## CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

OCT 4 2016 5

| 1. DATE OF REPORT   | 2.a. NAME OF CA                        | NDIDATE OR COMMITTEE                         | WILSON COUNTY                |                             |  |  |  |
|---|--|--|------------------------------|-----------------------------|--|--|--|
| September-27, 2016  | Guynne                                 | L. Queener                                   | - I I                        | CTION COMMISSION            |  |  |  |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE  | J                                      |  | 3. ELECTION DA               | ГЕ                          |  |  |  |
|   |  |  | 10                           |                             |  |  |  |
| 4.a. CAMPAIGN ADDRESS AND PHONE<br>Street or Rural Route  | City                                   | State  | Zip Code                     | Phone                       |  |  |  |
| 821 York Rd. N  | Mi. Juliet                             | TN   | 37/22                        | 615-218-9452                |  |  |  |
| 4.b. CANDIDATE'S HOME ADDRESS (if different   | than 4.a.)                             |  |                              |                             |  |  |  |
| Street or Rural Route   | City                                   | State  | Zip Code                     | Phone                       |  |  |  |
| 5. OFFICE SOUGHT (include district number, if   | applicable)                            | 6. NAME OF POLITICAL T                       | · ¬                          |                             |  |  |  |
| Board of Education -  | Zone 7                                 | Gwynne L.                                    | Queene                       | <u></u>                     |  |  |  |
| 7. CATEGORY OR REPORT (Check one)   |  |  | ["]                          | [ <del></del> ]             |  |  |  |
| FIRST SECOND THIRD QUARTER QUARTER QUARTER  | FOURTH                                 | PRE- PRE-                                    | MID-YEAR                     | YEAR-END                    |  |  |  |
| QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD   |  | PRIMARY GENERAL<br>8.b. ENDING DATE OF REPOR | SUPPLEMENTAL<br>TING PERIOD  | L SUPPLEMENTAL              |  |  |  |
| 7-26-16   |  | 9-30-  | 16                           |                             |  |  |  |
| 9. (Check one)  | <u> </u>                               |  | <i>1</i>                     |                             |  |  |  |
| <ul> <li>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.)     </li> </ul>   |  |  |                              |                             |  |  |  |
| b. X This campaign is required to file a deta   | ailed financial disclosu               | ure because contributions (inc               | ludina in-kind) recei        | ved total more than \$1,000 |  |  |  |
| and/or expenditures total more than \$1   | ,000 for this reporting                | g period.                                    | dung ir und 1000.            | ved total more than \$1,000 |  |  |  |
| 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. |  |  |                              |                             |  |  |  |
| M. J. D.  | 9/29/2016                              | d v  | h.                           | oleal .                     |  |  |  |
| Signature of candidate  | 4/21/2016<br>date                      | sylvynw X                                    | Okclesce political treasurer | 9/29/2016                   |  |  |  |
|   | , *****                                | urginaturo oi p                              | Milliodi (Icasurei           | f date                      |  |  |  |
| 11. WITNESS SIGNATURE   |  |  |                              |                             |  |  |  |
| The Snea  | 9/29/2016                              | · Ma   | - Strum                      | 9/29/2016                   |  |  |  |
| signature of witness  | date                                   | signatur                                     | e of witness                 | date                        |  |  |  |
| 12. SUMMARY   | <del></del>                            |  |                              |                             |  |  |  |
| a. BALANCE ON HAND LAST REPORT  | ······································ | \$   | 172.68                       | <b>.</b>                    |  |  |  |
| b. TOTAL RECEIPTS THIS PERIOD   | ······                                 | \$   | 44.00                        | <b></b>                     |  |  |  |
| c. TOTAL DISBURSEMENTS THIS PERIOD  |  | \$   | 214,00                       | _                           |  |  |  |
| d. BALANCE ON HAND (12.a. plus 12.b. min  | nus 12.c.)                             |  |                              | sQ                          |  |  |  |
| e. TOTAL LOANS OUTSTANDING  |  |  |                              | \$ 0,00                     |  |  |  |
| f. TOTAL OBLIGATIONS OUTSTANDING  |  |  |                              | s <u>0,00</u>               |  |  |  |

