CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

WILSON COUNTY ELECTION COMMISSION

							- COMMISS					
1.	4	ATE OF REPORT -1-2014	2.a. NAME OF	CANDIDATE OF	COMMITTEE	BE	SOWN					
2.1	b. IF	COMMITTEE, NAME OF CANDIDATE				3. ELECTION DA						
2		AMPAIGN ADDRESS AND PHONE reet or Rural Route OO SUGAR FLAT	RD. LE	BANON	State	Zip Code 37087 (Phone (615)443.4480					
4.1		ANDIDATE'S HOME ADDRESS (if difference or Rural Route	ent than 4.a.) City		State	Zip Code	Phone					
5.	a	FICE SOUGHT (include district number		6. NAME	OF POLITICAL	TREASURER (may	be candidate)					
7.		ATEGÓRY OR REPORT (Check one) FIRST SECOND THIRD UARTER QUARTER QUARTE	FOURTH R QUARTER	PRE-	PRE- GENERAL	MID-YEAR SUPPLEMENTA	YEAR-END AL SUPPLEMENTAL					
		GINNING DATE OF REPORTING PERIOD 1-21-2014		The state of the s	GDATE OF REPO	ORTING PERIOD	AL SOFFELIVILINIAL					
9.	 9. (Check one) 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.	ac Fi be	we do solemnly swear or affirm that the ccurate accounting of campaign contributinancial Disclosure Act. Additionally, I/w enefit of the candidate or for any other not signature of candidate	tions and expenditu e swear or affirm tha	res required to t at no campaign	pe reported by the contributions has a federal internal	ne candidate commit ve been expended for	tee by the Campaign					
11.	5	TNESS SIGNATURE Follow signature of witness	<u>4-1-14</u>		Sam signa	Forfer ture of witness	4-1-14 date					
12.	SU	MMARY				- M -						
	a.	BALANCE ON HAND LAST REPORT					_					
	b.	TOTAL RECEIPTS THIS PERIOD TOTAL DISBURSEMENTS THIS PERIOD				\$ <u>LLD8.</u> -	2					
	C.	TOTAL DISBURSEMENTS THIS PERIOD)			\$ 800, -						
	d.	BALANCE ON HAND (12.a. plus 12.b.	minus 12.c.)				\$ <u>1,400.</u>					
	e.	BALANCE ON HAND (12.a. plus 12.b. TOTAL LOANS OUTSTANDING					\$ 2,200. =					
	f.	TOTAL OBLIGATIONS OUTSTANDING										

SUMMARY PAGE - CANDIDATE

WILSON COUNTY

13. NAME OF CANDIDATE OR COMMITTEE (In Full) CINDY FORBES BROWN	14. REPORT COVE	TO: 3-3)-14
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)		
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 38,00	
b. Itemized Contributions (over \$100 from each source this period)		_
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)		\$ 38.00
16. LOANS RECEIVED THIS REPORTING PERIOD		77
17. INTEREST RECEIVED THIS REPORTING PERIOD		
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., printing postage	nasoline)
Election Commission - CD of voters \$ 38.00		gadomicy
\$		
\$		
\$	-	
\$		
\$		
\$		
2		
\$		
Total of Expenditures (\$100 or less each payee)		-
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 800, 50	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		\$ 838
20. LOAN REPAYMENTS MADE THIS PERIOD		\$ -0 -
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		\$ 838.00
22.IN-KIND CONTRIBUTIONS		
a. Unitemized in-kind contributions (\$100 or less from each source this period)	.\$0-	
b. Itemized in-kind contributions (over \$100 from each source this period)	.\$ -0 -	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.))	\$0 -
23. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	.\$0-	
b. Itemized Obligations Outstanding (Over \$100 each)	.\$0-	
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	12.f.)	\$ _ 0 -

