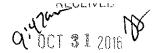
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT For State and Local Candidates For Single-Candidate Committees

For Single-Candidate Committees

	1. DATE OF REPORT	2.a. NAME OF	24100		7C3	WILSON COUNTY
	10-31-16	1		OR COMMITTEE .		LECTION COMMISSION
+		<u> /) é</u>	RNIE	As 4		THE WAY AND THE STATE OF THE ST
	2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DAT	<u> </u>
1					F	
1	4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route				L	1016
1		City		State	Zip Code	Phone
L	3155 Leculle Ph	Lebauon	,	Ti		rnone
14	b. CANDIDATE'S HOME ADDRESS (if different	than 4.a.)		10	37090	
1	Street or Rural Route	City		State	Zip Code	Di
_		<u> </u>	····	- 1.01.0	Zip Code	Phone
5	OFFICE SOUGHT (include district number, if	applicable)	6. NAME	00.001121011		
	MARCO COL A 1 1		O. NAIVIE	OF POLITICAL T	REASURER (may be	candidate)
7	CATEGORY OR REPORT (Check one)	V0 1-		BERNIE	Nsh	
		-		1 1 N		
	FIRST SECOND THIRD	FOURTH	L] PRE-	₩.		
R	QUARTER QUARTER QUARTER a. BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY	GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END
	_		8.b. ENDIN	GDATE OF REPOR	TINGPERIOD	SUPPLEMENTAL
	10-1-16			-95-01	.1/	
9.	(Check one)		· · · · · · · · · · · · · · · · · · ·	10 0 1	ιφ	
	a. This campaign is exempt from detailed					
	 a. This campaign is exempt from detailed tures total \$1,000 or less for this reporting 	disclosure because	contribution:	s (including in-kind)	received total \$1.00	On less AND expand:
	,			, c. c., a , _ , ,		
	 This campaign is required to file a detail and/or expenditures total more than \$1,0 	ed financial disclos	ure because	COntributions (incl.	and the second second second	
	and/or expenditures total more than \$1,0	000 for this reportin	g period.	contributions (IIICIE	iding in-kind) receive	d total more than \$1,000
10.		mation contained i	n this campa	ian financial dis-t-	-	
	accurate accounting of campaign contributions Financial Disclosure Act. Additionally, I/we swe	and expenditures	required to be	reported by the c	sure report is true an	d that this report is an
	Financial Disclosure Act. Additionally, I/we sweet benefit of the candidate or for any other nonpol	ear or affirm that no	campaign c	ontributions have b	een expended for the	y the Campaign
	benefit of the candidate or for any other nonpol	ilicai purpose as di	etined by the	federal internal rev	enue code.	pordorial illiancial
1) les (Ish	10 71-11		61	130	
$\overline{}$	signature of candidate	/0-31-/6 date	·	your.	Can	10-31-11
	arol Dodman	date		signature of po	litical treasurer	date
<u> </u>						-2.0
₹ I .	WITNESS SIGNATURE					
- (Pareal Rodnia,					
		0.31-16		2.00		
	signature of witness	date	الرب	MALA	venfreir	10-31-16
				signature o	of witness	date
2. :	SUMMARY				····	
					5 0000	
á	a. BALANCE ON HAND LAST REPORT			¢	8251,20	ĺ
				, -		
t	D. TOTAL RECEIPTS THIS PERIOD	**************		¢	1600,00	ł
				·	72	ľ
С	TOTAL DISBURSEMENTS THIS PERIOD			Φ.	8330.89	į
					· · · · · · · · · · · · · · · · · · ·	
ď	BALANCE ON HAND (12.a. plus 12.b. minus	12.c.)				1521,31
					····· \$/	<u> </u>
e.	TOTAL LOANS OUTSTANDING					000,01
					\$ <u>. 5</u>	1000,00
f.	TOTAL ORLIGATIONS OF TOTAL					
	TOTAL OBLIGATIONS OUTSTANDING				····· \$	-0

SS-1109 (Rev. 2/06)



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE ...

