

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1.	DATE OF REPORT	2.a. NAME OF C		OR COMMITTEE	FG9	
	Tulu 6 2014	Z.u. 10 WEO	DANDIDATE	_		
2.b	. IF COMMITTEE, NAME OF CANDIDATE	1 399	501	Brockme	3. ELECTION DATE	
					3. ELECTION DATE	
4.a.	CAMPAIGN ADDRESS AND PHONE				Hug.	7, 2014
	Street or Rural Route	City		State	Zip Code	Phone
1 5	558 Windu Rd.	m+ T	liet	-01	37/22	
4.b.	CANDIDATE'S HOME ADDRESS (if different	t than 4.a.)	I TE		3/142	615-477-8
	Street or Rural Route	City		State	Zip Code	Phone
5.	OFFICE SOUGHT (include district number, if	applicable)	6. NAI	ME OF POLITICAL	TREASURER (may be	candidate)
W	Vilson County Commission	#16			rockman	<u>.</u>
7.	CATEGORY OR REPORT (Check one)			Sort D	COLAMA	
	FIRST SECOND THIRD	FOURTH	PRE-			
	QUARTER QUARTER QUARTER	QUARTER	PRIMARY	PRE- GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
8.a.	BEGINNING DATE OF REPORTING PERIOD		8.b. END	ING DATE OF REPO	RTING PERIOD	SOFFLEIVIENTAL
	April 1.2014			June 3	30 2014	
9. (C	heck one)				, 001	
a	a. This campaign is exempt from detailed	d disclosure hecaus	e contributi	one (including in kir	od) received t-t-1 #4 00	0
	tures total \$1,000 or less for this repor	ting period. (Comp	olete items	12d., 12e. and 12f.)	id) received total \$1,00	0 or less AND expendi-
ŀ						
_	This campaign is required to file a deta and/or expenditures total more than \$1	1,000 for this report	ting period.	ise contributions (in	cluding in-kind) receive	d total more than \$1,000
10.	I/we do solemnly swear or affirm that the infi	ormation contained	I in this can	npaign financial disc	closure report is true as	ad that this year at the
	accurate accounting of campaign contribution	is and expenditure	s required to	n he reported by the	candidata committee !	L. 11 0 .
	Financial Disclosure Act. Additionally, I/we sibenefit of the candidate or for any other nonp	wear or affirm that olitical purpose as	no campaig defined by	in contributions hav	e been expended for th	e personal financial
	1 00	A A	dominod by	A	revenue code.	
,	J-BC-	7/6/14			311	-/1 hu
1	signature of candidate	date		Signature of	political treasurer	- // 6/14
						date
11. V	VITNESS SIGNATURE			1		
- () ((1) 10		
	(and)	07-07-14		Kanley	1	17-07-14
	signature of witness	date		signatu	ure of witness	date
12. St	JMMARY					
a.	RALANCE ON HANDLAST BEDORT				(2) 00	
a.	BALANCE ON HAND LAST REPORT				\$	
b.	TOTAL RECEIPTS THIS PERIOD				. 12000	
					290	
C.	TOTAL DISBURSEMENTS THIS PERIOD		***************************************		s 732 =	
						. 72
d.	BALANCE ON HAND (12.a. plus 12.b. min	us 12.c.)			\$ _	467.
						-
e.	TOTAL LOANS OUTSTANDING				\$	500=
						20
f.	TOTAL OBLIGATIONS OUTSTANDING				¢	0.=
					Ъ =	



JUL 07 2014 «

	JUL 0 / 2014 2
	WILSON COUNTY ":
SUMMARY PAGE - CANDII	DATE
13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
Jason Brockman	FROM: April TO: Too
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	Jane Jane
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 000
b. Itemized Contributions (over \$100 from each source this period)	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ 700°=
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.)	
DISBURSEMENTS	1,500.
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.	
everything listed I tembred s	_
\$	
\$	
 \$	
\$	
\$	
	_
-	
\$	_
Total of Expenditures (\$100 or less each payee)	\$ 000
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 732 =
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ 73228
20. LOAN REPAYMENTS MADE THIS PERIOD	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	s 732 ⁹
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)	\$ 32801
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	\$ 328°°1
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ 0.00
b. Itemized Obligations Outstanding (Over \$100 each)	\$
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 1	12.f.)