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

CINDY FORBES	t	BROWN		2. REPORT COVER	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT			CE (optor \$0 if first itemized a		Amount
COMPLETE THE APPROPRIATE ITEMS FOR EACH					
First Name BART	Middle Nam		Contribution Received For:	Amount of Contribution	
Last Name/Organization Name		N-1	Primary Election	General Election	\$38.00
Address 2200 SUGAR FLA	t R	4	Runoff (Local Election:	s Only)	# 90,
City Lebanon	State	37087	Date of Contribution		Aggregate This Election
Occupation Business Owner	/FA		1-21-20	14	\$38,00
SELF					D J U
First Name	Middle Nam	ne	Contribution Received For:		Amount of Contribution
Last Name/Organization Name	1		Primary Election	General Election	
Address			Runoff (Local Elections	s Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation	I				
Employer					
First Name		Contribution Received For:	Amount of Contribution		
Last Name/Organization Name	1		Primary Election	General Election	
Last Name/Organization Name Address	1		☐ Primary Election ☐ Runoff (Local Elections		
•	State	Zip Code			Aggregate This Election
Address	State	Zip Code	Runoff (Local Elections		Aggregate This Election
Address	State	Zip Code	Runoff (Local Elections		Aggregate This Election
Address City Occupation Employer	State Middle Name		Runoff (Local Elections		Aggregate This Election Amount of Contribution
Address City Occupation Employer			Runoff (Local Elections Date of Contribution Contribution Received For:		
Address City Occupation Employer First Name			Runoff (Local Elections Date of Contribution Contribution Received For:	General Election	
Address City Occupation Employer First Name Last Name/Organization Name Address			Runoff (Local Elections Date of Contribution Contribution Received For:	General Election	
Address City Occupation Employer First Name Last Name/Organization Name Address	Middle Name		☐ Runoff (Local Elections Date of Contribution Contribution Received For: ☐ Primary Election ☐ ☐ Runoff (Local Elections	General Election	Amount of Contribution
Address City Occupation Employer First Name Last Name/Organization Name Address City	Middle Name		☐ Runoff (Local Elections Date of Contribution Contribution Received For: ☐ Primary Election ☐ ☐ Runoff (Local Elections	General Election	Amount of Contribution



APR 1 2014 ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS ON COMMISSION

1. NAME OF CANDIDATE OR COI	MMITTEE			2. REPORT COVE	RING THE PERIOD			
CINDY FORBI	55 B	ROWN		FROM: 1-21-14	TO: 3-31-14			
3. TOTAL ITEMIZED IN-KIND CON					Amount -			
4. COMPLETE THE APPROPRIATE IT	EMS FOR EACH ITEM	IZED IN-KIND CONTRIB	UTION (in-kind contributions totaling	more than \$100 from any co	ntributor during the period)			
First Name	Middle I	lame	In-Kind Contribution Receive	Value of In-Kind Contribution				
Last Name/Organization Name			Runoff (Local Election					
Address			Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer							
First Name	Middle N	lame	In-Kind Contribution Received		Value of In-Kind Contribution			
Last Name/Organization Name			☐ Primary Election ☐ Runoff (Local Election	General Election				
Address			Date of In-Kind Contribution	is Only)	Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer		1					
First Name	Middle N	ame	In-Kind Contribution Received Primary Election	Value of In-Kind Contribution				
Last Name/Organization Name			☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)					
Address			Date of In-Kind Contribution	Aggregate this Election				
City	State	Zip Code	Description of In-Kind Contribution	V	<u> </u>			
Occupation	Employer		1					
Final								
First Name	Middle N	ame	In-Kind Contribution Received Primary Election	Value of In-Kind Contribution				
Last Name/Organization Name			Runoff (Local Election:	s Only)				
Address			Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer	*						
First Name	Middle Na	me	In-Kind Contribution Received	B) 3/158.5	Value of In-Kind Contribution			
ast Name/Organization Name			Runoff (Local Elections	General Election				
Address			Date of In-Kind Contribution	· · · · · · · · · · · · · · · · · · ·	Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution					
Decupation	Employer							
5. TOTAL ITEMIZED IN-KIND CON' (Carry forward to item 3. of next page if add	itional pages of this form	are used.)			-0-			
(If this is the last page of in-kind contribution	ns, this amount must be s	hown in item 22b. of summary.	.)	4 9				

