CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

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		aute committee	CCA	ALT BOOM
1. DATE OF REPORT	2.a. NAME OF CAND	DATEOR COMMITTEE		- 401 - 9 - 2018 -
10-10-18	Dern	4 Bear	ers :	WILSON COUNTY
2.b. IF COMMITTEE, NAME OF CANDIDATE)	3. ELECTION DATE	
Derry Beavers Son S	Er - Ren	oublican	1 6	~~
4.a. CAMPAIGN ADDRESS AND PHONE		JED W.CELY	1 such	<u>2018</u>
Street or Rural Route	City	State	Zip Code	Phone
2020 Hunters	1. Mt To	liet TN	マツコ 、	615-754-463
4.b. CANDIDATE'S HOME ADDRESS (if different	than 4.a.)		31102	673 137 1839
Street or Rural Route	City	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if		NAME OF POLITICAL	TREASURER (may be	candidate)
Republican SEC Con	ami Heeman	Jenny I	Beavers	- Julianda(o)
7. CATEGORY OR REPORT (Check one)))	
FIRST SECOND THE				П
QUARTER QUARTER QUARTER		RE- PRE- MARY GENERAL	MID-YEAR	YEAR-END
8.a. BEGINNING DATE OF REPORTING PERIOD		VIARY GENERAL ENDING DATE OF REPOR	SUPPLEMENTAL RTINGPERIOD	SUPPLEMENTAL
7-24-18		9-3	A 10	
9. (Check one)			0 10	
a. This campaign is exempt from detailed				
 This campaign is exempt from detailed tures total \$1,000 or less for this reporti 	disclosure because con	tributions (including in-kin	d) received total \$1,00	0 or less AND expendi-
, , , , , ,	ng ponde. (Complete R	ems (20., 12e. and 12f.)		
b. This campaign is required to file a detai and/or expenditures total more than \$1,	led financial disclosure I	because contributions (inc	cluding in-kind) receive	d total more than \$1,000
The order of the control of the cont	out for this reporting pe	riod.		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
10. I/we do solemnly swear or affirm that the inte	_			
accurate accounting of campaign contributions	mation contained in this	s campaign financial disc	losure report is true ar	nd that this report is an
Financial Disclosure Act. Additionally, I/we sw	year or affirm that no one	ned to be reported by the	candidate committee	by the Campaign
benefit of the candidate or for any other nonpo	litical purpose as define	d by the federal internal re	evenue code.	e personal intancial
lan Benon	1-1-1-12	A	0	
signature of candidate	10/10/10	Levy	Dewn	Toliblip
O Gardidate	date	signature of	political treasurer	date/
11 WITHER CONTINUE		W. C.		
11. WITNESS SIGNATURE				
300 B	10 10 17	200		
	10-10-18	YV Cae de	Deaver	10-10-18
signature of witness	date	signatur	e of witness	date
10. 0				
12. SUMMARY				
a. BALANCE ON HAND LAST REPORT		•	1,355.00)
	***************************************	\$	1,700.0	
b. TOTAL RECEIPTS THIS PERIOD		œ.	-0-	
c. TOTAL DISBURSEMENTS THIS PERIOD	,	\$	1,355.00	
		•	,	
d. BALANCE ON HAND (12.a. plus 12.b. minus	s 12.c.)		\$	-0-
e. TOTAL LOANS OUTSTANDING	***************************************		c	-0-
f. TOTAL OBLIGATIONS OUTSTANDING				-8-
		***************************************	······\$ —	

SUMMARY PAGE - CANDIDATE

OCT 9 2018

13. NAME OF CANDIDATE OR COMMITTEE (In Full)		N COUNTY
Jerry Beavers for SEC Committee man	14. REPORTOON	
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	FROM: 7-24-18	10.4-30-18
a. Unitemized Contributions (\$100 or less from each source this period)	s - 0 -	
b. Itemized Contributions (over \$100 from each source this period)		-
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.).		
16. LOANS RECEIVED THIS REPORTING PERIOD	***************************************	• -0 -
17. INTEREST RECEIVED THIS REPORTING PERIOD		
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		
DISBURSEMENTS		3
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.	a printing next	P>
		asoline)
		
