

OCT 31 2012 WILSO COUN 29:36

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT MISSION

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT 2.2 NAME OF CANDIDATE OF COMMITTEES
2.a. NAME OF CANDIDATE OR COMMITTEE 10-30-12 ROBERT P. "TICK" BRYAN
2.b. IF COMMITTEE, NAME OF CANDIDATE 3. ELECTION DATE
4.a. CAMPAIGN ADDRESS AND PHONE
Street or Rural Route City State Zin Code
2dy West END HEATS LEG mon TN 72082 /1542/06/05
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone FOREIGN CONSUMER ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone 615-476-8605
5. OFFICE SOUGHT (include district number, if applicable) 6. NAME OF POLITICAL TREASURER (may be condidate)
WIND-3 ALDERWARE BUD BURNON
FIRST SECOND THIRD FOURTH PRE- PRE- MID-YEAR YEAR-END QUARTER QUARTER QUARTER PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL
8.b. ENDING DATE OF REPORTING PERIOD 10 - 1 - 12 10 - 12
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. 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 Einancial 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.
TAByy 10-30-12 signature of winess date signature of witness date
2. SUMMARY
a. BALANCE ON HAND LAST REPORT
a. BALANCE ON HAND LAST REPORT
c. TOTAL DISBURSEMENTS THIS PERIOD
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)
e. TOTAL LOANS OUTSTANDING
f. TOTAL OBLIGATIONS OUTSTANDING

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIO
Robert P. "Tick" BryAr	FROM: 16-1-12 TO: 10-30-1
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ \$5000
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	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.	O Printing posters and It
s	g., printing, postage, gasoline)
\$	
\$	_
\$	
\$	
\$	_
\$	
\$	_
Total of Expenditures (\$100 or less each payee)	\$ 79672 80°°
b. Itemized Expenditures (Over \$100 each payee this period)	s 27677 2887.21
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	
20. LOAN REPAYMENTS MADE THIS PERIOD	0.05
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 296721
22.IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	None
a. Unitemized in-kind contributions (\$100 or less from each source this period)	200 None
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	s -O-
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)\$	
b. Itemized Obligations Outstanding (Over \$100 each)\$	160000
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12	\$ 160000
SS-1133 (Rev. 4/02)	1,000

Page _____ of ____

BUSINESS CHECKING
Printed by: JOHN BRYAN

CEDARSTONE BANK

10/31/2012 8:12:02 AM Reporting Institution: 9

Demand Deposit 1996 - COMMITTEE TO ELECT TICK BRYAN

-	Rel	Birthdate	Phone	Tax
[08] COMMITTEE TO ELECT TICK BRYAN			*******	Identification *******
[01] ROBERT P BRYAN	0	*******	*******	********
[07] RAY CAMPBELL BRANDON III		******	******	*******
The state of the s				

244 WEST END HEIGHTS LEBANON TN 37087

Additional Relationships

Tax Name: [1] ROBERT P BRYAN

Presentments

No Presentments for Account

Current & Previous Cycle

Description	Debits	Credits	Date	Balance
Balance Forward:			Sep 28, 2012	\$845.68
Deposit		\$400.00	Oct 02, 2012	\$1,245.68
Deposit		\$1,900.00	Oct 04, 2012	\$3,145.68
Check #9999	\$294.97		Oct 11, 2012	\$2,850.71
Deposit		\$250.00	Oct 18, 2012	\$3,100.71
Check #9999	\$475.41		Oct 18, 2012	\$2,625.30
Deposit		\$250.00	Oct 19, 2012	\$2,875.30
Deposit		\$100.00	Oct 22, 2012	\$2,975.30
Check #1051	\$40.00		Oct 22, 2012	\$2,935.30
Check #9999	\$235.98		Oct 22, 2012	\$2,699.32
Check	\$356.50		Oct 22, 2012	\$2,342.82
Check #1084	\$103.37		Oct 23, 2012	\$2,239.45
Check #1083	\$397.00		Oct 23, 2012	\$1,842.45
Check #1085	\$206.48		Oct 26, 2012	\$1,635.97
Check #9999	\$500.00		Oct 26, 2012	\$1,135.97
Check #1081	\$40.00		Oct 29, 2012	\$1,095.97
Check #1086	\$318.00		Oct 30, 2012	\$777.97
Balance This Statement:			Oct 30, 2012	\$777,97

