JAN 29 2016 5

RECEIVED

CAMPAIGN FINANCIAL DISCLOSURE STATEMENTS

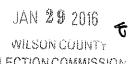
For State and Local Candidates For Single-Candidate Committees

WILSON COUNTY

				Will SQ time
1. DATE OF REPORT 01/27/16	2.a. NAME OF CAND ROBERT C. E	IDATE OR COMMITTEE RYAN		
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE AUGUST 7, 2014	
4.a. CAMPAIGN ADDRESS AND PHONE				
Street or Rural Route	City	State	Zip Code	Phone
PO BOX 803	LEBANON	TN	37088-0803	615-574-3426
, 5 55% 556	CLEANTON	114	57000-0003	010-014-0420
4.b. CANDIDATE'S HOME ADDRESS (if different	nt than 4.a.)			
Street or Rural Route	City	State	Zip Code	Phone
424 WALTER MORRIS ROAD	l.EBANON	TN	37087	
OFFICE SOUGHT (include district number, SHERIFF	if applicable) 6.	NAME OF POLITICAL T ROBERT C. BRYAN	REASURER (may be	candidate)
7. CATEGORY OR REPORT (Check one)				
				∇
FIRST SECOND THIRD	FOURTH	PRE- PRE-	MID-YEAR	YEAR-END
QUARTER QUARTER QUARTER		IMARY GENERAL	SUPPLEMENTAL	SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD	8.t	. ENDING DATE OF REPOR	RTING PERIOD	
07/01/15		1/15/16		
(Chadrana)				
9. (Check one)				
This campaign is exempt from detaile tures total \$1,000 or less for this rep	ed disclosure because co orting period. (Complete	ntributions (including in-kin items 12d., 12e. and 12f.)	d) received total \$1,00	0 or less AND expendi-
		'		
 b. This campaign is required to file a de 			cluding in-kind) receive	d total more than \$1,000
and/or expenditures total more than	\$1,000 for this reporting p	eríod.		
			THE WILLIAM A. J. I.	
10 thus do selembly sugges or office that the	-6	his		
10. I/we do solemnly swear or affirm that the i	niormation contained in t	nis campaign tinanciai disc	osure report is true ai	nd that this report is an
accurate accounting of campaign contributi Financial Disclosure Act. Additionally, I/we	ons and expenditures red	juired to be reported by the	candidate committee	by the Campaign
benefit of the candidate of for any other no	Swear or ammi mar no c	ampaign communions have	e been expended for th	e personal financial
serious difficultural control and other no.	npontical purpose as dem	led by the lederal litternal i	evenue code.	
		A 1 3	А	
_ NAUT CANIM	01/27/16	Lhelia C	Bey	01/27/16
signature of candidate	date	signature of	political treasurer	date
•		•	•	
11. WITNESS SIGNATURE			***	
Shelly & Breau	01/27/16	\mathcal{O} . \mathcal{O}	⊋ .,	
Shellytbryan	01/2//10	Disa	Dennett	01/27/16
signature of witness	date	signatu	re of witness	date
ů				40.0
40. 010004				***************************************
12. SUMMARY				
2 PALANCE ON HAND LACE DEDORT			15,936.91	
a. BALANCE ON HAND LAST REPORT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	———	
			750.00	
b. TOTAL RECEIPTS THIS PERIOD			\$	
			2200 04	
c. TOTAL DISBURSEMENTS THIS PERIOD				
			3206.84	
			3206.84	
			\$ 	13480.07
d. BALANCE ON HAND (12.a. plus 12.b. r			\$ 	13480.07
			\$ 	
d. BALANCE ON HAND (12.a. plus 12.b. r	ninus 12.c.)		\$	0.00
	ninus 12.c.)		\$	0.00
d. BALANCE ON HAND (12.a. plus 12.b. r	ninus 12.c.)		\$	0.00
d. BALANCE ON HAND (12.a. plus 12.b. r	ninus 12.c.)		\$	0.00

