

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

RECEIVED

## For State and Local Candidates For Single-Candidate Committees

JAN 17 2017

WILSON COUNTY  
ELECTION COMMISSION

1. DATE OF REPORT <u>1-15-17</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>Debbie Moss</u>
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE <u>2014</u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route      City      State      Zip Code      Phone <u>948 Beckwith Rd</u> <u>Mt. Juliet Tn</u> <u>37122</u> <u>615-866-8435</u>	
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) <u>Circuit Court Clerk</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>Kathy Hughes</u>
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 checked="" type="checkbox"/> YEAREND SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD <u>7-1-16</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>1-15-17</u>
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.  <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>Debbie Moss</u> signature of candidate      <u>1/15/17</u> date                     </div> <div style="text-align: center;"> <u>Kathy Hughes</u> signature of political treasurer      <u>1/15/17</u> date                     </div> </div>	
11. WITNESS SIGNATURE  <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>Megan Sunk</u> signature of witness      <u>1/15/17</u> date                     </div> <div style="text-align: center;"> <u>Janyla Carson</u> signature of witness      <u>1/15/17</u> date                     </div> </div>	
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT .....	\$ <u>318.50</u>
b. TOTAL RECEIPTS THIS PERIOD .....	\$ <u>Ø</u>
c. TOTAL DISBURSEMENTS THIS PERIOD .....	\$ <u>Ø</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .....	\$ <u>318.50</u>
e. TOTAL LOANS OUTSTANDING .....	\$ <u>8950<sup>00</sup></u>
f. TOTAL OBLIGATIONS OUTSTANDING .....	\$ <u>Ø</u>



SUMMARY PAGE - CANDIDATE

JAN 17 2017

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <i>Debbie Moss</i>	14. REPORT COVERING PERIOD FROM: <i>7-1-16</i> TO: <i>1-15-17</i> WISCONSIN SUPERIOR ELECTION COMMISSION
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RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

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

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.) ..... \$     *ϕ*    

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

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

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

22. IN-KIND CONTRIBUTIONS

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

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.) ..... \$     *ϕ*    

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.f.) ..... \$     *ϕ*    



JAN 17 2017

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

WILSON COUNTY

ELECTION COMMISSION

1. NAME OF CANDIDATE OR COMMITTEE <i>Debbie Moss</i>			2. REPORT COVERING THE PERIOD FROM: <i>7-1-16</i> TO: <i>1-15-17</i>		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount		
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			<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address			Date of Contribution		Aggregate This Election
City	State	Zip Code			
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 <input type="checkbox"/> Runoff (Local Elections Only)		
Address			Date of Contribution		Aggregate This Election
City	State	Zip Code			
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 <input type="checkbox"/> Runoff (Local Elections Only)		
Address			Date of Contribution		Aggregate This Election
City	State	Zip Code			
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 <input type="checkbox"/> Runoff (Local Elections Only)		
Address			Date of Contribution		Aggregate This Election
City	State	Zip Code			
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 <input type="checkbox"/> Runoff (Local Elections Only)		
Address			Date of Contribution		Aggregate This Election
City	State	Zip Code			
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.)					

JAN 17 2017

WILSON COUNTY  
ELECTION COMMISSION

# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>Debbie Moss</b>	2. REPORT COVERING THE PERIOD FROM: <b>7-1-16</b> TO: <b>1-15-17</b>
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3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)	Amount
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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: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Value of In-Kind Contribution
Last Name/Organization Name		Date of In-Kind Contribution	
Address		Aggregate this Election	
City	State	Description of In-Kind Contribution	
Occupation	Employer		

First Name	Middle Name	In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Value of In-Kind Contribution
Last Name/Organization Name		Date of In-Kind Contribution	
Address		Aggregate this Election	
City	State	Description of In-Kind Contribution	
Occupation	Employer		

First Name	Middle Name	In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Value of In-Kind Contribution
Last Name/Organization Name		Date of In-Kind Contribution	
Address		Aggregate this Election	
City	State	Description of In-Kind Contribution	
Occupation	Employer		

First Name	Middle Name	In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Value of In-Kind Contribution
Last Name/Organization Name		Date of In-Kind Contribution	
Address		Aggregate this Election	
City	State	Description of In-Kind Contribution	
Occupation	Employer		

First Name	Middle Name	In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Value of In-Kind Contribution
Last Name/Organization Name		Date of In-Kind Contribution	
Address		Aggregate this Election	
City	State	Description of In-Kind Contribution	
Occupation	Employer		

5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS (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.)	<b>0</b>
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JAN 17 2017

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

WILSON COUNTY  
ELECTION COMMISSION

1. NAME OF CANDIDATE OR COMMITTEE <i>Debbie Moss</i>	2. REPORT COVERING THE PERIOD FROM: <i>7-1-16</i> TO: <i>6-15-17</i>
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3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)	Amount
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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				
Address				
City	State			Zip Code
First Name				Middle Name
Last Name/Business Name				
Address				
City	State			Zip Code
First Name				Middle Name
Last Name/Business Name				
Address				
City	State			Zip Code
First Name				Middle Name
Last Name/Business Name				
Address				
City	State			Zip Code
First Name				Middle Name
Last Name/Business Name				
Address				
City	State			Zip Code
First Name				Middle Name
Last Name/Business Name				
Address				
City	State			Zip Code
First Name				Middle Name
Last Name/Business Name				
Address				
City	State			Zip Code
First Name				Middle Name

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.)	<i>0</i>
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JAN 17 2017

ITEMIZED STATEMENT OF LOANS - CANDIDATE

WILSON COUNTY ELECTION COMMISSION

1. NAME OF CANDIDATE OR COMMITTEE <b>Debbie Moss</b>	2. REPORT COVERING THE PERIOD	
	FROM: <b>7-1-16</b>	TO: <b>1-15-17</b>

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 <b>Debbie</b>	Middle Name	Outstanding Loan Balance (Beginning of Period) <b>8950<sup>00</sup></b>	Loans Received <b>0</b>	Loan Payments <b>0</b>	Outstanding Loan Balance (End of Period) <b>8950<sup>00</sup></b>
Last Name/Organization Name <b>Moss</b>					
Address <b>948 Beckwith Rd</b>		Loan Received For:		Date of Loan <b>8-14-14</b>	
City <b>Mt. Juliet</b>		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)			
State <b>Tn</b>	Zip Code <b>37122</b>				

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
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
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
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
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) <b>8950<sup>00</sup></b>



JAN 17 2017

**ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE** 7th COUNTY ELECTION COMMISSION

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD			
Debbie Moss			FROM: 7-1-16		TO: 1-15-17	
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)	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						Ø
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)						