OCT 6 - 2014 ~

## CAMPAIGN FINANCIAL DISCLOSURE STATEMEN WILSON COUNTY

For State and Local Candidates
For Single-Candidate Committees

For Single-Candidate Committees															
1.	DATEOF	REPORT			2.a. N	AME OF C			COMMITTI						
10	7/1/	14				714	ee	10	Re E	Lec	:+	Tel	RRV		CAGGS
2.b.		0 1020	-	CANDIDATE							3. ELEC		ATE		
	A	RY		= R99	5						9	3-7	-14	1	
	CAMPAIG Street or F			PHONE /	City				State		Zip Cod	lo.	D	h	
110	241	114	OW	ood	Pol	WIA	bo A	OH	W 1	21	0.0000000000000000000000000000000000000	184		hone	181-2110.
4.b. (	CANDIDA	TE'S HO	ME ADDR	ESS (if differ	ent than 4 a		/		70 /		21	184	615	-041	17-9/30
	Street or F			Loo (ii diiioii	City	/			State		Zip Cod	е	PI	hone	
	SAF	ne													
5. 0	OFFICE S	OUGHT (	include di	strict number	, if applicable	9)	6. N	IAME C	F POLIT	ICAL T	REASUF	RER (may	be candi	date)	
L	715 t		•				-	Tea	RU	<	CR	555	•		
7. 0	CATEGOR	YORKE	PORT (Ch	eck one)		_									
	FIRST	SE	L_I ECOND	THIRD	FOL	J JRTH	PRE-		PRE	1	M	D-YEAR		YEAR-	
	QUARTER		ARTER	QUARTE		RTER	PRIMA	RY	GENE	RAL	SUPI	PLEMENT			MENTAL
8.a. E	BEGINNING	JUATE OF	- REPORT	ING PERIOD			-		DATE OF I		RTING PE	RIOD			
0 (0)	1-29	200	7				9	1-3	0-1	4					
9. (Cr	heck one)									•					
а	. 🔲 Thi	s campaig	gn is exem	pt from deta	iled disclosur	e becaus	se contrib	outions	(including	in-kind	d) receive	ed total \$	1,000 or le	ess AN	ID expendi-
	ture	es total \$1	,000 or le	ss for this rep	porting perior	d. (Comp	olete item	ıs 12d.	, 12e. and	l 12f.)					
b	This	s campaig	gn is requi	red to file a d	letailed finan	cial discl	sure bed	cause o	contributio	ns (inc	luding in	-kind) rec	eived tota	l more	than \$1,000
	and	vor expen	altures to	tal more than	\$1,000 for t	his repor	ting perio	d.					1		
10	16 de es							8							-
10.	accurate a	olemniy si accounting	wear or at a of camp	firm that the aign contribu	information tions and exi	contained penditure	l in this d s require	campai d to be	gn financi renorted	al discl	losure re	port is tru	ue and tha	at this	report is an
	Financial I	Disclosure	e Act. Add	ditionally, I/w	e swear or a	ffirm that	no camp	aign co	ontribution	s have	been ex	pended f	or the per	sonal f	inancial
	benefit of	the candi	date or for	any other no	onpolitical pu	rpose as	defined	by the	federal int	ternal r	evenue o	ode.			
-/		(Ka	ad E	~	m	2116		,	1		PQ		_		
THE	signatu	ure of can	didete		da	-/4		-7	signal	ure of	political t	15/		10	7-1-14
					- Gu				digita	uic oi	ponticar	reasurer			date
11. V	VIINESS S	SIGNATU	RE				-		<u> </u>						
	$\sum_{i}$	1						/			0				
ď	emi	(	m		10-1	44		(	Kon	ni	C	7	-	10	1-14
	signat	ure of wit	ness		date	<del></del>			5	signatu	re of witr	iess			date
	*														
12. SI	JMMARY														
a.	RAI AN	ICE ON H	ΔΝΟΙ ΔΟΊ	REPORT						ď	3:	27.19	7		
u.	D/12/114	IOL OIVI	AIND LAG	ILLI OILL	***************************************				************	Ф		0	<u> </u>		
b.	TOTAL	RECEIPT	STHISPE	RIOD						\$	3	0			
											2	27/	0		
C.	TOTAL	DISBURS	EMENTS 1	HIS PERIOD				•••••		\$	20	-/./	- A		
	DALAN	OF ON I	IAND (40	401										0	-
d.	BALAN	CE ON H	AND (12.	a. plus 12.b.	minus 12.c.)								\$		
9:	TOTAL													0	
е.	10 fAL	LUANS O	UISTANE	DING									\$		
														-0	^
f.	TOTAL	OBLIGATI	ONS OUT	STANDING									\$		



## OCT 6 - 2014 WILSON COUNTY SELECTION COMMISSION

## SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD							
TERRY SCRIGS	FROM		TO: 9-30-14					
15. CONTRIBUTIONS (other than loans and interest)								
a. Unitemized Contributions, (\$100 or less from each source this period)	\$	-0-	*					
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	s <u>~o·</u>							
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ -0-							
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)			s <u>-0-</u>					
DISBURSEMENTS	*							
19. EXPENDITURES (other than loan payments)								
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g	g., printi	ing, postage, ga	asoline)					
BANK fees \$ 26.00			,					
\$								
\$								
\$								
\$								
· · · · · · · · · · · · · · · · · · ·								
\$	_							
\$								
\$								
Total of Expenditures (\$100 or less each payee)	\$ 3	6.00						
b. Itemized Expenditures (Over \$100 each payee this period)	s_2	91.18						
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		\$	327.18					
20. LOAN REPAYMENTS MADE THIS PERIOD	to a result of the second of t							
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.b.)\$								
23. OBLIGATIONS								
a. Unitemized Obligations Outstanding (\$100 or less each)	147							
b. Itemized Obligations Outstanding (Over \$100 each)		4	u u					
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 1	2.f.)	\$	0					





## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATECOUNTY

1. NAME OF CANDIDATE OR COMMITTERRY SERG	TTEE 35			YERING THE PERIOD  YO: 9-30-/ Y Amount			
3. TOTAL ITEMIZED CAMPAIGN EXPE	•	OM PRECEDING PA	AGE (enter \$0 if first itemized page)				
4. COMPLETE THE APPROPRIATE ITEMS					eriod)		
First Name	Middle N	ame	Purpose of Expenditure		Amount of Expenditure		
	100N						
Address 1461 BATES	Rd	1	51295		291.18		
Lebaron	State	Zip Code 37087					
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address		7701.4					
City	State	Zip Code					
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name			7				
Address							
City	State	Zip Code					
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	•		1				
Address			1				
City	State	Zip Code					
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure		
ast Name/Business Name			1				
Address			1				
Sity	State	Zip Code	1				
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure		
ast Name/Business Name	<del> </del>						
ddress							
ity	State	Zip Code					
<ol> <li>TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional (If this is the last page of expenditures, this amount</li> </ol>	pages of this form a	re used.) item 19b. of summary.)			Ba91.18		