JUL 28 2014 c

CAMPAIGN FINANCIAL DISCLOSURE STATEMEN JAMISSION

For State and Local Candidates
For Single-Candidate Committees

1 1 DATE OF DED	-Candidate Committees
7-10 14	me of candidate or committee
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE
4.a. CAMPAIGN ADDRESS AND PHONE	8 7 14
Street or Rural Route City	State Zip Code Phone
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)	AT TN 37122 758-5277
Street of Rural Route City	State Zip Code Phone
5. OFFICE SOUGHT (include district number, if applicable)	NAME OF POLITICAL TREASURER (may be candidate)
7. CATEGORY OR REPORT (Check one)	Wendell Marlowe
FIRST SECOND THRD FOUR QUARTER QUARTER QUARTER QUART 8.a. BEGINNING DATE OF REPORTING PERIOD	ER PRIMARY GENERAL SUPPLEMENTAL CURRENT
July 1, 2014	8.6. ENDING DATE OF REPORTING PERIOD
9. (Check one)	July 28, 2014
a. This campaign is exempt from detailed disclosure to tures total \$1,000 or less for this reporting period.	pecause contributions (including in-kind) received total \$1,000 or less AND expendi-
	disclosure hassure to the transfer of the tran
Financial Disclosure Act. Additionally Time sweet or offern	tained in this campaign financial disclosure report is true and that this report is an ditures required to be reported by the candidate committee by the Campaign
benefit of the candidate or for any other nonpolitical purpo	offures required to be reported by the candidate committee by the Campaign of that no campaign contributions have been expended for the personal financial see as defined by the federal internal revenue code.
- [Handel / Morrow 7 28 1	4 Shillow State 7 28 14
signature of candidate date	signature of political treasurer date
11. WITHESS SIGNATURE	
Carril alin 7-28-1	4 Chir. ORbins 320 44
signature of witness date	signature of witness date
12. SUMMARY	date
BALANCE ON HAND LAST REPORT TOTAL RECEIPTS THIS PERIOD	s 1631-22
b. TOTAL RECEIPTS THIS PERIOD	\$&
c. TOTAL DISBURSEMENTS THIS PERIOD	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	s_984.83
	\$
f. TOTAL OBLIGATIONS OUTSTANDING	

SUMMARY PAGE - CANDIDATE

JUL 28 2014 &

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIO
Wendell Maslowe	FROM: 7-1 TO: 7-28
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)	
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	g., printing, postage, gasoline)
Wendall Marlowe for reinbursement \$ 38.0	
for voter information dise s	-
\$	
\$	_
\$	
\$	
\$	
\$	
*	
\$	
Total of Expenditures (\$100 or less each payee)	s 38.00
b. Itemized Expenditures (Over \$100 each payee this period)	s 608-39
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ 646.39
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)	8
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	



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE COMMISSION

1. NAME OF CANDIDATE OR	COMMITTEE			2. REPORT COV	/ERING THE PERIOD		
MENDEL	TO: 7-28						
3. TOTAL ITEMIZED CAMPAIG	page)	Amount					
4. COMPLETE THE APPROPRIAT	E ITEMS FOR EACH ITE	MIZED CONTRIBU	TION (contributions totaling more than	\$100 from any contribu	utor)		
First Name	Middle N	Name	Contribution Received For:	Contribution Received For:			
Last Name/Organization Name			Primary Election	General Election			
Address							
Addicas			Runoff (Local Election	Runoff (Local Elections Only)			
City	State	Zip Code	Date of Contribution	Date of Contribution			
Occupation					Aggregate This Election		
Employer							
Employer							
First Name	Middle N	lame	Contribution Descient				
204N10		and the second s	Contribution Received For:		Amount of Contribution		
ast Name/Organization Name			Primary Election	General Election			
Address			Runoff (Local Elections	Runoff (Local Elections Only)			
City	State	Zip Code					
	State	Zip Code	Date of Contribution		Aggregate This Election		
occupation							
mployer							
rst Name Middle Name			Contribution Received For:		Amount of Contribution		
ast Name/Organization Name			Primary Election	Conoral Florities	o continuation		
				General Election			
ddress			Runoff (Local Elections	Only)			
ity	State	Zip Code	Date of Contribution	Date of Contribution			
ccupation					Aggregate This Election		
nployer							
rst Name	The state of the s	Museum said in the said					
SE INAMIE	Middle Nam	ne	Contribution Received For:		Amount of Contribution		
t Name/Organization Name			Primary Election	General Election			
dress							
			Runoff (Local Elections	Only)			
	State	Zip Code	Date of Contribution		Aggregate This Election		
upation							
loyer			_				
TOTAL ITEMIZED CONTRIBUT	IONS				0 -		
(Carry forward to item 3. of next page if ad	ditional pages of this form are	e used.)			£)		
(If this is the last page of contributions, this	s amount must be shown in ite	em 15b. of summary.)					



