OCT 8 - 2014 <

### CAMPAIGN FINANCIAL DISCLOSURE STATEMENT 9:36

For State and Local Candidates
For Single-Candidate Committees

ror Single-Candidate Committees							
1. DATE OF REPORT	2.a. NAME OF C	ANDIDATE OR COMMITTEE	÷ 00 0				
10/4/2014	<u> </u>		3. ELECTION DATE	97			
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE				
4.a. CAMPAIGN ADDRESS AND PHONE			8/7/20	14			
Street or Rural Route	City	State	Zip Code	Phone			
3403 Blue Bird Road	Lebanon	TN	004109 D. Harasaya Jamesa	5-332-4163			
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	t than 4.a.)	// / / / / / / / / / / / / / / / / / /		0 336 1103			
Street of Rural Route	City	State	Zip Code	Phone			
5. OFFICE SOUGHT (include district number, if	applicable)	6. NAME OF POLITICAL	TDEAGUEER				
	applicable)		TREASURER (may be	candidate)			
7. CATEGORY OR REPORT (Check one)		Gerald B.	Shop				
QUARTER QUARTER QUARTER	FOURTH QUARTER	PRE- PRE- PRIMARY GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD		8.b. ENDING DATE OF REPO	ORTING PERIOD	OUTTELMENTAL			
9. (Check one)		September :	30,2014				
a. This campaign is exempt from detailed	d disclosure becaus	e contributions (including in-k	ind) received total \$1,000	or less AND expendi-			
tures total \$1,000 or less for this repor		w 000 sections	,				
b. This campaign is required to file a deta and/or expenditures total more than \$	ailed financial disclo	sure because contributions (i	including in-kind) received	d total more than \$1,000			
and of experiences total more than \$	1,000 for this report	mg period.					
10. I/we do solemnly swear or affirm that the inf	formation contained	in this campaign financial di	sclosure report is true or	of that this way this			
accorate accounting of campaign contribution	ns and expenditure:	s required to be reported by the	ne candidate committee to	witho Committee			
Financial Disclosure Act. Additionally, I/we s benefit of the candidate of for any other non	oolitical purpose as	no campaign contributions ha defined by the federal interna	ve been expended for the il revenue code.	e personal financial			
12 1 / L	/	0 1	0				
Jan Maria	10-6-14	Lievald	Berla	10/4/2014			
signature of candidate	date	signature	of political treasurer	date			
11. VITNESS SIGNATURE							
II. WITNESS SIGNAWIKE			20 20 0				
Houra Recol	10-10-14	The same	Oto Shad	10/6/2010			
signature of witness	date	signa	iture of witness	date			
12. SUMMARY				-			
a. BALANCE ON HAND LAST REPORT			\$ 45,69				
b. TOTAL RECEIPTS THIS PERIOD			s <u>734.63</u>				
c. TOTAL DISBURSEMENTS THIS PERIOD							
				K			
d. BALANCE ON HAND (12.a. plus 12.b. mir	Tus 12.c.)		\$ <u>_</u>				
e. TOTAL LOANS OUTSTANDING			·····. \$ _	Ø			
				,			
f. TOTAL OBLIGATIONS OUTSTANDING			\$ -				
				/			



# OCT 8 - 2014 9:30

#### SUMMARY PAGE - CANDIDATE

WILSON COUNTY

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	FLECT	ON COMMISSION				
Seft Pickson	14. REPORT COVE					
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	FROM: 7/29/2014	10.9/30/2014				
a. Unitermized Contributions (\$100 or less from each source this period)	\$ 95:00					
b. Itemized Contributions (over \$100 from each source this period)		-				
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)		\$ 95.00				
16. LOANS RECEIVED THIS REPORTING PERIOD	***********************************	.\$ 639.63				
17. INTEREST RECEIVED THIS REPORTING PERIOD		.\$				
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		\$ 734.63				
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, g	jasoline)				
\$						
<b>\$</b>						
		144				
		¥				
•						
\$		=				
\$						
\$						
<b>\$</b>						
Total of Form P	-					
Total of Expenditures (\$100 or less each payee)						
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		\$				
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)\$						
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)\$						
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)\$						

## ITEMIZED STATEMENT OF LOANS - CANDIDATION COMMISSION

NAME OF CANDIDATE OR CO	DMMITTEE				2. R		RING THE PERIOD TO:	
3. COMPLETE THE APPROPRIA	Jeff.	Ola	tson				9/30/2014	
3. COMPLETE THE APPROPRIA	TE ITEMS FOR EAC	H ITEMIZI	ED LOAN	(loans totaling more than \$10	0 from any source d	uring the period)		
Complete the Following for the Source First Name	of the Loan Middle Name		Outstanding	Loan Balance Loans	Los	on Oute	standing Lang Polymer	
Jeff	Wilddie Name			of Period) Receive	10	ents	standing Loan Balance (End of Period)	
Last Name/Organization Name		856	1.55 639.	63 9		01.18		
Address	^ /		Loan Receiv	ed For:		Date of Loan	Donated to can	
3403 Blue Bird	State Zip Code		☐ Primary	y Election Genera	al Election		John Togal	
Lebanon	TN 370	27		(Local Elections Only)		7/16/2014	!	
First Name	List All Endorsers or Gu Middle Na		r Above Loa	n (If more space is neede First Name	d please attach a		• Name	
	Wilddie 142					Wildule	name	
Last Name/Organization Name				Last Name/Organization Na	me			
Address				Address				
City	State	Zip Co	de	City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstar	nding			
First Name	Middle Na	mo		English.				
i iist Name	-irst name Middle name		First Name Middle Name			ivaine		
Last Name/Organization Name			Last Name/Organization Name					
Address			Address					
City	State	Zip Coo	de	City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstar	luing			
First Name	Middle Na	me		First Name Middle Name		e Name		
Last Name/Organization Name				Last Name/Organization Na	me			
Address				Address				
City	State	Zip Coo	10	City		Ctate	Zin Code	
City	State	2 ip 600		City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstar	nding			
irst Name Middle Name			First Name Middle Name		Name			
Last Name/Organization Name			Last Name/Organization Name					
Address				Address				
	т							
City	State	Zip Cod	de	City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstar	nding			
4. Totals for all Loans (complete on last page of itemized loans)			Outstanding Loan Balance	Loans	Loan	Outstanding Loan Balance		
(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.)			(Beginning of Period)	639.63	9,201.18	(End of Period)		
SS-1132 (Rev. 4/02)	o shown in rem 12.e. on no	in hage.)			Page <u>3</u> of	9 #	RDA 1159	



# OCT 8 - 2014 9:30 WILSON COUNTY TEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE ON COMMISSION

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
Jeff Oichson				FROM: 7/29/2014 TO: 9/30/2014		
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)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Name					
Last Name/Business Name Watertown Gazette			]			
Address 300 Public Sa.						
City Watertown	State	Zip Code	275,00	Ø	275.00	Ø
Description of Obligation Advertising						. /
First Name	Middle Name					
	Name/Business Name Chrenical of Mil. Juliet		] ,	8		
Address 11509 Lehunga Road						
City Mi Juliet	State	Zip Code 37/22	363.00	142.32	505,32	Ø
Description of Obligation Advertisely						
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	J					
First Name	Middle Name					
Last Name/Business Name		1				
Address						
City	State	Zip Code				
Description of Obligation						
4. TOTALS			T			
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)			638,00	142.32	780.32	Ø