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO	MMITTEE /	BRYAN		2. REPORT CO	OVERING THE PERIOD
3. TOTAL ITEMIZED CAMPAIGN (CONTRIBUTIONS	FROM PRECEDING	PAGE (enter \$0 if first itemized page	1	-12 TO: /0-70-/2
TO OTHER PROPRIATE I	TEMS FOR EACH IT	EMIZED CONTRIBUTIO	N (contributions totaling more than \$	100 from any and	
First Name John	Middle	Name	Contribution Received For:	100 hom any contri	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
Last Name/Organization Name			557,1000-000000000000000000000000000000000		Amount of Contribution
TUNNE	~		Primary Election	General Election	\$ 150,00
Address	- /				
Address 116 Palner P	Litere I com	7:-0-1	Runoff (Local Elections	Only)	
City Le G Anon Occupation	th	Zip Code 9 7 0 9 0	Date of Contribution	Aggregate This Election	
DNU99egT.	·		1010		
Self.	Buckeye	drugs			
First Name , P	Middle	Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	81,90000
Address P. O. Dax 2	22.5		Runoff (Local Elections	Only)	
City Lapla -	State	Zip Code	Date of Contribution		
Occupation	1/n	177088	10-4-1	7	Aggregate This Election
occupation			10-4-1		2,250,00
mployer					0,0901
irst Name	Middle Na	me	Contribution Received For:		Amount of Contribution
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	State	Zip Code	Date of Contribution		Aggregate This Election
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	Middle Nam	ec .	Contribution Received For:		Amount of Contribution
Name/Organization Name			☐ Primary Election ☐ Ge		
			Ge	neral Election	
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			(Local Elections On	'V'	
	State	Zip Code	Date of Contribution		Aggregate This Election
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		A COLUMN TO A STATE OF THE PARTY OF THE PART		-	
TOTAL ITEMIZED CONTRIBUTIONS					
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3, of pext page if additional	nagge of the				0 00
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additiona (If this is the last page of contributions, this amou	nager of this form are	used.)			2050°

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					PERING THE PERIOD		
					Amount — O —		
4. COMPLETE THE APPROPRIATE ITEMS FO	R EACH ITE	MIZED EXPENDITUR	RE (expenditures totaling more than \$10	0 to any payee during the p	eriod)		
First Name Wright Printy Last Name/Business Name Address	Name Wighof Printing Middle Name Jame/Business Name		Purpose of Expenditure Printing		Amount of Expenditure 2 9 4 9 9 4 2 3 5 9 6 2 0 6 9 4 8 4		
					206,484		
City	State	Zip Code					
First Name POSTMASTER Last Name/Business Name	Middle Name		Purpose of Expenditure PosTA9 e		Amount of Expenditure 475, 41		
Address		Manual Academy Commence of the			356.500		
City	State	Zip Code			318.		
First Name Wilson Postr	Middle N	lame	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name			= $H0V$	ADV			
Address							
Cay	State	Zip Code					
rst Name Lebston Donney Middle Name			Purpose of Expenditure		Amount of Expenditure		
ast Name/Business Name			ADV.		50000		
Address							
aly	State	Zip Code					
BASKIN Robbin	or Adbliv Middle Name		Purpose of Expenditure		Amount of Expenditure		
ast Name/Business Name			- Food for Aut	10322			
ddress	**************************************						
ity	State	Zip Code					
irst Name OSPEL ASS as Name TAST W	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
ast Name/Business Name TASTS Wa	tra	CB			4000		
ddress							
ity	State	Zip Code					
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3, of next page if additional page (If this is the last page of expenditures, this amount mu	es of this form	are used.) n item 19b. of summary.)			2076		
SS-1129 (Rev. 4/02)		and the second s	Pag	e of	RDA 1159		

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

				_			
1. NAME OF CANDIDATE OR COMMITTEE ROBERT P. TICK" Bryan				2. REPORT COVERING THE PERIOD			
 COMPLETE THE APPROPRIATE ITEMS OBLIGATION (obligations totaling more th 	COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED DBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)		Outstanding Balance (Beginning of Period)	PROM: / O - / Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)	
First Name Robert	Middle N	lame D				OV	
Last Name/Business Name			8/600,00	,		8/6000	
Address 244 Lies Prin Hex			1,000			l l	
Address 344 West End Hys City Le Cornor Description of Obligation LOAN FV	State	Zip Code					
Description of Obligation LOAN FV	one c	ArAMI	Robert 1. Is	Paym			
First Name	Middle N	ame					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Middle Na	me					
.ast Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation	Juste	21p C008					
2000 pilon di Obligation							
First Name	Middle Na	ne					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation	I						
First Name							
	Middle Name						
.asl Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
I. TOTALS	Rev De Colonia				T _e	E1 4 9 40	
(Total from Outstanding Balance - (End of Period) co in item 23b. on summary page.)	olumn must	also be shown			1	1600 RC	