# CAMPAIGN FINANCIAL DISCLOSURE STATEMENTITY (3)

### For State and Local Candidates For Single-Candidate Committees

ELECTION COM	IMISSION
--------------	----------

1. DATE OF REPORT 01/15/15	2.a. NAME OF CAROBERT	ANDIDATE OR COI C. BRYAN	MMITTEE		
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 differen 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	f applicable)		POLITICAL T C. BRYAN	REASURER (may be o	candidate)
7. CATEGORY OR REPORT (Check one)  FIRST SECOND THIRD QUARTER QUARTER QUARTER  8.a. BEGINNING DATE OF REPORTING PERIOD	FOURTH QUARTER	PRE- PRIMARY 8.b. ENDING DA	PRE- GENERAL ATE OF REPOR	MID-YEAR SUPPLEMENTAL RTING PERIOD	YEAR-END SUPPLEMENTAL
10/01/14		01/15/15			
9. (Check one)  a.  This campaign is exempt from detaile tures total \$1,000 or less for this report b.  This campaign is required to file a deand/or expenditures total more than \$	orting period. (Comp tailed financial disclo	olete items 12d., 1	2e. and 12f.)		
10. I/we do solemnly swear or affirm that the ir accurate accounting of campaign contribution. Financial Disclosure Act. Additionally, I/we benefit of the candidate of for any other nor signature of candidate.	ons and expenditure swear or affirm that	s required to be re no campaign con	eported by the tributions have deral internal	candidate committee I	ov the Campaign
11. WITNESS SIGNATURE Shully Blay	01/20/15	n.	und Bar	no	01/20/15
signature of witness	date	<b>D</b>	signati	ure of witness	date
12. SUMMARY		7		40.000	
a. BALANCE ON HAND LAST REPORT				500 2000	
b. TOTAL RECEIPTS THIS PERIOD				0.00	
c. TOTAL DISBURSEMENTS THIS PERIOD .				796.68 \$	
d. BALANCE ON HAND (12.a. plus 12.b. m	ninus 12.c.)		***************************************	\$	18,002.91
e. TOTAL LOANS OUTSTANDING				\$	0.00
f. TOTAL OBLIGATIONS OUTSTANDING				\$	0.00

## JAN 20 2015

## SUMMARY PAGE - CANDIDATE



	ELEC	1101400111111
13. NAME OF CANDIDATE OR COMMITTEE (In Full) ROBERT C. BRYAN	14. REPORT COV FROM: 10/01/14	ERING THE PERIOD TO: 01/15/15
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)		70. 01/15/15
a. Unitemized Contributions (\$100 or less from each source this period)	¢ 0.00	
b. Itemized Contributions (over \$100 from each source this period)	_, .	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	<b>-</b>	
16. LOANS RECEIVED THIS REPORTING PERIOD		
17. INTEREST RECEIVED THIS REPORTING PERIOD		
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		\$ 0.00
		-
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e. DONATIONS	g., printing, postage,	gasoline)
SPONSORSHIPS \$ 176.68		
\$		
\$ <u></u>		
\$	<del></del>	
		5 <u>3</u>
\$		0
\$	-	,
\$		
Total of Expenditures (\$100 or less each payee)	\$ 296.68	
b. Itemized Expenditures (Over \$100 each payee this period)		
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		
20. LOAN REPAYMENTS MADE THIS PERIOD		\$ 0.00
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		
22.IN-KIND CONTRIBUTIONS		
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ 0.00	_
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.)	\$_0.00	
23. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	\$_0.00	_
b. Itemized Obligations Outstanding (Over \$100 each)		_
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	\$ 0.00	





