RECEIVED

FEB 2 3 2015

CAMPAIGN FINANCIAL DISCLOSURE STATEMENTSON COUNTY ELECTION COMMISSION

For State and Local Candidates
For Single-Candidate Committees

For	Single-Candidate			
1. DATE OF REPORT	2.a. NAME OF CANDIDATE OF	4		7 6
10/3//14	Dan Jan	ov ra	3, ELECTION DATE	
2.b. IF COMMITTEE, NAME OF CANDIDATE			11/4/14	
			111111	
4.a. CAMPAIGN ADDRESS AND PHONE	City	State	Zip Code Pho	
Street or Rural Route	Lebanan	TN	37087 615	5.336.0936
4.b. CANDIDATE'S HOME ADDRESS (if differen	nt than 4.a.)	Olata	Zip Code Pho	one
Street or Rural Route	City	State	Lip oddo	336.0936
534 Ridgeorest Lane	Lebanon		TREASURER (may be candid	
5. OFFICE SOUGHT (include district number,	if applicable) 6. NAM	E OF TOLITIONE	(1,2.1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
7. CATEGORY OR REPORT (Check one)	FOURTH PRE-		MID-YEAR `	YEAR-END
FIRST SECOND THIRD	- OLIADTED DDIMADY	PRE- GENERAL	SUPPLEMENTAL SU	PPLEMENTAL
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. END	ING DATE OF REPO	ORTING PERIOD	
10/26/14	/	115/15		
0 (Chack and)				,1000
	led disclosure because contributi	ons (including in-	kind) received total \$1,000 or le	ess AND expendi-
tures total \$1,000 or less for this rep	Sorting period. (Complete Rome			
b. This campaign is required to file a d	letailed financial disclosure becau	use contributions	(including in-kind) received total	al more than \$1,000
b. This campaign is required to life a campaign is required to	\$1,000 for this reporting period.			
10. I/we do solemnly swear or affirm that the		masian financial (disclosure report is true and th	at this report is an
I/we do solemnly swear or affirm that the accurate accounting of campaign contribution.	information contained in this car	to be reported by	the candidate committee by th	e Campaign
accurate accounting of campaign contribution financial Disclosure Act. Additionally, I/w benefit of the candidate or for any other n	e swear or affirm that no campai	gn contributions h the federal interr	lave been expended for the period large period in the peri	ISONAL IIII ANCIAL
benefit of the candidate or for any other n	onpolitical purpose as defined by		100 1	
Do VAL/III	10/3/114	\sqrt{a}	11/1/anh	16/31/14
signature of candidate	date	signature	of political treasurer	date
Holly & Cardena	10/31/14		•	
11. WITNESS SIGNATURE				Y
16 no donder	0 10/21/14	X.00	2 Dandura	10/31/14
1 Jelley 9 Manach	10/31/19	- (1-)CLI	nature of witness	date
signature of witness	date	0.9		
12. SUMMARY	*		\$ 75.42	
a. BALANCE ON HAND LAST REPORT			ara no	
b. TOTAL RECEIPTS THIS PERIOD			\$ 450.00	
b. TOTAL RECEIPTS THIS FERIOD			. 865.31	A .
c. TOTAL DISBURSEMENTS THIS PERIC	DC	***************************************	\$	11011
d. BALANCE ON HAND (12.a. plus 12.	h minus 19 c		\$ <u></u>	160.11
d. BALANCE ON HAND (12.a. plus 12.	D. HII(IUS 12.0.)			2 - 00 - 00
e. TOTAL LOANS OUTSTANDING		**** 148418284444444444444444	\$	3,300,00
e. TOTAL LOANS OUTSTANDING				CK
f. TOTAL OBLIGATIONS OUTSTANDIN	G		\$ —	4
f. TOTAL OBLIGATIONS OUTSTANDIN				

FEB 2 3 2015

SUMMARY PAGE - CANDIDATE

FEB 2 3 2015	1:2
WILSON COUNTY	do
ELECTION COMMISSION	M

13. NAME OF CANDIDATE OR COMMITTEE (in Full)	14. REPORT COVERING THE PERIOD FROM: TO:
13. NAME OF CARDIDATE	FROW.
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest) a. Unitemized Contributions (\$100 or less from each source this period)	\$ 0 \$ 0 \$ 950.00 \$ 950.00
\$\$\$\$\$\$	
b. Itemized Expenditures (\$100 or less each payee) c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ 865.31 \$ O
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 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 in the contributions).	\$\$\$





