



JUL 15 2015

9:15

WILSON COUNTY

ELECTION COMMISSION

### SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)  
ROBERT C. BRYAN

14. REPORT COVERING THE PERIOD  
FROM: 01/16/15 TO: 06/30/15

#### RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ 0.00

b. Itemized Contributions (over \$100 from each source this period) ..... \$ 500.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) ..... \$ 500.00

16. LOANS RECEIVED THIS REPORTING PERIOD ..... \$ 0.00

17. INTEREST RECEIVED THIS REPORTING PERIOD ..... \$ 0.00

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) ..... \$ 500.00

#### 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, gasoline)

DONATION/EVENT SPONSORSHIPS ..... \$ 600.00

ADS FOR SCHOOLS ..... \$ 200.00

..... \$ \_\_\_\_\_

..... \$ \_\_\_\_\_

..... \$ \_\_\_\_\_

..... \$ \_\_\_\_\_

..... \$ \_\_\_\_\_

..... \$ \_\_\_\_\_

..... \$ \_\_\_\_\_

..... \$ \_\_\_\_\_

Total of Expenditures (\$100 or less each payee) ..... \$ 800.00

b. Itemized Expenditures (Over \$100 each payee this period) ..... \$ 1766.00

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) ..... \$ 2,566.00

20. LOAN REPAYMENTS MADE THIS PERIOD ..... \$ 0.00

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) ..... \$ 2,566.00

#### 22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) ..... \$ 0.00

b. Itemized in-kind contributions (over \$100 from each source this period) ..... \$ 0.00

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) ..... \$ 0.00

#### 23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) ..... \$ 0.00

b. Itemized Obligations Outstanding (Over \$100 each) ..... \$ 0.00

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) ..... \$ 0.00



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**ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

WILSON COUNTY  
ELECTION COMMISSION

1. NAME OF CANDIDATE OR COMMITTEE ROBERT C. BRYAN		2. REPORT COVERING THE PERIOD FROM: 01/16/15 TO: 06/30/15	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 0.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)			
First Name		Middle Name	
Last Name/Organization Name AROUND THE CLOCK BONDING		Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 5307 MOUNT VIEW ROAD		<input type="checkbox"/> Runoff (Local Elections Only)	
City ANTIOCH	State TN	Zip Code 37013	Date of Contribution 01/16/15
Occupation		Aggregate This Election	
Employer			
First Name		Middle Name	
Last Name/Organization Name		Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address		<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution
Occupation		Aggregate This Election	
Employer			
First Name		Middle Name	
Last Name/Organization Name		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address		<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution
Occupation		Aggregate This Election	
Employer			
First Name		Middle Name	
Last Name/Organization Name		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address		<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution
Occupation		Aggregate This Election	
Employer			
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)			500.00



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WILSON COUNTY

ELECTION COMMISSION

# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE ROBERT C. BRYAN				2. REPORT COVERING THE PERIOD		
				FROM: 01/16/15	TO: 06/30/15	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 0.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)						
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution	Aggregate this Election	
City	State	Zip Code		Description of In-Kind Contribution		
Occupation	Employer					
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution	Aggregate this Election	
City	State	Zip Code		Description of In-Kind Contribution		
Occupation	Employer					
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution	Aggregate this Election	
City	State	Zip Code		Description of In-Kind Contribution		
Occupation	Employer					
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution	Aggregate this Election	
City	State	Zip Code		Description of In-Kind Contribution		
Occupation	Employer					
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution	Aggregate this Election	
City	State	Zip Code		Description of In-Kind Contribution		
Occupation	Employer					
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS					0.00	
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)						

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WILSON COUNTY  
ELECTION COMMISSION

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE ROBERT C. BRYAN		2. REPORT COVERING THE PERIOD FROM: 01/16/15 TO: 06/30/15		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 0.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)				
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name WILSON COUNTY FOP		SPONSORSHIP/DONATION	400.00	
Address PO BOX 2614				
City LEBANON	State TN			Zip Code 37088
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name LHS		SPONSORSHIP/DONATION	650.00	
Address 500 BLUE DEVIL BLVD				
City LEBANON	State TN			Zip Code 37087
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name PROSEPT		SPONSORSHIP/DONATION	250.00	
Address 960 MADDOX SIMPSON PKWY				
City LEBANON	State TN			Zip Code 37090
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name PBA RACE 4 THE FALLEN		SPONSORSHIP/DONATION	180.00	
Address 1800 CURD ROAD				
City MT JULIET	State TN			Zip Code 37122
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name LEBANON SENIOR CITIZENS CENTER		SPONSORSHIP/DONATION	140.00	
Address 670 COLES FERRY PIKE				
City LEBANON	State TN			Zip Code 37087
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name US POSTMASTER		PO BOX RENTAL FEE	146.00	
Address				
City LEBANON	State TN			Zip Code 37087
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)				1766.00

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**ITEMIZED STATEMENT OF LOANS - CANDIDATE** WILSON COUNTY ELECTION COMMISSION

1. NAME OF CANDIDATE OR COMMITTEE ROBERT C. BRYAN				2. REPORT COVERING THE PERIOD			
				FROM: 01/16/15		TO: 06/30/15	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)							
Complete the Following for the Source of the Loan							
First Name		Middle Name		Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)
Last Name/Organization Name				0.00	0.00	0.00	0.00
Address				Loan Received For:		Date of Loan	
City		State	Zip Code	<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)			
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)							
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State	Zip Code	City		State	Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State	Zip Code	City		State	Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State	Zip Code	City		State	Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State	Zip Code	City		State	Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
<b>4. Totals for all Loans (complete on last page of itemized loans)</b>				Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)
(Total loans received should also be shown in item 16, on summary page.) (Total loan payments should also be shown in item 20, on summary page.) (Total outstanding loan balance should also be shown in item 12.e, on front page.)				0.00	0.00	0.00	0.00



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WILSON COUNTY

### ITEMIZED STATEMENT OF OBLIGATIONS CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE ROBERT C. BRYAN			2. REPORT COVERING THE PERIOD			
			FROM: 01/16/15		TO: 06/30/15	
3. 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) 0.00	Debt Incurred This Period 0.00	Payments This Period 0.00	Outstanding Balance (End of Period) 0.00
First Name		Middle Name				
Last Name/Business Name						
Address						
City		State	Zip Code			
Description of Obligation						
First Name		Middle Name				
Last Name/Business Name						
Address						
City		State	Zip Code			
Description of Obligation						
First Name		Middle Name				
Last Name/Business Name						
Address						
City		State	Zip Code			
Description of Obligation						
First Name		Middle Name				
Last Name/Business Name						
Address						
City		State	Zip Code			
Description of Obligation						
First Name		Middle Name				
Last Name/Business Name						
Address						
City		State	Zip Code			
Description of Obligation						
4. TOTALS			0.00	0.00	0.00	0.00
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)						