\$		
* <u> </u>		
\$	****	
\$		
\$		
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\$		
\$		
Total of Expenditures (\$100 or less each payee)	s <u>-0</u> -	
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 1,355.00)
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	·····\$	1.355.DO
20. LOAN REPAYMENTS MADE THIS PERIOD	\$	-0-
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	s	1355.00
22.IN-KIND CONTRIBUTIONS		-1,
a. Unitemized in-kind contributions (\$100 or less from each source this period)	s - O -	
b. Itemized in-kind contributions (over \$100 from each source this period)	s - 0 -	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) .		-0-
23. OBLIGATIONS	φ_	
a. Unitemized Obligations Outstanding (\$100 or less each)	F -D -	
a. Unitemized Obligations Outstanding (\$100 or less each)\$ b. Itemized Obligations Outstanding (Over \$100 each)\$	-0-	
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12		-7
, and the showing	4.1. <i>/</i> \$	· · · · ·

ITEMIZED STATEMENT OF CONTRIBUTIONS - GANDIDATEON

1. NAME OF CANDIDATE Serry Be	OR COMMITTEE		~ a ()	5.11	2. REPORT COVI	ERING THE PERIOD	
1		3 10:4-30-18					
3. TOTAL ITEMIZED CAM	PAIGN CONTRIBUTION	IS FRO	OM PRECEDI	NG PAGE (enter \$0 if first itemized p	page)	Amount —	
4. COMPLETE THE APPROP	PRIATE ITEMS FOR EACH	TEMIZ	ZED CONTRIBL	JTION (contributions totaling more than s	\$100 from any contribut	or)	
First Name	Mid	dle Nam	e	Contribution Received For:			
Last Name/Organization Name				Primary Election	General Election		
Add					2 CONCIAI LIECTOR		
Address				Runoff (Local Election	Runoff (Local Elections Only)		
City	State	9	Zip Code	Date of Contribution		Aggregate This Election	
Occupation							
Employer		· · · · · · · · · · · · · · · · · · ·					
First Name	Midd	ile Name	Arigidas — esti ar ar esse tidadeses	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name				Primary Election	General Election		
A.d.							
Address				Runoff (Local Elections	Only)		
City	State		Zip Code	Date of Contribution		Aggregate This Election	
Occupation		1.					
mployer							
First Name	Middle	Name		Contribution Received For:		Amount of Contribution	
ast Name/Organization Name				Primary Election			
ddress					General Election		
odiess				Runoff (Local Elections (Only)		
ity	State	Ž	ip Code	Date of Contribution	Date of Contribution		
ccupation							
mployer	· · · · · · · · · · · · · · · · · · ·	· • • • • • • • • • • • • • • • • • • •					
rst Name	Middle I	Vame		Contribution Received For:		Amount of Continue	
st Name/Organization Name						Amount of Contribution	
- Ganzadon Mario				Primary Election G	eneral Election		
dress				Runoff (Local Elections O	nly)	i	
у	State	Zip	Code	Date of Contribution		Aggregate This Election	
cupation	<u></u>					_	
ployer		,		_			
		engelijk komme					
TOTAL ITEMIZED CONTRI (Carry forward to item 3. of next page (If this is the last page of contribution	e if additional pages of this form	are use	d.)			0-	
to the last page of contribution	or and emount must be shown t	ii iiem 1	ou. of summary.)				

