

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT 2 a NAME OF	CANDIDATE OF COMMITTEES					
10-77-7011	CANDIDATE OR COMMITTEE					
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE					
	11-04-2014					
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City						
3155 Leeville Pl Zebawow	State Zip Code Phone					
4.b. CANDIDATE'S HOME ADDRESS (if different than 4 a)	7w 37090 615-804-4133					
Street or Rural Route City	State Zip Code Phone					
5. OFFICE SOUGHT (include district number, if applicable)	6. NAME OF POLITICAL TREASURER (may be candidate)					
7. CATEGORY OR REPORT (Check one)	Seevie Ash					
FIRST SECOND THIRD FOURTH QUARTER QUARTER QUARTER	PRE- MID-YEAR YEAR-END					
8.a. BEGINNING DATE OF REPORTING PERIOD	PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL 8.b. ENDING DATE OF REPORTING PERIOD					
9. (Check one)	10-25-14					
 a. This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period. 						
10. I/we do solemnly swear or affirm that the information contained accurate accounting of campaign contributions and expenditure. Financial Disclosure Act. Additionally, I/we swear or affirm that benefit of the candidate or for any other nonpolitical purpose as signature of candidate						
11. WITNESS SIGNATURE						
Signature of witness 10/28/14	Signature of witness date					
2. SUMMARY	27					
a. BALANCE ON HAND LAST REPORTb. TOTAL RECEIPTS THIS PERIOD	s 1025 92					
b. TOTAL RECEIPTS THIS PERIOD	\$ 850					
c. TOTAL DISBURSEMENTS THIS PERIOD						
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	5 401					
e. TOTAL LOANS OUTSTANDING	\$ 1957. 30					
f. TOTAL OBLIGATIONS OUTSTANDING	\$					





SUMMARY PAGE - CANDIDATE

WILSON COUNTY ELECTION COMMISSION

13. NAME OF CANDIDATE OR COMMITTEE (In Full)		ELECTION COMMISS
COMMITTEE (In Full)	14. REPORT COV	VERING THE PERIOD
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	FROM: 10-1-14	TO: 10-25-14
a. Unitemized Contributions (\$100 or less from each source this period)	5000	
b. Itemized Contributions (over \$100 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.) 16. LOANS RECEIVED THIS REPORTING DEPLOY)	\$ 50
16. LOANS RECEIVED THIS REPORTING PERIOD		\$ 800
17. INTEREST RECEIVED THIS REPORTING PERIOD		\$
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		\$ 850
According to the control of the cont		
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)
S 8648		,
Lebavar Democrat ALS \$60000		
\$		

\$		
	AND ALL TO THE SECOND S	
		
Total of Expenditures (\$100 or less each payee)b. Itemized Expenditures (Over \$100 each payee this period)	\$ 450	
Itemized Expenditures (Over \$100 each payee this period)	\$ 1464 34	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		1464 85
20. LOAN REPAYMENTS MADE THIS PERIOD		T-
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	φ	14/6/85
22.IN-KIND CONTRIBUTIONS		7769
a. Unitemized in-kind contributions (\$100 or less from each source this period)	s	
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ 4	-
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)		2
23. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	s A	
b. Itemized Obligations Outstanding (Over \$100 each)	• 0 -	1
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 1	(2 f)	9
The Louis, (must be shown I flem 1	12.1.)\$	U





ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR C	OMMITTEE Ash	2. REPORT CO	OVERING THE PERIOD
		FRUM: Oct 1	TO: Oct 25
3. TOTAL ITEMIZED CAMPAIGN	Amount		
4. COMPLETE THE APPROPRIATE	ITEMS FOR EACH ITEMIZED CONTRIBL	ITION (contributions totaling more than \$100 from any contri	butor)
Brest	Middle Name Willett	Contribution Received For:	Amount of Contribution
Last Name/Organization Name	0011101	Primary Election General Election	8 00
Address PLAI -	4.		150
706 /eyn	esser Blud	Runoff (Local Elections Only)	
city Lebaus	State Zip Code 37	Date of Contribution	Aggregate This Election
Occupation	1/0 / //		# = 2
mployer		10-14-14	\$ 50 02
- Imployor			
First Name	Atiddle News		
	Middle Name	Contribution Received For:	Amount of Contribution
ast Name/Organization Name		Primary Election General Election	
Address			
City		Runoff (Local Elections Only)	
	State Zip Code	Date of Contribution	Aggregate This Election
ccupation			1, 20000043
mployer			
rst Name	Middle Name	Contribution Received For:	
st Name/Organization Name			Amount of Contribution
		Rrimary Election General Election	
dress		Runoff (Local Elections Only)	
1	State Zip Code	Date of Contribution	
	Σίρ σουσε	Date of Contribution	Aggregate This Election
upation			
oloyer		-	
Name	Middle Name	Contribution Received For:	Amount of Contribution
Name/Organization Name		☐ Primary Election ☐ General Election	OSTATION OF
		General Election	
ress		Runoff (Local Elections Only)	
	State Zip Code	Date of Contribution	Aggregate Till Till
pation		_	Aggregate This Election
pyer		7	
TOTAL ITEMIZED -			
TOTAL ITEMIZED CONTRIBUTION (Carry forward to item 3. of next page if additio			* -110°
If this is the last page of contributions, this am	inal pages of this form are used.) ount must be shown in item 15b. of summary.)		\$ 5000
and the last page of contributions, this am	ount must be shown in item 15b. of summary.)		/) -

