

OCT 9 2018

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

WILSON COUNTY
ELECTION COMMISSION

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 10/1/2018		2.a. NAME OF CANDIDATE OR COMMITTEE Debbie Moss			
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE 2018		
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route 948 Beckwith Road		City Mt. Juliet	State Tn	Zip Code 37122	Phone 615-866-8435
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) Circuit Court Clerk			6. NAME OF POLITICAL TREASURER (may be candidate) Kathy Hughes		
7. CATEGORY OR REPORT (Check one)					
<input type="checkbox"/> FIRST QUARTER	<input type="checkbox"/> SECOND QUARTER	<input checked="" type="checkbox"/> THIRD QUARTER	<input type="checkbox"/> FOURTH QUARTER	<input type="checkbox"/> PRE-PRIMARY	<input checked="" type="checkbox"/> PRE-GENERAL
			<input type="checkbox"/> MID-YEAR SUPPLEMENTAL	<input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD July 24, 2018			8.b. ENDING DATE OF REPORTING PERIOD September 30, 2018		
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.					
<u>Debbie Moss</u> signature of candidate		<u>10/1/18</u> date		<u>Kathy Hughes</u> signature of political treasurer	
				<u>10/1/18</u> date	
11. WITNESS SIGNATURE					
<u>Negan Seink</u> signature of witness		<u>10/1/18</u> date		<u>Sonya Cousen</u> signature of witness	
				<u>10.1.18</u> date	
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT				\$ <u>1449.50</u>	
b. TOTAL RECEIPTS THIS PERIOD				\$ _____	
c. TOTAL DISBURSEMENTS THIS PERIOD				\$ _____	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)				\$ <u>1449.50</u>	
e. TOTAL LOANS OUTSTANDING				\$ <u>8950.00</u>	
f. TOTAL OBLIGATIONS OUTSTANDING				\$ <u>0.00</u>	



OCT 9 2018

SON COUNTY
ION COMMISSION

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD	
	FROM: 07/24/2018	TO: 9/30/2018

RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

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

b. Itemized Contributions (over \$100 from each source this period) \$ 0

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 0

16. LOANS RECEIVED THIS REPORTING PERIOD \$ 0

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ 0

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 0

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) \$ _____

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

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 0

20. LOAN REPAYMENTS MADE THIS PERIOD \$ 0

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

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ 0

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) \$ 0

b. Itemized Obligations Outstanding (Over \$100 each) \$ 0

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) \$ 0



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WILSON COUNTY
ELECTION COMMISSION

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Debbie Moss				2. REPORT COVERING THE PERIOD	
				FROM: 07/24/18	TO: 09/30/18
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:	
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:	
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:	
Last Name/Organization Name				<input checked="" type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address				<input checked="" 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:	
Last Name/Organization Name				<input checked="" type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address				<input checked="" type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code		Date of Contribution	Aggregate This Election
Occupation					
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.)					

RECEIVED

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

001 9 2018
WILSON COUNTY
PERMISSION

1. NAME OF CANDIDATE OR COMMITTEE Debbie Moss				2. REPORT COVERING THE PERIOD FROM: 07/24/18 TO: 09/30/18		
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 checked="" type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address				<input checked="" type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of In-Kind Contribution	Aggregate this Election	
Occupation	Employer		Description of In-Kind Contribution			
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input checked="" type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address				<input checked="" type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of In-Kind Contribution	Aggregate this Election	
Occupation	Employer		Description of In-Kind Contribution			
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input checked="" type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address				<input checked="" type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of In-Kind Contribution	Aggregate this Election	
Occupation	Employer		Description of In-Kind Contribution			
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input checked="" type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address				<input checked="" type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of In-Kind Contribution	Aggregate this Election	
Occupation	Employer		Description of In-Kind Contribution			
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input checked="" type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address				<input checked="" type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of In-Kind Contribution	Aggregate this Election	
Occupation	Employer		Description of In-Kind Contribution			
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 Debbie Moss		2. REPORT COVERING THE PERIOD	
		FROM: 07/24/18	TO: 09/30/18
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		T-shirts	
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		
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		
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.)			

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OCT 9 2018

WILSON COUNTY ELECTION COMMISSION

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Debbie Moss		2. REPORT COVERING THE PERIOD FROM: 07/24/18 TO: 09/30/18	
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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 Debbie	Middle Name	Outstanding Loan Balance (Beginning of Period) 8950.00	Loans Received 0	Loan Payments 0	Outstanding Loan Balance (End of Period) 8950.00
Last Name/Organization Name Moss					
Address 948 Beckwith Road		Loan Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		Date of Loan 8/1/14	
City Mt. Juliet	State Tn	Zip Code 37122	<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			
City	State	City	State
Zip Code		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			
City	State	City	State
Zip Code		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			
City	State	City	State
Zip Code		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			
City	State	City	State
Zip Code		Zip Code	
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	

4. Totals for all Loans (complete on last page of itemized loans) (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.)				Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)
							8950.00

OCT 9 2018

WILSON COUNTY
ELECTION COMMISSION

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Debbie Moss				2. REPORT COVERING THE PERIOD			
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)				FROM: 07/24/18		TO: 09/30/18	
				Outstanding Balance (Beginning of Period)	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					
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 (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)							0.00