#### CAMPAIGN FINANCIAL DISCLOSURE STATE

For State and Local Candidates

	For	Sin	gie-Ca		Committe		AOF , L. CATA	
1.	DATE OF REPORT 6/30/2020	2.a.		ANDIDATE OF	RCOMMITTEE		WILSON COUNTY ELECTION COMMISSION	ON
2.b.	IF COMMITTEE, NAME OF CANDIDATE					3. ELECTION DA	ATE 2018	
4.a.	CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City			State	Zip Code	Phone	
	948 Beckwith Road		Juliet		Tn	37122	615-866-8435	
4.b.	CANDIDATE'S HOME ADDRESS (if differen Street or Rural Route	t than 4 City	4.a.)		State	Zip Code	Phone	
5.	OFFICE SOUGHT (include district number, if	applic	able)	6. NAME	OF POLITICAL	TREASURER (may	be candidate)	
<u></u>	Circuit Court Clerk			Kath	y Hughes			
	CATEGORY OR REPORT (Check one)  FIRST SECOND THIRD QUARTER QUARTER QUARTER BEGINNING DATE OF REPORTING PERIOD		FOURTH QUARTER	PRE- PRIMARY	PRE- GENERAL	☑ MID-YEAR SUPPLEMENT	U YEAR-END AL SUPPLEMENTAL	
o.u.	January 15, 2020			O.D. ENDIN	GDATE OF REPO June 30, 2			
9. (C	heck one)						····	
10.	tures total \$1,000 or less for this report.  This campaign is required to file a detand/or expenditures total more than \$  I/we do solemnly swear or affirm that the intaccurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we shenefit of the candidate or for any other none.	ailed fi 1,000 f formati ns and	nancial disclored for this report for contained expenditure for affirm that	osure because ing period.  I in this camp is required to lead	e contributions (in	closure report is true candidate commit	e and that this report is a	
14	signature of candidate-		date		signature of	politics treasurer	date	_
	witness signature / signature of witness		- <b>3</b> <i>0</i> - との date		MUYU ( signati	LUMMA ure of witness	6/30/2T	>_
12. 8	SUMMARY							
а	BALANCE ON HAND LAST REPORT			•••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$1449.5	0	
b	. TOTAL RECEIPTS THIS PERIOD		•••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$	0	
С	TOTAL DISBURSEMENTS THIS PERIOD		••••••••••••••••••••••••••••••	•••••		\$	0	
d	. BALANCE ON HAND (12.a. plus 12.b. mi	nus 12	.c.)				. \$1449.50	
е	. TOTAL LOANS OUTSTANDING		***************************************				. \$8950.00	
f.	TOTAL OBLIGATIONS OUTSTANDING						. \$0.00	



#### SUMMARY PAGE - CANDIDATE

JUL 14 2020

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPO	RT COVERING TH	OUNTY VE. PERIO
	F70011	TO:	<del>/WINT() () [</del> 3-30-20
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)			
a. 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			0
16. LOANS RECEIVED THIS REPORTING PERIOD			
17. INTEREST RECEIVED THIS REPORTING PERIOD		<del></del>	
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	r - e.a., printing pe	ostage gasoline)	
\$	-191, F	ootago, gasomio,	
\$	<del></del>		
	<del> </del>		
\$	<del></del>		
\$			
\$			
	**************************************		
\$	<del></del>		
\$			
<b>\$</b>			
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.)	****** ********************************	\$	0
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)	\$	0	
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			0
23. OBLIGATIONS			
a. Unitemized Obligations Outstanding (\$100 or less each)	\$	0	
b. Itemized Obligations Outstanding (Over \$100 each)			:
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i ite			0

## ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATESION

NAME OF CANDIDATE OR COMMITTEE     Debbie Moss				2. REPORT COVE FROM: 1-15-20	RING THE PERIOD TO: 6/30/20			
3. TOTAL ITEMIZED CAMPAIGN CONTRIB					Amount 0.00			
4. COMPLETE THE APPROPRIATE ITEMS FOR	EACH ITEN	IZED CONTRIBUTION	ON (contributions totaling more than	\$100 from any contribute	or)			
First Name	ame	Contribution Received For:	· · · · · · · · · · · · · · · · · · ·					
Last Name/Organization Name			Primary Election	Primary Election General Election				
Address			Runoff (Local Election	ns Only)				
City	ty State Zip Code				Aggregate This Election			
Occupation								
Employer								
First Name	Middle Na	eme	Contribution Received For		Amount of Contribution			
Last Name/Organization Name			Primary Election					
Address			Runoff (Local Election	s Only)				
City	Zip Code	Date of Contribution		Aggregate This Election				
Occupation		. J			:			
Employer								
First Name	ne	Contribution Received For:		Amount of Contribution				
Last Name/Organization Name		Primary Election	General Election					
Address			✓ Runoff (Local Election	s Only)				
City	State	Zip Code	Date of Contribution	Date of Contribution				
Occupation	<u>.L</u>							
Employer								
First Name	Middle Nan	эе	Contribution Received For:		Amount of Contribution			
Last Name/Organization Name	<u>L</u>		Primary Election	General Election				
Address	·····		Runoff (Local Elections	Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation	1	L						
mployer								
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages (If this is the last page of contributions, this amount must	of this form ar be shown in il	e used.) em 15b. of summary.)						

