

### CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1.	DATE OF REPORT	Ulligie-Ga		Juliunier	362			
'	10-30-12	2.a. NAME OF C	CANDIDATE OR CO	MMITTEE				
21	D. IF COMMITTEE, NAME OF CANDIDATE	ME	T GILE	<u> </u>				
	. II COMMITTEE, NAME OF CANDIDATE				3. ELECTION DATE			
143	. CAMPAIGN ADDRESS AND PHONE				November	06,2012		
1 7.0	Street or Rural Route	City	100000000000000000000000000000000000000	Ctata				
	1502 Post Dak Poin			State	Zip Code	Phone		
4.b	. CANDIDATE'S HOME ADDRESS (if different	than 4 a )	1. Juliet	11	37/22	615-773-1190		
	Street or Rural Route	City	\$	State	Zip Code	Phone		
5.	OFFICE SOUGHT (include district number, if	applicable)	6. NAME OF	POLITICAL	TREASURER (may be o			
6	3 1	strict 3				andidate)		
7.	CATEGORY OR REPORT (Check one)	311-161	HK.	6748	5			
	FIRST SECOND THIRD			D				
	QUARTER QUARTER QUARTER	FOURTH QUARTER	PRE- PRIMARY	PRE- GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END		
8.a.	BEGINNING DATE OF REPORTING PERIOD		8.b. ENDING DA		RTING PERIOD	SUPPLEMENTAL		
	10-1-12		17	0.27	-12			
9. (C	heck one)			241	10			
a. 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. 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.  Signature of candidate  10-30-12  Signature of political treasurer  date								
11V	VITNESS SIGNATURE							
	signature of witness	10-30-12 date		signatur	w McClod	16-30-12 date		
2. SL	JMMARY							
a.	BALANCE ON HAND LAST REPORT			\$	512,17			
b.	TOTAL RECEIPTS THIS PERIOD							
C.	TOTAL DISBURSEMENTS THIS PERIOD			\$	2,507.22			
d.	BALANCE ON HAND (12.a. plus 12.b. minus					314.95		
e.	TOTAL LOANS OUTSTANDING					0		
			F					
f.	TOTAL OBLIGATIONS OUTSTANDING				\$ —	0		



#### SUMMARY PAGE - CANDIDATE

WILSO TO JULY .
ELECTION COMMISSION

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIO
PECEIPTO HRT GILES	FROM: 10-1-12 TO: 10-27-10
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$_1,400
b. Itemized Contributions (over \$100 from each source this period)	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ 2,250
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <del>O</del>
17. INTEREST RECEIVED THIS REPORTING PERIOD	
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	
DISBURSEMENTS	<u> </u>
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g	g., printing, postage, gasoline)
Reception Fund Paiser Supplies Nover \$ 31.3	9
Reception Fund Da see Sugges - Torget \$ 10.5	
Reception Fund Poorer Supplies Party \$ 5.4	43
Wilson Co. Election Commission - Discotte \$ 38.0	0
Beception Fund Raiser Room Rental \$ 25.0	00
\$	_
\$	
Total of Comments	
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.)	\$ 507,22
20. LOAN REPAYMENTS MADE THIS PERIOD	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 2507,22
22.IN-KIND CONTRIBUTIONS	
<ul> <li>a. Unitemized in-kind contributions (\$100 or less from each source this period)\$</li> </ul>	
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.)	\$ 363.75
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)\$	0
b. Itemized Obligations Outstanding (Over \$100 each)\$	8
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.	f) s



# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OF	COMMITTEE			1 0 DEDORT COVE				
	ART GILES  2. REPORT COVER FROM: 10-7-12							
3. TOTAL ITEMIZED CAMPAIL				186.0				
4. COMPLETE THE APPROPRIA	TE ITEMS FOR FACE	ITEMIZED EXPENDIT	G PAGE (enter \$0 if first itemized p	eage)	0			
First Name		ddle Name	Purpose of Expenditure	30 to any payee during the pe				
Last Name/Business Name		- Tario	Reccs)	Son	Amount of Expenditure			
Wal	mart		Fundres	sec	191.11			
Address 300 P/4		Samo PA			/ // //			
City		te Zip Code						
Mt Sulve	5/	te Zip Code	9					
First Name	Midd	dle Name	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name			Russelson	1-				
Address R&M	Phylon	& Fine.	- Phyers	9	209.76			
PO BOX	9306		Flyer3					
City	State	- 1 - 1 - 1 - 1						
Mb. Fulvet	F	3717						
First Name	Middl	e Name	Purpose of Expenditure		Amount of Expenditure			
ast Name/Business Name					meant of Experiatione			
ddress								
ity	State	Zip Code						
rst Name	st Name Middle Name			A	mount of Expenditure			
st Name/Business Name								
dress								
				1				
у	State	Zip Code						
it Name	Middle N	ame	Purpose of Expenditure	An	nount of Expenditure			
Name/Business Name								
ress			_					
	State	Zip Code						
Name	Middle No	1						
Middle Name			Purpose of Expenditure	Am	ount of Expenditure			
Name/Business Name								
988			+					
	State	7in Code	_					
	State	Zip Code						
TOTAL ITEMIZED EXPENDITU	RES							
Carry forward to item 3, of next page if add	itional pages of this form	are used.)			Una on			
If this is the last page of expenditures, this	amount must be shown in	item 19b. of summary.)		1 1	406.87			

