CAMPAIGN FINANCIAL DISCLOSURE STATEMENT 9 - 2014 - 3

For State and Local Candidates For Single-Candidate Committees

WILSON COUNTY ELECTION COMMISSION

i oi oiligio-odildidde oollillittees									
1. DATE OF REPORT 9/30/14 2.a. NAME OF CANDIDATE OR COMMITTEE RANK BUSH									
2.b. IF COMMITTEE, NAME OF CANDIDATE 3. ELECTION DATE /									
5Aul 8/7/14									
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone									
1809 LAXE MEADER AL MY JUNET IN 37/22 6/57/4-8773									
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone									
OFFICE SOUGHT (include district number, if applicable) NAME OF POLITICAL TREASURER (may be candidate)									
WILSON CAY COMIST DISTS FRANK BUSH 7. CATEGORY OR REPORT (Check one)									
7. CATEGORY OR REPORT (Check one) CATEGORY OR REPORT (Check one) CATEGORY OR REPORT (Check one) CATEGORY OR REPORT (Check one) CATEGORY OR REPORT (Check one) CATEGORY OR REPORT (Check one) FIRST SECOND CATEGORY OR REPORT FIRST SECOND CATEG									
7/29/14									
9. (Check one)									
 a.									
b. 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.									
10. 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. 93014 signature of candidate date signature of political treasurer date									
11. WITNESS SIGNATURE A 130/14 Signature of Witness 9/30/14 Carol K Bun 9/30/14 signature of Witness date									
12. SUMMARY									
a. BALANCE ON HAND LAST REPORTs 254, 18									
a. BALANCE ON HAND LAST REPORT \$\frac{254,78}{750,26}\$ b. TOTAL RECEIPTS THIS PERIOD \$\frac{750,26}{1005,04}\$ c. TOTAL DISBURSEMENTS THIS PERIOD \$\frac{1005,04}{5005,04}\$ d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) \$\frac{1005}{5005,04}\$									
c. TOTAL DISBURSEMENTS THIS PERIOD									
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)									
e. TOTAL LOANS OUTSTANDING									
f. TOTAL OBLIGATIONS OUTSTANDING									



SUMMARY PAGE - CANDIDATE



13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD SIO							
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7							
a. Unitemized Contributions (\$100 or less from each source this period)	\$							
b. Itemized Contributions (over \$100 from each source this period)	\$ 300,00							
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ 300,00							
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ 450.26							
17. INTEREST RECEIVED THIS REPORTING PERIOD								
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ 750,26							
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)							
<u> </u>								
\$								
\$								
\$								
\$								
\$								
\$								
\$								
Total of Expenditures (\$100 or less each payee)								
b. Itemized Expenditures (Over \$100 each payee this period)								
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ 1005,04							
20. LOAN REPAYMENTS MADE THIS PERIOD	\$							
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	1005.04							
22.IN-KIND CONTRIBUTIONS								
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$							
b. Itemized in-kind contributions (over \$100 from each source this period)\$								
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)\$								
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	n 12.f.)\$							



