JUL 31 2014

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT COUNTY

For State and Local Candidates
For Single-Candidate Committees

A DATE OF STREET		nalaate Comn		
1. DATE OF REPORT JULY 30 2014		CANDIDATE OR COMMITT		
2.b. IF COMMITTEE, NAME OF CANDID.	ATE PVI	ends of	lerry Ashe	
1	he		3. ELECTION DATE	
4.a. CAMPAIGN ADDRESS AND PHONE			nog 1	2014
Street or Rural Route	1 Lebano	State	Zip Code	Phone
P.O. Boy 213 4.b. CANDIDATE'S HOME ADDRESS (if d	1 Lecano	n TN	37088	547-7880
Street or Rural Route	City	State	Zip Code	Phone
1284 Holloway R	Q. Lebano	n TN	37090	547-7880
5. OFFICE SOUGHT (include district nun		6. NAME OF POLIT	ICAL TREASURER (may be	candidate)
	o-Comm.	10	erry Ashe	
7. CATEGORY OR REPORT (Check one)	D		/	
OLIA DEED DIVIDED	IRD FOURTH RTER QUARTER	PRE- PRI PRIMARY GENE		YEAR-END
8.a. BEGINNING DATE OF REPORTING PERI	OD QUARTER	PRIMARY GENE 8.b. ENDING DATE OF	RAL SUPPLEMENTAL REPORTING PERIOD	SUPPLEMENTAL
July I 2014		JULY 2	8 2014	
9. (Check one)				
a. This campaign is exempt from c	letailed disclosure becaus	se contributions (including	g in-kind) received total \$1,00	00 or less AND expendi-
(a.es total \$1,000 of 1033 for this	s reporting period. (Comp	piete items 12d., 12e. and	d 12f.)	*
 This campaign is required to file and/or expenditures total more to 	a detailed financial disclete a deta	osure because contribution	ons (including in-kind) receive	ed total more than \$1,000
I/we do solemnly swear or affirm that accurate accounting of campaign cont Financial Disclosure Act. Additionally, benefit of the candidate or for any other signature of candidate	I/we swear or affirm that	s required to be reported no campaign contribution defined by the federal in	by the candidate committee	
11. WITNESS SIGNATURE Signature of witness	7-30-14 date	Lesa	Sequett signature of witness	7-30-14 date
12. SUMMARY				
a. BALANCE ON HAND LAST REPORT	г		\$ 34, 443	. 19
b. TOTAL RECEIPTS THIS PERIOD			\$	
c. TOTAL DISBURSEMENTS THIS PERI	OD		\$ 1,332.5	!
d. BALANCE ON HAND (12.a. plus 12				
e. TOTAL LOANS OUTSTANDING			\$,	0
f. TOTAL OBLIGATIONS OUTSTANDIN	G		\$	0
				1





SUMMARY PAGE - CANDIDATE

JUL	3	1	2014	I.
WILSO	NC	C	OUNT	B

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVE	TION COMMISSION RING THE PERIOD						
RECEIPTS Friends of Terry Ashe	FROM: July / Lory	TO: July 28 201						
15. CONTRIBUTIONS (other than loans and interest)		, .						
a. Unitemized Contributions (\$100 or less from each source this period)	\$0							
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.)								
DISBURSEMENTS		T						
19. EXPENDITURES (other than loan payments)								
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g	g., printing, postage ga	asoline)						
US. Post office \$ 426.1		3001110)						
A Plus Printing \$ 117.0								
Leadership WILSON \$ 100.00								
Lecuille Community Center \$ 220.0								
Gladeville Commity Contex \$ 150.0								
Ron Ashe \$ 319.3								
	_							
Total of Expenditures (\$100 or less each payee)	\$ <u></u>							
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>1332.51</u>							
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$	1332.51						
20. LOAN REPAYMENTS MADE THIS PERIOD	\$	_ 0						
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$	1332.5/						
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.) .		0						
23. OBLIGATIONS								
a. Unitemized Obligations Outstanding (\$100 or less each)	5							
b. Itemized Obligations Outstanding (Over \$100 each)								
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 13		0						





ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE MMISSION

1. NAME OF CANDIDATE OR COMMITTE	E	0 5	T 1	2. REPORT COVE	RING THE PERIOD
			Term Ashe	FROM:7-1-14	
3. TOTAL ITEMIZED CAMPAIGN CONTRIE	BUTIONS F	ROM PRECEDING F	PAGE (enter \$0 if first itemized p	page)	Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR	R EACH ITE	MIZED CONTRIBUTIO		\$100 from any contributo	r)
First Name	Middle N	ame	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
Address			Runoff (Local Election	ns Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation			7		
Employer			-		
First Name	Middle Na	ame	Contribution Received For		Amount of Contribution
Last Name/Organization Name		10	Primary Election	General Election	
Address	17	M	Runoff (Local Election	ns Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation		<u>l</u>	1		
Employer			-		
First Name	ne	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name			Primary Election	General Election	
Address			Runoff (Local Elections	s Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation			-		
mployer			+		
irst Name	Middle Nam	ne.	Contribution Received For:		
ast Name/Organization Name				General Election	Amount of Contribution
ddress					
ty	1	T	Runoff (Local Elections	Only)	
	State	Zip Code	Date of Contribution		Aggregate This Election
ecupation					
nployer					
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages (If this is the last page of contributions, this amount must	of this form are be shown in it	e used.) em 15b. of summary.)			

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Page _____ of ____

RDA 1159



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITT	FF	Lo DEDOCT OF	
		ry Ashe FROM:	OVERING THE PERIOD TO:
2 TOTAL ITEM TED 0	,		Amount
3. TOTAL ITEMIZED CAMPAIGN EXPEN	DITURES FROM PRECEDING PA	GE (enter \$0 if first itemized page)	** ** ********************************
	OR EACH ITEMIZED EXPENDITURE	(expenditures totaling more than \$100 to any payee during t	he period)
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		_	
	-ice	Postage	1151
Address Gay St.		TOSTAGE	426.12
City /	State Zip Code	_	
Lebanas	TN 37087		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name	Chief State (March 1981)	4	- Experience
A Plus Printin	U G		
Address 133 Public S		Printing	117.00
City .	State Zip Code	1	
Lebaron	TN 37087		,
First Name	MAN ACCUS STREET, STRE		
ristivanie	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Leadership WIL	SON CO.	DONAtion	06
Address		DONATION	100
City	State Zip Code	1	
Lebanan	TN 37087		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		4	, , , , , , , , , , , , , , , , , , , ,
Leocilla Comm	. Center		220 00
Address	The property of the second	DONATION	220
City	State Zip Code	-	
Lebanon	TN 37090	1	
irst Name	Middle Name		
	Milodie Name	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name Caladeville Con	m. Center		00
Gladeville Con	m, Cerrier	Donation	150
McCrary Rel.			700
Lebanon	State Zip Code	e for each or ago, you	
irst Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
sst Name/Business Name		α	
Ashe		Kein burse	39
ddress Each	00	Reimburse Exp. E. Supplies	319 -
Fowler tons		exp. E ouppies	
fortland	State Zip Code 37148	State of the least of the control of	
. TOTAL ITEMIZED EXPENDITURES			
(Carry forward to item 3. of next page if additional page	es of this form are used.)		
(If this is the last page of expenditures, this amount mu	st be shown in item 19b, of summary.)		



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS COUNTY

1. NAME OF CANDIDATE OR CO	MMITTEE		- 1	1	2. REPORT COVE	RING THE PERIOD		
1. NAME OF CANDIDATE OR CO	s of	10	my HSI	ve	FROM: 7-1-201	y TO: 7-38-14		
3. TOTAL ITEMIZED IN-KIND COM		Amount						
4. COMPLETE THE APPROPRIATE IT						Ontributor during the period)		
First Name		Middle Na		In-Kind Contribution Receive	The section (Mathematical Inc.)			
		Wildule IVe	ane .	Primary Election		Value of In-Kind Contribution		
Last Name/Organization Name				Runoff (Local Election				
Address				Date of In-Kind Contribution		Aggregate this Election		
City		State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer			1				
First Name		Middle Na	me	In-Kind Contribution Receive		Value of In-Kind Contribution		
Last Name/Organization Name				1	General Election			
				Runoff (Local Election	ns Only)			
Address			16	Date of In-Kind Contribution		Aggregate this Election		
City		State	ZipCode	Description of In-Kind Contribution				
Occupation	Employer	7/1	Ü	1				
		N						
First Name	Middle Nar	ne	In-Kind Contribution Received		Value of In-Kind Contribution			
Last Name/Organization Name			☐ Primary Election ☐ Runoff (Local Election	General Election				
Address				Date of In-Kind Contribution	s Only)	Aggregate this Election		
City		State	Zip Code	Description of In-Kind Contribution		30 0		
Occupation Employer				Description of m-Airib Contribution				
o o o o o o o o o o o o o o o o o o o	Linployer							
First Name		Tread No.						
ristridire		Middle Nan	ne	In-Kind Contribution Received Primary Election	For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name				Runoff (Local Election	of the control of the			
Address				Date of In-Kind Contribution				
City		State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer	<u> </u>	L					
First Name		Middle Name	9	In-Kind Contribution Receive		Value of In-Kind Contribution		
ast Name/Organization Name				Primary Election	General Election			
				Runoff (Local Elections	Only)			
ddress				Date of In-Kind Contribution		Aggregate this Election		
ity		State	Zip Code	Description of In-Kind Contribution				
ccupation	Employer		•					
5. TOTAL ITEMIZED IN-KIND CONT	DIDITIO	NC			r			
(Carry forward to item 3. of next page if addi	tional pages	of this form are	e used.)		I			
(If this is the last page of in-kind contribution	s, this amour	nt must be sho	wn in item 22b. of summary)				