JUL 14 2020

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

NAME OF CANDIDATE OR Debbie Moss	COMMITTE	-			2. REPORT COV	ERING THE PERIOD		
Depoile Moss					FROM: 1/15/20	0,00,00		
3. TOTAL ITEMIZED IN-KIND (	CONTRIBUT	IONS FRO	M PRECEDING F	PAGE (enter \$0 if first itemized page	e)	Amount 0.0		
4. COMPLETE THE APPROPRIAT	E ITEMS FOR	EACH ITE	MIZED IN-KIND COI	NTRIBUTION (in-kind contributions totaling	more than \$100 from any	contributor during the period)		
First Name		Middle		In-Kind Contribution Receive	d For:	Value of In-Kind Contribution		
Last Name/Organization Name				Runoff (Local Election				
Address				Date of In-Kind Contribution	is Offiy)	Aggregate this Election		
City		State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer							
First Name	J	Middle N	lame	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	s Only)	Aggregate this Election		
City		State	Zip Code	Description of In-Kind Contribution	scription of In-Kind Contribution			
Occupation	Employer							
First Name		Middle N	ame	In-Kind Contribution Received	For:	Value of In-Kind Contribution		
Last Name/Organization Name				1	General Election			
Address				Runoff (Local Elections  Date of In-Kind Contribution	Only)			
City		Lau	7. 0			Aggregate this Election		
Occupation	Constant	State	Zip Code	Description of In-Kind Contribution				
sacapa.ioi	Employer							
First Name		Middle Na	ame	In-Kind Contribution Received  ☑ Primary Election ☑		Value of In-Kind Contribution		
.ast Name/Organization Name		* · · · · · · · · · · · · · · · · · · ·		✓ Runoff (Local Elections	General Election			
Address				Date of In-Kind Contribution	Only)	Aggregate this Election		
City		State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer	<u> </u>						
rst Name		Middle Nan	ne	In-Kind Contribution Received	For:	Value of In-Kind Contribution		
ist Name/Organization Name	<del></del>	<u> </u>		Primary Election	General Election	Tanada ar in rand activities		
ddress			<del>"</del>	Runoff (Local Elections	Only)			
uress				Date of In-Kind Contribution		Aggregate this Election		
ty		State	Zip Code	Description of In-Kind Contribution				
cupation	Employer		<u> </u>					
. TOTAL ITEMIZED IN-KIND CO (Carry forward to item 3. of next page if (If this is the last page of in-kind contribu	additional pages	of this form a	re used.) own in item 22b. of sum	imary.)		0.00		

