CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Candidate Committees

Fo	or Single-Candidat	e Committee	Willen.
1. DATE OF REPORT	2.a. NAME OF CANDIDATE	ORCOMMITTEE	OCT 15 2018
25 15 000	L'Ray	Justice	WILSON COUNTY
2.b. IF COMMITTEE, NAME OF CANDIDATE			ELECTION COUNTY STION DATE
10 CAMPAION			
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		m 8 3018
2744 N Mt Juliet R	City	State Zip Code	Phone
The second of th	ot then do 1	<u>t/~ 37</u>	122 615- 758-2451
Street or Rural Route	City	State Zin Code	
		State Zip Code	Phone
5. OFFICE SOUGHT (include district number,	if applicable) 6. NAN	ME OF POLITICAL TREASURE	P (mouths as a line)
Sheritt of Wilson	Co	Bill Easle	(may be candidate)
7. CATEGORY OR REPORT (Check on a)		ioin caste	-4
FIRST SECOND THEO OUARTER QUARTER QUARTER	FOURTH PRE-	PRE- MID	
QUARTER QUARTER QUARTER B.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER PRIMARY	GENERAL SUPPL	-YEAR YEAR-END EMENTAL SUPPLEMENTAL
7-24-18	8.b. ENDI	ING DATE OF REPORTING PERI	EMENTAL SUPPLEMENTAL OD
Check one)		9-30-78	
a This compoins in			
This campaign is exempt from detailed tures total \$1,000 or less for this report	disclosure because contributio	ns (including in-kind) received	total \$1 000 or loss AND
	ang penda. (Complete items 1)	2d., 12e. and 12f.)	a street of icas Airb expendi
b. This campaign is required to file a deta	ailed financial disclosure because	n contait it is	
b. This campaign is required to file a deta and/or expenditures total more than \$	1,000 for this reporting period.	e contributions (including in-kii	nd) received total more than \$1,00
il/we do solemnly swear or affirm that the info accurate accounting of campaign contribution Financial Disclosure Act. Additionally 11/10.	ormation contained in this came	aign financial disclosure reserv	
Financial Disclosure Act. Additionally, I/we so benefit of the candidate or for any other nonp	olitical purpose as defined by the	contributions have been expere	nded for the personal financial
	.,	- 1000idi ilikerilai Teveriue cook) .
f the ustree	10-1-18	na 72/1/	
signature of candidate	date	signature of political treas	10-1-18
MITHEOGOA		- I postadu doce	date
WITNESS SIGNATURE			
Jann Crouch	10 1 1 C	4 4	
signature of witness	10-1-18	Jame Cipur	10-1-18
- Simulate of Williess	date	signature of witness	date
SUMMARY		(_)	uale
		•	
a. BALANCE ON HAND LAST REPORT		s <u>1815</u> .	25
b. TOTAL RECEIPTS THIS PERIOD		<u>\$ 2138.</u>	73
C. TOTAL DISBURSEMENTS THIS PERIOD			90
		•	
d. BALANCE ON HAND (12.a. plus 12.b. minus	s 12.c.)		Æ
. TOTAL LOANS OUTSTANDING	***************************************	-	
			s_ -0 -
TOTAL OBLIGATIONS OUTSTANDING		· · · · · · · · · · · · · · · · · · ·	

			\$



SUMMARY PAGE - CANDIDATE OCT 15 2018

		- 6 2010
13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORTEGOXI	RINGUNITY PERIO
RECEIPTS Justice	FROM:7-24-18	SI NORSSIPMENTS
15 CONTRIBUTIONS (other than laws and it	·	
a. Unitemized Contributions (\$100 or less from each source this period)	671.70 \$ 467.03	
b. Itemized Contributions (over \$100 from each source this period)	\$ 1000.00	•-
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)		- 212022
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.)		* 213033
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	printing postage g	asolino)
Supplies Misc \$ 18.55	, printing, postage, gr	asome)
Food for Staff \$32.75		
Book Free	<u> </u>	
\$ 50.00		
Autol Truck \$71.70	-	
Verizon-Cell Phone \$ 100.00	<u>) </u>	j
\$	_	
\$	~	
	_	
*	_	
\$	-	
Total of Expenditures (\$100 or less each payee)\$	273.00	
b. Itemized Expenditures (Over \$100 each payee this period)	3680 98	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	<u> </u>	2053 08
20. LOAN REPAYMENTS MADE THIS PERIOD	\$	2925.98
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	», », », », », », », », », », », », », »	305300
22.IN-KIND CONTRIBUTIONS	Φ_	0 100. [8
a. Unitemized in-kind contributions (\$100 or less from each source this period)\$		
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 item 12.f.	\$	0

