CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

RECEIVED

1. 1	04TE OF REPORT 7 - 30 - 14	2.a. NAME OF C	ANDIDATEO	Brand	07	JUL 29 2014	· ME
2.b.	IF COMMITTEE, NAME OF CANDIDATE	*4				E WILSON COUNTY LECT ION OF M ISS	
	CAMPAIGN ADDRESS AND PHONE Street or Rural Route Barton Wood	City Lebai	non	State	Zip Code 37/87	Phone 615-708-39	 73i
	CANDIDATE'S HOME ADDRESS (if differer Street or Rural Route	nt than 4.a.) City		State	Zip Code	Phone	1-1
C	OFFICE SOUGHT (include district number, in the court cleans of the cleans of the clean cleans of the cleans of the cleans of t	NOT THE REAL PROPERTY OF THE P	- 1	of political to	REASURER (may be		
(CATEGORY OR REPORT (Check one) FIRST SECOND TMRD QUARTER QUARTER QUARTER	FOURTH QUARTER	PRE-PRIMARY	PRE- GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL	
	EGINNING DATE OF REPORTING PERIOD			NG DATE OF REPOR			
a.	This campaign is exempt from detaile tures total \$1,000 or less for this report the tampaign is required to file a detailed and/or expenditures total more than \$	orting period. (Comp tailed financial disclo	olete items 12 osure becaus	2d., 12e. and 12f.)			
F	/we do solemnly swear or affirm that the inaccurate accounting of campaign contribution in accurate accounting to the campaign contribution in accurate accounting to the campaign contribution in accurate accounting to the campaign contribution in accurate accounting of campaign contribution in accurate	ons and expenditures swear or affirm that i	s required to no campaign	be reported by the contributions have the federal internal in the federal internal inte	candidate committee	by the Campaign the personal financial	an 14
11. W	Signature of witness	7-29-14 date	_	signatu	are of witness	7-29-19 date	Д.
12. SU	MMARY				מ ניסו אי	1	
a.	BALANCE ON HAND LAST REPORT				\$ 1419,00		
b.	TOTAL RECEIPTS THIS PERIOD				\$ 1474.00	-	
c.	TOTAL DISBURSEMENTS THIS PERIOD				2618.4		0
d.	BALANCE ON HAND (12.a. plus 12.b. m	inus 12.c.)				455, 54	
e.	TOTAL LOANS OUTSTANDING				\$		
f.	TOTAL OBLIGATIONS OUTSTANDING				\$	0	.

SUMMARY PAGE - CANDIDATE

RECEIVED

13. NAME OF CANDIDATE OR COMMITTEE (In Full) 14. REPORT COVERING THE PERIOD Bud Brandon FROM: 7-1-14 TO: 7 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)......\$ _____1 ω 0(). 16. LOANS RECEIVED THIS REPORTING PERIOD\$ 17. INTEREST RECEIVED THIS REPORTING PERIOD\$ 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) itemized Total of Expenditures (\$100 or less each payee)\$ 20. LOAN REPAYMENTS MADE THIS PERIOD\$ 22.IN-KIND CONTRIBUTIONS a. Unitemized in-kind contributions (\$100 or less from each source this period)......\$ 50 b. Itemized in-kind contributions (over \$100 from each source this period)\$ 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.)\$



		CONTRIBUTIONS - CA	7014
NAME OF CANDIDATE OR COMMITTEE	Bud Brai	2. REPORT C	OVERING THE PERIOD
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTION	S FROM PRECEDING PA		Amount 8250
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH	ITEMIZED CONTRIBUTION	(contributions totaling more than \$100 from any contributions	ibutor)
First Name Mide	dle Name	Contribution Received For:	Amount of Contribution
ast Name/Organization Name		Primary Election General Election	5000
uddress	e	Runoff (Local Elections Only)	00.
Lebanon state	Zip Code 37090	Date of Contribution	Aggregate This Election
Purchasing Exec	atre	7-22-14	50.00
Follette School S			
irst Name Frank (Midd	lle Name	Contribution Received For:	Amount of Contribution
ast Name/Organization Name Dudley		Primary Election General Election	500 00
ddress (0390 Coles Ferr		Runoff (Local Elections Only)	500.
Lebanon 7	Zip Code 37087	Date of Contribution	Aggregate This Election
RETIRED		7-22-14	500.
	Name	Contribution Received For:	Amount of Contribution
I. Nomas st Name/Organization Name	4/1en	Primary Election General Election	(0)
Bryan	Mark Services	7	100.00
	ace Dr	Runoff (Local Elections Only)	100,
	7 Zip Code 37087	Date of Contribution	Aggregate This Election
Insurance Ag	ext	7-28-14	3000
Self-employed		1-2011	300.
Name Rando Middle	Name	Contribution Received For:	Amount of Contribution
Name/Organization Name Property		Primary Election General Election	12500
2207	Street	Runoff (Local Elections Only)	125.
Murfreesbord State	Zip Code 37/27	Date of Contribution	Aggregate This Election
Independent On	tractor	7-28-14	
Self-employed	1		
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this for	m are used \		(2)
(If this is the last page of contributions, this amount must be shown	in item 15b. of summary.)		1600.00