ITEMIZED STATEMENT OF EXPENDITURES

CINDY FORBES	-	BROWN		FROM: 1-21-(4	TO: 3-31-14			
			- /		Amount			
TOTAL ITEMIZED CAMPAIGN EXPENDITU COMPLETE THE APPROPRIATE ITEMS FOR E								
First Name	Middle Na	State of the State	Purpose of Expenditure	to any payee ourng the per	Amount of Expenditure			
	IVIIddic IVa		r dipose of Experiolitie		Amount of Expenditure			
Lest Name/Business Name Lebanon Democrat			1		00			
Address N. Cumberland	5+	•	Advertise	29	¥200. —			
CityLebanon	State	^{Zin Code} 37087						
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name Lebanon Democra	t							
Address N. Camberlar		St.	11	11176	\$600.00			
City Lebanon	State	Zip Code 37087	Advertis	,1109				
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name	<u> </u>							
Address	****							
City	State	Zip Code						
First Name	rst Name Middle Name				Amount of Expenditure			
Last Name/Business Name								
Address								
City	State	Zip Code						
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
Address								
City	State	Zip Code						
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure			
ast Name/Business Name								
Address								
City	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					\$ 800. 00			

ITEMIZED STATEMENT OF LOANS - CANDIDATE 2014

1. NAME OF CANDIDATE OR COMMITTE	E						121		WII	SON	GTHE PERIOD
CINDY FORBE			FRO	OM:	4	EN N	OPMMISSION -31-79				
3. COMPLETE THE APPROPRIATE ITEMS	S FOR EACH	TITEMIZ	ZED LOAN	(loans totaling mo	ore than \$	100 from any	y source	during the p	period)	13	-31 11
Complete the Following for the Source of the Los											
First Name Middle N	lame bes		Outstanding	Loan Balance of Period)	Loa			an	C		ling Loan Balance
Last Name/Organization Name	OC 5		- 2	or enda,	Rece	5 08		nents	1		nd of Period)
Address Address			Less Basis		PLU	, -	_ (3 8	#	20	00
2200 Sugar Flat CityLebanon Stron	2.2 370	87	Loan Recei			eral Election		Date of Lo	oan 7	- 5	2014
				an (If more space		led please	attach a	nage)			
First Name	Middle Nam		23200	First Name		ou picaso	attach a	page	Midd	dle Nam	ie e
Last Name/Organization Name				Last Name/Organ	nization N	ame					
Address				Address							
City	State	Zip Coo	do	0'4		****					
Amount Course Li LO LL LIII	State	Zip Coi	ue	City					State	;	Zip Code
Amount Guaranteed Outstanding				Amount Guarante	ed Outsta	anding					
First Name	Middle Name	9		First Name Middle Name)
Last Name/Organization Name				Last Name/Organ	ization Na	ame					
Address				Address							
City	State	Zip Cod	e	City					State		7-0-1
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding						Zip Code	
				Amount Guarantee	eu Outstar	naing					
First Name	Middle Name			First Name Middle Name)		
Last Name/Organization Name				Last Name/Organization Name							
Address				Address							
City	State	Zip Code		City							
Amount Guaranteed Outstanding									State		Zip Code
			ľ	Amount Guaranteed	d Outstan	ding					
First Name	Middle Name		I	First Name Middle Name							
Last Name/Organization Name				ast Name/Organiz	ation Nan	ne					
Address			A	Address							
City	State	Zip Code	0	City				Т	State	-	Zip Code
Amount Guaranteed Outstanding			A	mount Guaranteed	Outstand	ling	* sintrongers and		Sidle	\perp	cih cone
T-A-1-5						_					
Totals for all Loans (complete on last page of i (Total loans received should also be shown in item 16. on sr (Total loan payments should also be shown in item 20. on sr (Total outstanding loan balance should also be shown in item	ummary page.)			Outstanding Loan Balance Loans Loan Outstanding Loan Beginning of Period) Received Payments (End of Period)				anding Loan Balance End of Period)			
CS 4122 (Par. 4/02)	re.e. on nont pa	ye.j					\bot	_			



