CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT		iluluate i		tees	WILSON COUNTY
	2.a. NAME OF C				ELECTION COMMISSIC
10/31/16	1 Dei	rek 1	Dods	cal	
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION D	PATE
				1	016
4.a. CAMPAIGN ADDRESS AND PHONE				\perp α	016
Street or Rural Route	City		State	Zip Code	Phone
106 Chapman Dr	Leban	13 3 1	TN		
4.b. CANDIDATE'S HOME ADDRESS (if different	nt than 4 a)	27 V	/ / V	3 1081	615-444-800K
Street or Rural Route	City		State	Zip Code	Dt
				Zip Code	Phone
5. OFFICE SOUGHT (include district number,	if applicable)	6. NAME C	NE DOLUTION		
Mayor of Lebane	a d	O. NAIVIE C	POLITICAL / יייייייייייייייייייייייייייייייייייי	TREASURER (may	/ be candidate)
7. CATEGORY OR REPORT (Check one)	9.N	De	rek 1	Dodson	
Check one)	L		V		
FIRST SECOND THIRD	FOURTH	Li PRE-	. Disc		
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY	GENERAL	MID-YEAR SUPPLEMENT	YEAR-END AL SUPPLEMENTAL
		8.b. ENDING	DATE OF REPO	ORTING PERIOD	AL GOFFLEIVIENTAL
10-1-16		10	- P5-C	1/2	
9. (Check one)		<u> </u>		ιφ	
 a. This campaign is exempt from detaile tures total \$1,000 or less for this repo b. This campaign is required to file a det and/or expenditures total more than \$ 	ailed financial discles	uso harries	126. and 121.)		
10. I/we do solemnly swear or affirm that the introduction accurate accounting of campaign contribution. Financial Disclosure Act. Additionally, I/we state the candidate or for any other none signature of candidate. 11. WITNESS SIGNATURE	Wear or offirm that a	campaign corefined by the fe	ntributions have	e been expended for revenue code.	e and that this report is an ee by the Campaign rethe personal financial
Otto Uneller		1/2	2		
	11-1-16		ellis	hell I I A	_ 11-1-16
signature of witness	date		signatu	re of witness	date
			<u> </u>		, date
2. SUMMARY					
a. BALANCE ON HAND LAST REPORT			a	ව	
b. TOTAL RECEIPTS THIS PERIOD					<u></u>
			\$		- 1,15
c. TOTAL DISBURSEMENTS THIS PERIOD			_	<u>5,363,</u>	12 011
			\$	2, 500,	- /
d. BALANCE ON HAND (12.a. plus 12.b. min	us 12.c.)				- 5363.9Z
					5
e. TOTAL LOANS OUTSTANDING					C7/3 92
e. TOTAL LOANS OUTSTANDING				9	5,363,7
f TOTAL ODLIGATION					
f. TOTAL OBLIGATIONS OUTSTANDING	***************************************		*********************	9	
				· · · · · · · · · · · · · · · · · · ·	



NOV I

SUMMARY PAGE - CANDIDATE

NOV I 2016

WILSON COUNTY

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	ahbesreeriod
Derek Dodson FROM10/1/14 TO: 14	1/29/16
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)\$	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)\$	_ <u></u>
16. LOANS RECEIVED THIS REPORTING PERIOD	36392
17. INTEREST RECEIVED THIS REPORTING PERIOD\$	
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	363.9z
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)
pariether & Messoner	
\$	
BARHTUHA LONGHERATE S FROVENCE	
printing indifferent s printing	
\$	
•	
5	
* <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.)	363,92
20. LOAN REPAYMENTS MADE THIS PERIOD\$	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	
22.IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)\$	ĺ
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.)\$	Ò
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.)\$	0

WILSON COUNTY

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATESSION

3. TOTAL ITEMIZED CAMPAIG	N CONTRIBUTION			FROM: 10/1/16	
A COMPLETE THE ADDRESS	NA COMPLEMENT IN W	IC FOOM COFFEE			Amount
4. COMPLETE THE APPROPRIAT	E ITEMS FOR FACH	ITEMIZED CONTROL	NG PAGE (enter \$0 if first itemized pag	e)	4
First Name	Mid	dle Name	JTION (contributions totaling more than \$10 Contribution Received For:	0 from any contribut	or)
Local Marrie IO			Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election	Seneral Election	
Address			Runoff (Local Elections C		
City		T	La ranon (Local Elections C	niy)	
	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer					
irst Name	Midd	le Name	Contribution Received For:		
ast Name/Organization Name				;	Amount of Contribution
		•	☐ Primary Election ☐ Ge	eneral Election	
ddress			Runoff (Local Elections Or	nlvì	
ity	State	Zip Code		''1/	
	Ciale	Zip Code	Date of Contribution		Aggregate This Election
ccupation					
nployer					
st Name	Middle	Name	Contribution Received For:		
st Name/Organization Name					Amount of Contribution
			Primary Election Gen	eral Election	
dress			Runoff (Local Elections Only	0	
1	State	Zip Code			
			Date of Contribution		Aggregate This Election
cupation					
oloyer					
- Committee and The parameter and the second second					
Name	Middle N	ame	Contribution Received For:		mount of Contribution
Name/Organization Name		<u></u>		ļ	
			General Company Clection Company Clection	ral Election	
ess			Runoff (Local Elections Only)		
	Stale	Zip Code	Date of Contribution		
pation			or contribution	A	ggregate This Election
Dyer					
TOTAL ITEMIZED CONTRIBUTION Carry forward to item 3. of next page if add	ONS				
	itional nanon of this to			i	