OCT 30 2012

## ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMM	ITTEE		2 PEDODI COL	/FDIMO THE DESIGNATION			
	ART GILES	5	FROM: 10-05	VERING THE PERIOD タ TO: 10 コフー1 ス			
3. TOTAL ITEMIZED CAMPAIGN CON	Amount Amount						
4. COMPLETE THE APPROPRIATE ITEMS	S FOR EACH ITEMIZED CONTRIBUTION	N (contributions totaling more than 6	SE (enter \$0 if first itemized page) contributions totaling more than \$100 from any contributo				
First Name	Middle Name	Contribution Received For:	100 from any contribu	Amount of Contribution			
Christopher Last Name/Organization Name	J		1	Amount of Contribution			
Richard		Primary Election	Primary Election General Election				
Address 1133 Wood	Lac PL	Runoff (Local Election	300-00				
City My Talant	State Zip Code	Date of Contribution		Aggregate This Election			
Occupation 1	Tr 3712	10-1	1.55. ogate (IIIS Election)				
Employer Admissistrator				300.00			
Sixoucco							
First Name	Middle Name	Contribution Province L.5					
Therri	Wilddie Warrie	Contribution Received For:		Amount of Contribution			
Last Name/Organization Name		Primary Election	General Election	150.00			
Address 1218 Wood	imlo Dr	Runoff (Local Elections	Only)	150.00			
City M. T. L. +	State Zip Code	Date of Contribution		Aggregate This Flat			
Occupation 1	TN 3912			Aggregate This Election			
Accounting	7	10-12-1	ス	150.00			
Si amo treve	Flight	1					
irst Name	Middle Name	Contribution Received For					
Kobert ast Name/Organization Name	D	Contribution Received For:		Amount of Contribution			
5mith		Primary Election	General Election	150.00			
idress 1221 Cliffee	Drive	Runoff (Local Elections	Only)				
ty O	State Zip Code	Date of Contribution		Aggregate This Election			
Direntwood	70 37027	10-11-12		, aggregate This Election			
Developer				150.00			
CPS Land, 1	40	1					
st Name	Middle Name	Contribution Received For:		Amount / A			
t Name/Organization Name/		_		Amount of Contribution			
Hammond		Primary Election	General Election	250.00			
10 Box 1870		Runoff (Local Elections C	Only)				
Mr. Juliet	State Zip Code 31/2/	Date of Contribution		Aggregate This Election			
upation / 2	70 07101	10-6-12					
loyer loyer				250.06			
Sta OF Cource							
TOTAL ITEMIZED CONTRIBUTIONS							
(Carry forward to item 3. of next page if additional page (If this is the last page of contributions, this amount m	ges of this form are used.)			850.00			
	ast se snown in term 150. Of Suffirmary.)			00			

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#### ITEMIZED STATEMENT OF LOANS - CANDIDATE COMMISSION

NAME OF CANDIDATE OR CO	MMITTE	=			22 W.W.W.	-		2.	REPOR	T CO	/ERIN	G THE PERIOD	
	LE S	2. REPORT COVERING THE FROM: TO:					0:						
3 COMPLETE THE ADDDODDIAT	LE -	·			10	0/-	12	1	10-27-12				
3. COMPLETE THE APPROPRIAT	-	The state of the s	HILEMIZ	ZED LOAN	(loans totaling	more than	\$100 from any	source	during the	period)			
Complete the Following for the Source	of the Loan	i .											
					fing Loan Balance Loans Loan Outstanding Loan ning of Period) Received Payments (End of Period								
Last Name/Ordanization Name					E (8)	l Red	= Veu	Pa	ments		(En	nd of Period)	
OTLE	700	1	5	0	2,00C		-	<del></del>					
Address	SASSES DESCRIPTION	10 11	2 1	Loan Rece	ived For:				Date of L	oan			
City MA To State Tin Code					nary Election A General Election Repayment of Joco not (Local Elections Only)  Repayment of Joco not for Previous Society of the Previous Society of t							et downs	
My Juliet	State	Zip Code	22	☐ Runot	f (Local Elections	Only)			for	DIE	つづる	410-3712	
Lis	st All Endo	rsers or Gua	rantors fo		an (If more spa		dad places	ttach	2 0200)	je	pcV.	lecl	
First Name		Middle Nam		TIDOTO EC	First Name	00 13 1100	ded please a	allacii	a page)	110	della Nia		
					T IISC IVAINE					MIG	ddle Nam	.0	
Last Name/Organization Name					Last Name/Organization Name								
Address					Address								
City		State	Zip Coo	de	City State Zip Code								
Amount Consequence (O. L.)		L										Zip Code	
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding								
First Name	First Name Middle Name			Wall and	First Name Middle Name								
Last Name/Organization Name					Last Name/Orga	anization N	ame						
Address					Address								
City		Ct-t-	T7: 0 1							,	_		
	City State Zip Code				City State Zip Code							Zip Code	
Amount Guaranteed Outstanding					Amount Guarant	eed Outsta	inding						
First Name		Middle Name			First Name Middle Name								
Last Name/Organization Name					THOSE HAILE								
Least Name Organization Name					Last Name/Organ	nization Na	ame						
Address					Address								
City													
City		State Zip Code			City					State Zip Code			
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding								
			2000										
irst Name		Middle Name			First Name Middle Name								
ast Name/Organization Name					Last Name/Organization Name								
Address					Address.								
				ľ	Address								
City	S	State	Zip Code	(	City				T	State		Zip Code	
mount Guaranteed Outstanding				A	mount Guarantee	ed Outstan	ding	_					
7.40.6 - 10													
Totals for all Loans (complete on last p (Total loans received should also be shown in item	16 on sum	/ anen vnem	s)		Outstanding Loan		Loans		Loan			nding Loan Balance	
al loan payments should also be shown in item 20, on summary page )					(Beginning of Po		Received		Paymen	-	(E	ind of Period)	
outstanding loan balance should also be shown in item 12.e. on front page.)					2,00		0		200	U		10	