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMM.	TTEE				ON COMMISSION
Kay Just	ice			2. REPORT COVE	TO: 9-30-18
3. TOTAL ITEMIZED CAMPAIGN CON	TRIBUTIONS	FROM PRECEDIA	IC PACE (a-ta-00 % /)		Amount
4. COMPLETE THE APPROPRIATE ITEMS	FOR EACH IT	EMIZED CONTRIBU	TION (contributions totaling more than	page)	<u> </u>
1	Middle	Name	Contribution Received For:	tuo from any contribute	ar the contract of the contrac
Last Name/Organization Name	<u>_</u>		_		Amount of Contribution
LEWing		-	Primary Election	General Election	\$1000.00
Address Biver	Dr		Runoff (Local Elections	s Only)	1000-0
mt Juliet	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer		······································			
First Name	MARKET LANGUAGE	and the second stable and the second second second	The state of the s		
	Middle	Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name	· —		Primary Election	General Election	
Address		**************************************	Runoff (Local Elections	Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer					
First Name	Middle Na	ime	Contribution Received For:	nagan kanalaga ang manang manang Manang manang manan	Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	, amount of Containation
Address				Julierar Election	
			Runoff (Local Elections (Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation			_		
mployer				-	
					j
irst Name	Middle Nan	ne	Contribution Received For:	A	mount of Contribution
ast Name/Organization Name				eneral Election	suit or contribution
ddress			Runoff (Local Elections Or	nly)	
ity	State	Zip Code	Date of Contribution		ggregate This Election
ccupation				1 1	Parchare 1189 EIECHOU
nployer			-		
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional page (If this is the last page of contributions, this amount of	es of this form are	used.)			
(If this is the last page of contributions, this amount m	usi de shown in ite	em 15b. of summary.)			1000.00

ITEMIZED STATEMENT OF EXPENDITURES ANDIDATE

1. NAME OF CANDIDATE OR COMMITT	TEE		2 REPORT COVE	RING THE PERIOD
Kay Jus	tice		FROM: 7-24-18	TO: 9-30-19
3. TOTAL ITEMIZED CAMPAIGN EXPEN	DITURES FROM PRECEDING F	PAGE (enter \$0 if first itemized o		Amount
4. COMPLETE THE APPROPRIATE ITEMS F	OR EACH ITEMIZED EXPENDITUR	E (expenditures totaling more than \$10	00 to any pavee during the ne	uriod)
First Name	Middle Name	Purpose of Expenditure	payor daining into pe	Amount of Expenditure
Last Name/Business Name				- Who are a superiordial
- Comcast Address		_ Advertisin	ng/	2200.00
1720 Windu	ard Concourse	_ Advertisin		220.00
Alpharetta	Sale A Zip Code 30005	J .		
First Name	Middle Name	Purpose of Expenditure	2000 Appendix the agree of the	Amount of Expenditure
Less Name/Business Name RC V 10 Ca 1 V	nkt		!	
Address 424 Churc		- Marketin	9	750.00
City Washville	State Zip Code 37219			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Bill Eqs/ey 0 mc/	1-5-00			
Bill Easleyand 2744 N. Mt Juli	et Pd	- Legal Fee		500.00
mt-Juliet	State Zip Code			
First Name		Purpose of Expenditure		
Last Name/Business Name	1	- Sipose of Experiorities	[Amount of Expenditure
Heade my Spor		J C. 0013-		230.98
549 Pleasant	Grove Rd	Supplie	-3	250.14
Mt-Juliet	State Zip Code 70 37122	•		
irst Name	Middle Name	Purpose of Expenditure	Δ	mount of Expenditure
ast Name/Business Name		-		mount of Expenditure
ddress		4		
vity	State Zip Code			
irst Name	Middle Name	Purpose of Expenditure	Ar	nount of Expenditure
nst Name/Business Name				
ddress				
у	State Zip Code			
. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount mus	s of this form are used.) It be shown in item 19b. of summary.)			680.98
Da.	· · · · · · · · · · · · · · · · · · ·			A-00.19