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COL	MMITTEE /				2. REPORT COVE	ERING THE PERIOD			
Merdell	TO: 7-28								
3. TOTAL ITEMIZED IN-KIND CON	ITRIBUTIONS	FROM	PRECEDING PAGE	(enter \$0 if first itemized page	Amount				
4. COMPLETE THE APPROPRIATE ITI	EMS FOR EACH	H ITEMIZ	ZED IN-KIND CONTRIE	BUTION (in-kind contributions totaling	more than \$100 from any c	ontributor during the period)			
First Name	/liddle Nan		In-Kind Contribution Received	Value of In-Kind Contribution					
Last Name/Organization Name				Runoff (Local Election					
Address			Date of In-Kind Contribution	Aggregate this Election					
City	Si	tate	Zip Code	Description of In-Kind Contribution					
Occupation	Employer								
First Name	М	liddle Nam	ne	In-Kind Contribution Received For: Value of In-Kind Contrib					
Last Name/Organization Name				☐ Primary Election ☐ Runoff (Local Election	General Election				
Address				Date of In-Kind Contribution		Aggregate this Election			
City	Sta	ate	Zip Code	Description of In-Kind Contribution					
Occupation	Employer	***							
First Name Middle Name				In-Kind Contribution Received For: Primary Election					
Last Name/Organization Name			Runoff (Local Elections						
Address				Date of In-Kind Contribution	-Kind Contribution Aggregate this Election				
City	Sta	ate	Zip Code	Description of In-Kind Contribution					
Occupation	Occupation Employer								
First Name	Mid	ddle Name)	In-Kind Contribution Received	1	Value of In-Kind Contribution			
ast Name/Organization Name				☐ Primary Election ☐ ☐ Runoff (Local Elections	General Election				
Address				Date of In-Kind Contribution	s Only)	Aggregate this Election			
City	Stat	ite	Zip Code	Description of In-Kind Contribution					
Occupation	Employer								
rst Name Middle Name				In-Kind Contribution Received	For:	Value of In-Kind Contribution			
ast Name/Organization Name				Runoff (Local Elections					
ddress			Date of In-Kind Contribution	Only	Aggregate this Election				
ify State Zip Code			Description of In-Kind Contribution						
cupation Employer									
. TOTAL ITEMIZED IN-KIND CONT (Carry forward to item 3. of next page if additi (If this is the last page of in-kind contributions	onal pages of this	form are u	used.) n in item 22b. of summary.)		0			



