OCT 6 - 2014 K

, 1:00

## CAMPAIGN FINANCIAL DISCLOSURE STATEMENTY

For State and Local Candidates
For Single-Candidate Committees

For Single-Candidate Committees									
1. DATE OF REPORT 2.a. NAME OF CANDIDATE OR COMMITTEE									
10-3-14 Jas	son Brockman								
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE								
	Ang 7,2014								
4.a. CAMPAIGN ADDRESS AND PHONE	11/19 1,0019								
Street or Rural Route City	State Zip Code Phone								
558 Windy Rd Mt. Julia	et TN 37/22 615-477-8769								
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City	State Zip Code Phone								
5. OFFICE SOUGHT (include district number, if applicable)	NAME OF POLITICAL TREASURER (may be candidate)								
Wilson County Connissioner #16	Jason Brockmen								
7. CATEGORY OR REPORT (Check one)	Drock,								
FIRST SECOND THIRD FOURTH	PRE- PRE- MID-YEAR YEAR-END								
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL  8.b. ENDING DATE OF REPORTING PERIOD								
	85								
July 29, 2014 9. (Check one)	9-30-14								
Carlo									
<ul> <li>a.</li></ul>	use contributions (including in-kind) received total \$1,000 or less AND expendi- uplete items 12d., 12e. and 12f.)								
<ul> <li>This campaign is required to file a detailed financial disc and/or expenditures total more than \$1,000 for this repo</li> </ul>	losure because contributions (including in-kind) received total more than \$1,000								
and/or experiorities total more than \$1,000 for this repo	rting 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 or for any other nonpolitical purpose as defined by the federal internal revenue code.									
1 10	1 11								
10/3/14	10/3/11								
signature of candidate date	signature of political treasurer date								
<i>V</i>									
11. WITNESS SIGNATURE									
Carolyn Johnson 10/3/14 signature of witness date	Cardynghreen 10/3/14 signature of witness date								
12. SUMMARY									
a. BALANCE ON HAND LAST REPORT	s 157 <del>59</del>								
b. TOTAL RECEIPTS THIS PERIOD	s 100°								
c. TOTAL DISBURSEMENTS THIS PERIOD	A 25759								
5. 19 IAL DIODO NOLIVILIA I O I FIGURE FERIOD	100								
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	s								
e. TOTAL LOANS OUTSTANDING	nated to Campaign so 0.00								
f. TOTAL OBLIGATIONS OUTSTANDING	\$ \( \mathcal{O}^{\frac{co}{r}} \)								

# OCT 6 - 2014 1:00

#### SUMMARY PAGE - CANDIDATE

WILSON COUNTY

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD							
Jason Brockmen	FROM: 7/29/14 TO: 9-30-14							
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.)	\$ _/00=							
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ 000							
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ 000							
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ 100 =							
DISBURSEMENTS								
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)							
<b></b> \$								
<b></b> \$								
<b></b> \$								
<del></del>								
<b></b> \$								
<b></b> \$								
<b></b> \$								
Total of Expenditures (\$100 or less each payee)	\$ 0 =							
b. Itemized Expenditures (Over \$100 each payee this period)	, 003							
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)								
20. LOAN REPAYMENTS MADE THIS PERIOD	- 60							
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	- 10							
22.IN-KIND CONTRIBUTIONS								
a. Unitemized in-kind contributions (\$100 or less from each source this period)	.\$ 000							
. 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)	\$ 000							
b. Itemized Obligations Outstanding (Over \$100 each)	\$ 0.00							
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	12.f.)\$							



#### WILSON COUNTY ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE MISSION

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER	INC THE DEDICE		
Jason Brockm	TO: K						
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU		Amount	15;				
4. COMPLETE THE APPROPRIATE ITEMS FOR						10,	
First Name	Middle Na	the same of the sa	Contribution Received For:	Amount of Contribution			
Last Name/Organization Name  Frank Lannon A  Address 137 Public Square	Horn	ey at Lan	Primary Election	1000			
137 Public Squere	T		Runoff (Local Election				
City hebane n	State	Zip Code 3708 7	Date of Contribution	Aggregate This Election	on		
·				10000			
Employer							
First Name	Middle Na	me	Contribution Received For:		Amount of Contribution		
Last Name/Organization Name			Primary Election	General Election			
Address			Runoff (Local Elections				
City	State	Zip Code	Date of Contribution		Aggregate This Election	on .	
Occupation			†				
Employer							
First Name	Middle Nam	e	Contribution Received For:		Amount of Contribution	n	
Last Name/Organization Name		Primary Election	General Election				
Address		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Runoff (Local Elections	Only)			
City	State	Zip Code	Date of Contribution		Aggregate This Election	n	
Occupation	1						
Employer							
First Name	Middle Name		Contribution Received For:		Amount of Contribution		
ast Name/Organization Name	est Name/Organization Name			General Election			
Address		☐ Runoff (Local Elections	Only)				
Sity	State	Zip Code	Date of Contribution		Aggregate This Election	-	
Occupation							
mployer							
5. 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)				H	257.59		
~		7/				$ \bot $	



### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	0	,		2. REPORT COVE	RING THE PERIOD
1. NAME OF CANDIDATE OR COMMITTEE	FROM: 7-29-14	944 TO: 9-30-14			
3. TOTAL ITEMIZED CAMPAIGN EXPENDI	TURES FR	OM PRECEDING PA	GE (enter \$0 if first itemized pa	1900	Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR					eriod)
First Name	Middle Name		Purpose of Expenditure  // Thank Your Signs		Amount of Expenditure
Last Name/Business Name		- "Thonk Y	on	\$ 00	
Ingan Express		Signs		1160,	
Ingram Express Address 335 Hill Ave					
Vashville Vashville	State	Zip Code 37210			
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			1		
Address			_		
City	State	Zip Code	4		
	State	Zip Code			
First Name	Middle Na	nme	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			1		
Address			-		
City	State	Zip Code	4		
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name					
Address			1		
City	State	Zip Code	-		
irst Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name			1		
ddress					
ity	State	Zip Code	-		
irst Name	Middle Name		Purpose of Expenditure		Amount of Expenditure
st Name/Business Name		-			
Idress					
у	State	Zip Code			
TOTAL ITEMIZED EVECNINITUDES					
. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages	of this form a	re used.)			1000
(If this is the last page of expenditures, this amount must	t be shown in i	item 19b. of summary.)			



#### ELECTION COMMISSION **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

NAME OF CANDIDATE OR COMMI	TTEE					2	REPORT	COVE	RING 1	HE PERIOD	
Jason Brockman							FROM: TO: 9-30-14				
3. COMPLETE THE APPROPRIATE IT	EMS FOR EACH	ITEMIZ	ZED LOAN	(loans totaling r	nore than \$100	from any sour	ce during the p	eriod)			
Complete the Following for the Source of the	Loan										
First Name  Tago  Last Name/Organization Name	Middle Name			Loan Balance of Period) 60	Loans Receive	d P	Loan Payments		Outstanding Loan Balance (End of Period)		
1 0 - /-			500	0° 157.59 342.4					Z. <u>11</u>		
S58 Windy R City Mt. Juliet Sta	Tuliet State Zip Code TN 37/22			Loan Received For:  ☐ Primary Election ☐ Runoff (Local Elections Only)  ☐ Date of Loan  ☐ 4 - 16 - 14							
List Ai	Endorsers or Gua	The state of the s	or Above Loa	n (If more spa	ce is needed	l please attac	ch a page)				
First Name	Middle Nan	ne		First Name Middle Name							
Last Name/Organization Name				Last Name/Organization Name							
Address				Address							
City	State	Zip Co	ode	City				State		Zip Code	
Amount Guaranteed Outstanding			Amount Guaranteed Outstanding								
First Name Middle Name			First Name Middle Name								
Last Name/Organization Name	e			Last Name Org	anization Nam	ne					
Address	9		0	Audress							
City	State	Zip Co	ode	City				State		Zip Code	
Amount Guaranteed Outstanding		9		Amount Guaranteed Outstanding							
First Name	Middle lam			First Name Middle Name							
Last Name/Organization Name				Last Name/Organization Name							
Address				Address							
City	State	de	City					State Zip Code			
Amount Guaranteed Outstanding				Amount Guaran	teed Outstand	ing					
First Name	Middle Name			First Name Middle Name							
Last Name/Organization Name				Last Name/Organization Name							
Address				Address							
City	State	Zip Cod	de	City State					7	Zip Code	
Amount Guaranteed Outstanding		-		Amount Guaran	teed Outstandi	ing					
Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.) (Total loan payments should also be shown in item 20. on summary page.)				Outstanding Loa (Beginning o	Period)	Loans Received	Loa Paym	ents	(E	nding Loan Balance nd of Period)	
(Total outstanding loan balance should also be shown in item 20. on summary page.)			5000		000	157	<u>59</u>	34	244		

Rev. 4/02)

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3424! will be forgiving and All accounts closed following accounts are account to the country and account to the country accountry accoun