OCT 15 2018

ITEMIZED STATEMENT OF LOANS ON CANDIDATE

			· · · · · · · · · · · · · · · · · · ·				TLECTION	I CC	MMISS	ION		_
1. NAME OF CANDIDATE								7 2	REPOR	RT CO	VERI	NG THE PERIOD
Ray	Tired.	_						F	ROM:			TO:
Kay 3. COMPLETE THE APPRO	DEPLATE ITEMS EX	DE EAC	ALITERAL	7501041				17	-24	-18	<u> </u>	9-30-18
I .			'L' L' EIVIIZ	ZED LUAN	(loans totaling n	nore tha	in \$100 from an	y sour	ce during th	e period)	
Complete the Following for the							- "					
First Name	Middle Name	:		Outstanding	Loan Balance of Period)		Loans	_	Loan	\top	Outsta	nding Loan Balance
Last Name/Organization Name				(Deganini	, or renou)	K	eceived	Р	ayments	-	(i	End of Period)
Address				Loan Recei	ved For:				Date of	Loan		
City	D F					□ Ge	eneral Election					
City	State	Zip Code		}	Runoff (Local Elections Only)							
<u> </u>	List All Endorse	es or Cu							<u> </u>			
First Name	List Alf Endorse	Middle Na		Above Loa		e is ne	eded please	attac.	na page)			
		IVROUI E IV8	me		First Name					Mi	idle Na	me
Last Name/Organization Name					Last Name/Orga	nizatio	n Name					
Address						******						
Address					Address							
City	S	State	Zip Coo	de	City							
										Sta	(e	Zip Code
Amount Guaranteed Outstanding					Amount Guarante	eed Out	standing					<u> </u>
First Name		fiddle Nan	00	·	P:IAI-				······			
	"	mudic Hais	·IG		First Name					Mid	dle Nar	ne
ast Name/Organization Name			···		Last Mamo/Orgon	izataz	Mara-	<u>-</u>			~	
		· · · · · · · · · · · · · · · · · · ·			Last Name/Organization Name							
Address				i	Address	•			···			
City	Si	ale	Zip Code		0:4				·			
			Zip Code	5	City					State	9	Zip Code
mount Guaranteed Outstanding					Amount Guarante	ed Outs	tanding			<u> </u>		
irst Name												
a at indite	į Mi	ddle Nami	е	}	First Name					Mide	lle Nan	ne
ast Name/Organization Name	······································				ast Name/Organi	zation N	lame			Щ.		
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ity	Sta	ite	Zip Code	- (City					1 8		
										State	!	Zip Code
nount Guaranteed Outstanding				A	mount Guarantee	d Outsta	anding					
rst Name	Committee of the commit						-	مستور		-		
	Mid	ldle Name		F	irst Name					Middle	e Name	
st Name/Organization Name	······································	***************************************		L	ast Name/Organiz	ation Na	ame			L		
fdress					-							
				A	idress							
ty	State	e	Zip Code	c	ly	·				Stele		Zie Code
ount Guaranteed Outstanding										State		Zip Code
				JAn	nount Guaranteed	Outstar	nding					
Totals for all Loans (complete o	on last page of itemi:	zed loar	1S)	0	itstanding Loan B	alance	Loans	T	enni elemente	er en en		
fotal loans received should also be sho fotal loan payments should also be sho	wn in item 16, on summa	/ energym	•		(Beginning of Per		Received		Loan Paymei	nts		anding Loan Balance End of Period)
otal outstanding loan balance should also	so be shown in item 12.e.	iiy page.) on front pa	age.)					T				
ta .			<u></u>				L	[i		

ICT 15 2018

JUNTY

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COM	TO: 9-30-18							
3. TOTAL ITEMIZED IN-KIND CON	Amount							
4. COMPLETE THE APPROPRIATE ITE				·	etributor during the period)			
First Name	Middle	Name	In-Kind Contribution Received	_	Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Election					
Address			Date of In-Kind Contribution	Date of In-Kind Contribution Age				
City	City State Zip Code				<u> </u>			
Occupation	ocupation Employer							
		Andrew San State Control of the Cont			7			
First Name	Middle	Name	In-Kind Contribution Received For: Primary Election					
Last Name/Organization Name			Runoff (Local Elections Only)					
Address			Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution		·			
Occupation	Employer							
	1.0.2							
First Name	Name	In-Kind Contribution Received Primary Election	For: General Election	Value of In-Kind Contribution				
Last Name/Organization Name			Runoff (Local Elections	s Only)				
Address			Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer	······································						
First Name	Middle	Name	In-Kind Contribution Received Primary Election	For: General Election	Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Elections					
Address			Date of In-Kind Contribution	Aggregate this Election				
City	State	Zip Code	Description of In-Kind Contribution		<u></u>			
Occupation	Employer							
First Name	Middle N	апе	In-Kind Contribution Received		Value of In-Kind Contribution			
Last Name/Organization Name				General Election				
Address			Runoff (Local Elections Only) Date of in-Kind Contribution Aggregate this Election					
City	State	Zip Code	Description of In-Kind Contribution					
	Employer		2 330 PROTEOUR TRING COMMODULE					
5. TOTAL ITEMIZED IN-KIND CON (Carry forward to item 3. of next page if add (If this is the last page of in-kind contribution	itional pages of this for)					

SS-1128 (Rev. 2/06)

