

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT ON COUNTY For State and Local Candidates Committees

I of offigie-out	TOTALLO SOTTITITION						
1. DATE OF REPORT 10/16/14 2.a. NAME OF C	ANDIDATE OR COMMITTEE						
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE	8/4/14				
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City 1907 SUMM9 (g)((mT J) (197	State	Zip Code 37122	Phone				
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City	State	Zip Code	Phone				
5. OFFICE SOUGHT (include district number, if applicable)	6. NAME OF POLITICAL		candidate)				
7. CATEGORY OR REPORT (Check one) FIRST SECOND THRO FOURTH QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	PRE-PRIMARY GENERAL 8.b. ENDING DATE OF REPO	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL				
7/29/14	9/30/14	RTINGPERIOD					
a. 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. 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 accurate accounting of campaign contributions and expenditure Financial Disclosure Act. Additionally, I/we swear or affirm that benefit of the candidate or for any other nonpolitical purpose as 10/14/14	es required to be reported by the no campaign contributions hav defined by the federal internal	e candidate committee e been expended for th	by the Campaign				
11. WITNESS SIGNATURE **Lida Aldga 10/17/14* **signature of witness date	signat	ure of witness	10/17-/14 date				
12. SUMMARY		10 01					
a. BALANCE ON HAND LAST REPORT		\$ 10,7)					
b. TOTAL RECEIPTS THIS PERIOD		\$ 22/ 1/2					
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ 256.51	0				
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				



SUMMARY PAGE - CANDIDATE

OCT 17 2014

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	CTION COUNT
The state of the s	14. REPORT COVERING THE REPORT
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	1/0/11/1 4//30/19/0
a. Unitemized Contributions (\$100 or less from each source this period)	· 218.00
b. Itemized Contributions (over \$100 from each source this period)	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	•
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.)	· 218.06
DISBURSEMENTS	3 -11 4 7 0 0
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g	nrinting postage gooding)
- Corner PUB s 218	2.0 6
CANCACE REED CAMPAIGN \$ 18.43	
\$	<u>-</u> /
\$	
\$	_
\$	
\$	
\$	
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.)	\$ 236,51
22.IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	5
b. Itemized in-kind contributions (over \$100 from each source this period)	
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)\$	
b. Itemized Obligations Outstanding (Over \$100 each)\$	
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12	

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE UNTY

1. NAME OF CANDIDATE OR COMMITTEE 2. REPORT COVER FROM: 7/29/14					RING THE PERIOD
2 TOTAL ITEMIZED CAMPAIGN CONTRIBU	TO: 9/30/14 Amount				
TOTAL ITEMIZED CAMPAIGN CONTRIBU COMPLETE THE APPROPRIATE ITEMS FOR ITEMS					
First Name	Middle Nan		Contribution Received For:	100 from any contributor	Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
) ANICOWICY				218-06	
			Runoff (Local Elections Only)		
city MT Juliar	State /	Zip Code 37/2=	Date of Contribution		Aggregate This Election
Occupation Buy 20			8/6/14		
Employer Cracker Rayel			- 0/4/19		
First Name	Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election General Election		
Address		Runoff (Local Elections Only)			
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer	***************************************				
	Middle Name				
First Name	Middle Name	Э	Contribution Received For:		Amount of Contribution
First Name Last Name/Organization Name	Middle Name	9		General Election	Amount of Contribution
	Middle Name	9			Amount of Contribution
Last Name/Organization Name	Middle Name	e Zip Code	Primary Election		Amount of Contribution Aggregate This Election
Last Name/Organization Name Address			☐ Primary Election ☐		
Last Name/Organization Name Address City Occupation			☐ Primary Election ☐		
Last Name/Organization Name Address City Occupation Employer		Zip Code	☐ Primary Election ☐	s Only)	
Last Name/Organization Name Address City Occupation Employer First Name	State	Zip Code	☐ Primary Election ☐ ☐ Runoff (Local Elections ☐ Date of Contribution	s Only)	Aggregate This Election
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name	State	Zip Code	Primary Election Runoff (Local Elections Date of Contribution Contribution Received For:	General Election	Aggregate This Election
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address	State	Zip Code	Primary Election Runoff (Local Elections) Date of Contribution Contribution Received For:	General Election	Aggregate This Election
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address City	State Middle Name	Zip Code	Primary Election Runoff (Local Elections) Date of Contribution Contribution Received For: Primary Election Runoff (Local Elections)	General Election	Aggregate This Election Amount of Contribution
Last Name/Organization Name Address City	State Middle Name	Zip Code	Primary Election Runoff (Local Elections) Date of Contribution Contribution Received For: Primary Election Runoff (Local Elections)	General Election	Aggregate This Election Amount of Contribution
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address City Occupation	State Middle Name State	Zip Code Zip Code	Primary Election Runoff (Local Elections) Date of Contribution Contribution Received For: Primary Election Runoff (Local Elections)	General Election Only)	Aggregate This Election Amount of Contribution

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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATEY

NAME OF CANDIDATE OR COMMITTEE	2. REPORT, COVE FROM: 7/29/19	RING THE PERIOD			
3. TOTAL ITEMIZED CAMPAIGN EXPENDI	ge)	Amount			
4. COMPLETE THE APPROPRIATE ITEMS FOR					riod)
First Name	Middle Na	ime	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Colon Puls		Election nil	HT		
Address MT Juliet TC.		Election niGHT		218.04	
City MT DIET	State	Zip Code 37122	U		
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	Tred .	Cam sail	Donation-		
Address		1/	A Allinat.	00. 1	18.45
city LEBANON	State	Zip Code 370 P7	Donation- Account of	now	7
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name					
Address					
City	State	Zip Code			
irst Name	Middle Name		Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name					
ddress					
ity	State	Zip Code			
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name					
ddress					
ity	State	Zip Code			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional page (If this is the last page of expenditures, this amount mu		50		. /	236.51

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