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2 REPORT COVE	RING THE PERIOD	
Jason Broc	Kme	~		FROM:	TO:	
3. TOTAL ITEMIZED CAMPAIGN CONTRIB	- Again	Amount				
4. COMPLETE THE APPROPRIATE ITEMS FOR						
First Name	Middle Na		Contribution Received For:			
The state of the s			100000000000000000000000000000000000000		Amount of Contribution	
Last Name/Organization Name	0		Primary Election	General Election	1. 00	
Address	<u> </u>	mping tu	Runoff (Local Election	e Only)	100-	
3700 old belong	Ourt	Rd		s Only)		
mt. Thirt	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation		13/144	5/14/14			
			3/17/14			
Employer						
Self-employ						
First Name No. 4	Middle Na	me	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name			Primary Election	General Election	. 00	
Caliday					100=	
Address			Runoff (Local Elections	s Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Mt. Juliet	IN	37/22			Aggregate This Election	
Occupation						
Employer			-			
Self-employed						
First Name	Middle Nam	ne	Contribution Received For:	/	Amount of Contribution	
Last Name/Organization Name				General Election	S. SSIMISGON	
Temessee Hospitality	100	ociation	Primary Election	50000		
Address	1932	DEISTIGA	Runoff (Local Elections	Only)	300.	
City Craighead Str	ee+					
Nashville	State	Zip Code 37204	Date of Contribution		Aggregate This Election	
Occupation	11/1/	13/207	-/19/14			
			5/11/17			
=mployer				1		
First Name	Middle Nam	9	Contribution Received For:			
not traine	Middle Nam	e	Contribution Received For:		Amount of Contribution	
ast Name/Organization Name	•		☐ Primary Election ☐	General Election		
ddress			□ n « n			
address			☐ Runoff (Local Elections	Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election	
ccupation					-	
oopulu.						
mployer						
. TOTAL ITEMIZED CONTRIBUTIONS					00	
(Carry forward to item 3. of next page if additional pages of (If this is the last page of contributions, this amount must the	of this form are	e used.)			700-	
,		on round or summery.)				



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR C				2. REPORT COV	ERING THE PERIOD			
744044	ckmen			FROM: Apri	TO: Jamount			
3. TOTAL ITEMIZED IN-KIND CO	ONTRIBUTIONS FRO	OM PRECEDING PA	AGE (enter \$0 if first itemized page	E (enter \$0 if first itemized page)				
4. COMPLETE THE APPROPRIATE	ITEMS FOR EACH ITE	MIZED IN-KIND CON	TRIBUTION (in-kind contributions totaling	more than \$1 00 from any	contributor during the period)			
First Name Mwv	Middle	Name 4	In-Kind Contribution Receive		Value of In-Kind Contrib			
Last Name/Organization Name	lan	75-7-		Primary Election General Election Runoff (Local Elections Only) Date of In-Kind Contribution Description of In-Kind Contribution				
Address 7405 below	an Rd		Date of In-Kind Contribution					
City Lebesses	State	Zip Code 370 90						
Occupation	Employer	21 3/070	Purchased	campaign	Flesh 16hts			
First Name	Middle	Name	In-Kind Contribution Received	1 For	Tree to the second			
Last Name/Organization Name				General Election	Value of In-Kind Contribu			
Q.	sch		Runoff (Local Election	s Only)	15000			
Address 3482 Black	bery La	~	Date of In-Kind Contribution	14	Aggregate this Election			
Dity	State	Zip Code	Description of In-Kind Contribution	5 – 10 – 14 Description of In-Kind Contribution				
Occupation	Employer	1 37090	Design	Work for	Compain			
self-employed			300.31	Ma	· Campaign			
irst Name	Middle N	ame	In-Kind Contribution Received	ALCOHOLD TO THE REAL PROPERTY.	Value of In-Kind Contribu			
ast Name/Organization Name			Primary Election	General Election				
ddress			Runoff (Local Elections	Only)				
			Date of In-Kind Contribution	Date of In-Kind Contribution				
ity	State	Zip Code	Description of In-Kind Contribution					
ccupation	Employer							
rst Name	Middle Na	ame	In-Kind Contribution Received	For:	Value of In-Kind Contributi			
st Name/Organization Name				General Election	Value of III-Killa Contributi			
**************************************			Runoff (Local Elections	Only)				
dress			Date of In-Kind Contribution		Aggregate this Election			
1	State	Zip Code	Description of In-Kind Contribution					
supation	Employer	-L-						
Name	Middle Nam	ne	In-Kind Contribution Received	1.59	Value of In-Kind Contribution			
Name/Organization Name	·			General Election				
ess			Date of In-Kind Contribution	Only)	Angrenate this Election			
State Zip Code			Description of In-Kind Contribution		Aggregate this Election			
pation	Employer		Description of In-Nitia Contribution					

TOTAL ITEMIZED IN-KIND CON' (Carry forward to item 3. of next page if addi	tional pages of this form ar	re used.)			328.01			
If this is the last page of in-kind contribution	is, this amount must be sho	own in item 22b. of summa	ary.)		200.			



