CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

A DATE COLOR	For Single-Ca	andidate Committ	ees	SFP as	11.
1. DATE OF REPORT	2.a. NAME OF	F CANDIDATE OR COMMITTEE		SEP 28 2018	<u> </u>
2.b. IF COMMITTEE, NAME OF	CANDIDATE DIANG	e 6.Weath	<u>ers</u> ae	WILSON COUNT	ř"
The state of	CANDIDATE		3. ELECTION DATE	CTION COMMISS	MOI
4.a. CAMPAIGN ADDRESS AND) PHONE		Buch 30	8/8	
Street or Rural Route	√ ~ √ City	~ State	Zip Code		
1800 Central P	ike put Tulu	et TN		Phone	
4.b. CANDIDATE'S HOME ADDE			37122	615-202-	5/3
Same	City	State	Zip Code	Phone	
5. OFFICE SOUGHT (include d	istrict number, if applicable)	6. NAME OF POLITICAL			
16th District Con	uty Commissioner	THE ST TOPHICAL	FREASURER (may be	candidate)	
7. CATEGORY OR REPORT (Ch	neckone) /	Diane G.	Weather	1	
FIRST SECOND	THIRD FOURTH			<u></u>	
QUARTER QUARTER 8.a. BEGINNING DATE OF REPORT	OLARTED OLARTER	PRE- PRE- PRIMARY GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END	
		8.b. ENDING DATE OF REPOR	RTINGPERIOD	SUPPLEMENTAL	
9. (Check one)	24-18	9-30	-18		
tures total \$1,000 or le	npt from detailed disclosure becaus ss for this reporting period. (Comp	se contributions (including in-kind	d) received total \$1 nnn	nriese AND over-	
D. M This campaign is requi	red to file a detailed financial disclotal more than \$1,000 for this report	osure because contributions (inc	luding in-kind) received	I total mana the and	
		ting period.	• • • • • • • • • • • • • • • • • • • •	i total silore (ilan \$1,	,000
	firm that the information contained aign contributions and expenditured ditionally, I/we swear or affirm that any other nonpolitical purpose as	no campaign contributions have defined by the federal internal re		d that this report is by the Campaign personal financial Grant Gr	an
WITNESS SIGNATURE	,			· · · · · · · · · · · · · · · · · · ·	
Das D 11/2 X		\int_{0}^{∞}	. 15 . 0		
signature of witness	2000 4/27/18	NORK.	Viathor	a glantis	0
signature or witness	date	signature	of witness	date	-
2. SUMMARY			· · · · · · · · · · · · · · · · · · ·		
a. BALANCE ON HAND LAST I	555.		_		
a. DALANCE ON MAND LAST	REPORT	·····.\$.	_0		
b. TOTAL RECEIPTS THIS PERI	OD	e	195.25		
	IIS PERIOD				
d. BALANCE ON HAND (12.a.	plus 12.b. minus 12.c.)		····· \$ <u> </u>	0	
e. TOTAL LOANS OUTSTANDIN	NG		s_ /	448.49	do
f. TOTAL OBLIGATIONS OUTS					



SUMMARY PAGE - CANDIDATE

SEP 28 2018

WILSON COUNTY

13. NAME OF CANDIDATE OR COMMITTEE (In Full)		VOCONTY
Diane G. Weathers	14. REPORTO ON	
RECEIPTS	FROM:7/24/18	TO: 9/30/18
15. CONTRIBUTIONS (other than loans and interest)		
a. Unitemized Contributions (\$100 or less from each source this period)	\$_ <i>O</i>	
b. Itemized Contributions (over \$100 from each source this period)	\$	_
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	***************************************	\$ <i>(</i>)
16. LOANS RECEIVED THIS REPORTING PERIOD	***************************************	\$ 165.25
17. INTEREST RECEIVED THIS REPORTING PERIOD		\$ <i>(2)</i>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		\$ 195.25
DISBURSEMENTS		3 -13 100
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.		
Premier Sign + Trophy 5633		asoline)
Trefile & Sigh + Trophy \$ 63.37,		
\$	· · ·	
\$		
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\$		
		
		
Total of Expenditures (\$100 or less each payee)	63.37	
b. Itemized Expenditures (Over \$100 each payee this period)	131,88	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	145 35 s	195,25
20. LOAN REPAYMENTS MADE THIS PERIOD	······································	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$	19525
22.IN-KIND CONTRIBUTIONS		.4700
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)\$	0	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	· ·	
23. OBLIGATIONS	, , , , , , , , , , , , , , , , , , ,	
a. Unitemized Obligations Outstanding (\$100 or less each)\$	0	
b. Itemized Obligations Outstanding (Over \$100 each)\$	0	
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.	<i>V</i>	
12. and 20.b.) (must be shown) item 12.	T.)\$	