SS-1131(Rev. 2/06)



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

S. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0.1 first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payed during the period) First Name Address PARTY Last Name/Bueness Name CID LISTAN Size TOTAL Size TOTAL Middle Name Purpose of Expenditure Amount of Expenditure It Name Middle Name Purpose of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure Thereilsuiness Name Amount of Expenditure Purpose of Expenditure Amount of Expenditure Amount of Expenditure Thereilsuiness Name Texas Te	NAME OF CANDIDATE OR COMM	BERNIE	As 4 2. REPOR	T COVERING THE PERIOD
First Name				TO: Oct 25., 201
Feet Name Permitter Purpose of Expenditure Purpose of Expenditure Amount of Expenditure	4. COMPLETE THE APPROPRIATE ITEMS	FOR EACH ITEMIZED EXPENDIT	TURE (expenditures, totaling more than \$100 to see page)	1464 6
Last Name@scines Name Address \$\frac{1}{2} O \in Drytsio = \frac{1}{2} 1	1 First Name / 1			
City Leb Ana Sign Zip Code Inst Name Middle Name Purpose of Expenditure Amount of Expenditure State Zip Code It Name Middle Name Purpose of Expenditure Amount of Expenditure Purpose of Expenditure Amount of Expenditure Purpose of Expenditure Amount of Expenditure Amount of Expenditure It Name Middle Name Purpose of Expenditure Amount of Expenditure Amount of Expenditure	Carlotte in the second			Amount of Expenditure
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Purpose of Expenditure Amount of Expenditure	Lebana.	State Zip Code		
Lest NameBusiness Name Address 40-7 N C CumberMay 5T GCV Leb Ward State 2p Code Amount of Expenditure	First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
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State Zip Code	Name/Business Name		- "	Amount of Expenditure
State Zip Code				
TOTAL ITEMIZED SYPERIOR STATES				
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 10.5 cf.		State Zip Code		
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 10.				
	(Carry forward to item 3. of next page if additional page (If this is the last page of expenditures, this amount me	ges of this form are used.)		14.14 35





ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE								
					2. REPORT COVERING THE PERIOD			
Derne Wish					FROM:	- N	TO: 10-25-14	
3. COMPLETE THE APPROPRIATE ITEM	S FOR EAC	H ITEMIZ	ZED LOAN	(loans totaling more to	han \$100 from any s	source during the p	eriod)	10-11-11
Complete the Following for the Source of the Loa								
First Names Middle N			Outstanding	Loan Balance	Loans	Loan	Outet	anding Loan Balance
Berne	Loy 1		(Beginnin		Received	D	Ouisia	End of Period)
Last Name/Organization Name	,		115	57 5 800° 6 1957 5				
City Lebour State	Ph		Loan Recei			Date of Loa	-	
City State	Zip Code	2	☐ Prima		General Election	10	2-17	7-14
	17.07			f (Local Elections Only)				//
First Name	Middle Nar		Above Lo	an (If more space is	needed please at	tach a page)		
Last Name/Organization Name	I WIGGIE Nai	TIB .		First Name			Middle Na	ame
				Last Name/Organizat	ion Name		18	
Address				Address			/	
City	State	Zip Coo	de	City			State	Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed O	Outstanding			
First Name	Middle Nom		The State of the S					
First Name Middle Name			First Name			Middle Na	me	
Last Name/Organization Name				Last Name/Organization	on Name			
Address	1			Address				
City		1						
City	State	Zip Code	e	City			State	Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Ou	utstanding			
First Name	Middle Name			First Name			Middle Nar	me
Last Name/Organization Name		-/		Last Name/Organization	n Name			
				Last Hender Organization	n Name			
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City	State	Zip Code		City	\		State	Zip Code
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ast Name/Organization Name			T I	ast Name/Organization	Name	1		
ddress			A	ddress			/	
Sity	State	Zip Code		ity			State	Zip Code
nount Guaranteed Outstanding			Ai	mount Guaranteed Outs	standing		,,,,,,,	zih cone
					······································			
Totals for all Loans (complete on last page of ite Total loans received should also be shown in item 16. on sur	I anen vremm	s)	0	utstanding Loan Balanc	1/2	Loan	Outs	tanding Loan Balance
Total loan payments should also be shown in item 20. on sur Total outstanding loan balance should also be shown in item 1	mmary name)		-	(Beginning of Period)	Received	Payments		(End of Period)
SS 1132 /Pov 4/02\	z.e. on front pa	ge.)						