				EL.	ECHON COMMISSION	
NAME OF CANDIDATE OR COM	7.7	Λİ		2. REPORT COV	ERING THE PERIOD	
	Derni	2 Ast		FROM 10-1-16	10:10-29-11	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount	
4. COMPLETE THE APPROPRIATE ITEM	MS FOR EACH ITE	MIZED CONTRIBUT	TON (contributions totaling more than	\$100 from any contribut	dor)	
First Name Albert	Middle N	larne 🗡	Contribution Received For:	any contribut	Amount of Contribution	
Last Name/Organization Name		<u> </u>	Primary Election	General Election		
Mc Call			La Filling Election	General Election	\$ 700,00	
Address 3773 13'5 S	OKINE R.	J	Runoff (Local Election	ns Only)	100	
City Lebason	State	Zip Code 37690	Date of Contribution		Aggregate This Election	
Occupation Sales				10-5-16		
Employer	Employer			7 0	\$ 700 5	
		Marie Marie Marie Allendar		W 		
First Name Jenny + Mae Beav. Last Name/Organization Name.	Middle Na	ime	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name			Primary Election 4	Primary Election General Election		
Address			Runoff (Local Elections	s Only)	\$250	
City MT. Juliet	State	Zip Code 37/2 レ	Date of Contribution		Aggregate This Election	
Occupation Retrind + Gov Employer	remement	The	10-25	16	\$250	
Employer						
irst Name	Middle Nam	e	Contribution Received For:			
ast Name/Organization Name				ł	Amount of Contribution	
Owens	Owens			Primary Election 🔟 Øeneral Election		
100 40 40 Lebua	الحرا مور		Runoff (Local Elections	Only)	\$ 200	
lebour	Slate /i-	Zip Code	Date of Contribution		Aggregate This Election	
ccupation			10-26-	16	\$ 200 12	
nployer	<u> </u>		-		100	
and the second s	The second second second second					
st Name	Middle Name		Contribution Received For:	/	Amount of Contribution	
st Name/Organization Name			Primary Election G	Seneral Election		
dress		<u> </u>	Runoff (Local Elections O	inly)		
у	State	Zip Code	Date of Contribution		Aggregate This Election	
supation			1			
ployer				777.4.4		
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional p (If this is the last page of contributions, this amount	pages of this form are u	sed.)				
, .g Laboratorio, uno ambunt	most be shown in IGH	100. 01 summary.)				

SUMMARY PAGE - CANDIDATE

9:40CT 3 I 2016 10

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	1	ALCON COUNTY		
Bernie Ash		ERING THE PERM		
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	FROM:10-1-11	10/10-25-16		
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 4500 °2			
b. Itemized Contributions (over \$100 from each source this period)	,			
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)		- 1600 P		
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		\$ <u>1600</u> ,		
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)		
\$				
\$	-			
Downtows 5				
\$ 10.0	· ·			
\$				
*				
\$				
		£.		
Total of Expenditures (\$100 or less each payee)		Ø		
b. Itemized Expenditures (Over \$100 each payee this period)				
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		18,0228		
20. LOAN REPAYMENTS MADE THIS PERIOD		0		
20. LOAN REPAYMENTS MADE THIS PERIOD		8370 89		
22. IN-KIND CONTRIBUTIONS				
a. Unitemized in-kind contributions (\$100 or less from each source this period)\$				
Itemized in-kind contributions (over \$100 from each source this period)\$				
TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)\$				
3. OBLIGATIONS	φ			
a. Unitemized Obligations Outstanding (\$100 or less each)\$		124		
o. Itemized Obligations Outstanding (Over \$100 each)				
C. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12				

RECEIVED

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

			12 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5
1. NAME OF CANDIDATE OR COM	COVERING THE PERIOD		
/	1-16 TO: 10-29-11		
3. TOTAL ITEMIZED CAMPAIGN EX	Amount		
4. COMPLETE THE APPROPRIATE ITE	MS FOR EACH ITEMIZED EXPENDITU	RE (expenditures totaling more than \$100 to any payee dur	ing the period)
First Name Jewell Sr. Last Name/Business Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Jewell Sa	_		
Address	in C	Sous	#3140 32
Cily		23~	7 3140
Lebavon	Slate Zip Code 77027		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address Prospe	nties	Banguet Hell Pental	# 600
City	Cto	Pert	# ac
Lebour	State Zip Code Tw 77687		
First Name /	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business/Name			
Address	invers T	- A1	\$ 1050
City			η 10
Lebano	State Zip Code フルギフ		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
ast Name/Businass Name Better Let			\$2726 X
address	ren	Meil out	
Sity	Ctu. 7. O.	_	42/20
Lebour	State Zip Code Tw 770 27		
irst Name	Middle Name	Purpose of Expenditure	
ast Name/Bysiness Name		- urpose of Experiolare	Amount of Expenditure
WANT		$A \cap A \cap A \cap A$	1
ddress		- Rado Al	\$ 160
behavior	State Zip Code		
rst Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
st Name/Business Name	1	-	10
Main St. Me	716	- A A	\$ 5-54 30
v	Cult	_	
Lebausn	State Zip Code		
TOTAL ITEMIZED EXPENDITURES			4
(Carry forward to item 3. of next page if addition (If this is the last page of expenditures, this amo	al pages of this form are used.) unt must be shown in item 19b. of summary t		# 8230 89