CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

| 1, | | ITE OF REPORT 12/15 | 2.a. NAME OF CANDIDATE OR COMMITTEE ROBERT C. BRYAN | | | | | WILSON COUNTY |
|-----------|-----------|---|--|---|---|---|--|--------------------------|
| 2.t | o. IF | COMMITTEE, NAME OF CANDIDATE | | | | | 3. ELECTION DATE AUGUST 7, 2014 | ECTION COMMISSION |
| | Str F | MPAIGN ADDRESS AND PHONE eet or Rural Route PO BOX 803 | City | LEBANON | | State TN | Zip Code 37088-0803 | Phone 615-574-3426 |
| 4.b | Str | NDIDATE'S HOME ADDRESS (if different eet or Rural Route 424 WALTER MORRIS ROAD | than 4 City | l.a.) LEBANON | | State TN | Zip Code 37087 | Phone |
| 5. | | FICE SOUGHT (include district number, if SHERIFF | applica | able) | 6. NAME C ROBE | OF POLITICAL T RT C. BRYAN | REASURER (may be o | andidate) |
| 7. 8.a | l Qi | TEGORY OR REPORT (Check one) | | OURTH OURTER | PRE- PRIMARY 8.b. ENDING | PRE- GENERAL DATE OF REPOR | MID-YEAR SUPPLEMENTAL RTING PERIOD | YEAR-END SUPPLEMENTAL |
| | | 01/16/15 | | | 06/30/15 | | | |
| | | This campaign is exempt from detailed tures total \$1,000 or less for this report This campaign is required to file a detand/or expenditures total more than \$ | ting pe ailed fir | eriod. (Comp nancial disclo | olete items 12d., osure because o | . 12e. and 12f.) | | · |
| 10. | ac Fir | we do solemnly swear or affirm that the int curate accounting of campaign contribution nanglel Disclosure Act. Additionally, I/we so the candidate or for any other non- | ns and wear o | expenditures or affirm that | s required to be no campaign co | reported by the | candidate committee be been expended for the | v the Campaign |
| | Λ | signature of candidate | 07. | /12/15 date | | signature of | political treasurer | 07/12/15 date |
| | | | | | | | | duto |
| 11. | Ž | SIGNATURE Signature of witness | | 7/12/15 date | | Sus Que signatu | Bluvett ure of witness | 07/12/15 date |
| 12. | SUN | MMARY | | | | | | |
| | a. | BALANCE ON HAND LAST REPORT | | *************************************** | *************************************** | | \$ | |
| | b. | TOTAL RECEIPTS THIS PERIOD | | *************************************** | | | \$ | |
| | c. | TOTAL DISBURSEMENTS THIS PERIOD | | | *************************************** | | \$ | |
| | d. | BALANCE ON HAND (12.a. plus 12.b. mi | nus 12 | .c.) | *************************************** | | ····· \$ | 15,936.91 |
| | е. | TOTAL LOANS OUTSTANDING | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | *************************************** | \$ _ | 0.00 |
| | f. | TOTAL OBLIGATIONS OUTSTANDING | | 4) | | | \$ - | 0.00 |