## SUMMARY PAGE - CANDIDATE

OCT 4 2016 C

|   |  |  | TOTION POLINIOSION |  |  |  |
|---|--|--|--------------------|--|--|--|
| 13. NAME OF CANDIDATE OR COMMITTEE (In Full)                                  | 14. REPORT CO                            | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |                    |  |  |  |
| Guynne L. (Lucener  |  | FROM: 7-26-16                          | TO: 9-30-16        |  |  |  |
| RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)                    |  |  |                    |  |  |  |
| a. Unitemized Contributions (\$100 or less from each source                   | this period)                             | \$ 44.00                               |                    |  |  |  |
| b. Itemized Contributions (over \$100 from each source this page 2)           | period)                                  | \$ <u>0.00</u>                         |                    |  |  |  |
| c. TOTAL CONTRIBUTIONS (other than loans and interest)                        | (add 15.a. and 15.b.)                    | ·                                      | \$ 44.00           |  |  |  |
| 16. LOANS RECEIVED THIS REPORTING PERIOD                                      | 16. LOANS RECEIVED THIS REPORTING PERIOD |  |                    |  |  |  |
| 17. INTEREST RECEIVED THIS REPORTING PERIOD                                   |  |  |                    |  |  |  |
| 18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown                   | in item 12.b.)                           |  | s <u>47,00</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)        |  |  |  |
| overage   | \$, <u>(</u>                             | 08                                     |                    |  |  |  |
|   | \$                                       |  |                    |  |  |  |
|   | \$                                       | <del></del>                            |                    |  |  |  |
|   | \$                                       |  |                    |  |  |  |
|   | •  |  |                    |  |  |  |
|   | \$                                       |  |                    |  |  |  |
|   | \$                                       |  |                    |  |  |  |
|   | \$                                       |  |                    |  |  |  |
|   | <br>\$                                   |  |                    |  |  |  |
|   | <del></del>                              |  |                    |  |  |  |
| Total of Expenditures (\$100 or less each payee)                              |  | \$ <u>0.00</u>                         |                    |  |  |  |
| b. Itemized Expenditures (Over \$100 each payee this period)                  |  | s 216,00                               | <del></del>        |  |  |  |
| c. TOTAL EXPENDITURES (other than loan repayments)(add '                      | 19.a. and 19.b.)                         |  | \$ 216,00          |  |  |  |
|   | 20. LOAN REPAYMENTS MADE THIS PERIOD     |  |                    |  |  |  |
| 21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown                    | wn in item 12.c.)                        |  | s <u>214100</u>    |  |  |  |
| 22.IN-KIND CONTRIBUTIONS  |  |  |                    |  |  |  |
| a. Unitemized in-kind contributions (\$100 or less from each sou              | rce this period)                         | \$ <u>0.00</u>                         | man.               |  |  |  |
| b. Itemized in-kind contributions (over \$100 from each source this period)\$ |  |  |                    |  |  |  |
| c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIO                            | D (add 22.a. and 22.l                    | b.)                                    | \$ <u>0.00</u>     |  |  |  |
| 23. OBLIGATIONS   |  |  |                    |  |  |  |
| a. Unitemized Obligations Outstanding (\$100 or less each)                    |  | \$ <u> </u>                            |                    |  |  |  |
| b. Itemized Obligations Outstanding (Over \$100 each)                         |  | \$ <u>0-00</u>                         |                    |  |  |  |
| c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.)                        | (must be shown i iter                    | m 12.f.)                               | \$ 0.00            |  |  |  |

## OCT 4 2016 COUNTY STATEMENT OF EXPENDITURES - CANDIDATES

| 1. NAME OF CANDIDATE OR COMMITTEE 2. REPORT COV  |             |                   |                                       |   | RING THE PERIOD  |  |
|--|-------------|-------------------|---------------------------------------|---|--|--|
| Guynne L. Queener FROM:  |             |                   | FROM: 7 - IL - K                      | TO: 9-30-16<br>Amount                     |  |  |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)   |             |                   |                                       |   | 0.00   |  |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR  | EACH ITEM   | IZED EXPENDITURE  | expenditures totaling more than \$100 | to any payee during the per               | iod)   |  |
| First Name   | Middle Name |                   | Purpose of Expenditure                |   | Amount of Expenditure  |  |
| Last Name/Business Name Dialing Services LLC  Address 8 Riverside Dr.  City O. State Tincode   |             | Campaign Strategy |                                       | 216.00                                    |  |  |
| S Riverside Dr.  |             | 10 V V U C V      | rowrs                                 | •   |  |  |
| CityRoswell  | State       | Zip Code<br>88201 |                                       | e destruir de caste de etc. de la company | the control of the co |  |
| First Name   | Middle Nar  | me                | Purpose of Expenditure                |   | Amount of Expenditure  |  |
| Last Name/Business Name  |             |                   |                                       |   |  |  |
| Address  |             |                   | -                                     |   |  |  |
| City   | State       | Zip Code          |                                       |   |  |  |
| First Name   | Middle Nan  | ne                | Purpose of Expenditure                |   | Amount of Expenditure  |  |
| Last Name/Business Name  |             |                   |                                       |   |  |  |
| Address  |             |                   |                                       |   |  |  |
| City   | State       | Zip Code          |                                       |   |  |  |
| First Name   | Middle Name |                   | Purpose of Expenditure                |   | Amount of Expenditure  |  |
| Last Name/Business Name  |             |                   |                                       |   |  |  |
| Address  |             |                   |                                       |   |  |  |
| City   | State       | Zip Code          |                                       |   |  |  |
| First Name   | Middle Name |                   | Purpose of Expenditure                |   | Amount of Expenditure  |  |
| Last Name/Business Name  |             |                   |                                       |   |  |  |
| Address  |             |                   |                                       |   |  |  |
| City   | State       | Zip Code          |                                       |   |  |  |
| First Name   | Middle Name |                   | Purpose of Expenditure                |   | Amount of Expenditure  |  |
| .ast Name/Business Name  |             |                   |                                       |   |  |  |
| Address  |             |                   |                                       |   |  |  |
| City   | State       | Zip Code          |                                       |   |  |  |
| 5. TOTAL ITEMIZED EXPENDITURES  (Carry forward to item 3. of next page if additional pages of this form are used.)  (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.) |             |                   |                                       |   | 216.00   |  |