OCT 7 - 2014 K

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENTUNTY ELECTION COMMISSION

For State and Local Candidates
For Single-Candidate Committees

	gio ouriarad	es samming	863	
1. DATE OF REPORT 2. Sept 24 2014	a. NAME OF CANDIDATI	EORCOMMITTEE		
2.b. IF COMMITTEE, NAME OF CANDIDATE		9	3. ELECTION DATE	2014
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route 434 Tyrone dr Mt	Juliet	State 31	Zip Code 71.22 75	Phone 8-5277
4.b. CANDIDATE'S HOME ADDRESS (if different that Street or Rural Route Cit		State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if approach to the commission to the comm	. 11/	ME OF POLITICAL	TREASURER (may be	candidate)
FIRST SECOND THRO QUARTER QUARTER	FOURTH PRE- QUARTER PRIMAR	PRE- Y GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD  July 19, 2019  9. (Check one)	8.b. EN	DING DATE OF REPO	ORTING PERIOD	GOTTLEMENTAL
a. This campaign is exempt from detailed distures total \$1,000 or less for this reporting  b. This campaign is required to file a detailed and/or expenditures total more than \$1,00	period. (Complete items  I financial disclosure beca	i 12d., 12e. and 12f.) ause contributions (in		,
<ol> <li>I/we do solemnly swear or affirm that the inform accurate accounting of campaign contributions a Financial Disclosure Act. Additionally, I/we sweat benefit of the candidate or for any other nonpoliti</li> </ol>	nd expenditures required ar or affirm that no campa	to be reported by the	e candidate committee I	ay the Campaign
Montowe 9.	24.14	J/Mn	ntowe	7.24.14
signatule of candidate	date	signature o	f political treasurer	date
11. WITNESS SIGNATURE  Allow J Hatter 9  signature of witness	/ <u>24/14</u> date	<u>Xelwuli</u> signat	L Aladew ure of witness	9/24/14 date
12. SUMMARY			0 4	
a. BALANCE ON HAND LAST REPORT			s <u>984.83</u>	
b. TOTAL RECEIPTS THIS PERIOD			\$	
c. TOTAL DISBURSEMENTS THIS PERIOD			\$ 784.83	
d. BALANCE ON HAND (12.a. plus 12.b. minus	12.c.)		\$.	0
e. TOTAL LOANS OUTSTANDING			\$ _	-0-
f. TOTAL OBLIGATIONS OUTSTANDING			\$-	-0-

# OCT 7 - 2014 /2 WILSON COUNTY ELECTION COMMISSION

#### SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14 PEDODT COVERING THE PEDIOS
Wendell Mrs lowe	14. REPORT COVERING THE PERIOD FROM: 7. 29 TO: 9.30
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
Unitemized Contributions (\$100 or less from each source this period)	\$
b. Itemized Contributions (over \$100 from each source this period)	The second secon
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	
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.)	\$
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g	n printing postage gooding)
Grasoline \$ 65.28	g., printing, postage, gasoline)
Strvice Thurge \$ 10.00	
Service Change \$ 10.00	
\$	
\$	
\$	_
\$	
\$	
<del></del>	
Total of Expenditures (\$100 or less each payee)	<b>85.28</b>
b. Itemized Expenditures (Over \$100 each payee this period)	s 879.55
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ 984.83
20. LOAN REPAYMENTS MADE THIS PERIOD	
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)	\$
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 1	A STATE OF THE STA



### ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATESSION

Windell Maclane				2. REPORT COV	ERING THE PERIOD
			FROM:	TO:	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBL	ITIONS FF	OM PRECEDING PA	GE (enter \$0 if first itemized p	age)	
4. COMPLETE THE APPROPRIATE ITEMS FOR First Name				tor)	
Tristranie	Middle Na	me	Contribution Received For:	Amount of Contribution	
Last Name/Organization Name			Primary Election		
Address			Runoff (Local Election		
City	State	Zip Code	Date of Contribution	Aggregate This Election	
Occupation			1		
Employer					
First Name	First Name Middle Name				Amount of Contribution
Last Name/Organization Name		Primary Election	General Election		
Address		Runoff (Local Election	s Only)		
City	State	Zip Code	Date of Contribution	Aggregate This Election	
Occupation					
Employer					
First Name	Middle Name	9	Contribution Received For:		Amount of Contribution
Last Name/Organization Name					
Last Name/Organization Name			Primary Election	General Election	
			☐ Primary Election ☐		
Address	State	Zip Code	-		Aggregate This Election
Address	State	Zip Code	Runoff (Local Elections		Aggregate This Election
Address  City  Occupation	State	Zip Code	Runoff (Local Elections		Aggregate This Election
Address  City  Doccupation  Employer	State  Middle Name		Runoff (Local Elections		Aggregate This Election  Amount of Contribution
Address  City  Doccupation  Employer  First Name			Runoff (Local Elections  Date of Contribution  Contribution Received For:		
Address  City  Occupation  Employer  First Name  ast Name/Organization Name			Runoff (Local Elections  Date of Contribution  Contribution Received For:	Only)  General Election	
Address  City  Decupation  Employer  First Name  ast Name/Organization Name			☐ Runoff (Local Elections  Date of Contribution  Contribution Received For: ☐ Primary Election ☐	Only)  General Election	
Address  City  Decupation  Employer  First Name  ast Name/Organization Name	Middle Name		□ Runoff (Local Elections  Date of Contribution  Contribution Received For: □ Primary Election □ □ Runoff (Local Elections	Only)  General Election	Amount of Contribution
Address  City  Decupation  Employer  First Name  ast Name/Organization Name	Middle Name		□ Runoff (Local Elections  Date of Contribution  Contribution Received For: □ Primary Election □ □ Runoff (Local Elections	Only)  General Election	Amount of Contribution





## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS CANDIDATE

4. COMPLETE THE APPR First Name Last Name/Organization Name	I-KIND CONTRIBUTIO	NS FROI	M PRECEDING F	PAGE (enter \$0 if first itemized page	FROM:	TO: Amount			
4. COMPLETE THE APPR First Name Last Name/Organization Name	I-KIND CONTRIBUTIO COPRIATE ITEMS FOR EA	NS FROI	M PRECEDING F	AGE (enter \$0 if first itemized page		Amount			
First Name  Last Name/Organization Name	COPRIATE ITEMS FOR E	ACLUTER		(a.mar 40 ii mot itomized page	9)				
Last Name/Organization Name		ACH ITEM	IIZED IN-KIND COM	NTRIBUTION (in-kind contributions totaling in	more than \$100 from any o	contributor during the period)			
_	windle Malife			In-Kind Contribution Received	d For:  General Election	Value of In-Kind Contribution			
	Last warne/Organization warne				Runoff (Local Elections Only)				
Address			Date of In-Kind Contribution	io only)	Aggregate this Election				
City	State Zip Code		Zip Code	Description of In-Kind Contribution	Description of In-Kind Contribution				
Occupation	Employer								
First Name		Middle Na	ame	In-Kind Contribution Received		Value of In-Kind Contribut			
Last Name/Organization Name	ast Name/Organization Name		Runoff (Local Election:	Primary Election General Election					
Address				Date of In-Kind Contribution	s Only)	Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution		) aggregate this Election			
Occupation	Employer								
First Name		Middle Na	те	In-Kind Contribution Received		Value of In-Kind Contributi			
ast Name/Organization Name					General Election				
Address				Date of In-Kind Contribution	S Only)	Aggregate this Election			
City	State Zip Code								
Occupation	Employer	Otate	Zip Code	Description of In-Kind Contribution					
	Employer								
irst Name		Middle Nan	ne		In-Kind Contribution Received For:				
ast Name/Organization Name					Primary Election General Election				
ddress				Date of In-Kind Contribution	Only)				
ty	1.	State	Zip Code			Aggregate this Election			
ccupation	Employer		Zip Code	Description of In-Kind Contribution					
- Capation	Linpoyer								
st Name	I N	Middle Name		In-Kind Contribution Received	Value of In-Kind Contribution				
t Name/Organization Name				Primary Election					
dress				Runoff (Local Elections of Date of In-Kind Contribution	Only)	Aggregate this Election			
1	Is	tate	Zip Code	Description of In-Kind Contribution		Aggregate this Election			
upation	Employer			Description of in-Aira Contribution					
TOTAL ITEMIZED IN IC	ND CONTRIBUTIONS				T				
(Carry forward to item 3. of nex	t page if additional pages of the	nis form are	used.)						