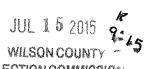
SUMMARY PAGE - CANDIDATE

| JUL. | C105 | 7 |
|-------|------|-------|
| WILSO | | y 91/ |
| | | |

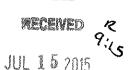
| | | a e e | IONCOMMISSION |
|-----|---|--|---|
| 13 | NAME OF CANDIDATE OR COMMITTEE (In Full) ROBERT C. BRYAN | | ERING THE PERIOD TO: 06/30/15 |
| | ECEIPTS CONTRIBUTIONS (other than leave and information) | 1 KOM. 9 0 10/19 | 10; 00/30/13 |
| 13 | CONTRIBUTIONS (other than loans and interest) | 0.00 | |
| | a. Unitemized Contributions (\$100 or less from each source this period) | · | |
| | b. Itemized Contributions (over \$100 from each source this period) | | _ |
| | c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) | | \$ 500.00 |
| 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.) | | \$ _500.00 |
| DI | SBURSEMENTS | | |
| 19. | EXPENDITURES (other than loan payments) | | • |
| а | . Expenditures (\$100 or less each payee this period) (must be listed by category - e.g | L. printing, postage | rasoline) |
| | DONATION/EVENT SPONSORSHIPS \$ 600.00 | , , pg, pootage, | gaodanio) |
| | ADS FOR SCHOOLS 200.00 | | |
| | | | |
| | \$ | and the same of th | |
| | | AND THE PARTY OF T | |
| | \$ | *************************************** | |
| | \$ | | *************************************** |
| | * | | |
| | \$ | **** | |
| | \$ | | |
| Te | otal of Expenditures (\$100 or less each payee) | ф 800.00 | |
| | Itemized Expenditures (Over \$100 each payee this period) | | _ |
| | TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) | | − ¢ 2,566.00 |
| | LOAN REPAYMENTS MADE THIS PERIOD | | |
| | | | |
| | TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) | | .\$ _2,506.00 |
| | IN-KIND CONTRIBUTIONS | 0.00 | |
| | Unitemized in-kind contributions (\$100 or less from each source this period) | | |
| 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) | \$_0.00 | _ |
| b. | Itemized Obligations Outstanding (Over \$100 each) | \$ | _ |
| C. | TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item | 2.f.) | .\$ 0.00 |

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE QUARTY ELECTION COMMISSION

| NAME OF CANDIDATE OR COMMITTEE ROBERT C. BRYAN | | | | 2. REPORT COVE FROM: 01/16/15 | VERING THE PERIOD TO: 06/30/15 | |
|---|--|--|-------------------------------------|----------------------------------|---------------------------------|--|
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBU | | | | Amount 0.00 | | |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR E | ACH ITEM | IZED CONTRIBUTION (| contributions totaling more than \$ | 100 from any contributo | r) | |
| First Name | Middle Nar | me | Contribution Received For: | | Amount of Contribution 500.00 | |
| Last Name/Organization Name AROUND THE CLOCK BONDING | | | Primary Election | General Election | 330.00 | |
| Address 5307 MOUNT VIEW ROAD | | | Runoff (Local Election | s Only) | | |
| City ANTIOCH | IOCH State Zip Code TN 37013 | | | | Aggregate This Election | |
| Occupation | | | | | | |
| Employer | | | | | | |
| First Name | Middle Nar | me | Contribution Received For: | | Amount of Contribution | |
| Last Name/Organization Name | | | Primary Election | General Election | | |
| Address | | | Runoff (Local Election | s Only) | | |
| City | State | Zip Code | Date of Contribution | Aggregate This Election | | |
| Occupation | <u> </u> | | | | | |
| Employer | | ······································ | | | | |
| | | | | | | |
| First Name | Middle Nam | e | Contribution Received For: | | Amount of Contribution | |
| Last Name/Organization Name | .d | | Primary Election | General Election | | |
| Address | ······································ | | Runoff (Local Elections | only) | | |
| City | State | Zip Code | Date of Contribution | | Aggregate This Election | |
| Occupation | | | | | | |
| Employer | | | | | | |
| First Name | Middle Nam | е | Contribution Received For: | | Amount of Contribution | |
| Last Name/Organization Name | | | Primary Election | General Election | | |
| Address | | | Runoff (Local Elections | : Only) | | |
| City | State | Zip Code | Date of Contribution | Aggregate This Election | | |
| Occupation | L | <u> </u> | | | | |
| Employer | | | | | | |
| TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of additi | f this famous | | | | 500.00 | |

