CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

191	0111310-041	I WINDER CONTINUE	ncī	0 - 2014
1. DATE OF REPORT 09/30/14		ANDIDATE OR COMMITTEE C. BRYAN		SON COUNTY 3:
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE AUGUST 7, 2014	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route PO BOX 803	City LEBANON	State TN	Zip Code 37088-0803	Phone 615-970-0007
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route 424 WALTER MORRIS ROAD	t than 4.a.) City LEBANON	State TN	Zip Code 37087	Phone
OFFICE SOUGHT (include district number, if SHERIFF	applicable)	6. NAME OF POLITICAL ROBERT C. BRYA	L TREASURER (may be o	candidate)
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH QUARTER	PRE- PRE-PRIMARY GENERAL		YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD 07/29/14		8.b. ENDING DATE OF REF 09/30/14	ORTING PERIOD	
9. (Check one) a. This campaign is exempt from detailed tures total \$1,000 or less for this report b. This campaign is required to file a detaind/or expenditures total more than \$	rting period. (Comp	olete items 12d., 12e. and 12 osure because contributions	f.)	
10. I/we do solemnly swear or affirm that the intaccurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we sherefit of the candidate or for any other none signature of candidate.	ns and expenditure swear or affirm that	es required to be reported by no campaign contributions he defined by the federal internal care.	the candidate committee ave been expended for the	by the Campaign
11. WITNESS SIGNATURE Shully A Byan signature of witness	10/09/14 date	Sigr	nature of witness	10/09/14 date
12. SUMMARY			21,408.04	
a. BALANCE ON HAND LAST REPORT			100.00	
b. TOTAL RECEIPTS THIS PERIOD			2,708.45	
c. TOTAL DISBURSEMENTS THIS PERIOD				
d. BALANCE ON HAND (12.a. plus 12.b. m	inus 12.c.)		\$	18,799.59
e. TOTAL LOANS OUTSTANDING			\$	0.00
f. TOTAL OBLIGATIONS OUTSTANDING			\$	0.00





SUMMARY PAGE - CANDIDATE



	JAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORTECOV	ERNO THE PERIOD								
-	ROBERT C. BRYAN	FROM: 07/29/14	TO: 09/30/14								
15. 0	CEIPTS CONTRIBUTIONS (other than loans and interest)										
a	. Unitemized Contributions (\$100 or less from each source this period)	\$									
	b. Itemized Contributions (over \$100 from each source this period)\$										
c	c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)										
16. L	OANS RECEIVED THIS REPORTING PERIOD		\$ _0.00								
17. II	NTEREST RECEIVED THIS REPORTING PERIOD		\$ _0.00								
18. T	OTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		\$ _100.00								
DIS	BURSEMENTS										
19. E	XPENDITURES (other than loan payments)										
a. E	expenditures (\$100 or less each payee this period) (must be listed by category - e.	g., printing, postage,	gasoline)								
A	DVERTISEMENT \$										
_	CAMPAIGN EVENT MATERIAL AND SUPPLIES \$ 217.57										
	\$		=								
	\$										
	\$										
	\$										
	\$										
	\$										
	\$	-									
-	Ψ		ti.								
Tota	l of Expenditures (\$100 or less each payee)	\$ _352.57									
b. Ite	emized Expenditures (Over \$100 each payee this period)	\$ _2,355.88									
c. To	OTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		\$								
20. L0	DAN REPAYMENTS MADE THIS PERIOD		\$								
21. T	OTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		\$ _2,708.45								
22.1	N-KIND CONTRIBUTIONS										
a. Uı	nitemized in-kind contributions (\$100 or less from each source this period)	\$0.00	_								
b. Ite	b. Itemized in-kind contributions (over \$100 from each source this period)\$										
c. TO	c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)\$ 0.00										
23. O	BLIGATIONS										
a. Ur	nitemized Obligations Outstanding (\$100 or less each)	\$	_								
b. Ite	mized Obligations Outstanding (Over \$100 each)	. \$	_								
c. To	OTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	12.f.)	\$ _0.00								



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE ROBERT C. BRYAN				2. REPORT COVER FROM: 07/29/14	RING THE PERIOD TO: 09/30/14	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	Amount 0.00					
COMPLETE THE APPROPRIATE ITEMS FOR EACH					Processor .	
First Name	Middle Nam		Contribution Received For:	Too Iron any contributor	Amount of Contribution	
]	,		
Last Name/Organization Name			Primary Election	General Election		
Address			Runoff (Local Elections	s Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation						
Employer			1			
	Walley and San					
First Name	Middle Nam	ne	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name	1		Primary Election	General Election		
Address		Runoff (Local Election	s Only)			
City	State Zip Code				Aggregate This Election	
Occupation	1					
Employer						
First Name	Middle Name			Contribution Received For:		
Last Name/Organization Name		——————————————————————————————————————	Primary Election	General Election		
Address			Runoff (Local Elections	e Only)		
				3 Olly)		
City	State	Zip Code	Date of Contribution	Aggregate This Election		
Occupation						
Employer			9			
First Name	Middle Name	9	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name			☐ Primary Election ☐	General Election		
Address			☐ Runoff (Local Elections	s Only)		
City	City State Zip Code			Date of Contribution		
Occupation					2000 PBB	
Employer						
ши р юусі						
 TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of (If this is the last page of contributions, this amount must be according to the contributions). 					0.00	