ITEMIZED STATEMENT OF LOANS - CANDIDATE WILSON COUNTY

1. NAME OF CANDIDATE OR COMMITTE	Ε	***************************************					10	DEDOD:	T. 0.01 //		-CITON CO
CINDY FORBES BROWN							FRO	2. REPORT COVERING THE PERIOD MISS FROM: 1-21-14 3-31-14			
3. COMPLETE THE APPROPRIATE ITEM	S FOR EACH	TITEMIZ	ZED LOAN	(loans totaling	more than	\$100 from any	y source	during the	period)	10	
Complete the Following for the Source of the Loa											
First Name BART Middle N			Outstanding	Loan Balance	Lo	oans	Lo	an	Ou	utstandi	ing Loan Balance
			(Beginning	g of Period)	Red	ceived	Payr	nents		(End	d of Period)
Last Name/Organization Name Address			- 6		\$100	20.=	-0	-	如	,00	0.00
2200 Sugar Fl	at 12	7	Loan Recei			890.734		Date of L	oan		
City Lebanon IN	Zip Code 3 708	7	☐ Prima ☐ Runofi	ry Election f (Local Elections		neral Election		2-	26	- :	2014
List All End			or Above Lo	an (If more spa	ce is nee	eded please a	attach a	nage)			
First Name	Middle Nam			First Name				page	Middl	e Name	9
Last Name/Organization Name				Last Name/Org	anization	Name					
Address				Address							
Cit.	•			Address							
City	State	Zip Co	de	City					State		Zip Code
Amount Guaranteed Outstanding				Amount Guaran	teed Outs	tanding					
First Name	Middle Name	0		First Name Middle Name							
.ast Name/Organization Name	<u></u>			l							
Address				Last Name/Orga	Inization N	lame					
10000				Address							
City	State	Zip Cod	e	City State Zip Code						Zip Code	
mount Guaranteed Outstanding		-		Amount Guarant	eed Outsta	anding		***************************************			
First Name	Middle Name			First Name					Middle	Man	
ast Name/Organization Name	1	*****		Last Name/Organization Name							
11				cost Hame/Orga	nzauon Na	ame					
ddress				Address							
ity	State	Zip Code	,	City					State	Т	Zip Code
nount Guaranteed Outstanding		L		Amount Guarante	ed Outsta	nding			L		
rst Name	ACAN										
	Middle Name			First Name Middle Name					-		
st Name/Organization Name			l	ast Name/Organ	ization Na	me					
idress				Address	· · · · · · · · · · · · · · · · · · ·						
ly	State	Zip Code		City		-			State		Zip Code
ount Guaranteed Outstanding			A	mount Guarantee	ed Outstan	ding			-		
otals for all I cans (complete on last				100 TOTAL TOTAL							
Totals for all Loans (complete on last page of if fotal loans received should also be shown in item 16, on st fotal loan payments should also be shown in item 20, on so	mmary page.)	•		Outstanding Loan (Beginning of P		Loans Received	d	Loan Paymer	nts		nding Loan Balanc nd of Period)
otal outstanding loan balance should also be shown in item	12.e. on front pa	ge.)									\$ \$400 P. S.