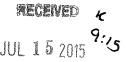


| 1. NAME OF CANDIDATE OR CO | MMITTEE | | | | 2 DEDORT COVE | ONO THE DEDICE | | | |
|---|---|----------------|--------------------------|--|-------------------------------------|--------------------------------|--|--|--|
| ROBERT C. BRYAN | >14(14(11) 1 T.E.E. | | | 2. REPORT COVERING FROM: 01/16/15 TO | | | | | |
| | ***** | | | | | Amount | | | |
| 3. TOTAL ITEMIZED IN-KIND CO | | | | | | 0.00 | | | |
| 4. COMPLETE THE APPROPRIATE I | TEMS FOR EA | ACH ITEM | IZED IN-KIND CONTR | RIBUTION (in-kind contributions totaling | more than \$100 from any co | ontributor during the period) | | | |
| First Name | | Middle Na | ame | In-Kind Contribution Receive | d For: | Value of In-Kind Contribution | | | |
| Last Name/Organization Name | | <u> </u> | | 1 | General Election | value of in third contribution | | | |
| East Name/Organization Name | | | | Runoff (Local 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 | | | | | | | | |
| , | , , , , | | | | | | | | |
| F | | december | | | | | | | |
| First Name | | Middle Na | me | In-Kind Contribution Receive | | Value of In-Kind Contribution | | | |
| Last Name/Organization Name | | | | 1 . | General Election | | | | |
| | | | | Runoff (Local Election | ns Only) | | | | |
| Address | | | | Date of In-Kind Contribution | | Aggregate this Election | | | |
| City | | State | Zíp Code | Description of In-Kind Contribution | | | | | |
| Occupation | Employer | · M | | | | | | | |
| | | | | | | | | | |
| First Name | | Middle Na | me | In-Kind Contribution Received | f For: | Value of In-Kind Contribution | | | |
| Last Name/Organization Name | | <u> </u> | · | Primary Election | General Election | | | | |
| EBSC (GBBIO) OT GBBIE GBBIO | | | | Runoff (Local Election | is Only) | | | | |
| Address | | | | Date of In-Kind Contribution | | Aggregate this Election | | | |
| City | | State Zip Code | | Description of In-Kind Contribution | Description of In-Kind Contribution | | | | |
| Occupation | Employer | | <u> </u> | | | | | | |
| | | | | | | | | | |
| First Name | | Middle Nar | | In-Kind Contribution Received | | 1 | | | |
| THOUTONIS | | Wildule Nai | 116 | | ror: General Election | Value of In-Kind Contribution | | | |
| Last Name/Organization Name | | | | | | | | | |
| Address | | | | Runoff (Local Elections Only) | | | | | |
| | | | | Date of In-Kind Contribution | | Aggregate this Election | | | |
| City | | State Zip Code | | Description of In-Kind Contribution | | | | | |
| Occupation | Employer | | <u> </u> | | | | | | |
| | | | | | | | | | |
| irst Name | | Middle Nam | e | In-Kind Contribution Receive | d For: | Value of In-Kind Contribution | | | |
| ast Name/Organization Name | | | | | General Election | | | | |
| South an ior Organization Hatrid | | | | Runoff (Local Elections | Only) | | | | |
| Address | | ····· | | Date of In-Kind Contribution | | Aggregate this Election | | | |
| City | 1 | State | Zip Code | Description of In-Kind Contribution | | | | | |
| | | | | pescription of it-vind contribution | | | | | |
| Occupation | Employer | | | | | | | | |
| E TOTALITEMITEDIN CON | STOUR DECE | | | | | | | | |
| | . TOTAL ITEMIZED IN-KIND CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) | | | | | | | | |
| (If this is the last page of in-kind contributi | ons, this amount | must be sho | own in item 22b. of summ | ary.) | | 0.00 | | | |
| 47 N | | | | | <u>-</u> | | | | |



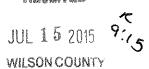
ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