WILSON COUNTY ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2 PEDODT COVE	DINO THE DEDICE		
Wendell Mark	TO: 7-28						
3. TOTAL ITEMIZED CAMPAIGN EXPENDIT	Amount						
	-b						
First Name	. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the first Name Purpose of Expenditure						
Last Name/Business Name				Lands	Amount of Expenditure		
Staples			Printing Post Address Lorbel	Val 65	114.19		
Address 401 S Mt Juliet	Rd		Hagier Mobile	3	1110.1		
City M+ Juliot	State //	Zip Code 37122					
First Name	Middle N	ame	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name Chronice			Advertisoner)	182.00		
Address 11509 Lebanon R	d				10-000		
City Mt Juliet	State / N	Zip Code 37122					
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name U.S. Post Office			Postage				
Address 2491 N M+ Juliet	Ro	}	, 3		112,20		
City Mt Juliet	State	Zip Code 37122	1				
First Name Kristen	Middle Nar	me Miner	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	1	J. (1 DA-1	Secretarial As	cistance			
Address 1703A Monument	Love	10			200,00		
City Lebranon	State 1 N	Zip Code 37087					
First Name	Middle Nan		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	ne	Purpose of Expenditure		Amount of Expenditure			
ast Name/Business Name							
Address							
City	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 must 					608.39		

JUL 28 2014 TO WILSON COUNTY TEMIZED STATEMENT OF LOANS - CANDIDATE LECTION COMMISSION

1. NAME OF CANDIDATE O	п сримітте	```	_				2	. REPOR	T COVE	RING	THE PERIOD
Wender Marlowe						F	FROM: TO: 7-28			-28	
3. COMPLETE THE APPROI	PRIATE ITEMS F	OR EACH	ITEMIZ	ZED LOAN	(loans totaling n	nore than \$1	00 from any sou	ce during the	period)	-	0
Complete the Following for the S	ource of the Loan										
1000 (And 1000 (And 100 (And 1	First Name Middle Name				outstanding Loan Balance Loans (Beginning of Period) Received			Loan Payments		Outstanding Loan Balance (End of Period)	
Last Name/Organization Name				1							
Address Loan Rece								Date of L	oan		
City	State	Zip Code Primar			y Election (Local Elections		al Election				
	List All Endor	sers or Guara	antors fo	or Above Loa	n (If more spa	ce is need	ed please atta	ch a page)			
First Name		Middle Name	Э		First Name				Midd	le Name	
Last Name/Organization Name					Last Name/Org	anization N	ame				
Address					Address						
City		State	Zip Co	ode	City		······································		State	1	Zip Code
Amount Guaranteed Outstanding			.1		Amount Guaranteed Outstanding						
First Name Middle Name				First Name Middle Name							
Last Name/Organization Name				Last Name/Organization Name							
Address					Address						
City	City State Zip Co			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/Orga	anization Na	me				
Address					Address						
City		State	Zip Cod	de	City State Zip Code					Zip Code	
Amount Guaranteed Outstanding					Amount Guarant	teed Outstar	nding				
First Name		Middle Name			First Name Middle Name						
.ast Name/Organization Name				Last Name/Organization Name		me			-		
Address				Address							
City		State	Zip Cod	le	City State Zip Code					Zip Code	
Amount Guaranteed Outstanding					Amount Guarant	eed Outstan	ding				
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.)							anding Loan Balance End of Period)				
otal outstanding loan balance should also be shown in item 12.e. on front page.)							<u> </u>				0



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATECOMMISSION

1. NAME OF CANDIDATE OR COMMITTEE	(/ M~ of a	46	2. REPORT COV			
V	Utilut	11/1/10/00	HNS	FROM: 7-1	TO:	7-28
COMPLETE THE APPROPRIATE ITEMS OBLIGATION (obligations totaling more that person/vendor at the end of the reporting person.)	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)		
First Name	Middle Na	ime				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation			•			
First Name	Middle Na	me				
Last Name/Business Name			1			
Address			1			
City	State	Zip Code				
Description of Obligation						
First Name	t Name Middle Name					
Last Name/Business Name			-			
Address			1			
City	State	Zip Code	7			
Description of Obligation						
First Name	Middle Nan	ne				
ast Name/Business Name	L		1			
Address						
City	State	Zip Code				
Description of Obligation	I					
First Name	Middle Nan	ne				
ast Name/Business Name						
ddress			1			
City	State	Zip Code				
Description of Obligation	Description of Obligation					
. TOTALS						
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)						-0