## CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

	FU	i Siligle-Ca	iuluate co	HIHITICE	<del></del>	LAN T	5 2017 6
1. DATE OF RE		2.a. NAME OF C	ANDIDATE OR COI		_	14/11 001	A CON .
	15-17		<u>Debbie</u>	M055	5 3. ELECTION DA	ELECTION 1	COUNTY
2.b. IF COMMIT	ITEE, NAME OF CANDIDATE					•	20 MINISSION
4 a CAMBAICN	ADDRESS AND PHONE				<u> 201</u>	<u> </u>	
Street or Ru	ral Route	City	S		Zip Code	Phone	
948 6	reckwith Rd	Mt-July	+ Tn	(	37122	615-86	6-8435
4.b. CANDIDATE Street or Ru	E'S HOME ADDRESS (if differer	nt than 4.a.) City		State	Zip Code	Phone	
Ou cot of The	, ar mode	Oity		) id (C	2.p 0000	1 1.0110	
5. OFFICE SO	UGHT (include district number,	if applicable)	6. NAME OF	POLITICAL TR	REASURER (may	be candidate)	
Circu	ut Court C	Jerk	K	athe	, Hu	the	
7. CATEGORY	OR REPORT (Check one)	<i>[</i>	<u></u>			/ / እ	
FIRST	SECOND THIRD	FOURTH	PRE-	PRE-	MID-YEAR	YEAR	
QUARTER 8.a. BEGINNING	QUARTER QUARTER DATE OF REPORTING PERIOD	R QUARTER	PRIMARY 8.b. ENDINGDA	GENERAL TE OF REPOR	SUPPLEMENTA TING PERIOD	AL SUPPLE	MENTAL
	7-1-16		\	- 15-	17		
9. (Check one)							
	campaign is exempt from detaile		,		) received total \$1	,000 or less Al	√D expendi-
tures	s total \$1,000 or less for this repo	orting period. (Comp	olete items 12d., 12	2e. and 12f.)			
	campaign is required to file a de or expenditures total more than t			tributions (incl	uding in-kind) rece	eived total more	e than \$1,000
				···			
accurate ac Financial D benefit of th	emnly swear or affirm that the in ecounting of campaign contributi- isclosure Act. Additionally, I/we he candidate or for any other not re of candidate	ons and expenditure swear or affirm that	s required to be re no campaign contr	ported by the oributions have	candidate committed been expended for expend	tee by the Cam	paign
11. WITNESS S	IGNATURE						
Myan S signatu	unk- ure of witness	1/15/17 date	<u>Do</u>	wyu () signatur	e of witness	//	/5//7 date
12. SUMMARY				<del>11 13 de la composition de la colonia de</del>			<u>, , , , , , , , , , , , , , , , , , , </u>
a. BALANO	CE ON HAND LAST REPORT			\$	318.50	<u> </u>	
b. TOTAL F	RECEIPTS THIS PERIOD			\$	Ø		
c. TOTALD	DISBURSEMENTS THIS PERIOD .	•••••		\$	Ø		
d. BALANG	CE ON HAND (12.a. plus 12.b. n	ninus 12.c.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		s 318.5	<u> </u>
e. TOTAL L	OANS OUTSTANDING	,	.,,.,	,		\$ 318.5 \$ 8950	) 00
						A	
f. TOTAL C	DBLIGATIONS OUTSTANDING					. \$	

#### SUMMARY PAGE - CANDIDATE

JAN 17 2017

13. NAME OF CANDIDATE OR COMMITTEE (In Full)  Lebbie W065	14. REPORT COVERING THE PROMISSION CONTUSTION
RECEIPTS	110m. [-]-16 10. [-]-34401
15. CONTRIBUTIONS (other than loans and interest)	4
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u></u>
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.)	s <u>Ø</u>
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	e.g., printing, postage, gasoline)
<u> </u>	No. of the last of
<u> </u>	****
<u> </u>	
\$	
<u> </u>	
\$	- <del></del>
\$	Walter I
\$	sikelijelijelijelije
\$	Manifestative Control of the Control
Total of Expenditures (\$100 or less each payee)	,. \$
b. Itemized Expenditures (Over \$100 each payee this period)	\$
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$
20. LOAN REPAYMENTS MADE THIS PERIOD	\$
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	s <u>(</u>
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.	)s <u>Y</u>
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.)\$