WILSON COUNTY SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)		14. REPORT COV	/ERING THE PERIOD
ROBERT C. BRYAN		FROM: 07/01/15	TO: 01/15/16
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)			
a. Unitemized Contributions (\$100 or less from each source this perio	d)	\$ _0.00	
b. Itemized Contributions (over \$100 from each source this period)	************************************	\$ _750.00	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a.	and 15.b.)		\$ _750.00
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	2.b.)		\$ _750.00
DISBURSEMENTS		775-7	
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)
DONATION/EVENT SPONSORSHIPS \$	319.69		
ADS FOR SCHOOLS	75.00	·····	
PRINTING CHECK RE-ORDER	14.15		
\$			
\$		articles are	
s			
			
, m		·············	
•		hat have been decided as a second as a	
			
Total of Expenditures (\$100 or less each payee)		\$ 408.84	
b. Itemized Expenditures (Over \$100 each payee this period)		. \$ _2798.00	antenare.
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and	19.b.)		\$ 3206.84
20. LOAN REPAYMENTS MADE THIS PERIOD			\$
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item	12.c.)		\$ _3206.84
22.IN-KIND CONTRIBUTIONS		***************************************	
a. Unitemized in-kind contributions (\$100 or less from each source this pe	eriod)	.\$_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.))	\$
23. OBLIGATIONS			
a. Unitemized Obligations Outstanding (\$100 or less each)		. \$	
b. Itemized Obligations Outstanding (Over \$100 each)	•••••	\$ <u>0.00</u>	_
c. TOTAL OBLIGATIONS OUTSTANDING (add 23 a, and 23 b.) (must be	shown i item	12 f)	c 0.00



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR (ROBERT C. BRYAN	2. REPORT COVE FROM: 07/01/15	RING THE PERIOD TO: 01/15/16						
			G PAGE (enter \$0 if first itemized p		0.00			
			ON (contributions totaling more than \$	100 from any contribute	or)			
First Name	Middle Na	eme	Contribution Received For:					
Last Name/Organization Name AROUND THE CLOCK BON	DING	777						
Address 5307 MOUNT VIEW ROAD	3307 MOUNT VIEW ROAD			Runoff (Local Elections Only)				
ANTIOCH	State TN	Zip Code 37013	Date of Contribution JULY 6, AUGUST 28, &	Date of Contribution JULY 6, AUGUST 28, & DECEMBER 17				
Occupation					500.00			
Employer								
First Name	st Name Middle Name			Contribution Received For:				
Last Name/Organization Name			☐ Primary Election 💆	☐ Primary Election ☐ General Election				
Address	Address			Runoff (Local Elections Only)				
City	State Zip Code			Date of Contribution				
Occupation								
Employer								
First Name	ne Middle Name			Contribution Received For:				
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								
First Name	Middle Nar	ne	Contribution Received For:	Contribution Received For: Primary Election General Election				
Last Name/Organization Name			Primary Election					
Address			Runoff (Local Elections	Only)				
City	State	Zip Code	Date of Contribution	···	Aggregate This Election			
Occupation								
Employer								
TOTAL ITEMIZED CONTRIBI (Carry forward to item 3. of next page i (If this is the last page of contributions,	if additional pages of this form a				750.00			

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RDA 1159



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS CANDIDATE

1. NAME OF CANDIDATE OR CO	MMITTEE	***************************************			2. REPORT COVE FROM: 07/01/15	RING THE PERIOD		
ROBERT C. BRYAN	TO: 01/15/16							
3. TOTAL ITEMIZED IN-KIND COI	NTRIBUTIONS	S FROM	PRECEDING PAGE	(enter \$0 if first itemized page	n)	Amount 0.00		
4. COMPLETE THE APPROPRIATE IT						1		
First Name		Middle Nan		In-Kind Contribution Received	Value of In-Kind Contribution			
Last Name/Organization Name				Runoff (Local Election				
Address				Date of In-Kind Contribution				
City State Zip Code				Description of In-Kind Contribution				
Occupation	Employer	······································		1				
First Name		Middle Nan	ne	In-Kind Contribution Received For: Primary Election General Election Value of In-Kind Cont				
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		·		
Occupation	Employer		· · · · · · · · · · · · · · · · · · ·					
First Name Middle Name				In-Kind Contribution Received Primary Election	For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name			Runoff (Local Elections					
Address			Date of In-Kind Contribution		Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer			1				
First Name		Middle Nam	е	In-Kind Contribution Received For: Value of In-Kind Contribution				
Last Name/Organization Name	<u>-</u>			Runoff (Local Elections				
Address				Date of In-Kind Contribution	o Only)	Aggregate this Election		
City	S	State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer		<u> </u>					
First Name	М	fiddle Name		In-Kind Contribution Received	l For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name	<u>-</u>			Runoff (Local Elections				
Address				Date of In-Kind Contribution	Orliy)	Aggregate this Election		
City	To	tate	Zip Code	Description of In-Kind Contribution	*** *** · · · ·			
Occupation	Employer		2-p 0000	Costipion of infidition Continuotion				
- company	широус							
 TOTAL !TEMIZED IN-KIND CON (Carry forward to item 3. of next page if ad (If this is the last page of in-kind contribution) 	ditional pages of t	his form are)		0.00		
GAN								

