## CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

RECEIVED

	or origie-candi	uale Commit	:ees	
1. DATE OF REPORT	2.a. NAME OF CANDII	DATE OR COMMITTEE	UCT	D \$ 2018
10-2-18	Sue	Vanat	1811.	
2.b. IF COMMITTEE, NAME OF CANDIDATE		- ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	3 FLECTION PATE	N COUNTY
			3. ELECTION COAT	COMMISSION
4.a. CAMPAIGN ADDRESS AND PHONE			1000 3	2/8
Street or Rural Route	City	State	Zip Code	Phone
2004 Hastmann Plantst	ion Leber	in Th	39090	<i>y</i> .
4.b. CANDIDATE'S HOME ADDRESS (if differe	nt than 4.a.)		37070	615-218-51
Street or Rural Route	City	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number,	if applicable) 6.	NAME OF POLITICAL	TREASURER (may be	Candidate)
Wilson County Commissioner	10545ct-23	Deni		
7. CATEGORY OR REPORT (Check one)	(M) (M)	1/6/11	ca alsu	0
FIRST SECOND THINE				<del>[                                    </del>
FIRST SECOND THIND QUARTER QUARTER QUARTER	FOURTH PROPERTY PRINT		MID-YEAR	YEAR-END
8.a. BEGINNING DATE OF REPORTING PERIOD	- CC7 4 (1 E) ( 1 7 (1) V	ARY GENERAL ENDING DATE OF REPO	SUPPLEMENTAL PRINGPERIOD	SUPPLEMENTAL
7-24-18	}	9.30 18		
9. (Check one)		1, 20 10	)	
a. This campaign is exempt from detaile				
<ul> <li>a.    This campaign is exempt from detaile tures total \$1,000 or less for this report</li> </ul>	ed disclosure because contr	ibutions (including in-ki	nd) received total \$1,00	0 or less AND expendi-
<ul> <li>b.  This campaign is required to file a de and/or expenditures total more than \$</li> </ul>	tailed financial disclosure b	ecause contributions (in	cluding in-kind) receive	d total more than \$1,000
and/or expenditures total more than \$	i,,000 for this reporting per	lod.		
10. I/we do solemnly swear or affirm that the in				
accurate accounting of campaign contribution	formation contained in this	campaign financial disc	closure report is true ar	nd that this report is an
				by the Campaign
benefit of the candidate or for any other non	political purpose as defined	by the federal internal	revenue gode.	e personal infalicial
V 1/. 65	i/		Mar	
Signature of acadidate	10-2-18	<u> </u>	2000 m	<u> 10-2-18</u>
signature of candidate	date	signature of	political treasurer	date
44 1417170000000000000000000000000000000				
11. WITNESS SIGNATURE				
Vidion 1 had	18/0/10		)	100
signature of witness	10/2/18	Deseur	Smult	_ 10-2-18
signature of witheas	date	signatu	re of witness	date
12 SUMMARY				
12. SUMMARY				
a. BALANCE ON HAND LAST REPORT b. TOTAL RECEIPTS THIS PERIOD c. TOTAL DISBURSEMENTS THIS PERIOD			30.00	
		¥	1.55 00	
b. TOTAL RECEIPTS THIS PERIOD		g	130.00	
			16011	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$	180.00	
				2
d. BALANCE ON HAND (12.a. plus 12.b. mir	nus 12.c.)		····· \$ <u>_</u>	0
TOTAL LOANS SHEET				
e. TOTAL LOANS OUTSTANDING			\$ <u></u>	0
		<u> </u>		
f. TOTAL OBLIGATIONS OUTSTANDING	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$ <del></del>	0

## SUMMARY PAGE - CANDIDATE

Г	13 NAME OF CANDIDATE OF COMMITTEE !	MECEIVED	
	13. NAME OF CANDIDATE OR COMMITTEE (In Full)	£1.70 m	VERING THE PERIO
	RECEIPTS  15. CONTRIBUTIONS (other than loans and interest)  W	LI US 2018	TO: 8-31-18
	a. Unitemized Contributions (\$100 or less from each source this period)	II M. One	,
	b. Itemized Contributions (over \$100 from each source this period)		
	c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)		
1	16. LOANS RECEIVED THIS REPORTING PERIOD		
	7. INTEREST RECEIVED THIS REPORTING PERIOD		
	8. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		
נ	DISBURSEMENTS		\$ 150.00
1	9. EXPENDITURES (other than loan payments)		
	a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g.	-	
	TWILSON POST advertising \$ 185.0	, printing, postage, ad	gasoline)
	a Plus Sians 5 450	<u>@</u> ;)	
	Bank Service Charge \$ 1/1	~	
	s 10.60	2	
	\$		
	\$	<b></b> -	
	\$	<del>_</del>	
	\$	<del></del>	
	\$	<del></del>	
	\$	<u>.</u>	
7	Total of Expenditures (\$100 or less each payee)\$	1811-00	
	Itemized Expenditures (Over \$100 each payee this period)\$		
	TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		19010
20.	LOAN REPAYMENTS MADE THIS PERIOD		100-
21.	TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	***************************************	181.00
22	IN-KIND CONTRIBUTIONS	*************************	700
a.	Unitemized in-kind contributions (\$100 or less from each source this period)\$	7	
	Itemized in-kind contributions (over \$100 from each source this period)\$		
	TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)		2
23.	OBLIGATIONS		
	Unitemized Obligations Outstanding (\$100 or less each)\$		
	Itemized Obligations Outstanding (Over \$100 each)\$		
	TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f		0
	12.f	.)\$	

