CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

. VI	AttiRis-CR	ngigate Commil	tees	
1. DATE OF REPORT		CANDIDATE OR COMMITTEE		JAN 21 2016 -
1-15-2016	Berri			WILSON COUNTY
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE	LECTION COMMISSIO
4.a. CAMPAIGN ADDRESS AND PHONE	<u>4</u>		1 Nov. 2	2014 2014
Street or Rural Route	City	State	7. 0 .	aur aur
	•	State	Zip Code	Phone
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	than 4.a.)		· · · · · · · · · · · · · · · · · · ·	
3/55 Loeville Ph.	City /	State	Zip Code	Phone
OFFICE SOUGHT (include district number, if a	Lebans	74	37096 GIS	- 24-4177
The second of th	эррисавіе)		L TREASURER (may be	candidate)
7. CATEGORY OR REPORT (Check one)	<u>-</u>	1Sernie	1/4	
			<u></u>	4
QUARTER QUARTER QUARTER	FOURTH QUARTER	PRE- PRE- PRIMARY GENERAL	MID-YEAR	YEAR END
8.a. BEGINNING DATE OF REPORTING PERIOD		8.b. ENDING DATE OF REP	SUPPLEMENTAL ORTING PERIOD	SUPPLEMENTAL
9. (Check one)		Janua	ury 15,16	
This campaign is exempt from detailed of tures total \$1,000 or less for this reporting.	disclosure because	contributions (including in-k	ind) received total \$1,000	Or less AND expendi-
	•		·)	
 This campaign is required to file a detail and/or expenditures total more than \$1,0 	ed financial disclos	ure because contributions (i	ncluding in-kind) received	d total more than \$1,000
	· · · · · · · · · · · · · · · · · · ·	у репоц.		
 I/we do solemnly swear or affirm that the informaccurate accounting of campaign contributions 	mation contained in	n this campaign financial dis	sclosure report is this an	44.40
rinancial Disclosure Act Additionally thus are	Or or aff 11	adamag to be rebelied by fill	ie canologie committee b	o that this report is an y the Campaign
benefit of the candidate or for any other nonpoli	itical purpose as de	efined by the federal internal	ve been expended for the revenue code.	personal financial
- Lu Cos		\sim	1	j
signature of candidate	1-19-16 date	I Luc	C.R	1-1946
	vale	signature o	f political treasurer	date
1. WITNESS SIGNATURE				
Maria Amara	1 . 6 11	\bigcirc	\cap	
Marcia Spears	1-19-16	_ (Jorg	I Lo dinia	1-19-11
/signature of witness	date	signati	ure of witness	date
2. SUMMARY				
a. BALANCE ON HAND LAST REPORT			s 3 = 98	j
b. TOTAL RECEIPTS THIS PERIOD			1/00 00	
			* (/,2	
c. TOTAL DISBURSEMENTS THIS PERIOD		,	572 72	
d. BALANCE ON HAND (12.a. plus 12 b. minus	12 c \			7324
d. BALANCE ON HAND (12.a. plus 12.b. minus	12.6.)		\$	135,30
e. TOTAL LOANS OUTSTANDING			1	2 50 CC
			<u> </u>	2 /
f. TOTAL OBLIGATIONS OUTSTANDING	***************************************		_	0
			\$ -	

SS-1109 (Rev. 2/06)

SUMMARY PAGE - CANDIDATE

JAN 21 2016

	W	ILSON COUNTY!
13. NAME OF CANDIDATE OR COMMITTEE (In Full)	CI CA	TION COMMISSION VERING THE PERIO
RECEIPTS /\S1	FROM: 7/1/2/15	TO: 1/17/2016
15. CONTRIBUTIONS (other than loans and interest)	,	
a. Unitemized Contributions (\$100 or less from each source this period)	\$50	
b. Itemized Contributions (over \$100 from each source this period)	s <i>- O</i>	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) .	0502
16. LOANS RECEIVED THIS REPORTING PERIOD	, , , , , , , , , , , , , , , , , , , ,	JO
17. INTEREST RECEIVED THIS REPORTING PERIOD		\$1070
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	***************************************	·\$
DISBURSEMENTS		\$ <u>[][CC </u>
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by category- L# 1041 Reman \$ 160 1042 WCEC \$ 38 1043 Chargenine Network \$ 160 Check Charges \$ 5 \$ 5	¥	asoline)
Total of Expenditures (\$100 or less each payee)	s <u>372,42</u>	ļ
b. Itemized Expenditures (Over \$100 each payee this period)	.\$	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$	-6
20. LOAN REPAYMENTS MADE THIS PERIOD	······	3
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	·····\$	377 42
22:M-KIND CONTRIBUTIONS		
Uniternized in-kind contributions (\$100 or less from each source this period)	\$	
b. Itemized in-kind contributions (over \$100 from each source this period)	s -C	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	s	-6-
3. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	s A	
b. Itemized Obligations Outstanding (Over \$100 each)		
2. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 1	2.f.)	