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WILSON COUNTY

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE ROBERT C. BRYAN		· · · · · · · · · · · · · · · · · · ·		2. REPORT COVE FROM: 07/01/15	RING THE PERIOD TO: 01/15/16		
3. TOTAL ITEMIZED CAMPAIGN EXPENDIT	URES ER	OM PRECEDING E	PAGE (enter \$0 if first itemized no		Amount 0.00		
COMPLETE THE APPROPRIATE ITEMS FOR				<u> </u>			
First Name	Middle N	ame	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name LEADERSHIP WILSON			TUITION		650.00		
Address 1716 INDIAN HILLS ROAD							
City LEBANON	State TN	Zip Code 37087					
First Name	Middle N	ame	Purpose of Expenditure	Purpose of Expenditure			
Last Name/Business Name			AD		200.00		
LHS BASEBALL Address							
500 BLUE DEVIL BLVD City	Chalo	Zip Code					
LEBANON	State TN	37087					
First Name	irst Name Middle Name				Amount of Expenditure		
Last Name/Business Name WANT RADIO	.,	2 AD3	2 ADS				
Address PO BOX 399							
City LEBANON	State TN	Zip Code 37090					
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name EARL DYER FUND	-J	· · · · · · · · · · · · · · · · · · ·	SPONSORSHIP/DO	500.00			
Address 105 EAST HIGH ST		· · · · · · · · · · · · · · · · · · ·					
^{City} LEBANON	State TN	Zip Code 37087					
First Name	Middle Nar	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name BRAYDON BROWN BENEFIT	•		SPONSORSHIP/DONA	SPONSORSHIP/DONATION			
Address 1714 WEST MAIN STREET							
City LEBANON	State TN	Zip Code 37087					
First Name	Middle Nan	ne	Purpose of Expenditure SPONSORSHIP/DONA	ATION	Amount of Expenditure		
Last Name/Business Name WILSON VETERANS			of civocitoriii /botty	(IIOIV	200.00		
Address PO BOX 2131	ddress PO BOX 2131						
Dity 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 must					2,798.00		

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JAN 29 2016 +

ITEMIZED STATEMENT OF EXPENDITURES - GANDIDATE

NAME OF CANDIDATE OR COMMITTEE ROBERT C. BRYAN				2. REPORT COVE FROM: 07/01/15	RING THE PERIOD		
**************************************	Amount						
TOTAL ITEMIZED CAMPAIGN EXPENDIT COMPLETE THE APPROPRIATE ITEMS FOR					2,798.00		
First Name	Middle Na		Purpose of Expenditure	o to any payee during the pe	Amount of Expenditure		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DONATION		200.00		
Last Name/Business Name LT BOB HARRISON FUND							
AMPENNSYLVANIA AVE							
City LEBANON	State TN	Zip Code 37087	*****				
First Name	Middle Na	me	Purpose of Expenditure DONATION		Amount of Expenditure		
Last Name/Business Name TSA			DONTHON		200.00		
Address 145 SOUTH COLLEGE STREET			_				
City	State	Zip Code					
LEBANON	TN	37087					
First Name	Middle Na	те	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code		-			
st Name Middle Name			Purpose of Expenditure	Purpose of Expenditure			
.ast Name/Business Name	<u> </u>						
Address							
City	State	Zip Code					
First Name	Middle Nam	ne	Purpose of Expenditure	Purpose of Expenditure			
.ast Name/Business Name	<u></u>						
Address							
City	State	Zip Code					
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure		
ast Name/Business Name	I						
Address			•				
City	State	Zip Code					
 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 					400.00		

