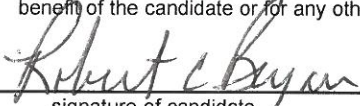
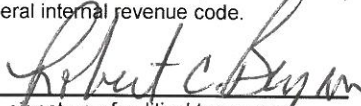
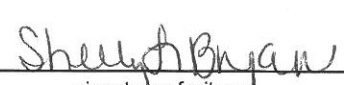
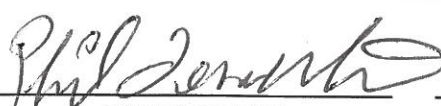


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

RECEIVED
APR 9 2014
WILSON COUNTY
ELECTION COMMISSION

| | | | |
|--|--|--|--|
| 1. DATE OF REPORT 04/08/14 | | 2.a. NAME OF CANDIDATE OR COMMITTEE ROBERT C. BRYAN | |
| 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 than 4.a.) Street or Rural Route 424 WALTER MORRIS ROAD | | City LEBANON | State TN Zip Code 37087 Phone |
| 5. OFFICE SOUGHT (include district number, if applicable) SHERIFF | | 6. NAME OF POLITICAL TREASURER (may be candidate) ROBERT C. BRYAN | |
| 7. CATEGORY OR REPORT (Check one) <input checked="" type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL | | | |
| 8.a. BEGINNING DATE OF REPORTING PERIOD January 16, 2014 | | 8.b. ENDING DATE OF REPORTING PERIOD March 31, 2014 | |
| 9. (Check one) a. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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 Financial 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. <div style="display: flex; justify-content: space-between;"><div> signature of candidate 04/09/14 date</div><div> signature of political treasurer 04/09/14 date</div></div> | | | |
| 11. WITNESS SIGNATURE <div style="display: flex; justify-content: space-between;"><div> signature of witness 04/09/14 date</div><div> signature of witness 04/09/14 date</div></div> | | | |
| 12. SUMMARY a. BALANCE ON HAND LAST REPORT \$ 25,603.09 b. TOTAL RECEIPTS THIS PERIOD \$ 3,850.00 c. TOTAL DISBURSEMENTS THIS PERIOD \$ 1220.38 d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) \$ 28,232.71 e. TOTAL LOANS OUTSTANDING \$ 0.00 f. TOTAL OBLIGATIONS OUTSTANDING \$ 0.00 | | | |



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

APR 9 2014

WILSON COUNTY
ELECTION COMMISSION

| | | | | |
|---|--|--|----------------------------------|------------------------|
| 1. DATE OF REPORT 04/08/14 | | 2.a. NAME OF CANDIDATE OR COMMITTEE ROBERT C. BRYAN | | |
| 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 than 4.a.) Street or Rural Route 424 WALTER MORRIS ROAD | | City LEBANON | State TN | Zip Code 37087 |
| | | | | Phone |
| 5. OFFICE SOUGHT (include district number, if applicable) SHERIFF | | 6. NAME OF POLITICAL TREASURER (may be candidate) ROBERT C. BRYAN | | |
| 7. CATEGORY OR REPORT (Check one) | | | | |
| <input checked="" type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL | | | | |
| 8.a. BEGINNING DATE OF REPORTING PERIOD January 16, 2014 | | 8.b. ENDING DATE OF REPORTING PERIOD March 31, 2014 | | |
| 9. (Check one) | | | | |
| a. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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 Financial 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. | | | | |
| _____ | | 04/09/14 | _____ | |
| signature of candidate | | date | signature of political treasurer | |
| | | | 04/09/14 | |
| | | | date | |
| 11. WITNESS SIGNATURE | | | | |
| _____ | | 04/09/14 | _____ | |
| signature of witness | | date | signature of witness | |
| | | | 04/09/14 | |
| | | | date | |
| 12. SUMMARY | | | | |
| a. BALANCE ON HAND LAST REPORT | | \$ 25,603.09 | | |
| b. TOTAL RECEIPTS THIS PERIOD | | \$ 3,850.00 | | |
| c. TOTAL DISBURSEMENTS THIS PERIOD | | \$ 1220.38 | | |
| d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) | | \$ 28,232.71 | | |
| e. TOTAL LOANS OUTSTANDING | | \$ 0.00 | | |
| f. TOTAL OBLIGATIONS OUTSTANDING | | \$ 0.00 | | |