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F CANDIDATE OR COMMITTEE

1. NAME OF CANDIDATE OR COMMITTEE	Bud Bra	, ./		RING THE PERIOD
	was Dia	ndon	FROM: 7-119	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU	JTIONS FROM PRECEDING PA	AGE (enter \$0 if first itemized page 1)	age)	Amount 000
4. COMPLETE THE APPROPRIATE ITEMS FOR	EACH ITEMIZED CONTRIBUTION	(contributions totaling more than \$	100 from any contributo	or)
First Name 5 co H	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name MOOVE		☐ Primary Election ☐	General Election	END 00
Address 125 Buffalo	Rd	Runoff (Local Elections	s Only)	500.00
City Carthage	State Zip Code	Date of Contribution		Aggregate This Election
Occupation	TN 37030			
Lieutenant Employer		7-11-14		
Wilson Co Sher	iffes Dept			
First Name Tab	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name Kirklan	4	Primary Election	KGeneral Election	am au
Address 1032 West Ma		Runoff (Local Elections	Only)	200.
city Lebanon	State Zip Code 37 087	Date of Contribution		Aggregate This Election
Occupation		7-11-14		00
Financial Services,		1 1 11 17		200.
HTK Weath Mant	Group			**************************************
First Name Chuck	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		Primary Election	General Election	1 x 4 00
Address 519 Picon 1911	3.0	Runoff (Local Elections	Only)	100.
City ; ;	State Zip Code	Date of Contribution		Aggregate This Election
Occupation	70 37087			(~
Employer Derta Manage	ment	7-11-14		100,00
Self-Emplo	ryed			
First Name Mike	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name Guinn		Primary Election	General Election	200
Address 112 Elisa Way		Runoff (Local Elections	Only)	20,
	State Zip Code 37087	Date of Contribution		Aggregate This Election
Occupation	7.0 (0 (0)	7		- m
I racher Lebanon Special	Salvy Not	7-11		25.
revarion opecial	School Dist			
 TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of (If this is the last page of contributions, this amount must be 	this form are used.)			82500
				~



JUL 29 2014 WW P ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS CANDIDATE

NAME OF CANDIDATE OR COMMITTEE	Ria	d Brand	Jan.	RING THE PERIOD TO: 7-78-14				
3. TOTAL ITEMIZED IN-KIND CONTRIBUTION				FROM: 7-1-14	Amount			
4. COMPLETE THE APPROPRIATE ITEMS FOR	intributor during the period)							
First Name Fave	Middle Na	ame	In-Kind Contribution Received	Value of In-Kind Contribution				
Last Name/Organization Name Dedma	n	***************************************	☐ Primary Election ☐ Runoff (Local Election	50.00				
Address 201 Keaton		Date of In-Kind Contribution	Aggregate this Election 308.					
city Lebanon	State	Zip Code 37087	Description of In-Kind Contribution					
Occupation Employer Refired Employer	Occupation Employer Retired Employer			Hole Sponsor for Bud Brandon Hunters Point Golf Invitational				
First Name	Middle Na	me	In-Kind Contribution Received		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								
First Name	ne	In-Kind Contribution Received	Value of In-Kind Contribution					
Last Name/Organization Name			☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)					
Address			Date of In-Kind Contribution	Aggregate this Election				
City	State	Zip Code	Description of In-Kind Contribution					
Occupation Employer	1	1						
First Name	Middle Nam		In-Kind Contribution Received	For	Value of In-Kind Contribution			
Last Name/Organization Name	Middle Nail		Primary Election General Election					
-			Runoff (Local Elections					
Address			Date of In-Kind Contribution	Aggregate this Election				
City	State	Zip Code	Description of In-Kind Contribution					
Occupation Employer								
irst Name	Middle Name		In-Kind Contribution Received For: ☐ Primary Election ☐ General Election Value of In-Kind Contribution					
ast Name/Organization Name		Runoff (Local Elections						
ddress			Date of In-Kind Contribution		Aggregate this Election			
ity	State	Zip Code	Description of In-Kind Contribution					
ccupation Employer								
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.)								