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ITEMIZED STATEMENT OF LOANS - CANDIDATE ON COUNTY

1. NAME OF CANDIDATE OR (COMMITTEE	**************************************						2. RE			THE PERIOD
ROBERT C. BRYAN								FROM 07/01	1:	TO	
3. COMPLETE THE APPROPR	IATE ITEMS I	OR EACH	ITEMIZ	ED LOAN	(loans totaling n	nore than \$1	00 from any so				
Complete the Following for the Soun	ce of the Loan										
First Name Middle Name Outstanding (Beginnin					Loan Balance Loans Loan of Period) Received Payments				Outstanding Loan Balance (End of Period)		
Last Name/Organization Name 0.0(0.00	,	0.0		1 ',		0.00	
Address Loan Rece				Loan Receiv	ed For			l n	ate of Loan		
***	□ Primat					☐ Gener	al Election		ate of Loan		
City	State	Zip Code		Runoff (Local Elections Only)							
	List All Endo	rsers or Guara	antors fo	r Above Loa	n (If more spa	ce is need	ed please att	tach a p	age)		***************************************
First Name Middle Name					First Name				Mid	die Nam	e
Last Name/Organization Name				***************************************	Last Name/Org	anization Na	ame				
Address					Address						
City		State	Zip Co	de	City	,			Stat	9	Zip Code
Amount Guaranteed Outstanding		***************************************			Amount Guaranteed Outstanding						
First Name Middle Name					First Name Middle Name						
Last Name/Organization Name					Last Name/Org	anization Na	me				
Address					Address						
City		State	Zip Co	de	City				State)	Zip Code
Amount Guaranteed Outstanding					Amount Guaran	teed Outstar	nding				•
First Name		Middle Name			First Name				Mid	dle Nam	e
Last Name/Organization Name		·			Last Name/Organization Name						
Address	·				Address				*************************************		
City		State	Zip Co	de	City				Stat	e	Zip Code
Amount Guaranteed Outstanding	V-W-F-HE-H-W-BI-HE			•••	Amount Guaran	teed Outstan	iding				J.,,,,,,
First Name		Middle Name			First Name Middle Name						
Last Name/Organization Name		<u> </u>	******		Last Name/Orga	nization Na	me				
Address					Address				····		
City		State	Zip Cod	le	City				State		Zip Code
Amount Guaranteed Outstanding		l	<u> </u>		Amount Guarant	eed Outstan	ding		1		L
4. Totals for all Loans (complete or (Total loans received should also be show	n in item 16. on s	ummary page.)	•		Outstanding Loa (Beginning of		Loans Received	i	Loan Payments		standing Loan Balance (End of Period)
(Total loan payments should also be show (Total outstanding loan balance should also					0.00		0.00		0.00	_ C).00

JAN 29 2016 F

WILSON COUNTY

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATEMISSION

					2. REPORT COVERING THE PERIOD FROM: 07/01/15 TO: 01/15/16			
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 Na	ime						
Last Name/Business Name			-					
Address			-					
City	State Zip Code			!				
Description of Obligation	- -			<u> </u>	1	<u> </u>		
First Name	Middle Na	me						
Last Name/Business Name	<u> </u>							
Address			7					
City	State	Zip Code	_		[
Description of Obligation	.1			<u> </u>	<u> </u>	<u> </u>		
First Name	Middle Name							
Last Name/Business Name			-					
Address	·····							
City	State	Zip Code	1					
Description of Obligation		4						
First Name	Middle Nar	ne						
Last Name/Business Name	<u> </u>		-					
Address								
City	State	Zip Code	-					
Description of Obligation								
First Name	Middle Nan	ne	f	:				
Last Name/Business Name	<u> </u>							
Address		· · · · · · · · · · · · · · · · · · ·	-					
City	State	Zip Code						
Description of Obligation	<u> </u>	I	<u> </u>					
 TOTALS (Total from Outstanding Balance - (End of Period) or in item 23b. on summary page.) 	olumn must	also be shown	0.00	0.00	0.00	0.00		