JUL 14 2020

#### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)  4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditure totaling more than \$100 to any payee of Expenditure  First Name    Middle Name	Amount 0.0
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)  4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payed of First Name  Last Name/Business Name  Address  City State Zip Code  Purpose of Expenditure  Address  City State Zip Code  Purpose of Expenditure  Purpose of Expenditure  Address  City State Zip Code  Widdle Name Purpose of Expenditure  Purpose of Expenditure  Address  City State Zip Code  First Name Middle Name Purpose of Expenditure  Address  City State Zip Code  Widdle Name Purpose of Expenditure  Address  City State Zip Code  Purpose of Expenditure  Purpose of Expenditure  Address  Middle Name Purpose of Expenditure  Address  Middle Name Purpose of Expenditure  Purpose of Expenditure	Amount 0.6 during the period)  Amount of Expenditure
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payed of First Name  Last Name/Business Name  Address  City  State Zip Code  Purpose of Expenditure  First Name  Middle Name  Address  City  State Zip Code  Purpose of Expenditure  Purpose of Expenditure  First Name  Address  City  State Zip Code  Purpose of Expenditure  Purpose of Expenditure  Purpose of Expenditure  ### Purpose of Expenditure	Juring the period)  Amount of Expenditure
First Name Last Name/Business Name Address  City State Zip Code  First Name Middle Name Purpose of Expenditure  First Name Middle Name Purpose of Expenditure  Purpose of Expenditure  First Name Address  City State Zip Code  Purpose of Expenditure  Purpose of Expenditure  First Name Address  City State Zip Code  Purpose of Expenditure  Purpose of Expenditure  First Name Address  State Zip Code  First Name Address  Middle Name Purpose of Expenditure  Purpose of Expenditure  First Name Address  Middle Name Purpose of Expenditure  First Name Address  First Nam	Amount of Expenditure
Last Name/Business Name  Address  City State Zip Code  First Name Middle Name Purpose of Expenditure  Address  City State Zip Code  Purpose of Expenditure  Address  City State Zip Code  Purpose of Expenditure  Purpose of Expenditure  Address  City State Zip Code  Purpose of Expenditure	
Address  City State Zip Code  First Name Middle Name Purpose of Expenditure  Address  City State Zip Code  Purpose of Expenditure  Purpose of Expenditure  Address  City State Zip Code  Address  Address	Amount of Expenditure
City State Zip Code  First Name Middle Name Purpose of Expenditure  Address  City State Zip Code  First Name Middle Name Purpose of Expenditure	Amount of Expenditure
First Name  Last Name/Business Name  Address  City  State  Zip Code  Purpose of Expenditure  Address  City  State  Zip Code  Purpose of Expenditure  Purpose of Expenditure  Address  City  State  Zip Code  State  Zip Code  Purpose of Expenditure  Purpose of Expenditure  Address  City  State  Zip Code  Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name  Address  City State Zip Code  First Name Middle Name Purpose of Expenditure  Last Name/Business Name  Address  City State Zip Code  First Name Middle Name Purpose of Expenditure  Last Name/Business Name  Address  City State Zip Code  First Name Middle Name Purpose of Expenditure  Address  Sity State Zip Code  Purpose of Expenditure  Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name  Address  City State Zip Code  First Name Middle Name Purpose of Expenditure  Last Name/Business Name  Address  City State Zip Code  First Name Middle Name Purpose of Expenditure  Last Name/Business Name  Address  City State Zip Code  First Name Middle Name Purpose of Expenditure  Address  Sity State Zip Code  Purpose of Expenditure  Purpose of Expenditure	Amount of Expenditure
Address  City State Zip Code  First Name Middle Name Purpose of Expenditure  Last Name/Business Name  City State Zip Code  First Name Middle Name Purpose of Expenditure  Last Name/Business Name  Address  City State Zip Code  First Name Middle Name Purpose of Expenditure  Last Name/Business Name  Address  Dity State Zip Code  Middle Name Purpose of Expenditure  Address  Dity State Zip Code	
City State Zip Code  First Name Middle Name Purpose of Expenditure  Address  City State Zip Code  First Name Middle Name Purpose of Expenditure  State Zip Code  First Name Address  City State Zip Code  Furpose of Expenditure  Address  City State Zip Code  Purpose of Expenditure  Address  City State Zip Code	
First Name  Middle Name Purpose of Expenditure  Address  City State Zip Code  First Name Middle Name Purpose of Expenditure  Purpose of Expenditure  Address  State Zip Code  Purpose of Expenditure  Address  Address  Middle Name Purpose of Expenditure  Address  Middle Name Purpose of Expenditure	1
First Name  Middle Name Purpose of Expenditure  Address  City State Zip Code  First Name Middle Name Purpose of Expenditure  Purpose of Expenditure  Address  State Zip Code  Purpose of Expenditure  Address  Address  Middle Name Purpose of Expenditure  Address  Middle Name Purpose of Expenditure	
Last Name/Business Name  Address  City State Zip Code  First Name Middle Name Purpose of Expenditure  Address  City State Zip Code  Purpose of Expenditure  Address  City State Zip Code  First Name Address  City State Zip Code  First Name Purpose of Expenditure	
First Name Middle Name Purpose of Expenditure  -ast Name/Business Name  Address  City State Zip Code  First Name Middle Name Purpose of Expenditure	Amount of Expenditure
City State Zip Code  First Name Middle Name Purpose of Expenditure  Address  City State Zip Code  First Name Purpose of Expenditure  Middle Name Purpose of Expenditure	
City State Zip Code  First Name Middle Name Purpose of Expenditure  Address  City State Zip Code  First Name Purpose of Expenditure  Middle Name Purpose of Expenditure	
First Name Middle Name Purpose of Expenditure  Address  State Zip Code  Furpose of Expenditure  Purpose of Expenditure  Address  Purpose of Expenditure	
ast Name/Business Name  Address  City State Zip Code  First Name Middle Name Purpose of Expenditure	
ast Name/Business Name  Address  City State Zip Code  first Name Middle Name Purpose of Expenditure	
Address  City State Zip Code  First Name Middle Name Purpose of Expenditure	Amount of Expenditure
State Zip Code  First Name Middle Name Purpose of Expenditure	
irst Name Middle Name Purpose of Expenditure	
First Name Middle Name Purpose of Expenditure	
T dipose of Experioratie	
	Amount of Expenditure
ast Name/Business Name	,
ddress	
State Zip Code	
First Name Purpose of Expenditure	Amount of Francisch
Tulpose of Experiorities	Amount of Expenditure
st Name/Business Name	
ddress	
ty State Zip Code	

