



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

K.M 3:30
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JUL 1 2024
Wilson County Elections

1. Date: 6-30-24 2.a. Candidate or Committee Name: Friends of Terry Ashe
 2.b. If Committee, Name of Candidate: Terry Ashe 3. Election Date: 2018
 4. Campaign Address: P.O. Box 2131
 City: Lebanon State: TN Zip Code: 37088 Phone: 615-306-8136
 5. Candidate Home Address: 1284 Holloway Rd.
 City: Lebanon State: TN Zip Code: 37089 Phone: 615-306-8136
 Candidate Email Address: henrytashe@gmail.com

6. Office Sought: (include district number, if applicable) ✓
 7. Name of Political Treasurer (may be candidate): Terry Ashe
 Political Treasurer Email Address: henryt.ashe@gmail.com

8. Category or Report: (check one)
 First Quarter Second Quarter Third Quarter Fourth Quarter Pre-Primary Pre-General
 Mid-Year Supplemental Year-End Supplemental

9. Reporting Period: Start Date: 1-16-24 End Date: 6-30-24

10. Detailed Disclosure: (Check one)
 This campaign is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)
 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.

11. 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.

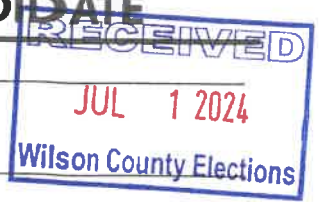
<u>Terry Ashe</u> Candidate Signature	<u>6-30-24</u> Date	<u>Terry Ashe</u> Political Treasurer Signature	<u>6-30-24</u> Date
<u>Patricia Oakley</u> Witness Signature	<u>6-30-24</u> Date	<u>Patricia Oakley</u> Witness Signature	<u>6-30-24</u> Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>12,565.30</u>
b. Total Receipts This Period	\$ <u>0</u>
c. Total Disbursements This Period	\$ <u>1,700.00</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>10,865.30</u>
e. Total Loans Outstanding	\$ <u>0</u>
f. Total Obligations Outstanding	\$ <u>0</u>

None

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE



1. Candidate or Committee Name: _____

2. Reporting Period: Start Date: _____ End Date: _____

3. Total campaign contributions from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

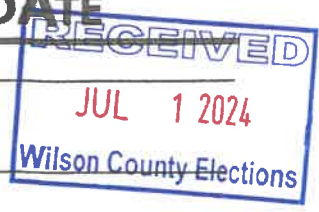
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Total Contributions: \$ _____

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE



1. Candidate or Committee Name: Friends of Terry Ashe
2. Reporting Period: Start Date: 1-16-24 End Date: 6-30-24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Lebanon Wilson Co. Chamber Commerce OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 101 Public Sq. City: Lebanon State: TN Zip Code: 37087
Purpose of Expenditure: Donation
Amount of Expenditure: \$ 100⁰⁰ Date of Expenditure: \$ 1/25/24

Business or Organization Name: Wilson Warriors Foundation OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 2131 City: Lebanon State: TN Zip Code: 37087
Purpose of Expenditure: Donation
Amount of Expenditure: \$ 200⁰⁰ Date of Expenditure: \$ 3/19/24

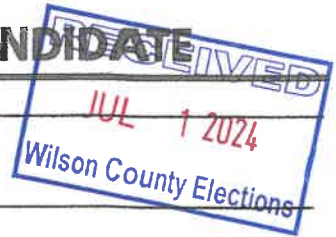
Business or Organization Name: Wilson Warriors Foundation OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 2131 City: Lebanon State: TN Zip Code: 37087
Purpose of Expenditure: Donation
Amount of Expenditure: \$ 100⁰⁰ Date of Expenditure: \$ 3/26/24

Business or Organization Name: Elect. Stephen Goodall Proponent Assoc. OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8152 Trousdale Ferry Rd City: Lebanon State: TN Zip Code: 37090
Purpose of Expenditure: Donation
Amount of Expenditure: \$ 200⁰⁰ Date of Expenditure: \$ 4/3/24

Business or Organization Name: Gideon Bibles OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: Lebanon Camp 1135 N. Elm St. City: Lebanon State: TN Zip Code: 37087
Purpose of Expenditure: Donation
Amount of Expenditure: \$ 50⁰⁰ Date of Expenditure: \$ 5/1/24

Total Expenditures: \$ _____
(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE



1. Candidate or Committee Name: Friends of Terry Ashe
2. Reporting Period: Start Date: 1-16-24 End Date: 6-30-24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Gideons Bibles OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: Lebanon Camp City: Lebanon State: TN Zip Code: 37087
Purpose of Expenditure: Donation
Amount of Expenditure: \$ 50⁰⁰ Date of Expenditure: \$ 6/8/24

Business or Organization Name: Committee to elect Courtney Johnson Congress OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 58746 City: Nashville State: TN Zip Code: 37205
Purpose of Expenditure: Donation
Amount of Expenditure: \$ 1,000⁰⁰ Date of Expenditure: \$ 6/18/24

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Total Expenditures: \$ 1,700⁰⁰

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

SUMMARY PAGE - CANDIDATE



13. Name of Candidate or Committee: _____

14. Reporting Period: Start Date: _____ End Date: _____

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ _____
(Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See *Instructions* for more information.)
- b. Itemized Contributions (over \$100 from each source this period) \$ _____
- c. Loans Received This Reporting Period..... \$ _____
- d. Interest Received This Reporting Period \$ _____
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ _____

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 1,700⁰⁰
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ 0
- c. Total Obligation Payments Made This Period..... \$ 0
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ 1,700⁰⁰

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ 0
- b. Itemized In-Kind Contributions Received This Period \$ 0
- c. Total In-Kind Contributions Received This Period \$ 0

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ 0