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COV	ERING THE PERIOD
Jason Brock	TO: Too				
3. TOTAL ITEMIZED CAMPAIGN EXPENDI	Amount				
4. COMPLETE THE APPROPRIATE ITEMS FOR	~				period)
First Name	Middle N		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			order Cl	hecks	1 11
First Fredom Bank			for ac		18.25
Po Box 100		701 00	Cowt		
City Lebanan	State	Zip Code 3708 *	4-23-	14	
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			Printing -	Done home	\$ 374 5B
Address Address	· · · · · · · · · · · · · · · · · · ·		- 13	10-8	3" 3/9 32
City Black berry	State	Zip Code	-		
Lebanon	TN	37090	3/10/14		
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			Printing -	Yord Sien	43
Frank Expres					301 33
335 Hill Ave					
Nashalle	State	Zip Code	6/11/19	,	
First Name	TN	37210			
	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Wilson Comb			Voting	Disc.	3800
203 E. Mala St.					30.
City	State	Zip Code			
Lebanon	TN	37087	6-23-1	4	
irst Name	Middle Name	е	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name					
ddress					
ity	State	Zip Code			
irst Name	Middle Name		Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name					
ddress					
ty	Zip Code				
	State				
. TOTAL ITEMIZED EXPENDITURES					-2 C 2 X
(Carry forward to item 3. of next page if additional pages of (If this is the last page of expenditures, this amount must	of this form are se shown in it	e used.) em 19b. of summary.)			732.28





ITEMIZED STATEMENT OF LOANS - CANDIDATE

A MANUE OF CAMPURATE OR											
1. NAME OF CANDIDATE OR										RING THE PERIOD	
Jason	Box	Kone						FROM:		TO:	
3. COMPLETE THE APPROPR	RIATE ITEMS	FOR EACH	ITEMIZ	ZED LOAN	(loans totaling r	nore than \$	100 from any so	ource during the	period)	June	
Complete the Following for the Sou											
First Name	Middle Na	me		Outstanding (Beginning	Loan Balance	Loa Rece	3000 17	Loan	Out	tstanding Loan Balance	
Last Name/Organization Name				(Deginning	of Feriou)	Rece	alved	Payments		(End of Period)	
Brockmen				0	•	50	XX-	0=		500=	
Address				Loan Receiv	red For:	/		Date of L	oan		
SSE Windy	R d _	Zip Code		☐ Primar	y Election	Gene	eral Election				
					Runoff (Local Elections Only) 4 - 16 - 14						
	List All Endo	rsers or Gua	rantors fo	or Above Loa	n (If more spa	ce is need	ded please att				
First Name		Middle Nam	ne		First Name				Middle	e Name	
Last Name/Organization Name	.ast Name/Organization Name					anization N	Jame				
Brockme						umzadon i	idillo				
Address SSE Wind,					Address						
City		State	Zip Co		City				State	Zip Code	
Amount Guaranteed Outstanding	- 00	TN	37	122	A10						
Amount obtained outstanding	500 0000€				Amount Guaran	iteed Outst	anding				
First Name					First Name Middle Name						
Last Name/Organization Name					Last Name/Orga	anization N	ame				
Address	2000-00-0				Address						
City		State	Zip Coo	ie	City				State	Zip Code	
Amount Guaranteed Outstanding			-		Amount Guarant	teed Outsta	inding				
First Name		Middle Name			First Name				Middle	Name	
ast Name/Organization Name					Last Name/Orga	nization Na	ame		<u> </u>		
Address					Address		·				
011		-									
City		State	Zip Cod	e	City				State	Zip Code	
mount Guaranteed Outstanding					Amount Guarant	eed Outsta	nding				
irst Name		Middle Name			First Name Middle Name						
ast Name/Organization Name				l	Last Name/Organization Name						
uddress					Address						
Sity	Т	State	Zip Code	, (City		·		State	Zip Code	
nount Guaranteed Outstanding	1				Amount Guaranteed Outstanding						
Totals for all Loans (complete on Total loans received should also be shown	last page of ite	emized loar	is)	(Outstanding Loar		Loans	Loan		Outstanding Loan Balance	
Total loan payments should also be shown	in item 20, on sur	mmary page.)		-	(Beginning of F		Received 500°	Payme		(End of Period)	
Total outstanding loan balance should also b	e snown in item 1	2.e. on front pa	age.)		0:		500 :		20	50000	



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITT			2. REPORT COVERING THE PERIOD				
COMPLETE THE APPROPRIATE ITEM OBLIGATION (obligations totaling more person/vendor at the end of the reporting to the	than \$100 c	CH ITEMIZED	Outstanding Balance (Beginning of Period)	FROM: A Debt Incurred This Period		Outstanding Balance (End of Period)	
First Name	Middle I	Name					
Last Name/Business Name							
Address			NA				
City	State	Zip Code					
Description of Obligation							
First Name	Middle N	ame					
Last Name/Business Name			7				
Address			-				
City	State	Zip Code	7				
Description of Obligation							
First Name							
Last Name/Business Name							
Address		***					
City	State	Zip Code	7				
Description of Obligation							
First Name	Middle Na	me					
ast Name/Business Name			-				
ddress			1				
City	State	Zip Code	1	1			
Description of Obligation							
Irst Name	Middle Na	me			I		
ist Name/Business Name			-				
idress			1				
ity	State	Zip Code	-				
escription of Obligation	-						
TOTALS Total from Outstanding Balance - (End of Period) in item 23b. on summary page.)	column mus	also be shown	0.0	6.00	0.0	000	