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS WIGHT DATE ELECTION COMMISSION

1. NAME OF CANDIDATE OR CO	ON AN AUTTEE				0 050005000			
ROBERT C. BRYAN	RING THE PERIOD TO: 09/30/14							
3. TOTAL ITEMIZED IN-KIND CC	Amount							
COMPLETE THE APPROPRIATE I	,	0.00						
First Name		Middle Na		In-Kind Contribution Receive		Value of In-Kind Contribution		
		Wilder 14d			General 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 EXPENDITURE FOR A	D IN LEDANON DE	I.			
Occupation	Employer			ENDORSEMENT	ID IN LEBANON DE	MOCRATOF		
				ENDORSEMENT				
First Name		Middle Na	me	In-Kind Contribution Received		Value of In-Kind Contribution		
Last Name/Organization Name					General Election			
Address				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			1				
First Name Middle Name				In-Kind Contribution Received	THE STATE OF THE S	Value of In-Kind Contribution		
Last Name/Organization Name			1 =	General Election				
Address			Runoff (Local Election Date of In-Kind Contribution	s Only)	Aggregate this Floation			
				33-3-1-1-2				
City	2	State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer							
First Name		Middle Nar	ne	In-Kind Contribution Received For: ☐ Primary Election ☐ General Election Value of In-Kind Contribution				
Last Name/Organization Name		-3						
Address				Runoff (Local Elections Only) Date of In-Kind Contribution Aggregate this Election				
Oil.		Tout	Tara			, agregate the Elector		
City	-	State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer							
First Name		Middle Nam	e	In-Kind Contribution Receive	d For: General Election	Value of In-Kind Contribution		
.ast Name/Organization Name				Runoff (Local Elections	· Only)			
Address				Date of In-Kind Contribution	//	Aggregate this Election		
City		State	Zip Code	Description of In-Kind Contribution		200		
Occupation	Employee	- Cuito	I ap oods	Securption of Installa Continuation				
льирацин	Employer							
5. TOTAL ITEMIZED IN-KIND CO	NTRIBUTIO	NS						
(Carry forward to item 3. of next page if a (If this is the last page of in-kind contribu				v)	- 1	0.00		
(1) and is the last page of itt-kind continua	uona, mia amuu	in must be SIM	Own at Rem ZZD. Of Summary	·)	49-80-30-84-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			





ITEMIZED STATEMENT OF EXPENDITURES WILCOMMISSION

NAME OF CANDIDATE OR COMMITTEE ROBERT C. BRYAN	RING THE PERIOD					
ROBERT C. BRTAN	TO: 09/30/14 Amount					
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	0.00					
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEM	IZED EXPENDITURE	(expenditures totaling more than \$100	to any payee during the pe	riod)	
First Name	Middle Na	me	Purpose of Expenditure CAMPAIGN SHIRTS		Amount of Expenditure 796.44	
Last Name/Business Name MJ SHIRTWORKS			- CAMPAIGN SHIRTS			
Address 1006A CHARLIE DANIELS PKWY						
City MT JULIET	State TN	Zip Code 37122				
First Name	First Name Middle Name				Amount of Expenditure 200.00	
Last Name/Business Name NORENE FCE						
Address NORENCE COMMUNITY CENTER						
City NORENE	State TN	Zip Code 37087				
First Name	Middle Na	me	Purpose of Expenditure EVENT DONATION		Amount of Expenditure 145.48	
Last Name/Business Name TSA						
Address 145 SOUTH COLLEGE STREET						
City LEBANON	State TN	Zip Code 37087				
First Name Middle Name			Purpose of Expenditure CAMPAIGN EVENT SI	Amount of Expenditure 503.07		
Last Name/Business Name GFS				000.01		
Address 465 N THOMPSON LANE						
City MURFREESBORO	State TN	Zip Code 37129				
First Name	Middle Nan	ne	Purpose of Expenditure	Amount of Expenditure 245.76		
Last Name/Business Name TSC		***************************************	CAMPAIGN EVENT SUPPLIES			
Address 1455 B WEST MAIN ST						
City LEBANON	State TN	Zip Code 37087				
First Name	Middle Nan	ne	Purpose of Expenditure CAMPAIGN EVENT SUPPLY REIMB, SAMS		Amount of Expenditure 146.64	
Last Name/Business Name KAREN BRYAN			ONWI AIGIN EVENT SOF	LI ILLINID, SANS		
Address 602 DOE TRAIL						
City LEBANON	State TN	Zip Code 37087				
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount mus	2.037.39					





ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE ELECTION COMMISSION

NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVERING THE PERIOD				
ROBERT C. BRYAN	FROM: 07/29/14	TO: 09/30/14				
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	ge)	Amount 2,037.39				
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMI	ZED EXPENDITURE (e:	xpenditures totaling more than \$100	to any payee during the per	iod)	
First Name	Middle Nar	ne	Purpose of Expenditure CAMPAIGN EVENT	SUPPLIES	Amount of Expenditure 318.49	
Last Name/Business Name SHAWN BENFORD						
Address OLD ROME PIKE						
City LEBANON	State TN	Zip Code 37087				
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name Middle Name			Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name	Middle Nam	е	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		***************************************				
Address						
City	State	Zip Code				
First Name	Middle Nam	е	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
5. 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				2,355.88		





1. NAME OF CANDIDATE OR COMMITTEE							2	2. REPORT COVERING THE PERIOD			
ROBERT C. BRYAN								ROM: 07/29/14		TO:	9/30/14
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 Loan											
First Name	Middle Nan	ne		Outstanding L (Beginning	Loan Balance Loans Loan Ou of Period) Received Payments			Out		g Loan Balance of Period)	
Last Name/Organization Name	L	***************************************		0.00		0.00	1210	0.00		0.00	
Address			_	Loan Receive							
				☐ Primary	2000 01 20211						
City	State	Zip Code		☐ Runoff (Local Elections	Only)		1			
Li	st All Endor	sers or Guara	intors fo	or Above Loa	n (If more spa	ice is neede	ed please attac	th a page)			
First Name	·	Middle Name			First Name				Middle	e Name	
Last Name/Organization Name		.			Last Name/On	ganization Na	me				
Address					Address			· · · · · · · · · · · · · · · · · · ·		**-	
City		State	Zip Co	ode	City				State		Zip Code
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding						
First Name Middle Name					First Name Middle Name						
Last Name/Organization Name			11000	Last Name/Org	ganization Na	me					
Address					Address				***************************************		
City State Zip Co			Zip Co	de	City State Zip				Zip Code		
Amount Guaranteed Outstanding					Amount Guara	nteed Outstan	nding	-			
First Name		Middle Name			First Name				Middle	e Name	
Last Name/Organization Name					Last Name/Org	janization Nai	me		•		
Address					Address	***					
City		State	Zip Co	de	City State Zip Co					Zip Code	
Amount Guaranteed Outstanding					Amount Guarai	nteed Outstan	ding		•		
First Name		Middle Name			First Name Middle Name						
Last Name/Organization Name				Last Name/Organization Name							
Address				Address							
City		State	Zip Co	de	City				State		Zip Code
Amount Guaranteed Outstanding					Amount Guarar	iteed Outstan	ding				
4. Totals for all Loans (complete on las	st page of i	temized loar	ıs)		Outstanding Lo		Loans	Loar	88	Outst	anding Loan Balance
(Total loans received should also be shown in (Total loan payments should also be shown in	item 20. on s	ummary page.)			(Beginning o	of Period)	Received 0.00	Payme 0.00	-		(End of Period) .00
(Total outstanding loan balance should also be	snown in item	12.e. on front p	age.)		0.00						



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE ONLY

NAME OF CANDIDATE OR COMMITTEE ROBERT C. BRYAN					2. REPORT COVERING THE PERIOD FROM: 07/29/14 TO: 09/30/14			
COMPLETE THE APPROPRIATE ITEMS F OBLIGATION (obligations totaling more that person/vendor at the end of the reporting pi	Outstanding Balance (Beginning of Period) 0.00	Debt Incurred This Period 0.00	Payments This Period 0.00	Outstanding Balance (End of Period) 0.00				
First Name	Middle Nar	ne						
Last Name/Business Name	1							
Address								
City	State	Zip Code						
Description of Obligation		.		L		L		
First Name	Middle Nar	ne						
Last Name/Business Name								
Address								
City	State	Zip Code						
Description of Obligation		<u> </u>						
First Name Middle Name								
Last Name/Business Name	J	*						
Address		···						
City	State Zip Code							
Description of Obligation	<u> </u>	<u> </u>						
First Name	Middle Nan	ne						
Last Name/Business Name								
Address								
City	State	Zip Code						
Description of Obligation		-						
					W			
First Name	Middle Nan	ne						
Last Name/Business Name								
Address								
City	State	Zip Code						
Description of Obligation								
TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)			0.00	0.00	0.00	0.00		