FEB 2 3 2015 WILSON COUNTY WILSON COUNTY TEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATEON COMMISSION

			1 2.	REPORT COVER	ING THE PERIOD	
NAME OF CANDIDATE OR COMMITTEE		FF	ROM:10126/14	TO: 1/15/15		
1 Van Jan cura						
	IONS FRO	M PRECEDING	PAGE (enter \$0 if first itemized page)		
TOTAL TEMIZED CAMPAIGN CONTINUE	ACH ITEMIZ	D CONTRIBUTION	ON (contributions totaling more than \$100 Contribution Received For:	from any contributor	Amount of Contribution	
	TAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDINGLY (COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (COMPLETE THE APPROPRIATE				Amount of Contribution	
t Name		,	Primary Election G	Seneral Election		
t Name/Organization Name						
			Runoff (Local Elections C	Only)		
dress			Date of Contribution		Aggregate This Election	
у	State	Zip Code	Date of Continuent			
cupation						
nployer						
			Description For		Amount of Contribution	
rst Name	Middle Na	me	Contribution Received For:			
			Primary Election	General Election		
ast Name/Organization Name		<u> </u>		2.11		
ddenec			Runoff (Local Elections	(Unly)		
ddress		Zip Code	Date of Contribution		Aggregate This Election	
Sity	State	Zip Code				
Description						
Occupation						
mployer						
			Contribution Received For:		Amount of Contribution	
First Name	Middle N	ame				
ast Name/Organization Name			Primary Election	General Election		
.ast Name/Organization	70 mm		Runoff (Local Election	ns Only)		
Address			LI RUNON (Local Election			
	State	Zip Code	Date of Contribution		Aggregate This Election	
City						
Occupation						
Employer						
	Middle	Vame	Contribution Received For:		Amount of Contribution	
First Name			Primary Election	☐ General Election		
Last Name/Organization Name		1500°	LI Primary Election L			
			Runoff (Local Election	ons Only)		
Address					Aggregate This Election	
City	State	Zip Code	Date of Contribution		riggrogate this Election	
Occupation					1	
Occupation						





ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERI FROM:	TO:	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU					Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	ACH ITEMIZ	ED EXPENDITURE (ex	penditures totaling more than \$100) to any payee during the perio	od)	
First Name	Middle Name)	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Advance Signs		Sign	5	608.71		
Address 1005 West Mais	nSt.					
Advance Signs Address 1005 West Main City Lebomon.	State	Zip Code 37087				
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Staples			Mailing	60.60		
Address 401 S. Mt. Juliet 1	26)			
oity Mt. Suliet	State TN	Zip Code 37/22				
First Name	Middle Name	9	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			0.1-		\$196.00	
Address 2491 N. Mt. Juliet Rd			Poslage	-	7 70.00	
Mt. Juliet	State 1 N	Zip Code 37087				
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name .	First Name 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	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 mus	of this form a	re used.) tem 19b. of summary.)			\$ 865.31	





WILSON COUNTY ITEMIZED STATEMENT OF LOANS - CANDIDATELECTION COMMISSION

	At I of leasts man are				2. REPORT CO	VERING T	HE PERIOD
NAME OF CANDIDATE OR CO	DMMITTEE				FROM:	TO:	15/15
Dan Jan	oura			than \$100 fram any	10/26/1		10//3
COMPLETE THE APPROPRIA	TE ITEMS FO	OR EACH ITE	MIZED LOAN (lo	ans totaling more than \$ 100 from any	300100 damig are p		50 £ 5
omplete the Following for the Source	e of the Loan		Outstanding Lo	an Balance Loans	Loan		Loan Balance
rst Name	Middle Name	2	(Beginning of	Period) Received [Payments		of Period)
st Name/Organization Name	<u> </u>		2,39	0.00 \$950.00	(Q)	4 3,-	300.00
			Loan Receive	d For:	Date of Loan		
_) 3 1 /C/ (M/m - 0 .			☐ Primary	Election General Election	10	1291	114
ity Lehans	State	Zip Code 37087		Local Elections Only)			
00 300 00	List All Endor	sers or Guaran	tors for Above Loa	n (If more space is needed please	e attach a page)	Middle Name	11-0M
irst Name		Middle Name		First Name			
ast Name/Organization Name				Last Name/Organization Name			
A.J				Address			
Address		State	Zip Code	City		State	Zip Code
City		Sidle	Lip Cook	Amount Guaranteed Outstanding			
mount Guaranteed Outstanding				Amount Guaranteed Outstanding		7	. w wa
First Name		Middle Name		First Name Middle Name			
				Last Name/Organization Name			
ast Name/Organization Name							
Address				Address			Tay orde
City		State	Zip Code	City		State	Zip Code
Amount Guaranteed Outstanding	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Amount Guaranteed Outstanding			
Amount Guaranteed Successing		Tanan Um		First Name		Middle Na	ame
First Name		Middle Nam	3	Last Name/Organization Name			
Last Name/Organization Name				Last Namerorganization Name			ANTONO 100 100 100 100 100 100 100 100 100 10
Address				Address			
A second		State	Zip Code	City		State	Zip Code
City		Amount Guaranteed Outstanding					
Amount Guaranteed Outstanding						A Middle N	amo.
First Name	First Name Middle Name		First Name Middle Name				
Last Name/Organization Name			Last Name/Organization Name				
				Address			
Address	-		Terror de	City		State	Zip Code
City		State	Zip Code	Amount Guaranteed Outstanding	0		
Amount Guaranteed Outstanding							Outstand to the second
4. Totals for all Loans (complete on last page of itemized loans)			Outstanding Loan Balance (Beginning of Period)	Louise	Loan ayments	Outstanding Loan Bala (End of Period)	
(Total loans received should also be	shown in item 20	on summary pa	ge.)	2,350.00	950.00		13,300.00
(Total loan payments should also be (Total outstanding loan balance shou	ld also be shown	n item 12.e. on fro	ont page.)	Pag	- 1	>	RDA 1159