

WILSON COMMUNICAN CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

· · · · · · · · · · · · · · · · · · ·	
1. DATE OF REPORT 4/7/14 2.a. NAME OF CANDIDATE	OR COMMITTEE 1 KOWLCH
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City 1903 Summer alle Pr MT JulieT	State Zip Code Phone TN 37172 6/5 754 2902
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City	State Zip Code Phone
County Commission D22 Audia	ME OF POLITICAL TREASURER (may be candidate)
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD FOURTH PRE- QUARTER QUARTER QUARTER PRIMARY	
1/16/14 3/3	DING DATE OF REPORTING PERIOD
 9. (Check one) a. This campaign is exempt from detailed disclosure because contribution tures total \$1,000 or less for this reporting period. (Complete items of the complete items	12d., 12e. and 12f.)
10. I/we do solemnly swear or affirm that the information contained in this can accurate accounting of campaign contributions and expenditures required to Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign benefit of the candidate or for any other nonpolitical purpose as defined by signature of candidate.	to be reported by the candidate committee by the Campaign
11. WITNESS SIGNATURE Signature of witness date	signature of witness date
12. SUMMARY	
BALANCE ON HAND LAST REPORT TOTAL RECEIPTS THIS PERIOD	\$ 250.00
c. TOTAL DISBURSEMENTS THIS PERIOD	0 10
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	261 00
e. TOTAL LOANS OUTSTANDING	^
f. TOTAL OBLIGATIONS OUTSTANDING	ş <u>O</u>





SUMMARY PAGE - CANDIDATE

WILSON COUNT

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REP	ORT COVE	RING THE PERIOD
JOHN JANKOWICH	FROM: //	16/14	TO: 3/31/14
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)			
a. Unitemized Contributions (\$100 or less from each source this period)	\$	D	
b. Itemized Contributions (over \$100 from each source this period)	\$ 250	00.	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)		\$ _0	
16. LOANS RECEIVED THIS REPORTING PERIOD		\$ <i>O</i>	
17. INTEREST RECEIVED THIS REPORTING PERIOD			\$ <i>D</i>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	••••••		\$ 250,00
DISBURSEMENTS			
19. EXPENDITURES (other than loan payments)			
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.	g., printing,	postage, ga	asoline)
\$			•
\$			
\$			
\$			
\$			
\$			
\$			
\$			
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.)			
20. LOAN REPAYMENTS MADE THIS PERIOD		\$	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		\$	0
22.IN-KIND CONTRIBUTIONS			
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>C</u>)	
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.)		\$	0
23. OBLIGATIONS			
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <i>U</i>		
b. Itemized Obligations Outstanding (Over \$100 each)	\$0		
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 1	2.f.)	\$	0



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

				LLCCTIF.	DAY OF OUNTY
1. NAME OF CANDIDATE OR COMMITTEE)(ab			2. REPORT COV	ERING THE PERIOD
	,	POM PRESERVE		FROM: 1/16/19	Amount 2
TOTAL ITEMIZED CAMPAIGN CONTRIB COMPLETE THE APPROPRIATE ITEMS FOR	EACH ITE	MIZED CONTRIBUTION	GE (enter \$0 if first itemized p	page)	1 1)
	Middle N		Contributions totaling more than :	\$100 from any contribut	Amount of Contribution
First Name RoBERT Last Name/Organization Name			☐ Primary Election ☐	General Election	
Most Elle					\$ 250.00
Last Name/Organization Name RocHELLE Address 109 N. CASHE HE City 1530	16H1	B AVE.	Runoff (Local Election	is Only)	
Occupation hawter	State	Zip Cede 7087	Date of Contribution		Aggregate This Election
Occupation LAGIYA			3/20/10	/	4
Employer			3/29/14	,	\$250.00
	_				
First Name	Middle N	ame	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
Address			Runoff (Local Elections	s Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					riggregate This Election
Employer					
			,		
First Name	Middle Nan	ne	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
Address			Runoff (Local Elections	Only	
City	Lau			Only)	
Oity	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					+
Employer					
First Name	Middle Nam		Contribution		
	Middle INam		Contribution Received For:		Amount of Contribution
ast Name/Organization Name			Primary Election	General Election	
Address			Runoff (Local Elections	Only)	
ity	State	Zip Code	Date of Contribution		Aggregate This Election
ccupation	cupation				
nployer					
. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of	used)			\$ 250.00	
(If this is the last page of contributions, this amount must b	e shown in ite	m 15b. of summary.)			00.00



RECEIVED APR 8 2014 ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

E (enter \$0 if first itemized page BUTION (in-kind contributions totaling in-Kind Contribution Received Primary Election Runoff (Local Election Date of In-Kind Contribution Description of In-Kind Contribution	more than \$100 from any of For: General Election	TO; Amount contributor during the period) Value of In-Kind Contributi Aggregate this Election
BUTION (in-kind contributions totaling In-Kind Contribution Receiver Primary Election Runoff (Local Election Date of In-Kind Contribution Description of In-Kind Contribution	more than \$100 from any of For: General Election	vontributor during the period) Value of In-Kind Contributi
In-Kind Contribution Received Primary Election Runoff (Local Election Date of In-Kind Contribution Description of In-Kind Contribution	d For: General Election	Value of In-Kind Contribut
Primary Election Runoff (Local Election Date of In-Kind Contribution Description of In-Kind Contribution	General Election	
Date of In-Kind Contribution Description of In-Kind Contribution		Aggregate this Election
Date of In-Kind Contribution Description of In-Kind Contribution	3 Only)	Aggregate this Election
In-Kind Contribution Received	For: General Election	Value of In-Kind Contributi
☐ Primary Election ☐ Runoff (Local Elections		
Date of In-Kind Contribution	, citiy)	Aggregate this Election
Description of In-Kind Contribution		
In-Kind Contribution Received		Value of In-Kind Contribution
☐ Primary Election ☐ ☐ Runoff (Local Elections	General Election	
Date of In-Kind Contribution	Olly	Aggregate this Election
Description of In-Kind Contribution		
		Value of In-Kind Contribution
_		
Date of In-Kind Contribution	Only)	Aggregate this Election
Description of In-Kind Contribution		
		Value of In-Kind Contribution
	1	
Date of In-Kind Contribution		Aggregate this Election
Description of In-Kind Contribution		
	- 1	
	Primary Election Runoff (Local Elections Date of In-Kind Contribution Description of In-Kind Contribution In-Kind Contribution Received Primary Election Runoff (Local Elections of Date of In-Kind Contribution) Description of In-Kind Contribution	Runoff (Local Elections Only) Date of In-Kind Contribution Description of In-Kind Contribution In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only) Date of In-Kind Contribution