# JAN 17 2017 ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE OF CONTRIBUTIO

3. TOTAL ITEMIZED CAMPAIGN CONTRIB	JAA JTIONS FI			FROM: <b>7-1-16</b> age)	TION COMMISSION RING THE PERIOD  TO: 1-15-17  Amount			
4. COMPLETE THE APPROPRIATE ITEMS FOR First Name	Middle N		ON (contributions totaling more than s Contribution Received For:	6100 from any contributor	Amount of Contribution			
Last Name/Organization Name			Primary Election	General Election				
Address			Runoff (Local Election					
City	State	Zip Code	Date of Contribution	Aggregate This Election				
Occupation	· · · · · · · · · · · · · · · · · · ·							
Employer								
		es elegen - Mar 15 mg lei Kaling berlein		and and a	4.4.4.1			
First Name	Middle Na	ame	Contribution Received For:	Contribution Received For:				
Last Name/Organization Name			Primary Election	Primary Election General Election				
Address		·	Runoff (Local Election					
City	State Zip Code		Date of Contribution	Date of Contribution				
Occupation								
Employer		**************************************						
First Name	Middle Nai	me	Contribution Received For:		Amount of Contribution			
Last Name/Organization Name			Primary Election	Primary Election General Election				
Address			Runoff (Local Elections	Only)				
City State Zip Code		Date of Contribution	Date of Contribution					
Occupation								
Employer								
First Name	Middle Nar	ne	Contribution Received For:	Contribution Received For:				
Last Name/Organization Name		·····	Primary Election General Election					
Address			Runoff (Local Elections	Only)	<u> </u>			
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation								
Employer								
TOTAL ITEMIZED CONTRIBUTIONS     (Carry forward to item 3. of next page if additional page (If this is the last page of contributions, this amount must					$\phi$			

#### WILSON COUNTY

### ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OF C	OMMITTEE	۸۸			2. REPORT COVER	7			
Debk	160 1	$M_{\odot}$	155		FROM: 7-1-(6	TO: 1-1547			
3. TOTAL ITEMIZED IN-KIND C	ONTRIBUTIONS	SFROM	PRECEDING PAGE	(enter \$0 if first itemized page	·)	Amount			
4. COMPLETE THE APPROPRIATE	ITEMS FOR EAC	CH ITEMIZ	ZED IN-KIND CONTRIB	UTION (in-kind contributions totaling r	more than \$100 from any cor	ntributor during the period)			
First Name		Middle Nar	пе	In-Kind Contribution Received Primary Election	Value of In-Kind Contribution				
Last Name/Organization Name				Runoff (Local Election	Aggregate this Election				
Address				Date of In-Kind Contribution					
City	State	Zip Code	Description of In-Kind Contribution						
Occupation	Employer								
First Name	Tomaya vilee	Middle Nan	ne	In-Kind Contribution Received	For: General Election	Value of In-Kind Contribution			
Last Name/Organization Name				Runoff (Local Election:					
Address				Date of In-Kind Contribution		Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer								
First Name		Middle Nam	orados os se ten a real esse tenen e ne	In-Kind Contribution Received For:  Value of In-Kind Contrib  Primary Election  General Election					
Last Name/Organization Name	<del>1</del>			Runoff (Local Elections					
Address		<del></del>		Date of In-Kind Contribution Aggregate this Election					
City	ly State		Zip Code	Description of In-Kind Contribution					
Occupation	Employer								
First Name	1	Middle Nam	ne	In-Kind Contribution Received For:  Primary Election General Election  Value of In-Kind Cor					
Last Name/Organization Name	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								
First Name	<u> </u>	iddle Name		In-Kind Contribution Received Primary Election	f For: General Election	Value of In-Kind Contribution			
East Name/Organization Name				Runoff (Local Elections					
Address				Date of In-Kind Contribution		Aggregate this Election			
City	S	tate	Zip Code	Description of In-Kind Contribution					
Occupation	Employer								
TOTAL ITEMIZED IN-KIND Co (Carry forward to item 3. of next page if (If this is the last page of in-kind contrib	additional pages of t	this form are		engagagan terlebakan ana mana dibenjangan menandahan kemelahan kemelahan kemelahan kemelahan kemelahan kemelah )	annangan ang salaman ng masaka kaba	$\phi$			
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#### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATES

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVER	TO: 16-15-17			
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU		M PRECEDING PAGE	E (enter \$0 if first itemized page	qe)	Amount		
4. COMPLETE THE APPROPRIATE ITEMS FOR E	<del></del>		<del></del>		od)		
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	<del> </del>	<u>, , , , , , , , , , , , , , , , , , , </u>					
Address							
City	State	Zip Code					
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	1				:		
Address	·····						
City	State	Zip Code					
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	I						
Address							
City	State	Zip Code					
First Name	Middle Nam	е	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Nam	6	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	State Zip Code  Middle Name Purpose of Expenditure Amount of Expenditure  State Zip Code  Middle Name Purpose of Expenditure Amount of Expenditure  State Zip Code  Middle Name Purpose of Expenditure Amount of Expenditure  State Zip Code  Middle Name Purpose of Expenditure Amount of Expenditure Amount of Expenditure						
Last 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	of this form a be shown in	re used.) item 19b. of summary.)			Ø		

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JAN 17 2017

#### ITEMIZED STATEMENT OF LOANS - CANDIDATE ON COUNTY ELECTION COMMISSION

1. NAME OF CANDIDATE OR COMMITTEE  Debtie Moss 3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the periods)							φ	TO: (-(5-)7				
	ON LACIT	F E (VI) 2	LULUAN	ioans totaling int	ne man ψ to	o none any source	s during the pe	,1100)	eersteleen, elekse josti seenaatan oo			
Complete the Following for the Source of the Loan First Name Middle Nam	ne		Outstanding I	oan Balance	Loans		.oan	Outs	tanding Loan Balance			
									(End of Period)			
Last Name/Organization Name WO55			89	50-	$\phi$ $\phi$ $8950^{-2}$							
Address 48 Beckwith Rd Deimar					General	Election	Date of Loa		1 1			
Mr. Juliet stn	Zip <u>Co</u> de	l J J	☐ Runoff (	Local Elections O	nly)		\ \S	7-1	4-14			
List All Endor	sers or Guara	ntors fo	or Above Loa	n (If more spac	e is needed	d please attach	a page)		The Property of the Control of the C			
First Name	Middle Name			First Name			S - 1 4 - 1 4  ase attach a page)  Middle Name  State Zip Code  Middle Name					
Last Name/Organization Name	d			Last Name/Organization Name								
Address				Address				•				
City	State	Zip Co	de	City				State	Zip Code			
Amount Guaranteed Outstanding		l		Amount Guaranteed Outstanding								
First Name Middle Name				First Name Middle Name								
Last Name/Organization Name				Last Name/Organization Name								
Address				Address								
City	State	Zip Co	de	City				State	Zip Code			
Amount Guaranteed Outstanding		<del></del>		Amount Guarant	eed Outstand	ling						
First Name	Middle Name			First Name Middle Name								
Last Name/Organization Name	<u> </u>			Last Name/Organization Name								
Address				Address				······				
City	State	Zip Co	de	City State Zip Code					Zip Code			
Amount Guaranteed Outstanding	J	<u> </u>		Amount Guarante	eed Outstand	ling		<u> </u>				
First Name	Middle Name	en no pari		First Name	in a single survival and the			Middle	Name			
Last Name/Organization Name				Last Name/Organization Name								
Address				Address								
City	State	Zip Cod	de	City				State	Zip Code			
Amount Guaranteed Outstanding	<del> </del>	<del> </del>		Amount Guarante	ed Outstand	ling						
4. 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 Load (Beginning of		Loans Received						

JAN 17 2017

#### ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE COUNTY ELECTION COMMISSION

2. REPORT COVERING THE PERIOD 1. NAME OF CANDIDATE OR COMMITTEE 7-1-16 TO: 1-15-17 Dehbie FROM: 3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED **Outstanding Balance** Outstanding Balance **Payments** Debt Incurred This Period (End of Period) (Beginning of Period) This Period OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period) Middle Name First Name Last Name/Business Name Address State Zip Code City Description of Obligation Middle Name First Name Last Name/Business Name Address State Zip Code City Description of Obligation Middle Name First Name Last Name/Business Name Address State Zip Code City Description of Obligation Middle Name First Name Last Name/Business Name Address State Zip Code City Description of Obligation Middle Name First Name Last Name/Business Name Address State Zip Code City Description of Obligation 4. TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)

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