CAMPAIGN FINANCIAL DISCLOSURE STATEMENT OUNTY For State and Local Judicial Single - Candidate Committees COMMISSION

	5			
1. DATE OF REPORT 1-29-14	2.a. NAMEOFCAN	TI acc	Gardner	
2.b. NAME OF CANDIDATE'S COMMITTEE	1 Shelley	J hampson		
(1100 (E)	dollar 4	1 miles	3. ELECTION DATE	n real
4.a. CAMPAIGN ADDRESS AND PHONE	Shelley 1	nompson Vardner	HUZUST	1, 6017
Street or Rural Route	City	State	Zip Code	Phone
128 Geers Vr.	Lebanan	TN	37087 615	-444-3134
4.b. CANDIDATE'S HOME ADDRESS (if different street or Rural Route SAME AS Above	cht than 4.a.) City	State	Zip Code	Phone
5. JUDICIAL OFFICE SOUGHT (include distri	ct number if applicable)	6. NAME OF POLIT	ICAL IREASURER	
Wilson Cunty General Session	+ 1.0 -	JECY Tray	Brewer	
7. CATEGORY OR REPORT (Check one)		M n		[
FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH	RE- PRE-	MID-YEAR	YEAR-END
8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER 8	PRIMARY GENERAL Lb. ENDING DATE OF REPO		SUPPLEMENTAL
7-1-14		7-78	-14	
9. (Check one)	**************************************	<u> </u>		***************************************
This campaign is exempt from detail expenditures total \$1,000 or less for	led disclosures because this reporting period. (0	contributions (including in- Complete items 12d., 12e.	kind) received total \$1,000 and 12f.)	O or less AND
b. This campaign is required to file a de				
and/or expenditures total more than	\$1,000 for this reporting	period.	ncluding in-kind) received	total more than \$1,000
10. SIGNATURE OF CANDIDATE	/- 11	1. SIGNATURE OF POLITIC	ALTREASURER	
01 11	1 7/30/1V		iffirm that the information o	ontoined in this assessains
Sham I Sham Y	This		ort is true and accurate.	
Signatue of Candidate	wald to	affirm that no campaign	contributions have been ex	xpended for the personal
Signatue of Candidate	Date	financial benefit of the	candidate or for any other	nonpolitical purpose as
1 44		defined by the federal	internal revenue code.	
be January	7/30/14	01/1/4	100-	7-79-14
Signatue of Witness	Date	Signature of Political Fr	spasurer	Date
		10 (1	11	
		(h)	but 7	1200/14
		Signatue of Witness		Date
	144			
12. SUMMARY	THE RESERVE SERVER SERV	***************************************		
a. BALANCE ON HAND LAST REPORT	***************************************	*********************************	\$ 1502.84	
b. TOTAL RECEIPTS THIS PERIOD	#********************************		s 6,77958	
c. TOTAL DISBURSEMENTS THIS PERIO	DD		\$ 7715.64	
d. BALANCE ON HAND (12.a. plus 12.b. n				566.78
e. TOTAL LOANS OUTSTANDING		***************************************	ss	566,78 18,665.99
f. TOTAL OBLIGATIONS OUTSTANDING				· · · · · · · · · · · · · · · · · · ·

SUMMARY PAGE - CANDIDATE

\$ 10F 30 5014

13. NAME, OF CANDIDATE, OR COMMITTEE (In Full)	14. REPORT COVERING THE PER					
Shelley thempson Gandner	FROM: 7-1-14	TO: 7-28-14				
RECEIPTS 1 15. CONTRIBUTIONS (other than loans and interest)						
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 175.00	2				
b. Itemized Contributions (over \$100 from each source this period)						
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	s 175.00					
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ 6,604.58					
17. INTEREST RECEIVED THIS REPORTING PERIOD	*************************	\$				
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	**************************************	s <u>6,779,58</u>				
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)				
\$	****					
\$						
\$	and the state of t					
	MATERIAL PROPERTY.					
\$						
\$						
\$	and a second second					
\$	www.					
\$	apprincipal annum.					
\$						
Total of Expenditures (\$100 or less each payee)	\$					
b. Itemized Expenditures (Over \$100 each payee this period)		4				
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.)	**************************************	\$ 7,715.64				
22.IN-KIND CONTRIBUTIONS						
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$	(Contract)				
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 iter	n 12.f.)	\$				