ITEMIZED STATEMENT OF EXPENDITURES -

NAME OF CANDIDATE OR COMM	John John	n Jaulcon	NICH	2. REPORT COV FROM: // L (14	ERING THE PERIOD TO: 3/31/14		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				page)	Amount		
4. COMPLETE THE APPROPRIATE ITEM	IS FOR EACH ITE	MIZED EXPENDITU	IRE (expenditures totaling more than \$	100 to any payee during the	Deriod)		
First Name	Middle	The second secon	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle N	Name	Purpose of Expenditure		Amount of Expenditure		
ast Name/Business Name							
Address							
City	State	Zip Code					
irst Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure		
ast Name/Business Name			-				
ddress			7				
ity	State	Zip Code					
rst Name	Middle Nar	me	Purpose of Expenditure	Purpose of Expenditure			
st Name/Business Name					Amount of Expenditure		
dress			-				
у	State	Zip Code	_				
st Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure		
t Name/Business Name							
Iress							
	State	Zip Code					
t Name	Middle Name	e	Purpose of Expenditure	Purpose of Expenditure			
Name/Business Name							
ess							
	State	Zip Code					
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional p (If this is the last page of expenditures, this amoun	pages of this form are	e used.)			0		



											- 10
1. NAME OF CANDIDATE OR COMMITTEE							2. REPORT COVERING THE PERIOD				
							FROM:	DM: TO:		D:	
3. COMPLETE THE A	PPROPRIATE ITEMS	FOR EACH	HITEMIZ	ZED LOAN	(loans totaling r	more than \$1	100 from any s	ource during	the period)		
Complete the Following for											
First Name	Middle N				Loan Balance	Loar	State And State St	Loan		Outstand	ing Loan Balance
				(Beginning	of Period)	Recei	ived	Payments			d of Period)
Last Name/Organization Nam	e										
Address				Loan Receiv	ved For:			Date	of Loan		
City	State	Zip Code		☐ Primar	y Election	☐ Gene	ral Election				
Oily	State	Zip Code		☐ Runoff	(Local Elections	Only)					
	List All End	orsers or Gua	rantors fo	or Above Loa	ın (If more spa	ce is need	ed please at	tach a page	e) .		
First Name		Middle Nan	ne		First Name				Mid	dle Nam	е
Last Name/Organization Name					Last Name/Org	anization N	ame			200	
Address					Address						
City		State	Zip Co	ode	City				State	e	Zip Code
Amount Guaranteed Outstandin	ng				Amount Guaranteed Outstanding						
First Name Middle Name					First Name Middle Name						
Last Name/Organization Name					Last Name/Organization Name						
Address					Address						
City		State	Zip Co	de	City State						Zip Code
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding						
							,				
First Name		Middle Name	Э		First Name				Midd	lle Nam	е
ast Name/Organization Name					Last Name/Organization Name						
Address					Address						
City		State	Zip Coo	de	City				State)	Zip Code
mount Guaranteed Outstanding					Amount Guarant	eed Outstan	nding				
irst Name		Middle Name			First Name				Middl	e Name	
ast Name/Organization Name					Last Name/Orga	nization Nar	me				
ddress					Address					-	
City		State	Zip Cod	e	City				State		Zip Code
nount Guaranteed Outstanding		1	1		Amount Guaranteed Outstanding						
Totals for all Loans (complete on last page of itemized loans) Total loans received should also be shown in item 16. on summary page.)					Outstanding Loa		Loans	90 00-0	Loan		anding Loan Balance
Total loan payments should also Total outstanding loan balance s	be shown in item 20, on s	ummary page.)			(Beginning of	renou)	Receive	Pa	ayments		End of Period)



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTED	2. REPORT COVERING THE PERIOD					
B. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)			Outstanding Balance (Beginning of Period)	FROM: Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Name					
Last Name/Business Name						
Address			-			
City	State	Zip Code	1			
Description of Obligation						1
First Name	Middle Na	me				
Last Name/Business Name						
Address						
City	State	Zip Code	1			
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name	<u> </u>					
Address	ess		1			
City	State	Zip Code	1			
Description of Obligation						
First Name	Middle Nan	ne				
_ast Name/Business Name			1			
Address			1			
City	State	Zip Code	-			
Description of Obligation	1	L				
First Name	Middle Nam	е				
ast Name/Business Name	1					
ddress			1			
Sity	State	Zip Code	1 1			
escription of Obligation						
TOTALS (Total from Outstanding Balance - (End of Period) or in item 23b. on summary page.)	olumn must :	also be shown				
in item 250. On summary page.)						