Page \_\_\_\_\_\_ of \_\_\_\_\_ RDA 1159



#### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVE	RING THE PERIOD
Mendell Warlow	FROM:7 -29	TO: 7-30			
3. TOTAL ITEMIZED CAMPAIGN EXPENDI	URES FF	OM PRECEDING PAG	GE (enter \$0 if first itemized pa	age)	Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR	EACH ITE	MIZED EXPENDITURE (	expenditures totaling more than \$100	to any payee during the p	eriod)
First Name Kristen	Middle N	lame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Minor			Secreterial		2.0
Address			Secretorial Expense		300.00
City	State	Zip Code	LXPORCE		
Lebanan	TN	37087			
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name MJ Chomic	le	-	Advertisen	tner	199.55
Address 11509 Lebanon	Rd				111.00
city Mt Juliet	State 774	Zip Code 37122			
First Name Kristen	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Minor	1		C (1, a		
Address	1		College Contribu	.()	400.00
City Morramen	Zip Code	Contribu			
Lebanon	State 7 M	37122			
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name					
Address					
City	State	Zip Code			
irst Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name					
ddress					
ity	State	Zip Code			
irst Name	Middle Nam	е	Purpose of Expenditure		Amount of Expenditure
st Name/Business Name				227	
ddress					
ty	State	Zip Code			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount must	of this form a be shown in	re used.) item 19b. of summary.)			8 99.55



### ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR CO	MMITTEE						2	REPORT	COVE	RING	THE PERIOD
Wender Marione					F	ROM:		TO			
3. COMPLETE THE APPROPRIA	TE ITEMS	FOR EACH	ITEMIZ	ZED LOAN	(loans totaling r	nore than \$1	00 from any soul	ce during the p	period)		
Complete the Following for the Source	of the Loan										
First Name	Middle Name			Outstanding Loan Balance Loans (Beginning of Period) Received		SS 10000 Pt 100	Loan Payments		Outstanding Loan Balance (End of Period)		
Last Name/Organization Name											
			Loan Receiv				Date of Lo	an			
City	State	Zip Code *			ary Election General Election  Iff (Local Elections Only)						
L	ist All Endo	rsers or Guara	antors fo	or Above Loa	n (If more spa	ce is need	ed please attac	ch a page)			
First Name		Middle Name	•		First Name Middle Name						9
Last Name/Organization Name					Last Name/Org	anization N	ame				
Address					Address						
City		State	Zip Co	nde	City				State		Zip Code
Amount Guaranteed Outstanding	Amount Guaranteed Outstanding				Amount Guara	nteed Outsta	inding				
First Name Middle Name				First Name Middle Name							
Last Name/Organization Name				Last Name/Organization Name							
Address					Address						
City		State	Zip Coo	de	City State Zip Code					Zip Code	
Amount Guaranteed Outstanding			*		Amount Guaran	teed Outsta	nding				
First Name		Middle Name			First Name				Midd	le Name	
Last Name/Organization Name					Last Name/Org	anization Na	me				
Address					Address						
City		State	Zip Cod	le	City				State		Žip Code
Amount Guaranteed Outstanding					Amount Guaran	teed Outstar	nding		1		
First Name		Middle Name			First Name Middle Name						
ast Name/Organization Name					Last Name/Orga	nization Na	me				
Address	**********				Address						
City		State	Zip Cod	е	City				State		Zip Code
mount Guaranteed Outstanding					Amount Guarant	eed Outstan	ding		1		
. Totals for all Loans (complete on lass (Total loans received should also be shown in (Total loan payments should also be shown in (Total outstanding loan balance should also be s	item 16. on su item 20. on su	immary page.) immary page.)			Outstanding Loa (Beginning of		Loans Received	Loar Payme			anding Loan Balance End of Period)



WILSON COUNTY \* ECTION COMMISSION

#### ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	1. land	661 M	Owe Outstanding Palance	2. REPORT CO	VERING THE PE	RIOD
0.0010151555	Wenc	2011 11/0c	IONE	FROM:	TO:	
COMPLETE THE APPROPRIATE ITEMS     OBLIGATION (obligations totaling more that person/vendor at the end of the reporting)	an \$100 ov	IIIILIVIIZLU	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	ame				
Last Name/Business Name		· · · · · · · · · · · · · · · · · · ·	1			
Address			+			
City	State	Zip Code	1			
Description of Obligation		1	1			
First Name	Middle Na	me				
Last Name/Business Name	J					
Address						
City	State	Zip Code				
Description of Obligation						1
First Name	Middle Name					
Last Name/Business Name	1					
Address						
City	State	Zip Code				
Description of Obligation	1					
FIrst Name	Middle Nan	ne				
Last Name/Business Name						
Address					1	
City	State	Zip Code				
Description of Obligation						
First Name	Middle Nam	ne				
ast Name/Business Name						
ddress						
City	State	Zip Code				
Description of Obligation						
. TOTALS						
(Total from Outstanding Balance - (End of Period) c in item 23b. on summary page.)	olumn must	also be shown				0