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

APR 9 2014 *ma*

WILSON COUNTY 130
ELECTION COMMISSION

| | | | | |
|---|--|--|----------------------------------|------------------------|
| 1. DATE OF REPORT 04/08/14 | | 2.a. NAME OF CANDIDATE OR COMMITTEE ROBERT C. BRYAN | | |
| 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 than 4.a.) | | | | |
| Street or Rural Route 424 WALTER MORRIS ROAD | | City LEBANON | State TN | Zip Code 37087 |
| | | | | Phone |
| 5. OFFICE SOUGHT (include district number, if applicable) SHERIFF | | 6. NAME OF POLITICAL TREASURER (may be candidate) ROBERT C. BRYAN | | |
| 7. CATEGORY OR REPORT (Check one) | | | | |
| <input checked="" type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL | | | | |
| 8.a. BEGINNING DATE OF REPORTING PERIOD January 16, 2014 | | 8.b. ENDING DATE OF REPORTING PERIOD March 31, 2014 | | |
| 9. (Check one) | | | | |
| a. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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 Financial 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. | | | | |
| _____ | | 04/09/14 | _____ | |
| signature of candidate | | date | signature of political treasurer | |
| | | | 04/09/14 | |
| | | | date | |
| 11. WITNESS SIGNATURE | | | | |
| _____ | | 04/09/14 | _____ | |
| signature of witness | | date | signature of witness | |
| | | | 04/09/14 | |
| | | | date | |
| 12. SUMMARY | | | | |
| a. BALANCE ON HAND LAST REPORT | | \$ 25,603.09 | | |
| b. TOTAL RECEIPTS THIS PERIOD | | \$ 3,850.00 | | |
| c. TOTAL DISBURSEMENTS THIS PERIOD | | \$ 1220.38 | | |
| d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) | | \$ 28,232.71 | | |
| e. TOTAL LOANS OUTSTANDING | | \$ 0.00 | | |
| f. TOTAL OBLIGATIONS OUTSTANDING | | \$ 0.00 | | |



SUMMARY PAGE - CANDIDATE

APR 9 2014

ma 1:30

WILSON COUNTY
ELECTION COMMISSION13. NAME OF CANDIDATE OR COMMITTEE (In Full)
ROBERT C. BRYAN14. REPORT COVERING THE PERIOD
FROM: 01/16/14 TO: 03/31/14**RECEIPTS**

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ 100.00

b. Itemized Contributions (over \$100 from each source this period) \$ 3,750.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 3,850.00

16. LOANS RECEIVED THIS REPORTING PERIOD \$ 0.00

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ 0.00

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 3,850.00

DISBURSEMENTS

19. EXPENDITURES (other than loan payments)

a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)