Page 6 of 7

RDA 1159

OCT 15 2018

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

Outstanding Balance DBLIGATION (Obligations stating more than \$100 tower to any person/vendor at the end of the reporting period) If ho, Name Made Name Made Name				ELECTION COMMIS	SSION		
S. COMPLETE THE APPROPRINT LETEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person) person (year of the end of the reporting person). First Name Middle Name	1. NAME OF CANDIDATE OR COMMIT	TEE			2. REPORT CO	VERING THE P	ERIOD
S. COMPLETE I HELAPPROPRIATE ITEMS FOR EACH TEMEZED OBLIGATION (obligations to lating more than \$100 ower to any person/vendor at the end of the reporting period) This Period This Peri	Kay Justic				FROM: 7-2	9-30-18	
Last Name/Business Name Address City State Zip Code Description of Obligation First Name Lest Name/Business Name Additions City State Zip Code Description of Obligation First Name Modife Name Last Name/Business Name Address City State Zip Code Description of Obligation First Name Modife Name Last Name/Business Name Address City State Zip Code Description of Obligation First Name Modife Name Last Name/Business Name Address City State Zip Code Description of Obligation First Name Modife Name Last Name/Business Name Modife Name Last Name/Business Name Modife Name Last Name/Business Name Modife Name Last Name/Business Name Modife Name Last Name Last Name/Business Name Modife Name Last Name La	 OBLIGATION (obligations totaling more 	e than \$100 d	CH ITEMIZED owed to any	Outstanding Balance (Beginning of Period)	Debt Incurred	Payments	Outstanding Balan (End of Period)
Address City State Zip Code Christopion of Citigation First Name Mode Name Code State Zip Code Description of Citigation First Name Mode Name City State Zip Code Description of Citigation First Name Address Name Addr	First Name	Middle	Name		Anna Carlo Car		
City State Middle Name Middle Name State Zip Code Zip Code State Zip Code Zip Cod	Last Name/Business Name						
Description of Obligation First Name Lest Name-Business Name Address City State Zip Code Description of Obligation First Name Middle Name Last Name Business Name Address City State Zip Code Description of Obligation First Name Middle Name	Address						
First Name City State Zip Code Description of Obligation First Name Middle Name Middle Name Address City State Zip Code Description of Obligation First Name Middle Name Middle Name Middle Name Middle Name Middle Name State Zip Code Description of Obligation Thist Name Middle Name Middle Name Address City State Zip Code Description of Obligation Thist Name Middle Name Middle Name State Zip Code Description of Obligation Total State Total Sta	City	State	Zip Code				
Lost Name-Business Name Address City State Zip Code Description of Deligation First Name Middle Name Last Name-Business Name Address City State Zip Code Description of Obligation First Name Middle Name act Name-Business Name Middle Name Address City State Zip Code Description of Obligation Middle Name Address City State Zip Code Description of Obligation Middle Name Address City State Zip Code Description of Obligation Middle Name Ast Name-Business Name Middle Name Middle Name State Zip Code Description of Obligation TOTALS TOTALS TOTALS TOTALS TOTALS Total from Outstanding Balance - (End of Period) column must also he shown	Description of Obligation						
Address City State Zip Code Description of Celegation First Name Middle Name State Zip Code City State Zip Code Description of Obligation First Name Middle Name ast NameBusiness Name Strate Zip Code State Zip Code To TALS To Tals To To Outgation State To Code To TALS To TALS To TALS To Tals To Tals To Tals To Tals To Tals Tals Tals Tals Tals Tals Tals Tals	First Name	Middle N	lame				-
City State Zip Code First Name Middle Name Last NameBusiness Name Address City State Zip Code Description of Obligation First Name Middle Name and NameBusiness Name Address City State Zip Code Description of Obligation First Name Middle Name and NameBusiness Name divess Int Name Node Name Middle Name State Zip Code TOTALS Total from Outstanding Balance - (End of Period) column must also he shown	Last Name/Business Name		*				
Description of Obligation First Name	Address						
First Name Last Name/Business Name Address City State Zip Code Description of Obligation First Name Middle Name ast Name/Business Name didress City State Zip Code Inst Name Address City State Zip Code To TALS To TALS To TO TALS To Tal Inst Name Balance - (End of Period) column must also be shown	City	State	Zip Code				
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ast Name/Business Name Iddress State Zip Code escription of Obligation TOTALS Total from Outstanding Balance - (End of Period) column must also be shown	Pescription of Obligation						
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TOTALS Total from Outstanding Balance - (End of Period) column must also be shown	ist Name/Business Name			-			
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TOTALS Total from Outstanding Balance - (End of Period) column must also be shown	escription of Obligation		L				· II - II
Total from Outstanding Balance - (End of Period) column must also be shown		order variety in the engineering state	Hers transport of temperacy particles		Na at Majirik Taran mangangka at at tidak ang ang paganan man		
		column must	also be shown				