107 30 2014

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATES

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVER	RING THE PERIOD			
Shelley Thomps	10: 7-28-14						
3. TOTAL ITEMIZED CAMPAIGN EXPENDIT	Amount						
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		Amount of Expenditure			
Last Name/Business Name Post	Newspaper	Ads					
Address Buy Court	Ste B			350.00			
Chy Lehanan ()	State Zip Code 37087						
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name ITOY Brewer CPA Address 6213 Charlotte H	Luc. he #112	Compliance	187,50				
City Nashville	State Zip Code TN 37209						
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name							
A Plus Print Design Address Public Sycure		Campayn 1	n founds	573,56			
Lehanon	State Zip Code TN 39089	Campas	//qc/100	0,0,0,			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name MT. Juliet Chronicle	L						
Address 1509 Lehanon Rd.		Newspaper 1	200 00				
ony Julier	State Zip Code	100000 1		385.00			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name Democrat	Anna and a substitution of the substitution of						
Address N. Comberland	54.	News paper F	7d5	635,00			
Lebanon	State Zip Code 770 39087						
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure			
Lasi Name/Business Name LChanon Post OFFice							
Address Z26 E. Gay St.	Postage		5584.58				
Léhanan	State Zip Code TN 39087	U					
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				7,715.64			



ITEMIZED STATEMENT OF LOANS - CANDIDATE GENERAL

NAME OF CANDIDATE OR COMMITTEE					2. REPORT COVERING THE PERIOD					
Shelley Thempson Gardner						FROM: TO. 7-72-14				
				koans totaling n	nore than \$10) from any source	e during the p	eriod)	7-28-14	
Complete the Following for the Source of the Loan		and the same	ord mental statement	CARLES AND A SURFICE		THE RESERVE OF THE PERSON NAMED IN				
First Name Middle Name			Outstanding Loan Balance Loans			Loan		Outstanding Loan Balance		
Last Name/Organization Name	Shelley T		(Beginning of Period)		Received Payments		ymens.			
Gardner			12061.41		6604	58			18,665.59	
170 (200 10 1)		Loan Receiv								
City / State Zip Code			ry Election Control Participation 7-18-14							
Lehanon TN List All Endors	300 8'	**************************************	L			d nlease attact		3		
First Name	List All Endorsers or Guarantors for Above Los First Name Middle Name			First Name Middle Name					Name	
Last Name/Organization Name			······································	Last Name/Organization Name						
Address			Address					***************************************		
City	State	Zip Co	ide	City	h	***************************************	***************************************	State	Zip Code	
Amount Guaranteed Outstanding	Amount Guaranteed Outstanding			Amount Guaranteed Outstanding						
First Name	First Name Middle Name			First Name Mindie Name						
Prince Prince Mildole Maline			First Name Middle Name				Name			
Last Name/Organization Name			Last Name/Organization Name							
Address			Address							
City	City State Zip Code			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 Zip C		Zip Co	de	City	ity State Zip Cod				Zip Coda	
Amount Guaranteed Outstanding				Amount Guarar	iteed Outstan	ding				
First Name Middle Name			First Name Middle Name					Name		
Last Name/Organization Name		Last Name/Organization Name								
Address		Address								
City	State	Zip Co	de	City State Z			Zip Code			
Amount Guaranteed Outstanding			Amount Guaranteed Outstanding					1		
4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16, on summary page.)						Outstanding Loan Balance (End of Period)				
(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.)			12061.41 6604.58 18,665.99				***************************************			