EVENT SPONSORSHIP \$ 150.00

PRINTING \$ 75.38

ADVERTISEMENT \$ 100.00

..... \$

..... \$

..... \$

..... \$

..... \$

..... \$

..... \$

Total of Expenditures (\$100 or less each payee) \$ 325.38

b. Itemized Expenditures (Over \$100 each payee this period) \$ 895.00

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 1220.38

20. LOAN REPAYMENTS MADE THIS PERIOD \$ 0.00

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 1220.38

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) \$ 0.00

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) \$ 0.00

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) \$ 0.00



APR 9 2014 *wa*

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

DADE COUNTY (1:30)
ELECTION COMMISSION

| | | | | | |
|--|-------------|-------------------|----------------------------------|--|-----------------------------------|
| 1. NAME OF CANDIDATE OR COMMITTEE ROBERT C. BRYAN | | | | 2. REPORT COVERING THE PERIOD FROM: 01/16/14 TO: 03/31/14 | |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | | | Amount 0.00 |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor) | | | | | |
| First Name JAMES | | Middle Name R | | Contribution Received For: | |
| Last Name/Organization Name KEITH | | | | <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election | |
| Address 802 CHAPARRAL DRIVE | | | | <input type="checkbox"/> Runoff (Local Elections Only) | |
| City LEBANON | State TN | Zip Code 37087 | Date of Contribution 01/23/14 | | Amount of Contribution 1500.00 |
| Occupation DEPUTY | | | | Aggregate This Election | |
| Employer WCSO | | | | | |
| First Name KANDY | | Middle Name | | Contribution Received For: | |
| Last Name/Organization Name KEITH | | | | <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election | |
| Address 802 CHAPARRAL DRIVE | | | | <input type="checkbox"/> Runoff (Local Elections Only) | |
| City LEBANON | State TN | Zip Code | Date of Contribution 01/23/14 | | Amount of Contribution 1500.00 |
| Occupation HOMEMAKER | | | | Aggregate This Election | |
| Employer | | | | | |
| First Name JERRY | | Middle Name W | | Contribution Received For: | |
| Last Name/Organization Name HUTCHINS, JR. | | | | <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election | |
| Address PO BOX | | | | <input type="checkbox"/> Runoff (Local Elections Only) | |
| City SMITHVILLE | State TN | Zip Code 37166 | Date of Contribution 02/07/14 | | Amount of Contribution 250.00 |
| Occupation DEPUTY | | | | Aggregate This Election | |
| Employer WCSO | | | | | |
| First Name | | Middle Name | | Contribution Received For: | |
| Last Name/Organization Name UNITED AUTO WORKERS TN | | | | <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election | |
| Address 1735 WARREN HOLLOW ROAD | | | | <input type="checkbox"/> Runoff (Local Elections Only) | |
| City NOLENSVILLE | State TN | Zip Code 37135 | Date of Contribution 02/10/14 | | Amount of Contribution 500.00 |
| Occupation | | | | Aggregate This Election | |
| Employer | | | | | |
| 5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.) | | | | | 3,750.00 |



APR 9 2014 *ma* *1:30*

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

WILSON COUNTY
ELECTION COMMISSION

| | | | | | |
|--|----------|-------------|--|---|-------------------------|
| 1. NAME OF CANDIDATE OR COMMITTEE ROBERT C. BRYAN | | | | 2. REPORT COVERING THE PERIOD | |
| | | | | FROM: 01/16/14 | TO: 03/31/14 |
| 3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | | | Amount 0.00 |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period) | | | | | |
| First Name | | Middle Name | | In-Kind Contribution Received For: | |
| Last Name/Organization Name | | | | <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election | |
| | | | | <input type="checkbox"/> Runoff (Local Elections Only) | |
| Address | | | | Date of In-Kind Contribution | Aggregate this Election |
| City | State | Zip Code | | Description of In-Kind Contribution | |
| Occupation | Employer | | | | |
| First Name | | Middle Name | | In-Kind Contribution Received For: | |
| Last Name/Organization Name | | | | <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election | |
| | | | | <input type="checkbox"/> Runoff (Local Elections Only) | |
| Address | | | | Date of In-Kind Contribution | Aggregate this Election |
| City | State | Zip Code | | Description of In-Kind Contribution | |
| Occupation | Employer | | | | |
| First Name | | Middle Name | | In-Kind Contribution Received For: | |
| Last Name/Organization Name | | | | <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election | |
| | | | | <input type="checkbox"/> Runoff (Local Elections Only) | |
| Address | | | | Date of In-Kind Contribution | Aggregate this Election |
| City | State | Zip Code | | Description of In-Kind Contribution | |
| Occupation | Employer | | | | |
| First Name | | Middle Name | | In-Kind Contribution Received For: | |
| Last Name/Organization Name | | | | <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election | |
| | | | | <input type="checkbox"/> Runoff (Local Elections Only) | |
| Address | | | | Date of In-Kind Contribution | Aggregate this Election |
| City | State | Zip Code | | Description of In-Kind Contribution | |
| Occupation | Employer | | | | |
| First Name | | Middle Name | | In-Kind Contribution Received For: | |
| Last Name/Organization Name | | | | <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election | |
| | | | | <input type="checkbox"/> 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-KIND CONTRIBUTIONS | | | | | 0.00 |
| (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 contributions, this amount must be shown in item 22b. of summary.) | | | | | |



