CAMPAIGN FINANCIAL DISCLOSURE STATEMENT MILSON COUNTY

For State and Local Candidates
For Single-Candidate Committees

For Single-Candidate Committees									
1. DATE OF REPORT 2.a. NAM	ME OF CANDIDATE OR COMMITTEE								
2.b. IF COMMITTEE, NAME OF CANDIDATE	1111001 00000	3. ELECTION DATE							
COMMITTEE TO FLECT WILL	an Glover	1.1	,2014						
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City	State	Zip Code	Phone						
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)	canon, 710	5708/61	5453-0821						
Street or Rural Route City	State	Zip Code	Phone						
5. OFFICE SOUGHT (include district number, if applicable) 6. NAME OF POLITICAL TREASURER (may be candidate)									
7. CATEGORY OR REPORT (Check one)	CANDIDA	16							
FIRST SECOND THIRD FOUR QUARTER QUARTER QUARTER QUARTER	TER PRIMARY GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL						
8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. ENDING DATE OF REPO	PRTING PERIOD							
July 29, 2014	SEPT 30	,2014							
9. (Check one)									
 This campaign is exempt from detailed disclosure tures total \$1,000 or less for this reporting period. 	because contributions (including in-kir (Complete items 12d., 12e. and 12f.)	nd) received total \$1,000 o	or less AND expendi-						
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. 9-30-14 signature of candidate date signature of political treasurer date									
11. WITNESS SIGNATURE									
Mouto Sur 9-32 signature of witness date	14 Moris	4	9-30-14						
signature of witness date	signati	ure of witness	date						
12. SUMMARY		i Ll							
a. BALANCE ON HAND LAST REPORT		\$							
b. TOTAL RECEIPTS THIS PERIOD		\$							
c. TOTAL DISBURSEMENTS THIS PERIOD		\$							
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$	Ø						
e. TOTAL LOANS OUTSTANDING		\$	Ø.						
f. TOTAL OBLIGATIONS OUTSTANDING		\$ —	0						



JAN 29 2015 WILSON COUNTY ELECTION COMMISSION

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIO						
William GLOVER	FROM: 7-29-14 TO: 9-30-14						
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)							
a. Unitemized Contributions (\$100 or less from each source this period)	\$						
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_Ø						
16. LOANS RECEIVED THIS REPORTING PERIOD	7						
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$						
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	s						
DISBURSEMENTS							
19. EXPENDITURES (other than loan payments)							
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g	j., printing, postage, gasoline)						
BANK SERVICE CHARGE 5 MOUNTS \$ 60							
 \$							
\$	-						
\$							
\$	<u></u>						
\$							
	_						
Total of Expenditures (\$100 or less each payee)	s <u>O</u>						
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u></u>						
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	s						
20. LOAN REPAYMENTS MADE THIS PERIOD	\$4						
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)	S						
o. 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)	The state of the s						
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12							







ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATEMISSION

1. NAME OF CANDIDATE OR COMMITTE	2. REPORT COV	ERING THE PERIOD					
3. TOTAL ITEMIZED CAMPAIGN EXPEND		9 TO:9-30-69 Amount					
4. COMPLETE THE APPROPRIATE ITEMS FO	nerind)						
First Name WILSON PLANK	Middle		Purpose of Expenditure	to any payor during the	Amount of Expenditure		
Last Name/Business Name WILSW BANK d-	7	BAUK FE	_	1 -5			
Address 623 w. MAW STRECT					(00)		
City Lebanon	State	. Zip Code	-				
First Name	Middle	U 37687	Dumage of Every diture				
Last Name/Business Name	I Wilddig /	Young	Purpose of Expenditure		Amount of Expenditure		
Address							
City	State	Zip Code	7		7		
First Name	Middle N	lame	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name			-				
Address	•		-				
City	State	Zip Code	+				
First Name	Middle Na	ima	Dumana of Funancial				
Last Name/Business Name	Wildule Na	ine .	Purpose of Expenditure		Amount of Expenditure		
Address							
City	State Zip Code		-				
First Name	Middle Nar	me	Purpose of Expenditure		Amount of Expenditure		
ast Name/Business Name					1		
Address							
Sity	State	Zip Code					
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure		
ast Name/Business Name							
ddress							
ity	State	Zip Code					
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional page (If this is the last page of expenditures, this amount mu							
NTV.							

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JAN 29 2015

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVERING THE PERIOD				
3. 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)	FROM: 7- 2 93 Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle N	lame LLEW				
Last Name/Business Name	476	M	4	1		
Address War Ave			Ψ	1	1 4	
City	State	Zip Code	1			
Description of Obligation						
First Name	Middle N	ame				
Last Name/Business Name			1			
Address						
City	State	Zip Code				
Description of Obligation			l .			
First Name						
	Middle Na	me				
Last Name/Business Name						e:
Address						
City	State	Zip Code				
Description of Obligation		<u> </u>				
First Name	Middle Nar	me		T		
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
booth phon of obligation						
First Name	Middle Nan	ne				
ast Name/Business Name						
ddress						
Dity	State	Zip Code				
Description of Obligation						
. TOTALS		T		Т		
(Total from Outstanding Balance - (End of Period) co in item 23b. on summary page.)	umn must	also be shown				
, F230.)						

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JAN 29 2015

ITEMIZED STATEMENT OF LOANS - CANDIDATE SON COUNTY SICON

1. NAME OF CANDIDATE OR COMMITTEE							2. REPORT COVERING THE PERIOD FROM: 1/2 TQ:			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)										
Complete the Following for the Source of the Loan		TI CIVIIZ	LD LOAN	(loans totaling in	iore (nan p	Too from any sou	ce during the p	eriod)		
First Name Middle Name All Last Name/Organization Name COVER			7			ived F	Loan Payments		Outstanding Loan Balance (End of Period)	
City / State / Zip Code			☐ Primar☐ Runoff	Received For: Date of Loan Trimary Election General Election Lunoff (Local Elections Only)						
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)										
First Name	First Name Middle Name			First Name Middle Name						
Last Name/Organization Name				Last Name/Organization Name						
Address				Address						
City	State	Zip Co	ode	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 Code		de	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 Cod	le	City				State		Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding						
rst Name Middle Name				First Name Middle Name						
.ast Name/Organization Name			Last Name/Organization Name							
Address			Address							
City	State	Zip Code	е	City State Zip Co					Zip Code	
mount Guaranteed Outstanding				Amount Guaranteed Outstanding						
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.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)			Outstanding Loar (Beginning of F		Loans Received	Loan Payme	1			