| NAME OF CANDIDATE OR COMMITTEE ROBERT C. BRYAN | = | | | 2. REPORT COVE FROM: 01/16/15 | RING THE PERIOD NO. 1 TO: 06/30/15 | |
|---|--|-------------------|---|----------------------------------|---------------------------------------|--|
| 2 TOTAL ITEMIZED CAMBAICAL EVOCADA | TUDEC ED | OM ODECEDING D | AOE / / AO / E / | | Amount | |
| TOTAL ITEMIZED CAMPAIGN EXPENDI COMPLETE THE APPROPRIATE ITEMS FOR | | | | | 0.00 | |
| First Name | Middle N | | Purpose of Expenditure | to to any payee during the p | Amount of Expenditure | |
| Last Name/Business Name | | | SPONSORSHIP/DON | NATION | 400.00 | |
| WILSON COUNTY FOP | | | | | | |
| Address PO BOX 2614 | | | | | | |
| City LEBANON | State TN | Zip Code 37088 | | | | |
| First Name | Middle N | ame | Purpose of Expenditure | | Amount of Expenditure | |
| Last Name/Business Name LHS | | | SPONSORSHIP/DOI | NATION | 650.00 | |
| Address | | | | | | |
| 500 BLUE DEVIL BLVD | | | | | | |
| City LEBANON | State TN | Zip Code 37087 | | | | |
| First Name | Middle Na | ame | Purpose of Expenditure SPONSORSHIP/DON | IATION | Amount of Expenditure | |
| Last Name/Business Name PROSEPT | | | 3FONSORSHIP/DOK | ATION | 250.00 | |
| Address 960 MADDOX SIMPSON PKWY | ************************************** | | • | | | |
| City LEBANON | State TN | Zip Code 37090 | | | | |
| First Name | Middle Na | me | Purpose of Expenditure | | Amount of Expenditure | |
| Last Name/Business Name PBA RACE 4 THE FALLEN | | | SPONSORSHIP/DC | NATION | 180.00 | |
| Address 1800 CURD ROAD | | | | | | |
| ^{City} MT JULIET | State TN | Zip Code 37122 | | | | |
| First Name | Middle Nar | ne | Purpose of Expenditure | | Amount of Expenditure | |
| Last Name/Business Name LEBANON SENIOR CITIZENS CENTER | t | | SPONSORSHIP/DON/ | ATION | 140.00 | |
| Address 670 COLES FERRY PIKE | | | | | | |
| City LEBANON | State TN | Zip Code 37087 | | | | |
| First Name | Middle Nar | ne | Purpose of Expenditure PO BOX RENTAL FE | | Amount of Expenditure 146.00 | |
| ast Name/Business Name US POSTMASTER | | | | Land | 140.00 | |
| Address | | | | | | |
| City LEBANON | State TN | Zip Code 37087 | | | | |
| 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 | 1766.00 | | | | | |



