



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees



10:05a

1. Date: Jan 29-26 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: PO 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: 37090 Phone: 615-306-8136
 Candidate Email Address: henrytashe@gmail.com
 6. Office Sought: (include district number, if applicable) DIST 12
 7. Name of Political Treasurer (may be candidate): Terry Ashe
 Political Treasurer Email Address: henrytashe@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 Runoff Election

9. Reporting Period: Start Date: 7-1-25 End Date: 1-15-26

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.

Terry Ashe 1-29-26
 Candidate Signature Date

Terry Ashe 1-29-26
 Political Treasurer Signature Date

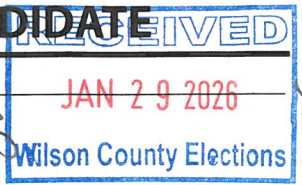
Patricia Oakley 1-29-26
 Witness Signature Date

Patricia Oakley 1-29-26
 Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	\$	<u>7,950.71</u>
b. Total Receipts This Period	\$	<u>0</u>
c. Total Disbursements This Period	\$	<u>2,700.00</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$	<u>5,250.71</u>
e. Total Loans Outstanding	\$	<u>0</u>
f. Total Obligations Outstanding	\$	<u>0</u>

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE



10:05 am

1. Candidate or Committee Name: friends of Terry Ashe
2. Reporting Period: Start Date: 7-25 End Date: 1-15-26
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.

1 Business or Organization Name: Coaner Stone Missions OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: Hwy 25 City: Hartsville State: TN Zip Code: _____
Purpose of Expenditure: Donation
Amount of Expenditure: \$ ~~200.00~~ 200.00 Date of Expenditure: \$ Mar 3 - 25

2 Business or Organization Name: Reelect Sen Mark Pody OR
First Name: Mark Pody Middle Name: _____ Last Name: _____
Address: 113 South Cumberland City: Lebanon State: TN Zip Code: 37087
Purpose of Expenditure: Donation
Amount of Expenditure: \$ 500.00 Date of Expenditure: \$ July 19 - 25

3 Business or Organization Name: Animal Rescue Corp OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 6070 SE Tator Peeler Rd. City: _____ State: TN Zip Code: 37090
Purpose of Expenditure: Donation
Amount of Expenditure: \$ 300.00 Date of Expenditure: \$ July 24 - 25

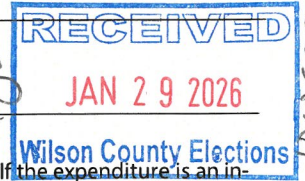
4 Business or Organization Name: Committee to Elect Robert Bryan OR
First Name: Robert Middle Name: Bryan Last Name: _____
Address: P.O. Box 803 City: Lebanon State: TN Zip Code: 37088
Purpose of Expenditure: Donation
Amount of Expenditure: \$ 500.00 Date of Expenditure: \$ Sept 23 - 25

5 Business or Organization Name: Committee to Elect Clark Boyd. OR
First Name: Clark Middle Name: _____ Last Name: Boyd
Address: West Main St. City: Lebanon State: TN Zip Code: 37087
Purpose of Expenditure: Donation
Amount of Expenditure: \$ 500.00 Date of Expenditure: \$ Oct 20 - 25

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: 7-1-25 End Date: 1-15-26
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: Committee to Elect Randall Hutto OR
First Name: Randall Hutto Middle Name: _____ Last Name: Hutto
Address: Lebanon City: Lebanon State: TN Zip Code: 37087
Purpose of Expenditure: Donation
Amount of Expenditure: \$ 500⁰⁰ Date of Expenditure: \$ Oct 28-25

Business or Organization Name: Wilson Co. Concerns Citizen Veterans OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: Wilson Co James Ward City: Lebanon State: TN Zip Code: 37087
Purpose of Expenditure: Donations
Amount of Expenditure: \$ 200⁰⁰ Date of Expenditure: \$ Nov 8-25

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: \$ 270000

(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.)