JUL 14 2020

### ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE O	R COMMITTE						2	REPORT	E659	EKWG.	THE PERSON
Debbie Moss							F	ROM: <b>1/15/</b>	19	TO:	
3. COMPLETE THE APPROP	PRIATE ITEMS	FOR EACH	ITEMI2	ZED LOAN	(loans totaling r	nore than \$	100 from any sou	rce during the p	eriod)		
Complete the Following for the S	ource of the Loai										
First Name Debbie		g Loan Balance Loans Loan ng of Period) Received Payments				Outstanding Loan Balance (End of Period)					
Last Name/Organization Name <b>Moss</b>			···	89	50.00	,	0	0		8	950.00
Address 948 Beckwith Road				Loan Receiv	Date of Egan						***************************************
City Mt. Juliet	City Mt. Juliet State Tn Size Code 37122 □ Rur				mary Election				8/1/14		
	List All Endo	orsers or Guar	rantors fo	or Above Loa	ın (If more spa	ce is need	ded please attac	ch a page)			
First Name		Middle Nam	е		First Name				Midd	le Name	
Last Name/Organization Name		<mark> </mark>			Last Name/Org	anization N	lame		<u></u>		
Address				·	Address					····	
City		State	Zip Co	ode	City				State	;	Zip Code
Amount Guaranteed Outstanding					Amount Guaran	teed Outst	anding		* <del>!</del>		
First Name Middle Name					First Name Middle Name						
Last Name/Organization Name					Last Name/Org	anization N	ame			• • • • • • • • • • • • • • • • • • • •	
Address		1			Address			***************************************	***************************************		
City State Zip Co			de	City				State		Zip Code	
Amount Guaranteed Outstanding					Amount Guaran	leed Outsta	inding		·	J.	
First Name		Middle Name			First Name				Midd	le Name	
Last Name/Organization Name	***************************************				Last Name/Organization Name						
Address					Address						
City		State	Zip Cod	ie	City				State		Zip Code
Amount Guaranteed Outstanding			<u> </u>		Amount Guaranti	eed Outstar	nding		L		
First Name		Middle Name			First Name Middle Name						
Last Name/Organization Name					Last Name/Organization Name						
Address					Address	<del>10 to 200</del>					
City	——————————————————————————————————————	State	Zip Code	е	City				State	Ž	Zip Code
Amount Guaranteed Outstanding			<u> </u>	ļ	kmount Guarante	ed Outstan	ding		**		
A. Totals for all Loans (complete of (Total loans received should also be sho (Total loan payments should also be sho	wn in item 16, on s wn in item 20, on s	ummary page.)	•		Outstanding Loar (Beginning of F		Loans Received	Loan Paymer			nding Loan Balance nd of Period)
(Total outstanding loan balance should al	so be shown in item	12.e. on front pa	age.)							8	3950.00

" CEINED

JUL 142020

# ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATESSION

NAME OF CANDIDATE OR COMMIT Debbie Moss			2. REPORT COVERING THE PERIOD				
COMPLETE THE APPROPRIATE ITE     OBLIGATION (obligations totaling mor     person/vendor at the end of the report	Outstanding Balance (Beginning of Period)	FROM: 01/15/20 Debt Incurred This Period	Payments This Period	06/30/20 Outstanding Baland (End of Period)			
First Name	Middle I	Varne					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Middle N	ame					
Last Name/Business Name							
Address							
City	State	Zip Code	_				
Description of Obligation							
First Name	Middle Na	ame					
Last Name/Business Name							
Address			-				
City	State	Zip Code					
Description of Obligation							
Flrst Name	Middle Na	me					
Last Name/Business Name			-				
Address							
City	State	Zip Code					
Description of Obligation		<u> </u>					
First Name	Middle Nan	ne					
ast Name/Business Name							
ddress							
City	State	Zip Code					
Description of Obligation							
. TOTALS (Total from Outstanding Balance - (End of Period in item 23b. on summary page.)	l) column must	also be shown				0.00	