JUL 29 2014 WO TO ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

			to 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	MA COMMINITOR
NAME OF CANDIDATE OR COMMITTEE	Rud Bran	don	2. REPORT COVER	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITE	URES FROM PRECEDING PAG	E (enter \$0 if first itemized page	ge)	Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR I	EACH ITEMIZED EXPENDITURE (e	expenditures totaling more than \$100	to any payee during the per	riod)
First Name	Middle Name	Purpose of Expenditure	7-5-14	Amount of Expenditure
Last Name/Business Name Sanders Mkt	Group	FANS	, ,	001180
Address 1422 Lebanon	Rd	Bu	SINGOVE	954.
Vash ville	State Zip Code 37210	Bumper	mareis	
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Meet the Candidate Address // A 2 N/ Candidate	S / Lebanon S / Democrat	Adverti.	sement	500.00
City Lebanon	State Zip Code	//4/07/11	JC/1. & 10/	
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Wilson Post Politic Address	Suite B	Advertise	ement	350.00
City Lebanon	State Zip Code TN 37087	Wilson :	Post	
First Name	Middle Name	Purpose of Expenditure	dix	Amount of Expenditure
Last Name/Business Name	Padio	1 Advises	57700	
Address P. U. Box	399	Hover	isement	000
Lebanon	State Zip Code 7N 37088			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
	onicle	11 1	- A	313.65
Address 11509 Lebanon	Rel	Adverti	Semen	010,
Mt. Juliet	State Zip Code			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				*
Address				
City	State Zip Code		(4)	
 TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of (If this is the last page of expenditures, this amount must 	장 (100 m 1 2 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			2618.45

ITEMIZED STATEMENT OF LOANS - CANDIDATE SON COORD

1. NAME OF CANDIDATE OR CO	7	2. REPORT FROM:				COVERING THE PERIOD						
	Bud Brar											-28-14
3. COMPLETE THE APPROPRIAT	EITEMS	FOR EACH I	TEMIZ	ZED LOAN	loans totaling r	nore than \$10	00 from any	source	during the pe	riod)		
Complete the Following for the Source				,								
				Loan Balance Loans Loan Outstanding Loan Bala g of Period) Received Payments (End of Period)								
Last Name/Organization Name	11	1										
Address		1		Loan Receiv					Date of Loan			
City	State	Zip Code		☐ Runoff	(Local Elections Only)							
L	ist All Endor	sers or Guara	intors fo	or Above Loa	n (If more spa	ce is neede	ed please a	attach	a page)			
First Name		Middle Name			First Name					Middle	e Name	
Last Name/Organization Name					Last Name/Org	ganization Na	me					
Address					Address							
City		State	Zip Co	ode	City					State		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				Address								
City		State	Zip Co	de	City State Zip Code					Zip Code		
Amount Guaranteed Outstanding					Amount Guarar	nteed Outstan	nding					
First Name		Middle Name			First Name					Middl	e Name	
Last Name/Organization Name					Last Name/Organization Name							
Address					Address							
City		State	Zip Co	de	City					State		Zip Code
Amount Guaranteed Outstanding					Amount Guarar	teed Outstan	ding					
First Name		Middle Name			First Name Middle Name							
Last Name/Organization Name					Last Name/Organization Name							
Address					Address							
City		State	Zip Coo	de	City					State		Zip Code
Amount Guaranteed Outstanding	mount Guaranteed Outstanding				Amount Guaran	teed Outstan	ding					
4. Totals for all Loans (complete on las			is)		Outstanding Lo		Loan		Loan	200		anding Loan Balance
(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.)			(Beginning o	Period)	Receiv)	Payme)		End of Period)		

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE CORN

1. NAME OF CANDIDATE OR COMMITTEE	13.	1 Bra	nden	2. REPORT COV	/ERING THE PER	RIOD
COMPLETE THE APPROPRIATE ITEMS OBLIGATION (obligations totaling more that person/vendor at the end of the reporting person)	an \$100 ow	HITEMIZED	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	ime				
Last Name/Business Name			-			
Address						
City	State	Zip Code				
Description of Obligation				L	I	I.
First Name	Middle Na	me				
Last Name/Business Name		,				
Address						
City	State	Zip Code				
Description of Obligation				<u> </u>		
First Name	Middle Na	me				
Last Name/Business Name			-			
Address			1			
City	State	Zip Code	Ì			
Description of Obligation						
First Name	Middle Nar	ne				
Last Name/Business Name	<u> </u>		1			
Address			1			
City	State	Zip Code	1			
Description of Obligation						
First Name	Middle Nan	ne				
Last Name/Business Name			-			
Address						5
City	State	Zip Code				
Description of Obligation						
TOTALS (Total from Outstanding Balance - (End of Period) or in item 23b. on summary page.)	olumn must	also be shown	0	0	0	0
in tem 250. On summary page.)						

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