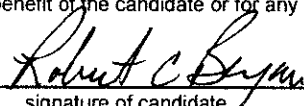
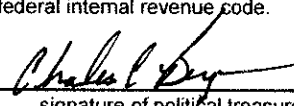

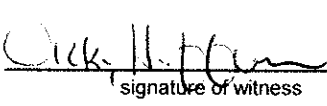


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

OCT 20 2017

2
6:50

1. DATE OF REPORT 10/17/17	2.a. NAME OF CANDIDATE OR COMMITTEE ROBERT C. BRYAN		WILSON COUNTY ELECTION COMMISSION	
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE 2014		
4.a. CAMPAIGN ADDRESS AND PHONE				
Street or Rural Route PO BOX 803	City LEBANON	State TN	Zip Code 37088-0803	Phone 615-574-3426
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)				
Street or Rural Route 424 WALTER MORRIS ROAD	City LEBANON	State TN	Zip Code 37087	Phone
5. OFFICE SOUGHT (include district number, if applicable) SHERIFF		6. NAME OF POLITICAL TREASURER (may be candidate) ROBERT C. BRYAN		
7. CATEGORY OR REPORT (Check one)				
<input type="checkbox"/> FIRST QUARTER	<input type="checkbox"/> SECOND QUARTER	<input type="checkbox"/> THIRD QUARTER	<input type="checkbox"/> FOURTH QUARTER	<input type="checkbox"/> PRE-PRIMARY
				<input type="checkbox"/> PRE-GENERAL
				<input type="checkbox"/> MID-YEAR SUPPLEMENTAL
				<input type="checkbox"/> YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD 07/01/17		8.b. ENDING DATE OF REPORTING PERIOD 10/17/17		
9. (Check one)				
a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)				
b. <input checked="" type="checkbox"/> This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.				
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.				
 signature of candidate		10/25/17 date	 signature of political treasurer	
			10/25/17 date	
11. WITNESS SIGNATURE				
 signature of witness		10/25/17 date	 signature of witness	
			10/25/17 date	
12. SUMMARY				
a. BALANCE ON HAND LAST REPORT		\$ 10,969.07		
b. TOTAL RECEIPTS THIS PERIOD		\$ 250.00		
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ 11,219.07		
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ 0.00		
e. TOTAL LOANS OUTSTANDING		\$ 0.00		
f. TOTAL OBLIGATIONS OUTSTANDING		\$ 0.00		

OCT 20 2017

SUMMARY PAGE - CANDIDATE

WILSON COUNTY
ELECTION COMMISSION

13. NAME OF CANDIDATE OR COMMITTEE (In Full) ROBERT C. BRYAN	14. REPORT COVERING THE PERIOD	
	FROM: 07/01/17	TO: 10/17/17

RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

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

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.) \$250.00

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.) \$ 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, gasoline)

\$

\$

\$

\$

\$

\$

\$

\$

Total of Expenditures (\$100 or less each payee) \$0.00

b. Itemized Expenditures (Over \$100 each payee this period) \$11,219.07

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$11,219.07

20. LOAN REPAYMENTS MADE THIS PERIOD \$0.00

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$11,219.07

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) \$ 0.0 0

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

OCT 28 2017

WILSON COUNTY
ELECTION COMMISSION

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE ROBERT C. BRYAN			2. REPORT COVERING THE PERIOD		
			FROM: 07/01/17	TO: 10/17/17	
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		Contribution Received For:	Amount of Contribution
Last Name/Organization Name AROUND THE CLOCK BONDING				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	250.00
Address 5307 MOUNT VIEW ROAD				<input type="checkbox"/> Runoff (Local Elections Only)	
City ANTIOCH	State TN	Zip Code 37013		Date of Contribution 9/19/17	Aggregate This Election 3,000.00
Occupation					
Employer					
First Name		Middle Name		Contribution Received For:	Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General	
Address				<input type="checkbox"/> Election Runoff (Local Elections Only)	
City	State	Zip Code		Date of Contribution	Aggregate This Election
Occupation					
Employer					
First Name		Middle Name		Contribution Received For:	Amount of Contribution
Last Name/Organization Name				<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	Aggregate This Election
Occupation					
Employer					
First Name		Middle Name		Contribution Received For:	Amount of Contribution
Last Name/Organization Name				<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	Aggregate This Election
Occupation					
Employer					
5. TOTAL ITEMIZED CONTRIBUTIONS				250.00	
(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.)					

OCT 28 2017

WILSON COUNTY
COMMISSION

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE ROBERT C. BRYAN		2. REPORT COVERING THE PERIOD		
		FROM: 07/01/17	TO: 10/17/17	
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 TN SHERIFFS ASSOCIATION		EVENT SPONSOR	200.00	
Address 145 SOUTH COLLEGE ST				
City	State			Zip Code
LEBANON	TN			37087
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name WANT RADIO		AD	449.00	
Address PO BOX 399				
City	State			Zip Code
LEBANON	TN			37088
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name 2014 GENERAL ELECTION - ROBERT C. BRYAN (SHERIFF)		CLOSE OUT 2014 GENERAL ELECTION FINANCIALS THROUGH OCTOBER 17, 2017	10,570.07	
Address PO BOX 803				
City	State			Zip Code
LEBANON	TN			37088
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				
Address				
City	State			Zip Code
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				
Address				
City	State			Zip Code
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				
Address				
City	State			Zip Code
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.)			11,219.07	