(2)

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## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE	= , ,,,,	-1.	2. REPORT CO	OVERING THE PERIOD	
NAME OF CANDIDATE OR COMMITTEE      Out of the second			FLEUTION COLOR	18 TO: 8-31-18	
3. TOTAL ITEMIZED CAMPAIGN EXPENDI	TURES F	ROM PRECEDING PA	GE (enter \$0 if first hernized page)	Amount	
4. GOWIFLETE THE APPROPRIATE ITEMS FOR	EACH ITE	EMIZED EXPENDITURE	(expenditures totaling more than \$100 to any payee during to	he períod)	
GOIUS Print	Middle	Name	Purpose of Expenditure	Amount of Expenditure	
Land Baytons Creek Rd					
Address CYPER ICE			- Signs	45:00	
City /	State	Zin Code	<u> </u>		
Lebanon	State	Zin Coope 7UGU			
First Name , Wilson Post Last Name/Business Name	Middle N	lame	Purpose of Expenditure	Amount of Expenditure	
Address			Podvertising	125:00	
Lebanon	State	Zip Code 370 90			
First Name	Middle Na	ame	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name	<u> </u>				
Address			4		
City	La				
on,	State	Zip Code			
First Name	Middle Nar	ne	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name	<u> </u>			Amount of Expenditure	
Address		· · · · · · · · · · · · · · · · · · ·			
City	State	Zip Code			
First Name	Middle Nam	0			
Last Name/Business Name		C	Purpose of Expenditure	Amount of Expenditure	
SSC TEMODEROSS NAME					
Address					
ity	State	Zip Code			
irst Name	Middle Name		Purpose of Expenditure	Amount of Expenditure	
ast Name/Business Name					
ddress	··········				
fy	State	Zip Code			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of (If this is the last page of expenditures, this amount must be	this form are e shown in ite	used.) em 19b. of summary.)			

## ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1 NAME OF CANDIDATE OR COMME	TCC			WILSON	COLINITY	
1. NAME OF GANDIDATE OR COMMIT	nat	ta		FRON	COUNTY VERING THE PERI VERING THE PERI	OD
1					Amount 3	1-18
3. TOTAL ITEMIZED CAMPAIGN CONTR	RIBUTIONS	FROM PRECEDING F	PAGE (enter \$0 if first itemized	page)		
4. COMPLETE THE APPROPRIATE ITEMS F	Middle	EMIZED CONTRIBUTION		\$100 from any contribu	utor)	
1 Sue	Middle	rame	Contribution Received For:		Amount of Con	tribution
Last Name/Organization Name			Primary Election General Election			
2004 Nartma		Plantation	Runoff (Local Elections Only)			
Lebanon	State	7 Zip Code	Date of Contribution		Aggregate This	Efection
Occupation Retired						
Employer						
First Name	Middle N	lame	Contribution Received For:		Amount of Cor	tribution
Last Name/Organization Name			Primary Election	General Election		
Address			Runoff (Local Elections Only)			
City	State	Zip Code	Date of Contribution		Aggregate This I	Election
Occupation		<u> </u>	+			
Employer			_			
Cinthland						
rirsi name	irst Name Middle Name		Contribution Received For:		Amount of Cont	ribution
Last Name/Organization Name			Primary Election	General Election		
Address			Runoff (Local Elections	Only)		
City	State	Zip Code	Date of Contribution		Aggregate This El	ection
Occupation						
mployer						
irst Name Middle Name		Contribution Received For:		A		
ast Name/Organization Name			_	0	Amount of Contrib	ution
ddress			· 	Seneral Election		
			Runoff (Local Elections (	Only)		
ity	State	Zip Code	Date of Contribution		Aggregate This Ele	ction
ccupation	<del></del>					
nployer						
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	s of this form are st be shown in it	e used.) em 15b. of summary.)				
		- 14	v-w			ſ

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