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

APR 9 2014 *ma*WILSON COUNTY *1:30*

ELECTION COMMISSION

| | | | | | |
|--|-------------|------------------------|--|--|---------------------------------|
| 1. NAME OF CANDIDATE OR COMMITTEE ROBERT C. BRYAN | | | | 2. REPORT COVERING THE PERIOD FROM: 01/16/14 TO: 03/31/14 | |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | | | Amount 0.00 |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period) | | | | | |
| First Name | | Middle Name | | Purpose of Expenditure SPONSORSHIP/DONATION | Amount of Expenditure 275.00 |
| Last Name/Business Name LEBANON SR. CITIZEN BANQUET | | | | | |
| Address 670 COLES FERRY PIKE | | | | | |
| City LEBANON | State TN | Zip Code 37088 | | | |
| First Name | | Middle Name | | Purpose of Expenditure 100TH ANNIVERSARY SPONSORSHIP & SOFTBALL AD | Amount of Expenditure 420.00 |
| Last Name/Business Name TXR | | | | | |
| Address 5905 TROUSDALE FERRY PIKE | | | | | |
| City LEBANON | State TN | Zip Code | | | |
| First Name | | Middle Name | | Purpose of Expenditure WILSON CENTRAL BASKETBALL AD | Amount of Expenditure 200.00 |
| Last Name/Business Name MAIN STREET MEDIA | | | | | |
| Address PO BOX 50417 | | | | | |
| City NASHVILLE | State TN | Zip Code 37205 | | | |
| First Name | | Middle Name | | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | | | | | |
| Address | | | | | |
| City LEBANON | State TN | Zip Code 37088-0399 | | | |
| First Name | | Middle Name | | 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 | | | |
| 5. 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.) | | | | | 895.00 |



APR 9 2014

WILSON COUNTY

ma
1:30

ITEMIZED STATEMENT OF LOANS - CANDIDATE

| | | | | | | | |
|---|--|-------------|--|---|-------------------|---|---|
| 1. NAME OF CANDIDATE OR COMMITTEE ROBERT C. BRYAN | | | | 2. REPORT COVERING THE PERIOD FROM: 01/16/14 TO: 03/31/14 | | | |
| 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 Name | | Outstanding Loan Balance (Beginning of Period) | Loans Received | Loan Payments | Outstanding Loan Balance (End of Period) |
| Last Name/Organization Name | | | | 0.00 | 0.00 | 0.00 | 0.00 |
| Address | | | | Loan Received For: | | Date of Loan | |
| City | | | | <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only) | | | |
| State | | | | Zip Code | | | |
| List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page) | | | | | | | |
| First Name | | Middle Name | | First Name | | Middle Name | |
| Last Name/Organization Name | | | | Last Name/Organization Name | | | |
| Address | | | | Address | | | |
| City | | State | | City | | State | |
| | | Zip Code | | | | 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 | | | | Address | | | |
| City | | State | | City | | State | |
| | | Zip Code | | | | 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 | | | | Address | | | |
| City | | State | | City | | State | |
| | | Zip Code | | | | 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 | | | | Address | | | |
| City | | State | | City | | State | |
| | | Zip Code | | | | 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 | | | | Address | | | |
| City | | State | | City | | State | |
| | | Zip Code | | | | Zip Code | |
| Amount Guaranteed Outstanding | | | | Amount Guaranteed Outstanding | | | |
| 4. Totals for all Loans (complete on last page of itemized loans) | | | | Outstanding Loan Balance (Beginning of Period) | | Outstanding Loan Balance (End of Period) | |
| (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.) | | | | 0.00 | | 0.00 | |
| | | | | Loans Received | | Loan Payments | |
| | | | | 0.00 | | 0.00 | |



APR 9 2014 *wa*
WILSON COUNTY 1:30

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

ELECTION COMMISSION

| | | | | | | | |
|--|-------|-------------|--|--|--------------------------------------|---------------------------------|--|
| 1. NAME OF CANDIDATE OR COMMITTEE ROBERT C. BRYAN | | | | 2. REPORT COVERING THE PERIOD FROM: 01/16/14 TO: 03/31/14 | | | |
| 3. 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) | | | | 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 Name | | | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| Description of Obligation | | | | | | | |
| First Name | | Middle Name | | | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| Description of Obligation | | | | | | | |
| First Name | | Middle Name | | | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| Description of Obligation | | | | | | | |
| First Name | | Middle Name | | | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| Description of Obligation | | | | | | | |
| First Name | | Middle Name | | | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| Description of Obligation | | | | | | | |
| 4. 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 |

