OCT 3-2014 1 CAMPAIGN FINANCIAL DISCLOSURE STATE

For State and Local Candidates

| | rol | Single-Candid | iate Committ | 'AAC | |
|-----------|---|---------------------------|------------------------------------|------------------------------|---|
| 1. DA | ATE OF REPORT | 2.a. NAME OF CANDII | | | |
| - | 0-2-2014 COMMITTEE, NAME OF CANDIDATE | CINDY | FOR BES | BROL | NON |
| | COMMITTEE, NAME OF CANDIDATE | | | 3. ELECTION DATE | |
| 4.a. CA | MPAIGN ADDRESS AND PHONE | | | August | 7, 2014 |
| 22/ | eet or Rural Route DO Sugar Flat Rd | City | State | Zip Code | Phone |
| 4.b. CA | NDIDATE'S HOME ADDRESS (if different | Lebanor | ITN | 37087 613 | 5443-4480 |
| - Out | eet of Rural Route | City | State | Zip Code | Phone |
| 5. OFF | FICE SOUGHT (include district number, if | 3/ | NAME OF POLITICAL | TREASURER (may be | candidate) |
| | EGORY OR REPORT (Check one) | 55100 21bis. | BART | 13 RO | DN' |
| F. QUA | IRST SECOND THRD | FOURTH PR QUARTER PRIM | | MID-YEAR | YEAR-END |
| 8.a. BEG | INNING DATE OF REPORTING PERIOD | | ARY GENERAL ENDING DATE OF REPC | SUPPLEMENTAL RTING PERIOD | SUPPLEMENTAL |
| 9. (Check | 29-2014 | | 9-30-20 | | v |
| a. [| This campaign is exempt from detailed tures total \$1,000 or less for this report. This campaign is required to file a detai and/or expenditures total more than \$1, | led financial disales to | 120. and 121.) | | |
| bene | do solemnly swear or affirm that the infourate accounting of campaign contributions ncial Disclosure Act. Additionally, I/we swefit of the candidate or for any other nonposition of candidate. | | by the federal internal in | candidate committee h | d that this report is an by the Campaign personal financial |
| OBY | ESS SIGNATURE MOWDSMAN Signature of witness | 10 2 14 date | Vergena J. signatu. | Handlen re of witness | 10-2-14 date |
| 2. SUMM | ARY | | | | |
| a. BA | ALANCE ON HAND LAST REPORT | | \$ | 741.26 | |
| b. TC | OTAL RECEIPTS THIS PERIOD | ····· | \$ | 2000.00 | |
| | TAL DISBURSEMENTS THIS PERIOD | | | 2741,26 | |
| d. BA | LANCE ON HAND (12.a. plus 12.b. minus | 12.c.) | | \$ <u></u> | -0- |
| | TALLOANS OUTSTANDING Don at | | | 7.23 | 3067.23 |
| f. TO | TAL OBLIGATIONS OUTSTANDING | | | ····· \$ — | 0 |
| NEW . | | | | | |

SS-1109 (Rev. 2/06)

OCT 3 - 2014 9 WILSON COUNTY FLECTION COMMISSION

SUMMARY PAGE - CANDIDATE

| 13. NAME OF CANDIDATE OR COMMITTEE (In Full) | | ECHON COMMIS | | | | | |
|---|--|--------------|--|--|--|--|--|
| CINDY FORBES BROWN | 14. REPORT COVE FROM: 7-29-14 | TO: 0 - 26 | | | | | |
| RECEIPTS 15. CONTRIBUTIONS (other than loans and interest) | | 10.9-30-1 | | | | | |
| a. Unitemized Contributions (\$100 or less from each source this period) | \$ -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.) | | 5-0- | | | | | |
| 16. LOANS RECEIVED THIS REPORTING PERIOD | | \$ 2,050,00 | | | | | |
| 17. INTEREST RECEIVED THIS REPORTING PERIOD | | | | | | | |
| 18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) | | \$ 2,000. | | | | | |
| DISBURSEMENTS | | 4 = 7000 | | | | | |
| 19. EXPENDITURES (other than loan payments) | | | | | | | |
| a. Expenditures (\$100 or less each payee this period) (must be listed by category - e. | a. printing postage a | analina) | | | | | |
| Norene Rally \$20.00 | ,, p.m.ing, postage, ga | asoline) | | | | | |
| Pinnacle BANK Fees 900 | | | | | | | |
| financle Bank free Refund \$21.00 | Ter | | | | | | |
| | 7 | | | | | | |
| | | | | | | | |
| | _ | | | | | | |
| Ψ | _ | | | | | | |
| Φ | _ | | | | | | |
| \$ | _ | | | | | | |
| \$ | _ | | | | | | |
| Total of Expenditures (\$100 or less each payee) | | | | | | | |
| b. Itemized Expenditures (Over \$100 each payee this period) | | | | | | | |
| c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) | ······································ | 768.49 | | | | | |
| c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) | \$ | 2032.71 | | | | | |
| 21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) | | 2741,26 | | | | | |
| 22.IN-KIND CONTRIBUTIONS | , , , , , , , , , , , , , , , , , , , | | | | | | |
| a. Unitemized in-kind contributions (\$100 or less from each source this period) | 5 7 / | | | | | | |
| b. 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)\$ | \ / | | | | | | |
| b. Itemized Obligations Outstanding (Over \$100 each)\$ | X | | | | | | |
| c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12 | | 20- | | | | | |
| y (wast 20 shown richt 12 | \$ _ | | | | | | |