ITEMIZED STAT	ΓΕΜΙ	ENT OF C	ONTRIBUTIO	JAN 20 2		
NAME OF CANDIDATE OR COMMITTEE		1981 W. H. H. W.		2. REPORT COVER		
ROBERT C. BRYAN				FROM: 10/01/14	TO: 01/15/15 Amount	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	TIONS FR	OM PRECEDING PA	AGE (enter \$0 if first itemized p	age)	0.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMI	ZED CONTRIBUTION		\$100 from any contributor	r)	
First Name	Middle Nan	ne	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name			Primary Election	General Election		
Address		4	Runoff (Local Election	s Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation	<u> </u>		-			
Employer		2444				
Еприуо						
First Name	Middle Nar	me	Contribution Received For		Amount of Contribution	
Last Name/Organization Name			Primary Election	General Election		
Address			☐ Runoff (Local Election			
	ddress					
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation			1			
Employer						
First Name	Middle Nam	е	Contribution Received For:	Contribution Received For:		
Last Name/Organization Name			Primary Election	General Election	a .	
Address		-	Runoff (Local Election	s Only)		
City	State	Zip Code	Date of Contribution	Aggregate This Election		
Occupation			1		×	
Employer					÷	
First Name	Middle Nam	ne	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name			☐ Primary Election ☐	General Election		
Address		Runoff (Local Election				
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation						
Employer						
TOTAL ITEMIZED CONTRIBUTIONS     (Carry forward to item 3. of next page if additional pages (If this is the last page of contributions, this amount must)					0.00	



## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS CANDIDATE

1. NAME OF CANDIDATE OR CO	MMITTEE				2 REPORT COVE	RING THE PERIOD			
ROBERT C. BRYAN					TO: 01/15/15				
	L	Amount							
3. TOTAL ITEMIZED IN-KIND COI						0.00			
4. COMPLETE THE APPROPRIATE IT	EMS FOR EA	ACH ITEMIZ	ED IN-KIND CONTRIBL	JTION (in-kind contributions totaling	more than \$100 from any co	ontributor during the period)			
First Name Middle Name				In-Kind Contribution Receive	Value of In-Kind Contribution				
Last Name/Organization Name			Primary Election General Election						
Address			Date of In-Kind Contribution	is Offiy)	Aggregate this Election				
City	State Zip Code			Description of In-Kind Contribution		1			
Occupation	Employer		<u> </u>	EXPENDITURE FOR A	AD IN LEBANON DE	MOCRAT OF			
20			180	ENDORSEMENT					
First Name		Middle Nan	ne	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		1			
Occupation	Employer								
First Name Middle Name				In-Kind Contribution Received For:    Primary Election					
Last Name/Organization Name				Runoff (Local Elections Only)					
Address				Date of In-Kind Contribution Aggregate this Election					
City	2111	State	Zip Code	Description of In-Kind Contribution					
Occupation Employer					#				
First Name		Middle Nam	ne	In-Kind Contribution Received	d For:	Value of In-Kind Contribution			
Last Name/Organization Name		l		☐ Primary Election ☐ General Election					
East value of gamzation reality				Runoff (Local Elections Only)					
Address				Date of In-Kind Contribution Aggregate this Election					
City		State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer		<u> </u>						
First Name		Middle Name		In-Kind Contribution Receive		Value of In-Kind Contribution			
Last Name/Organization Name					General Election				
			Runoff (Local Elections	only)					
Address			Date of In-Kind Contribution		Aggregate this Election				
City		State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer	· · · · · · · · · · · · · · · · · · ·							
5 TOTAL ITEMIZED IN JUND OO	ITDIDI ITICI	uc.							
<ol> <li>TOTAL ITEMIZED IN-KIND CONTRIBUTIONS         (Carry forward to item 3. of next page if additional pages of this form are used.)     </li> </ol>						0.00			
(If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)									



# WILSON COUNTY TO SELECTION COMMISSION TEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			1	2 PEDART COVE	PINC THE DEDICE		
ROBERT C. BRYAN	RING THE PERIOD TO: 01/15/15						
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	FROM: 10/01/14 ge)	Amount 0.00					
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEM	IIZED EXPENDITURE (	(expenditures totaling more than \$100	to any payee during the pe	eriod)		
First Name	Middle Na	me	Purpose of Expenditure  EVENT DONATION		Amount of Expenditure 300.00		
Last Name/Business Name WILSON COUNTY CHRISTMAS FOR ALL							
Address PO BOX 803							
City LEBANON	State TN	Zip Code 37088					
First Name	Middle Na	me	Purpose of Expenditure EVENT DONATION		Amount of Expenditure 200.00		
Last Name/Business Name WILSON WARRIOR MEMORIAL FUND							
Address PO BOX 2131	· · · · · · · · · · · · · · · · · · ·						
City LEBANON	State TN	Zip Code 37088					
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name		,	1				
Address		1					
City	State	Zip Code	1				
First Name	Name Middle Name				Amount of Expenditure		
ast Name/Business Name			1				
Address		10	1				
City	State	Zip Code					
First Name	Middle Nam	е	Purpose of Expenditure	Amount of Expenditure			
ast Name/Business Name	*						
Address				E .			
City	State	Zip Code					
First Name	Middle Nam	e	Purpose of Expenditure	Amount of Expenditure			
ast Name/Business Name	H 100	100000000000000000000000000000000000000					
ddress							
ity	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	of this form a	re used.)			500.00		