OCT 9-2014 2:50
WILSON COUNTY

ITEMIZED STATEMENT OF LOANS - CANDIDATE TION COMMISSION

NAME OF CANDIDATE OR COMMITTEE					2. REPORT COVERING THE PERIOD FROM: / TO: /						
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any state)							7/	29	10: 9/30	1/14	
	and the state of	ITEMIZ	ZED LOAN	(loans totaling	nore than \$	100 from any	source	during the pe	eriod)		
Complete the Following for the Source of the Loar			Outstanding	lan Balana							
The state of the s				og Loan Balance Loans Loan Outstanding Loan B. ng of Period) Received Payments (End of Period					tanding Loan Balan (End of Period)	ce	
Last Name/Organization Name	(Ø	45	0:26							
Address 1804 LAME N	ved For: y Election	À Gene	ral Election		Date of Loa		1				
City MA JULIET State Zip Code 37/22 Runoff (Local Elections Only)								7/	30	14	
	rsers or Guar	antors fo	or Above Loa	n (If more spa	ce is need	led please a	attach	a page)			
First Name	Middle Name	Э		First Name					Middle	Name	
Last Name/Organization Name				Last Name/Org	anization N	lame					
Address											
City	State	Zip Co	de	City					State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding							
First Name Middle Name				First Name Middle Name					The state of		
Last Name/Organization Name	·			Last Name/Org	anization N	ame			1		
Address				Address							
City State Zip Code				City State Zip Code							
Amount Guaranteed Outstanding				Amount Guaran	teed Outsta	nding			L		
First Name Middle Name				First Name Middle Name							
Last Name/Organization Name				Last Name/Organization Name							
Address				Address							\dashv
City	State	Zip Code	e	City					State	Zip Code	\dashv
Amount Guaranteed Outstanding				Amount Guarant	eed Outsta	nding		!			\neg
First Name Middle Name				First Name Middle Name							
Last Name/Organization Name			Last Name/Organization Name								
Address				Address							
City	State	Zip Code		City State Zip Code					\dashv		
mount Guaranteed Outstanding			<i></i> /	Amount Guarante	eed Outstan	ding		I			\dashv
Totals for all Loans (complete on last page of itemized loans) (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.)				Outstanding Loan (Beginning of		Loans Receive		Loan Paymen		Outstanding Loan Ba (End of Period)	
(Total outstanding loan balance should also be shown in item 12.e. on front page.)				0'		<i>450</i> ,	26				



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVE FROM: 7/29	RING THE PERIOD		
	TO: 9/30/14						
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU	70.5000						
4. COMPLETE THE APPROPRIATE ITEMS FOR	or)						
First Name JEWHIFER	Middle Na	me	Contribution Received For:		Amount of Contribution		
Last Name/Organization Name BELL		Primary Election	300.00				
Address 1805 LAKE W		Runoff (Local Election	300,00				
City MA JULIET				Date of Contribution			
Occupation SMES			7/29/	302.00			
SMES Employer SELF				· <i>y</i>			
First Name	Middle Na	me	Contribution Received For	Contribution Received For:			
Last Name/Organization Name	ast Name/Organization Name						
Address	dress						
City	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation		•					
Employer							
irst Name Middle Name			Contribution Received For:	Amount of Contribution			
Last Name/Organization Name		Primary Election	General Election				
Address			Runoff (Local Election	s Only)			
City	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation					_		
Employer			2				
First Name	ne Middle Name		Contribution Received For:	Amount of Contribution			
Last Name/Organization Name			☐ Primary Election ☐	General Election			
Address			☐ Runoff (Local Elections	s Only)			
City	State Zip Code		Date of Contribution		Aggregate This Election		
Occupation							
Employer							
5. 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	of this form are	e used.)			300,00		



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATEMISSION

Li mare de complete de comme								
NAME OF CANDIDATE OR COMMITTEE	[-00 h) 16 // 12 c) /			ITO. A.				
FRANK 13U5H FROM: 7/29			TO: 9/30/14					
3. TOTAL ITEMIZED CAMPAIGN EXPENDI	Amount							
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)								
First Name	Middle N		Purpose of Expenditure		Amount of Expenditure			
			- Alpede of Experience		Amount of Experialitie			
Last Name/Business Name	4511	VG	MP.	-AF 01/				
Address	20	, ,	PRINTAM	585.04				
City .	P.O., BOX 930							
City MIT IVEIET	TN	37122						
First Name	Middle N	ame	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name			1					
Address P.O.BOX 210	1E61E5	FREBOI	300,00					
City	State	Zip Code						
NASHVILLE	174	37221	ž					
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
	TI	ROPHY						
Address	20 .56	T-SHIR	TS	120,00				
City State Zip Code			1					
MT JULIET	177	37122	1					
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
Address								
City	State	Zip Code						
	Otato	Zip Code						
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Funanditus			
	I Wildelie Train		r dipose di Experialdire		Amount of Expenditure			
HAS THE METERS OF STREET					e			
Address								
City	State	Zip Code						
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure			
ast Name/Business Name								
uddress								
Dity	State	Zip Code						
5. TOTAL ITEMIZED EXPENDITURES								
(Carry forward to item 3. of next page if additional pages	1005.04							
(If this is the last page of expenditures, this amount must	be shown in	item 19b. of summary.)						