OCT 9 2018

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS ALEXANDIDATE

1. NAME OF CANDIDA	TE OR COMMITT	EE	- d			VERING THE PERIOD	
Jerry B			<u> </u>	18 10: 9-30-18			
3. TOTAL ITEMIZED IN	-KIND CONTRIBU	TIONS FR	OM PRECEDING	PAGE (enter \$0 if first itemized page	e)	Amount	
	OPRIATE ITEMS FO	R EACH ITE	EMIZED IN-KIND CO	DNTRIBUTION (in-kind contributions totaling	more than \$100 from any	contributor during the period)	
First Name		Middle	Name		In-Kind Contribution Received For: Primary Election General Election		
Last Name/Organization Name				Runoff (Local Election			
Address				Date of In-Kind Contribution			
City	ty State Zip Code					Aggregate this Election	
Occupation	Employe	er I		Description of In-Kind Contribution			
First Name		Middle	Name	In-Kind Contribution Received	For	Value of In-Kind Contributio	
Last Name/Organization Name					General Election	Value of III-Mand Continbutio	
Address				Runoff (Local Elections	Only)		
				Date of In-Kind Contribution		Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution	***************************************		
Occupation	Employe						
First Name	st Name Middle Name				For:	Value of In-Kind Contribution	
Last Name/Organization Name	**************************************			1 .	General Election	ļ	
Address				Date of In-Kind Contribution			
City		State	Zip Code	Description of In-Kind Contribution		7 Stregate this Clecitor	
Occupation	Employer						
irst Name	The second secon	Middle Na	me	In-Kind Contribution Received Fo	or:	Value of In-Kind Contribution	
ast Name/Organization Name				Primary Election	Seneral Election	Take of the take optimization	
ddress				Runoff (Local Elections C	Only)		
ity			T	Date of In-Kind Contribution		Aggregate this Election	
ccupation		State	Zip Code	Description of In-Kind Contribution			
COOPERIOR	Employer						
st Name		Middle Nam	<i>908</i>	In-Kind Contribution Received Fr		Value of In-Kind Contribution	
st Name/Organization Name					eneral Election		
dress				Runoff (Local Elections Or Date of In-Kind Contribution			
·		State	Zip Code			Aggregate this Election	
upation	Employer	3.010	zh oode	Description of In-Kind Contribution			
	Zinyoyoi						
TOTAL ITEMIZED IN-KIN (Carry forward to item 3. of next p (If this is the last page of in-kind of SS-1128 (Rev. 2/06)	page if additional pages	of this form are	e used.) wn in item 22b. of sumn	nary.)		-0-	

ITEMIZED STATEMENT OF EXPENDITURES : ENDING TE

1. NAME OF CANDIDATE OR COMMITTE	E			<u> </u>	
Jean Barrey Committee	RING THE PERIOD				
Jerry Beavers Se	TO:9-30-18				
3. TOTAL ITEMIZED CAMPAIGN EXPEND	Amount —				
4. COMPLETE THE APPROPRIATE ITEMS FO	R EACH ITI	EMIZED EXPENDITURE	(expenditures lotaling more than \$100) to any pavee during the ne	riod)
First Name	Middle	44.47.44.44.15.00.00.00.00.00.00.00.00.00.00.00.00.00	Purpose of Expenditure		erakir eriti olah menganya keraja dalah menganya berada dalah sebagai berada berada berada berada berada berad
Loot No ID					Amount of Expenditure
Last Name/Business Name Noe Beauers for	, d	+ AA	Donation	\sim	3
Address	<u> </u>	any Iveyo			1,355.00
2020 Hunter	s P(
Mt. Juliet	State	Zip Code 37133			
	encontrate de servicio				ti ka man tidakila daja sa 00 daja sa mengalaga s
First Name	Middle I	Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address			-		
City	State	Zip Code	-		
	J Oldic	Lip code			
First Name	1			and the state of t	e desperatores e en experience
I not regular	Middle N	ame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
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irst Name	Middle Nan	ne	Purpose of Expenditure	1	Amount of Expenditure
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rst Name	Middle Nam	e	Purpose of Expenditure		
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dress					[
y	State	Zip Code			
	omponial del Sangon				
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 ar be shown in i	e used.) tem 19b. of summary t		11	,355.00
Ž.		vo.oroanseary.j			