APR I 2014 WILSON COUNTY TEMIZED STATEMENT OF LOANS - CANDIDATE ON COUNTY

4 NAME OF CONTRACTOR								No.		- OMMIS	
1. NAME OF CANDIDATE OR COMMITTE	E.		~ .	1			2. REF	ORTCC	VERIN	G THE PERIOD	
CINDY FORB							FROM:	1-14	1 1	3-31-14	
3. COMPLETE THE APPROPRIATE ITEMS	FOR EACH	HITEMIZ	ZED LOAN	(loans totaling	more than \$	100 from any	source durin	g the perior	d)	•	
Complete the Following for the Source of the Loa									-		
First Name ART Middle N	ame			Loan Balance	Loa		Loan		Outstan	ding Loan Balance	
Last Name/Organization Name			(Deginning	of Period)	Rece	eived	Payments		(Ei	nd of Period)	
Last Name Organization Name			-0	_	#1,00	00	-0	- 1	61,0	00	
2200 Sugar Fl	ved For: ry Election	П Соог	eral Election		e of Loan						
Lebanon IN	7 Zip Code 3708	7		(Local Elections		erar ciecuon		3-20	g -	2014	
List All End	orsers or Gua	rantors fo	r Above Loa	an (If more spa	ice is need	ded please a	attach a pag	ie)			
First Name	Middle Nam			First Name					liddle Nan	ne	
Last Name/Organization Name				Last Name/Org	ganization N	lame					
Address				Address							
Cit.				riduicss							
City	State	Zip Co	de	City				St	ate	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding							
First Name	Middle Name	е		First Name Middle Name							
Last Name/Organization Name		***************************************		Last Name/Orga	anization Na	ame					
Address				Address							
City	State	Zip Cod	le	City State Zip Code							
Amount Guaranteed Outstanding	<u> </u>			Amount Guarant	head Outsta	ndina		Ota		Zip Code	
				, who dire code and	ocu Ouisia	nuing					
First Name	Middle Name			First Name				Mie	ddle Nam	е	
Last Name/Organization Name				Last Name/Organization Name							
Address				Address							
City	State	Zip Code	9	City				Sta	ate	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding							
First Name	Middle Name			First Name Middle Name							
.ast Name/Organization Name	Manage and the second s		l	.ast Name/Orgar	nization Nar	ne					
Address				Address							
City	State	Zip Code		City				State	a	Zip Code	
mount Guaranteed Outstanding			A	mount Guarante	ed Outstan	ding	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
. Totals for all Loans (complete on last page of i	temized loan	is)	lo	Outstanding Loan	Balance I	Loans		Loos	Tai		
(Total loans received should also be shown in item 16, on si (Total loan payments should also be shown in item 20, on si	ummary page.)	-		(Beginning of F		Receiver		Loan ayments	1 (anding Loan Balance End of Period)	
(Total outstanding loan balance should also be shown in item	12.e. on front pa	ige.)		-0.		32,200		0 -		200.00	
AHEO			THE RESERVE TO STATE OF THE PARTY OF THE PAR		The state of the s	-				managaria, 1993 Milana ayan da sayar 🖟 🕏	

RECEIVED

APR 1 2014 WILSON COUNTY ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATESSION

1. NAME OF CANDIDATE OR COMMITTEE	DEC	BO	2000)	2. REPORT COV	/ERING THE PER	RIOD
COMPLETE THE APPROPRIATE ITEMS	OR EACH	HITEMIZED	Outstanding Balance (Beginning of Period)	PROM: (- 2) Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	me				
Last Name/Business Name			1			
Address						
City	State	Zip Code				
Description of Obligation		L	<u> </u>			I
First Name	Middle Na	me				
Last Name/Business Name						
Address						
City	State	Zip Code	-			
Description of Obligation			L			L
First Name	Middle Nar	me				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation	<u> </u>					
First Name	Middle Nar	ne				
Last Name/Business Name	<u> </u>				e x	
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Nan	ne				
Last Name/Business Name	L					
Address		· · · · · · · · · · · · · · · · · · ·				
City	State	Zip Code				
Description of Obligation	<u> </u>			<u> </u>		
TOTALS (Total from Outstanding Balance - (End of Period) c in item 23b. on summary page.)	olumn must	also be shown	-0-	-0-	-0-	-0-
			L			

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