| | | | | | OCT 3-2014 |
|--|---|-------------------|--|---------------------------------|-----------------------------|
| ITEMIZED STAT | | | | | NDIDATE |
| 1. NAME OF CANDIDATE OR COMMITTEE | 55 | BROW | W | 2. REPORT COVE FROM: 7-29-14 | RING THE PERIOD 10: 9-30-14 |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDI | TURES F | ROM PRECEDING PAG | GE (enter \$0 if first itemized pa | ge) | Amount |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR | EACH ITE | MIZED EXPENDITURE | (expenditures totaling more than \$100 | to any payee during the pe | riod) |
| First Name | Middle f | | Purpose of Expenditure | . 11. " 1 " | Amount of Expenditure |
| Last Name/Business Name CREATIVE GRAF | Last Name/Business Name CREATIVE BRAPHICS Address | | | Mailing | 47. 49 |
| TOU DAK STRE | EI | | | | \$700.49 |
| CityLebanon | State | 37087 | | | |
| First Name | Middle N | lame | Purpose of Expenditure | | Amount of Expenditure |
| Last Name/Business Name | | | 1 | | |
| Address | \ | | 1 | | |
| City | State | Zip Code | 1 | | |
| First Name | Middle N | ame | Purpose of Expenditure | | Amount of Expenditure |
| Last Name/Business Name | 1 | | 1 / | | |
| Address | | | | | |
| City | State | Zip Code | | | |
| First Name | Middle Na | me | Purpose of Expenditure | | Amount of Expenditure |
| Last Name/Business Name | 1 | | * | | |
| Address | | \land | | | |
| City | State | Zip Code | | | |
| First Name | Middle Nar | me / | Purpose of Expenditure | | Amount of Expenditure |
| ast Name/Business Name | | | | | |
| Address | / | | | | |
| Sity | State | Zip Code | | | |
| First Name | Middle Nan | ne | Purpose of Expenditure | | Amount of Expenditure |
| ast Name/Business Name | | | | | |
| ddress | | | | | |
| ity | State | Zip Code | | | |
| 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 19b. of summary.) | | | | | 700.49 |

OCT 3 - 2014 *
WILSON COUNTY * **ELECTION COMMISSION**

ITEMIZED STATEMENT OF LOANS - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMITT | EE | | | | | | 0. 55555 | | | |
|--|---------------|-------------|-------------------------|---------------------------------------|-------------------------|-------------------|------------------|-------------|---|--|
| CINDY FORBES BROWN FROM: TO: 2. REPORT COVERING THE PERIOD FROM: TO: 2. REPORT COVERING THE PERIOD | | | | | | | | TO: | | |
| 3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period) | | | | | | | | | | |
| Complete the Following for the Source of the Lo | an | | | | | | and and | periody | | |
| PART CINDY Middle | Name | | Outstandin (Beginnin | g Loan Balance ng of Period) | | oans | Loan Payments | Outst | anding Loan Balance | |
| Last Name/Organization Name 31 | | | 310 | 0.00 | 0.600,00 | oceived | 7 3067. 23. | | | |
| 2200 Sugar Flat | - Dd | , | Loan Rece | ived For: | - | | Date of L | | | |
| 2200 Sugar flat Cit Lebanon TN | 370 | 87 | | ary Election If (Local Elections | | eneral Election | 8/ | 8/2 | 014 | |
| List All End | dorsers or Gu | arantors fo | | | | eded please at | ach a page) | | | |
| First Name | Middle Na | | | First Name | The State of | | and a page) | Middle N | ame | |
| Last Name/Organization Name | \ | | | Last Name/Org | anization | Name | | | | |
| Address | tress | | | | Address | | | | | |
| City | State | Zip Coo | de | City | | | | State | Zip Code | |
| Amount Guaranteed Outstanding | 1 | | | Amount Guaran | teed Outs | standing | -/ | | | |
| First Name | Middle Nar | me | | First Name | | | / | 1.00 | | |
| | | | | Middle Name | | | | | me | |
| Last Name/Organization Name | | | | Last Name/Orga | inization f | Name | | | | |
| Address | | | | Address | / | / | | | | |
| City | State | Zip Code | 3 | City | + | | | State | | |
| Amount Guaranteed Outstanding | | | \ - | Amount Guarante | eed Outet | andina | | State | Zip Code | |
| First Name | | y | | | sed Office | anunig | | | | |
| | Middle Nam | е | | First Name | Proposition of the last | | | Middle Nar | me | |
| Last Name/Organization Name | | | | Last Name/Organization Name | | | | | | |
| Address | | | / | Address | | | | | | |
| City | State | Zip Code | / | City | | | | | | |
| mount Guaranteed Outstanding | | 1 | | City | | | - | State | Zip Code | |
| - The state of the | | | ľ | Amount Guarantee | ed Outsta | Inding | | - | . | |
| irst Name | Middle Name | | | irst Name | | | | Middle Name | | |
| ast Name/Organization Name | -/- | | L | ast Name/Organi | zation Na | ime | | | | |
| address | | | | | 1 | | | | | |
| NA. | | | | ddress | | | | | | |
| Dity | State | Zip Code | C | City | | | T | State | Zip Code | |
| nount Guaranteed Outstanding | | | A | mount Guarantee | d Oulstan | nding | | | | |
| Total loan payments should also be shown in item 16, on summary page.) Total loan payments should also be shown in item 20, on summary page.) Total outstanding loan balance should also be shown in item 12.e. on front page,) | | | | utstanding Loan E (Beginning of Pe | | Loans Received | Loan Payment | 77 2 | tanding Loan Balance (End of Period) | |
| SS-1132 (Rev. 4/02) | | | | | P | Page 🙆 | y ? | | | |

RDA 1159