RECEIVED SEP 28 2018

ITEMIZED STATEMENT OF EXPENDITURES - CANCILLAGE

1. NAME OF CANDIDATE OR O Diane G. We	eather	<u>ో</u>	FROI	EPORT COVERING THE PERIOD
1	_		TRO	M: 7/24/13 TO: 9/3/18 Amount
4. COMPLETE THE APPROPRIATE	TEMS FOR EACH	J TEMPER EVEN	NG PAGE (enter \$0 if first itemized page)	- should
First Name	I.	THEWIZED EXPEND	ITURE (expenditures totaling more than \$100 to any page)	ayee during the period)
Lort Navy (O	M	iddle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name	If Toll	4	Ad for election	
Address	· Julie		TO TO ELECTE	on \$131,88
1400 de Mt - 41	iet Roe	<u></u>	cumpa	19/1
mt. Julier	e of Mt. Juliet Mt Juliet Raed iet State Zip Code 70 37/22		2	
First Name	- The state of the	dle Name		
Lost Norre (Duri	17110	ane manne	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				
Address				
City				
y	State	Zip Code		ļ
irst Name		Tankayakkan orto ayuka ayuka basa		
	Middi	le Name	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name				The same of Experiorality
ddress				
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ily	State	Zip Code		
rst Name	Middle Name		Purpose of Expenditure	Amount
st Name/Business Name	L			Amount of Expenditure
dress				
	State	Zip Code		
t Name	Middle N	ame	Purpose of Expenditure	
Name/Business Name				Amount of Expenditure
	· · · · · · · · · · · · · · · · · · ·			
ress				
	State	Zip Code		
Name	Middle Na	me	Purpose of Expenditure	
Name/Business Name				Amount of Expenditure
				į
SS				
	State	Zip Code		
	-			
TOTAL ITEMIZED EXPENDITURE	S			
Carry forward to item 3. of next page if addition If this is the last page of expenditures, this arm	nal pages of this form a	are used.)		#131.88
······································	Olifit mutet be chown in	11 601		

SEP 28 2018

ITEMIZED STATEMENT OF LOANS - CANDIDATISON

1. NAME OF CANDIDATE OR COMMITTE						ELE	CTION OCUNTY				
Diane G. Weathers							2. REPO	ORT COVE	CTION COUNTY RING THE PERIODIO		
Diane G. Wear	Thei	~5					FROM: 7/24	110	10:		
3. COMPLETE THE APPROPRIATE ITEMS	S FOR EAG	CHITEMIZ	ED LOA	AN (loans totaling	more than	n \$100 from any	source during	the period)	11/30/18		
Complete the Following for the Source of the Loa	in		aline gradu et in de de	ente a lorde suite en en entelle extende	essentere unes	editable transcription i	Elizabeth de la companya de la comp	and portion			
First Name Middle N	lame		Outstand	ling Loan Balance	T	oans	Loan	1 0"	ctonding Law Date		
Diane Graves st Name/Organization Name		(Beginn	(Beginning of Period) Received			Loan Outstanding Loan Balance Payments (End of Period)					
Weathers		125	153,24 195,25			D	1 110000				
Weathers Address 1800 Central Pike City Mt. Juliet State TN	·			ceived For:	L	10,00		of Loan	448,49		
GIV Counal Pike	<u></u>		☐ Prin	nary Election	K Ó Ge	neral Election	Date	n Luan	ļ		
nt. Juliet State	Zip Code	22	☐ Run	off (Local Elections				8/2/	10		
				oan (If more spa		ado d' ata a a		0131	18		
First Name	Middle Na	ame		First Name	ce is field	eueu piease a	ttach a page)	de ingles e deservation in			
Last Name/Organization Name								Middle	Name		
- $100 A/n$	1	$\leq \lambda$		Last Name Org.	anization	Jame		 	1		
Address	1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Address	-//	AN	TPA	1/	x/		
City	Cinta	7 0		1		1/1/	11 / 1	14/	<i>V</i>		
	State	Zip Code	Ç	City				State	Zip Code		
mount Guaranteed Outstanding				Amount Guarant	eed Outs	tandino	···				
irst Name	Middle Nar	one approximation	(and the second of	es aristo est aristo est aristo est a	Section 1	er en	San and James Belg To San	20 · · · · · · · · · · · · · · · · · · ·			
	Middle Nar	ne		First Name				Middle N	-		
ist Name/Organization Name	<u></u>			Last Name (O-)					-		
ddress	*			Last Name/Orgar	nization N	iame			ļ		
auress				Address							
ity	State	Zip Code		City			·	Tail			
ount Guaranteed Outstanding							State	Zip Code			
				Amount Guarante	ed Outsta	inding					
s! Name	Middle Name	e	Section Section	First Name				1 1000	The second secon		
t Name/Organization Name								Middle Name			
				Last Name/Organi	zation Na	me					
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у	State	T 9: - 6: 1									
	Sidle	Zip Code		City				State	Zip Code		
ount Guaranteed Outstanding				Amount Guaranteed	d Outstan	ding		<u></u>			
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Middle Name		Ī	First Name Middle Name					ne			
t Name/Organization Name				Last Name/Organization Name							
ress									}		
			ľ	Address							
	State	Zip Code	(City	··········	······································		State	Zin Code		
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nt Guaranteed Outstanding			A	mount Guaranteed	Outstand.	ing					
int Guaranteed Outstanding tals for all Loans (complete on last page of itel all loans received should also be shown in item 16	mized loan	s)		Outstanding Loan Ba	alance	Loans	Loan	Out	Standing Loan Ralance		
tals for all Loans (complete on last page of itel al loans received should also be shown in item 16. on sum al loan gayments should also be shown in item 20.0 sum	mized loan	-		Outstanding Loan Ba (Beginning of Peri	elance od)	an de la company	Loan Payme	Out	Istanding Loan Balance (End of Period)		
int Guaranteed Outstanding tals for all Loans (complete on last page of itel all loans received should also be shown in item 16	mized loan	-		Outstanding Loan Ba	elance od)	Loans	Payme	nts			