## CAMPAIGN FINANCIAL DISCLOSURE STATEMENT For State and Local Judicial Single - Candidate Committeescommission

1. DATE OF REPORT 23/15 2.a. NAME OF CANDIDATE SOLVENING SANDLARY									
2.b. NAME OF CANDIDATE'S COMMITTEE	3. ELECTION DATE								
4.a. CAMPAIGN ADDRESS AND PHONE	son barder Aug. 7, 2014								
Street or Rural Route City	State Zip Code Phone								
128 Geers Dr. Upanan	TN 37037 615-444-3134								
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route  City  ABOVE	State Zip Code Phone								
5. JUDICIAL OFFICE SOUGHT (include district number, if application for the formula supplied of the sound supplied of the suppl	ble) 6. NAME OF POLITICAL TREASURER  DINTE  OBJECT  OB								
7. CATEGORY OR REPORT (Check one)									
FIRST SECOND THIRD FOURTH QUARTER QUARTER QUARTER	PRE- PRE- MID-YEAR YEAR-END PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL								
8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. ENDING DATE OF REPORTING PERIOD								
9. (Check one)	1-15-15								
and personal re-									
<ul> <li>This campaign is exempt from detailed disclosures 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.)</li> </ul>									
b. 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. SIGNATURE OF CANDIDATE	11. SIGNATURE OF POLITICAL TREASURER								
Signatue of Gandidate Date Date	I do solemnly swear or affirm that the information contained in thiscampaign financial disclosure report is true and accurate. Additionally, I 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								
flanger Sivers 1/23/13	defined by the federal internal revenue code.								
Signatue of Witness Date	Signature of Political Treasurer Date								
	Kinger JWW 1/23/15								
	Signatue of Witness Date								
I2. SUMMARY									
a. BALANCE ON HAND LAST REPORT	s								
b. TOTAL RECEIPTS THIS PERIOD	s								
c. TOTAL DISBURSEMENTS THIS PERIOD	\$								
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$_ <del></del>								
e. TOTAL LOANS OUTSTANDING DOMASED	to Carpaign s_ 0								
f. TOTAL OBLIGATIONS OUTSTANDING	\$_ <del>-</del>								



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## ITEMIZED STATEMENT OF LOANS - CANDIDATE WILSON COUNTY

1. NAME OF CANDIDATE OR COMMITTEE							0 DEDODT	001/5		ELECTIONCO	
							2. REPORT COVERING THE PERIOD FROM: 1 / TO: 1 / TO: 1				
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any sou								1011114   11515			
3. COMPLETE THE APPROPRIATE ITEMS	FOR EACH	ITEMIZ	ZED LOAN	(loans totaling mo	ore than \$1	00 from any so	urce during the p	eriod)			
Complete the Following for the Source of the Loan	The same of the sa		r								
First Name Middle Name			Outstanding Loan Balance Loans (Beginning of Period) Received				Loan Payments	Ou	Outstanding Loan Balance (End of Period)		
Last Name/Organization Name			17,	17,736.6				1-	7,736:16 \$		
Address Deevs DV.	5 Dr.			Loan Received For:  Primary Election  General Election				SEE BELOW			
City State State	Zip Code	787	1.79		clection General Election SEE BELOW						
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	Zip Co	ode	City						Zip Code	
Amount Guaranteed Outstanding			Amount Guaranteed Outstanding								
First Name	irst Name Middle Name			First Name Middle Name							
Last Name/Organization Name			Last Name/Organization Name								
Address			Address								
City	State	Zip Co	de	City State						Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding							
First Name	me Middle Name			First Name Middle Name							
Last Name/Organization Name				Last Name/Organization Name							
Address			Address								
City	State	Zip Coo	le	City				State		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 Cod	e	City			Stat		T	Zip Code	
Amount Guaranteed Outstanding			/	Amount Guarantee	ed Outstan	ding					
Totals for all Loans (complete on last page of itemized loans)  (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.)				Outstanding Loan Balance Loans Loan (Beginning of Period) Received Paym			ents (End of Period)				
(Total outstanding loan balance should also be shown in item 12.e. on front page.)				11,156	, ,	4	7		11,	736.16	

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