	7	
1	10.11111 11	City I I	4000	State	Zip Code	Phone
4 5	1284 Holloway Rd. 1	e barons	IN		7090 0	15-547-788
4.D.	CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	400 Maria 1980 -		01.1	7	
	content	City		State	Zip Code	Phone
-	Same					
5.	OFFICE SOUGHT (include district number, if	applicable)	6. NAME O	F POLITICAL	TREASURER (may be	candidate)
	Sheritt		1	10	VM Ashe	9
7.	CATEGORY OR REPORT (Check one)				1111111	
	FIRST SECOND THIRD				D	П
	FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH	PRE-	PRE-	MID-YEAR	YEAR-END
	BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY 8 h ENDING!	GENERAL DATE OF REPO	SUPPLEMENTAL DRTING PERIOD	SUPPLEMENTAL
	1-16-12		O.O. ENDING!	6-30		
9. (C	heck one)			0 30	165	
	This campaign is exempt from detailed tures total \$1,000 or less for this report. This campaign is required to file a detai and/or expenditures total more than \$1,	ing period. (Comp iled financial disclo	iete items 12d., isure because ci	12e. and 12f.)	
	I/we do solemnly swear or affirm that the info accurate accounting of campaign contributions Financial Disclosure Act. Additionally, I/we sw benefit of the candidate or for any other nonposition of the candidate or for any other nonpositions.	s and expenditures	required to be no campaign cordefined by the fe	reported by the ntributions have ederal internal	e candidate committee	L., 41 O
11. V	VITNESS SIGNATURE					
£	See seker A. Boysel signature of witness	7-6/7 date		signat	A Bysel ure of witness	7-6-12 date
12. SI	JMMARY			- 1		
a.	BALANCE ON HAND LAST REPORT			***************************************	\$ 44,110	113
b.	TOTAL RECEIPTS THIS PERIOD				s	
C.	TOTAL DISBURSEMENTS THIS PERIOD				s 1,730.	00
d.	BALANCE ON HAND (12.a. plus 12.b. minu	ıs 12.c.)			\$ <u>-</u>	42,380,13
e.	TOTAL LOANS OUTSTANDING				\$_	0
			*			
f.	TOTAL OBLIGATIONS OUTSTANDING				····· \$ -	0



WILSON COUNTY ELECTION COMMISSION

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD				
RECEIPTS of lever Ashe	FROM: 15-12 TO: 6-30-12				
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.)	s				
16. LOANS RECEIVED THIS REPORTING PERIOD	-				
17. INTEREST RECEIVED THIS REPORTING PERIOD	Trans.				
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.g	J., printing, postage, gasoline)				
\$	3-1 3-1 3-1 3-1				
\$ 0					
\$ 0					
s O					
• 0					
\$	_				
	_				
	_				
	_				
Total of Expenditures (\$100 or less each payee)	\$ 75,00				
b. Itemized Expenditures (Over \$100 each payee this period)	1.650.00				
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ 1,730,00				
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)	s				
temized in-kind contributions (over \$100 from each source this period)\$					
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)\$					
3. OBLIGATIONS					
a. Unitemized Obligations Outstanding (\$100 or less each)\$					
b. Itemized Obligations Outstanding (Over \$100 each)\$	2				
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12	CWSSERVE - NO TO THE REPORT OF THE PERSON OF				





ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE	p was	1	2. REPORT COVE	RING THE PERIOD		
francis o	f Jerry As	1 Commercial	FROM:	10: 6-30-12 Amount		
3. TOTAL ITEMIZED CAMPAIGN EXPENDI						
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)						
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name WILSON GO, Repu Address 1820 Indian Hi	blican Women	Donation		250 00		
City Le banon	State Zip Code 7% 3708 7					
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name AMERICAN CANCEY Address 1624 Upc + March	Society	Donati	5500			
city Lebanans	State Zip Code 31087		1			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name Whip Crecking A	Redeo	Donation	N	200 00		
4/3 Oil Sps. R	0,					
Leb AN ON	State Zip Code					
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business,Name	Donatio	10000				
Address West Main S.	+.	DONALI	100			
Lebanon	State Zip Code					
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure		
Address MACA 314	DONA	tion	10000			
lebanas	State Zip Code Th 32087					
irst Name	Middle Name	Purpose of Expenditure		Amount of Expenditure		
ast Name/Business Name	Bibles		25-00			
ddress Lebanon CAM	1312185					
Lebonson	State Zip Code					
5. 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						
•						

SS-1129 (Rev. 4/02)



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMI	TTEE /		1	2. REPORT COVE	RING THE PERIOD	
Friends	Terry A	she FROM: -13=12		TO: 6-30-12		
3. TOTAL ITEMIZED CAMPAIGN EXPE	ENDITURES F	ROM PRECEDING P	AGE (enter \$0 if first itemized n	. ,	Amount	
4. COMPLETE THE APPROPRIATE ITEMS					eriod)	
First Name	Middle		Purpose of Expenditure		Amount of Expenditure	
Last Name/Busipess Name			Dona.	1.	(2).	
Address 219 1/2 Value				TION		
City Lebonan State Zip Code		7				
First Name	Middle I		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address			_			
City	State	Zip Code				
First Name	Middle N	lame	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			7			
Address	Address					
City	State	Zip Code				
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
irst Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
ast Name/Business Name			7			
ddress			1			
Sity	State	Zip Code	1			
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure	
ast Name/Business Name			1			
ddress			1			
ty State Zip Code		Zip Code	1			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional (If this is the last page of expenditures, this amoun	pages of this form a	are used.) item 19b. of summary.)				
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