ITEMIZED STATEMENT OF LOANS - CANDIDATECTION COMMISSION

NAME OF CANDIDATE	E OR COM	MITTEE							2.	REPORT	COVE	RING	THE PERIOD
	-	FROM:			M: TO:								
Frenchs of Terry Ashe FROM: TO: 7-28-1 y 3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)										-28-14			
3. COMPLETE THE APPR	ROPRIATE	= II EMS I	-UR EAC	HILEN	MIZED LOA	AN (loans totaling	more than \$1	00 from any s	source	during the pe	eriod)		
Complete the Following for th	e Source o	f the Loan											
First Name	Middle Name					Outstanding Loan Balance Loans (Beginning of Period) Received			Loan Payments			Outstanding Loan Balance (End of Period)	
Last Name/Organization Name													
					101.50000.0000	an Received For: Date of Loan Primary Election General Election							
City		State Zip Code			MATERIAL CONTROL	Runoff (Local Elections Only)							
	Lis	st All Endor	sers or G	uaranton	s for Above	Loan (If more spa	ace is need	ed please a	ittach	a page)			
First Name			Middle N	lame		First Name			· Company		Midd	le Name	
Last Name/Organization Name						Last Name/Or	ganization N	ame		-			
Address						Address							
City			State	Zip	Code	City					State		Zip Code
Amount Guaranteed Outstanding					/	/ Amount Guara	Amount Guaranteed Outstanding						
First Name Middle Name				NE	First Name	First Name Middle Name							
Last Name/Organization Name					Last Name/Or	ganization Na	ame			<u>'</u>			
Address						Address							
City			State	Zip	Code	City					State		Zip Code
Amount Guaranteed Outstanding						Amount Guara	nteed Outsta	nding					
First Name			Middle Na	ame		First Name					Midd	le Name	
Last Name/Organization Name						Last Name/Org	ganization Na	ime					
Address						Address							
City	y State Zip Code					City State Zip Code					Zip Code		
Amount Guaranteed Outstanding						Amount Guara	nteed Outstai	nding					
First Name	NAME.		Middle Na	ime		First Name			Name of Street		Middle	Name	
Last Name/Organization Name					Last Name/Org	Last Name/Organization Name							
Address					Address	Address							
City			State	Zip (Code	City					State		Zip Code
Amount Guaranteed Outstanding						Amount Guarar	nteed Outstar	nding					
4. Totals for all Loans (comple	ete on last	nage of it	omizod I	oane)	-	Outstanding	as Dal	1		1			
(Total loans received should also be (Total loan payments should also be (Total outstanding loan balance shou	shown in ite	em 16. on su em 20. on su	mmary pag	ge.) ge.)		Outstanding Lo (Beginning o		Loans Receive		Loan Payme			anding Loan Balance End of Period)





ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATECOMMISSION

NAME OF CANDIDATE OR COMMITTEE	Las	1 - 1-	Terry Ashe	2. REPORT CO	VERING THE PER	
3. COMPLETE THE APPROPRIATE ITEMS	trien	US OT	Outstanding Balance	FROM: 7-1-	9 TO:7	-28-14
OBLIGATION (obligations totaling more that person/vendor at the end of the reporting p		(Beginning of Period)	This Period	Payments This Period	Outstanding Balance (End of Period)	
First Name	Middle Na	me				
Last Name/Business Name	<u> </u>					
Address			1			
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	me				
Last Name/Business Name	1		1			
Address			1			
City	State	Zip Code	1			
Description of Obligation		IV	4			L
First Name	Middle Var	ne				
Last Name/Business Name	1	U	-			
Address	1		-			
City	State	Zip Code	1			
Description of Obligation		J	1		.	
First Name	Middle Nar	ne				
Last Name/Business Name						
Address						
	Ctata	Zip Code				
City	State	Zip Code				
Description of Obligation						
First Name	Middle Nan	ne				
Last Name/Business Name	l					
Address					,	
City	State	Zip Code				
Description of Obligation	I	1				
TOTALS (Total from Outstanding Balance - (End of Period) c in item 23b. on summary page.)	olumn must	also be shown				