### ITEMIZED STATEMENT OF LOANS - CANDIDATETION COMMISSION

1. NAME OF CANDIDATE OR COMMITTEE							2.	REPORT	COVE	RING	THE PERIOD
ROBERT C. BRYAN							FF 1	ROM: 0/01/14		TO:	
3. COMPLETE THE APPROPRIAT	TE ITEMS F	OR EACH I	TEMIZ	ED LOAN (	loans totaling n	nore than \$10	00 from any source	e during the pe	eriod)		
Complete the Following for the Source	of the Loan										
First Name	Middle Nan	ne			Outstanding Loan Balance Loans (Beginning of Period) Received			Loan Payments		Outstanding Loan Balance (End of Period)	
Last Name/Organization Name						0.00	0	0.00	0.00		)
Address				nacesans naces	oan Received For: Date of Loan						
City	State	Zip Code		☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)			al Election				
I	ist All Endor	sers or Guara	ntors fo	r Above Loai	n (If more spa	ce is neede	ed please attach	a page)			
First Name		Middle Name	0 - 1	10 41	First Name	100			Middle	e Name	
Last Name/Organization Name					Last Name/Org	anization Na	ime				
Address					Address						
City		State	Zip Co	ode	City				State		Zip Code
Amount Guaranteed Outstanding					Amount Guara	nteed Outstar	nding				
First Name Middle Name					First Name Middle Name						
Last Name/Organization Name					Last Name/Organization Name						
Address					Address	710					
City		State	Zip Co	de	City State Zip Code					Zip Code	
Amount Guaranteed Outstanding			1000		Amount Guarar	teed Outstar	nding				
First Name		Middle Name			First Name Middle Name						
Last Name/Organization Name					Last Name/Organization Name						
Address					Address						
City		State	Zip Coo	de	City				State		Zip Code
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding						
First Name		Middle Name			First Name Middle Name						
Last Name/Organization Name				Last Name/Organization Name							
Address			2	Address							
City		State	Zip Coo	de	City				State		Zip Code
Amount Guaranteed Outstanding					Amount Guaran	teed Outstan	ding				**********
Totals for all Loans (complete on last page of itemized loans) (Total loans received 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.)					Outstanding Loan Balance (Beginning of Period) Received Payments (End of Period)  0.00 0.00 0.00 0.00						





## ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

				200					
					2. REPORT COVERING THE PERIOD				
				FROM: 10/01/14 TO: 01/15/15					
OBLIGATION (obligations totaling more that	B. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)			Debt Incurred This Period 0.00	Payments This Period 0.00	Outstanding Balance (End of Period) 0.00			
First Name	Middle Na	ame							
Last Name/Business Name			-						
Address	-		-						
City	State	Zip Code							
Description of Obligation									
First Name	Middle Na	am o			· ·				
Abdress State Control Fee	Wildule Na	arre							
Last Name/Business Name									
Address									
City	State	Zip Code							
Description of Obligation				<u> </u>					
First Name	Middle Na	me							
Last Name/Business Name									
Address			1						
City	State	Zip Code	7						
Description of Obligation			<u> </u>						
First Name	Middle Nar	me							
Last Name/Business Name		, , , , , , , , , , , , , , , , , , , ,	1 1						
Address									
City	State	Zip Code	1						
Description of Obligation	1								
First Name	Middle Nan	ne							
Last Name/Business Name	L		-						
Address									
City	State	Zip Code	1						
Description of Obligation	I	I			L				
4. TOTALS					0.00	0.00			
(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			

SS-1127 (Rev. 4/02)

RDA 1159