ITEMIZED STATEMENT OF LOANS - CANDIDATE ON COMMISSION

1. NAME OF CANDIDATE OR CO	MMITTE						2. REPOR	RT COVERI	NG THE PERIOD
Jenny Beaue 3. COMPLETE THE APPROPRIAT	2 25:	5 20	عع	Com		. laa ee	FROM:	1 4	TO: 9-30-18
3. COMPLETE THE APPROPRIAT	E ITEMS	FOR EACH	ITEMIZ	ED LOAN	(loans totaling	more than \$100 from	n any source during th	e period)	9-30-73
Complete the Following for the Source of				atomorphysical eventury	eerstelle van Herstelle van de steel				
First Name					ing Loan Balance Loans Loan (ing of Period) Received Payments				anding Loan Balance End of Period)
Last Name/Organization Name									
· · · · · · · · · · · · · · · · · · ·					ved For:		Date of	Loan	
City	State Zip Code		_	Primary Election					
Lis	st All Endo	sers or Guar	antors fo	r Above Lo	an (If more spa	ce is needed plea	ase attach a page)	V.U.	
First Name		Middle Name		-2002-0	First Name			Middle Na	ame
Last Name/Organization Name					Last Name/Org	anization Name			
Address					Address				
City		State	Zip Cod	de	City		· · · · · · · · · · · · · · · · · · ·	State	Zip Code
Amount Guaranteed Outstanding			1		Amount Guaran	leed Outstanding			
First Name		Middle Name		5000 TO 1000 TO	First Name Middle Name				me
Last Name/Organization Name					Last Name/Organization Name				
Address					Address				
City		State	Zip Code	e	City			State	Zip Code
Amount Guaranteed Outstanding			<u> </u>		Amount Guarante	eed Outstanding		Д	
First Name		Middle Name			First Name		nga makan makan kenalah salah salah	Middle Na	me
Last Name/Organization Name	j				Last Name/Orgar	nization Name			
Address			 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Address	**************************************		4	
City		State	Zip Code		City			State	Zip Code
Amount Guaranteed Outstanding				<i></i>	Amount Guaranteed Outstanding				
irst Name	riser overstead	Middle Name	fl.des			ignistant oksilig silvatta sol		Special control of	
.ast Name/Organization Name		vilouic Name			First Name Middle Name				e
					ast Name/Organi	zation Name			
Address				Α	ddress	***************************************			
City	5	State	Zip Code	C	City			State	Zip Code
mount Guaranteed Outstanding	Military and the second			A	mount Guarantee	d Outstanding			
(Total loans received should also be shown in iter (Total loan payments should also be shown in iter	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.)				lutstanding Loan t (Beginning of Pe		ived Payme	ents	standing Loan Balance (End of Period)
Total outstanding loan balance should also be sho SS-1132 (Rev. 4/02)	wn in item 12	e, on front pag	e.)		<u>~0.</u>	Page	0 - _ C	, _	- O -

OCT 9 2018

WILSON COUNTY ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE COMMISSION

1. NAME OF CANDIDATE OR CO	OMMITTEE _	- A	1	2. REPORT CO	VERING THE PE	RIOD
Jerry Bea	vers for	SEC C	emmi Heema	N FROM: 7-24	-18 TO- 9	2-30-18
COMPLETE THE APPROPRIA OBLIGATION (obligations totalin person/vendor at the end of the	TE ITEMS FOR EAC		Outstanding Balance (Beginning of Period)	e i Debi incurred	Payments This Period	Outstanding Baland (End of Period)
First Name	Middle N	lame		an da material de la compansión de la comp		
Last Name/Business Name	<u> </u>					
Address						
City	State	Zip Code				
Description of Obligation	0.000	2.0 0000				
Description of Obligation	Control to the conjugate to a conjug					
First Name	Middle Na	ime		e September 1994 Mily Mark Co.		
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Nai	ne		er e del des emperioristantes		
Last Name/Business Name						
Address			_			
City	State	Zip Code				
Description of Obligation						
First Name	Middle Nan	10				
ast Name/Business Name			-			
ddress		——————————————————————————————————————				
City	State	Zip Code	-			
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Trst Name	Middle Name			- 10 mm	the section of the se	Staphini China en reng Bana da sa santa
est Name/Business Name	t Name/Business Name		-			
idress			-			
ity	State	Zip Code				
escription of Obligation						
•						
TOTALS		Section of the Control of the Contro			Varias prografia piedinas la Versio II aliano	
Total from Outstanding Balance - (End of in item 23b. on summary page.)	f Period) column must a	lso be shown	-0-	-0-	-0-	-0-
SS-1127 (Rev. 4/02)			<u> </u>	М	7	