JAN 21 2016 WILSON COUNTY / 1/5

			FRUM:	OVERING THE PERIOD TO:
3. TOTAL ITEMIZED CAMPAIGN EX	(PENDITURE	S FROM PRECEDI	NG PAGE (enter \$0 if first itemized page)	Amount
4. COMPLETE THE APPROPRIATE ITE	MS FOR EAC	H ITEMIZED EXPEND	TURE (expenditures totaling more than \$100 to any payee during	the period)
<u>L</u> .	N	liddle Name	Purpose of Expenditure	
Last Name/Business Name	·(, .		Potas -	Amount of Expenditur
Address 10	m	· · · · · · · · · · · · · · · · · · ·	Postage for BIL Mail fan Previous Campagn	4
6200 E. Divis	5 S	7	BUT Mail tan	\$160
Address 6200 E. Druis City Lebanon	Sta	Je Zip Code J7090	Previous Coman	, , , ,
First Name		eren agam terengan kerangan dan berandagan	727	
<u> </u>	Mid	Idle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name, WCEC	······································			
			- $ -$	#3200
Address EMa	1 St			1"38-
Lebanon	State	1 0000		
irst Name	7	37087		1
	Midd	le Name	Purpose of Expenditure	Amount of Expenditure
ist Name/Business Name		//	 	on or expenditure
Idress Name Ocanze w	ne p	2Twonh	Workon	4 50
			Website	\$160
Lebaur	State	Zip Code 37027		100
of Name	1/4	- 3/08/		1
	Middle	Name	Purpose of Expenditure	Amount of Expenditure
Name/Business Name / 5]	reeden			
race			Chech Change,	#1059
	Lan	ST		10-
Lebana	State	Zip Code		
Name		3		
	Middle Name		Purpose of Expenditure	Amount of Expenditure
lame/Business Name	-	· · · · · · · · · · · · · · · · · · ·	7	,
SS	······································		_	1
	To:			
	State	Zip Code		
ame	Middle Na	me	Purpose of 5	
e/Business Name			Purpose of Expenditure	Amount of Expenditure
				
			- 	
	State	Zip Code	_	
Deliverant Control of the Control of	Viale	Tyly Code		
OTAL ITEMIZED EXPENDITURES	en samuel et et benedigen eg e	teritoria de la materia de la compania de la compa		
arry forward to item 3, of next page if additional page				

JAN 21 2016 MILSON COUNTY WILSON COUNTY WORK

1. NAME OF CANDIDATE OR (OMMITTE	F							77.014 0 0	
Beenie		2. REPORT COVERING THE PE								
3. COMPLETE THE APPROPRI	ATE ITEMS	FOR EAC	CH ITEMI	ZED LOA	N (loans totaling th	41001	July 1	,15	Jan 15 16	
Complete the Following for the Source	e of the Logi	erin mendenakan di	and the state of t		Te (avens totaling more in	ian \$100 from any s	ource during th	he period)	ens fermandillike group for negativ er samt men.	
First Name	Middle N	e e		Outstandi	ng Loan Relance		·			
Bernie	wie Loyd			(Beginni	utstanding Loan Balance Loans Loan Outstanding Loan Balance (Beginning of Period) Received Payments (End of Period)					
Al a k	ast Name/Organization Name A 3 4				700° \$ 1050° \$ \$500° \$ 1250°					
3/55 Leeville	Tress 3/55 Leeville PL Lebass State Zip Code 7 77080			l	an Received For: Date of Loan					
City Lebaux	State	Zip Code	090		ary Election off (Local Elections Only)	General Election	8-	31 7.	2-3/45	
	ist All Endo				oan (If more space is n	anded place - #			1-3191	
First Name	e kerekan kerekan pera	Middle Na	Пθ	Minnes de la companya del companya del la companya del companya de la companya del companya de la companya del la companya de	First Name	eeded please and	ach a page)	Lacro		
Last Name/Organization Name		<u></u>			Last Name/Organizatio	or Name		Middle	Name	
Address					<u> </u>	n name				
0.					Address		· · · · · · · · · · · · · · · · · · ·	"	······································	
City		State	Zip Cod	0	City	······································	* · <u></u> ,	State	Zip Code	
nount Guaranteed Outstanding					Amount Guaranteed Out	fstanding				
irst Name		Middle Nam	o	NOTE CONTRACTOR		and the second second second second second	Company Company on	· · · · · · · · · · · · · · · · · · ·	nor department of the second	
Microie Name				First Name Middle Name						
st Name/Organization Name					Last Name/Organization	Name			<u>-</u> -	
ddress	·········				Address	· · · · · · · · · · · · · · · · · · ·				
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ount Guaranteed Outstanding			Zip Code		City			State	Zip Code	
out the contract of the contra				}	Amount Guaranteed Outs	landing		<u> </u>		
st Name	Acceptance of the Control of the Con	diddle Name	on ender more	en eligin versi haran	First Name Middle Name					
Name/Organization Name	<u> </u>				Last Name/Organization Name					
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				/	ddress					
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nt Guaranteed Outstanding			· · · · · · · · · · · · · · · · · · ·		mount Guaranteed Outsta	Indina				
Varne	Section of the sectio		and a second	Service Holyana	to all the same of					
	Middle Name			F	First Name Middle Name					
ame/Organization Name			La	Last Name/Organization Name						
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Guaranteed Outstanding	Sta	te Z	Zip Code		City State Zip Code					
			-	Am	ount Guaranteed Outstan	ding	<u>.</u>	<u></u>	-	
ls for all Loans (complete on last p	ge of itemi	zed loans	edaglieta e especifica esp	O.,	tstanding Loan Balance	en addie and seksonski		ver filmostinger	and the second of the second o	
loans received should also be shown in item 16. on summary page.) oan payments should also be shown in item 20. on summary page.) utstanding loan balance should also be shown in item 12.e. on front page.)			I OU	ISIMPUNG LOAD BAIANCE	Loans	Loan	1			
loans received should also be shown in item loan payments should also be shown in item	16. on summe	ary page.)			Beginning of Period)	Received	Payments	s Outs	tanding Loan Balance (End of Period)	