ITEMIZED STATEMENT OF LOANS - CANDIDATELSON COUNTY

| NAME OF CANDIDA ROBERT C. BRYA | | 2. REPORT COVERING THE PERIOD FROM: TO: | | | | | | | | | | | |
|---|--|---|---|---|---|-----------------|---------------------------|--|--------|---|--|--|--|
| 3. COMPLETE THE AP | | FOR FACH | ITEMIZ | ED LOAN | liagos tatalina r | ore than \$10 | | 1/16/15 | | 06/30/15 | | | |
| Complete the Following for | | <u>Paragotte (et au paragotte et</u> | | LD LOAIT | loans totaling i | iore ineal a in | JO ROIN ANY SOUR | e during the p | enoa) | | | | |
| First Name | Middle Na | | | Outstanding I | oan Balance | Loan | | Loan | Out | standing Loan Balance | | | |
| Last Name/Organization Name | | | | (Beginning 0.00 | от Репод) | Receiv 0.0 | | yments 0.00 | | (End of Period) 0.00 | | | |
| | | | | | | | | | | 0.00 | | | |
| | | | | | pan Received For: Date of Loan Primary Election | | | | | | | | |
| City | State | Zip Code | | ☐ Runoff | Runoff (Local Elections Only) | | | | | | | | |
| | List All Endo | | owner, word | or Above Loa | | ce is neede | ed please attach | n a page) | | | | | |
| First Name | | Middle Nam | ė | | First Name | | | | Middle | Name | | | |
| Last Name/Organization Name | | | | | Last Name/Οη | anization Na | ime | ****** | | | | | |
| Address | | | *************************************** | | Address | | | | | | | | |
| City | · · · · · · · · · · · · · · · · · · · | State | Zip Co | ode | City | | | ······································ | State | Zip Code | | | |
| Amount Guaranteed Outstandin | 9 | ·········· | | | Amount Guaranteed Outstanding | | | | | | | | |
| First Name | | Middle Name | 9 | <u>ng saran sa sa kasar 162,443</u> | First Name Middle Name | | | | | Name | | | |
| Last Name/Organization Name | | | | | Last Name/Organization Name | | | | | | | | |
| Address | | | | | Address | | | | | | | | |
| City | | State | Zip Co | ode | City State Zip Code | | | | | Zip Code | | | |
| Amount Guaranteed Outstandin | 9 | | | | Amount Guarar | iteed Outstar | nding | | | ······ | | | |
| First Name | | Middle Name | } | | First Name | | | | Middl | e Name | | | |
| Last Name/Organization Name | | | | *************************************** | Last Name/Organization Name | | | | | | | | |
| Address | | | | | Address | - | 7.7.4. | | | | | | |
| City | | State | Zip Co | de | City State Zip Cod | | | | | Zip Code | | | |
| Amount Guaranteed Outstanding |) | | *************************************** | | Arnount Guarar | teed Outstar | iding | | | L., | | | |
| First Name | | Middle Name |) | | First Name Middle Name | | | | | Name | | | |
| Last Name/Organization Name | | <u> </u> | | | Last Name/Org | anization Na | me | | 1 | | | | |
| Address | | | | | Address | · | | | | | | | |
| City | | State | Zip Co | de | City | | | | State | Zip Code | | | |
| Amount Guaranteed Outstanding |] | | | | Amount Guaran | teed Outstan | ding | | | | | | |
| 4. Totals for all Loans (cor (Total loans received should al (Total loan payments should al | so be shown in item 16. on so be shown in item 20. on | summary page.) summary page.) |)) | | Outstanding Lo (Beginning o | | Loans Received 0.00 | Loa Paym 0.00 | nents | Outstanding Loan Balance (End of Period) 0.00 | | | |
| Total outstanding loan balance | should also be shown in ite | m 12.e. on front p | page.) | | 0.00 | | บ.บบ | 1 0.0 | - | U.UU | | | |



ITEMIZED STATEMENT OF OBLIGATIONS CANDIDATE

| NAME OF CANDIDATE OR COMMITTEE ROBERT C. BRYAN | | | | 2. REPORT COVERING THE PERIOD | | | |
|---|----------------|----------|--|--|----------------------------------|--|--|
| COMPLETE THE APPROPRIATE ITEMS F OBLIGATION (obligations totaling more that person/vendor at the end of the reporting p | n \$100 ow | | Outstanding Balance (Beginning of Period) 0.00 | FROM: 01/16/15 Debt Incurred This Period 0.00 | Payments This Period 0.00 | 0utstanding Balance (End of Period) 0.00 | |
| First Name | Middle Nar | ne | | | | | |
| Last Name/Business Name | | | _ | | | | |
| Address | ••• | | | | | | |
| City | State Zip Code | | - | | | | |
| Description of Obligation | I | 1 | | | | | |
| First Name | Middle Nar | ne | | | | | |
| Last Name/Business Name | <u> </u> | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| Description of Obligation | <u> </u> | <u> </u> | | | | | |
| First Name | Middle Nan | ne | | attantini yere. | a and distributed the account of | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | - | | | | |
| Description of Obligation | ł | <u> </u> | | | | | |
| First Name | Middle Nan | | | | ver. | Control of the Contro | |
| | MIQUIE NAN | 10 | | | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | 1 | | | | |
| Description of Obligation | | | | | | | |
| First Name | Middle Nam | е | | | | | |
| Last Name/Business Name | | | | | | | |
| Address | 1 | | | | | | |
| City | State | Zip Code | - | | | - | |
| Description of Obligation | L | L | | <u> </u> | | | |
| 4. TOTALS (Total from Outstanding Balance - (End of Period) of in item 23b. on summary page.) | 0.00 | 0.00 | 0.00 | 0.00 | | | |

SS-1127 (Rev. 4/02)

Page ____7 ___ of ____7

RDA 1159