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS COUNTY CANDIDATE

1. NAME OF CANDIDATE Derek 1			2. REPORT CO	OVERING THE PERIOD	
	Amount				
			3 PAGE (enter \$0 if first itemized page)	0	
4. COMPLETE THE APPROP	PRIATE ITEMS FOR EAC	H ITEMIZED IN-KIND (CONTRIBUTION (in-kind contributions totaling more than \$100 from a	ny contributor during the period)	
First Name		Middle Name	In-Kind Contribution Received For:	Value of In-Kind Contribut	
Last Name/Organization Name	Jack Name (Orangization Name		Primary Election General Election	Tando of Milland Committee	
- Control organization Name			Runoff (Local Elections Only)		
Address			Date of In-Kind Contribution	Aggregate this Election	
City		State Zip Code Description of In-Kind Contribution			
Occupation	Employer		December of Hard Contribution		
o daspadori	Стіріоуег				
First Name		Aiddle Nome	in Kind Out it is a		
		Middle Name	In-Kind Contribution Received For: Primary Election General Election	Value of In-Kind Contribut	
Last Name/Organization Name					
Address	*		Date of In-Kind Contribution		
	···	· · · · · · · · · · · · · · · · · · ·	Date of BE-Aria Confidurity	Aggregate this Election	
City	\$	late Zip Code	Description of In-Kind Contribution		
Occupation	Employer				
First Name	Λ	liddle Name	In-Kind Contribution Received For:	Value of In-Kind Contribution	
ast Name/Organization Name			Primary Election General Election		
			Runoff (Local Elections Only)	-	
Address			Date of In-Kind Contribution	Aggregate this Election	
City	S	ate Zip Code	Description of In-Kind Contribution		
Occupation	Employer				
First Name	IM	ddle Name	In-Kind Contribution Received For:	Volument In Vind Condition	
			Primary Election General Election	Value of In-Kind Contributio	
ast Name/Organization Name			Runoff (Local Elections Only)		
ddress		***	Date of In-Kind Contribution	Aggregate this Election	
ity	9:	ote Zip Code	Proposition of the Kind Country of	03-3	
		zip Code	Description of In-Kind Contribution		
ccupation	Employer				
ot Name				restioneres in 1870 (1880) i Respyration — 1880 (1880) engager	
st Name	Mic	dle Name	In-Kind Contribution Received For: Primary Election General Election	Value of In-Kind Contribution	
st Name/Organization Name					
dress			Runoff (Local Elections Only) Date of In-Kind Contribution		
	A		Deleti in Prind Collabution	Aggregate this Election	
у	Stat	e Zip Code	Description of In-Kind Contribution		
cupation	Employer				
TOTALITE					
TOTAL ITEMIZED IN-KIN (Carry forward to item 3. of next p		form are used !			
(If this is the last page of in-kind o	ontributions, this amount mu	nommare asea.) It be shown in item 22b. of si	ummary.)		
SS-1128 (Rev. 2/06)			Page of	RDA 1159	

ITEMIZED STATEMENT OF EXPENDITURES WILSON COUNTY

1. NAME OF CANDIDATE OR COM	MITTEE	2. REPORT	COVERING THE PERIOD		
		FROM: /o//	116 10/29/16		
3. TOTAL ITEMIZED CAMPAIGN E	XPENDITURES FROM PRECEDIN	NG PAGE (enter \$0 if first itemized page)	Amount		
4. COMPLETE THE APPROPRIATE ITE	MS FOR EACH ITEMIZED EXPENDI	TURE (expenditures totaling more than \$100 to any payee durin	g the period)		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name	e Next	print ad	\$1,260,00		
Address	/				
City , / Chapm	State Zip Code				
405WVN /	74 3705	.7			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name					
DNI Corpord	Tion	print mail-out	\$ 2018,92		
711 Spence	LN				
Nashville	State Zip Code				
Vashville	TN				
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name	. /		ZAPONARA E		
Last Name/Business Name Lebanon Publi Address	shing Lo	postage - mail-ou	<i>F</i> ,		
402 N Cumb	erland St		\$ 2,085,00		
City	State Zip Code				
Lebanon	TN 3708	7			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name			Amount of Expenditure		
Address					
City	State Zip Code				
First Name	Middle Name	Purpose of Expenditure	A		
Last Name/Business Name			Amount of Expenditure		
Address					
City	State Zip Code				
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure		
ast Name/Business Name			A stream of Expenditure		
Address					
Sity	State Zip Code				
 TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3, of next page if additional (If this is the last page of expenditures, this amounted) 	Dages of this form are used t		5,363,92		
			1 1 0 0 ,		

ITEMIZED STATEMENT OF LOANS - CANDIDATECOMMISSION

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1. NAME OF CANDIDATE OR COMMITTEE					2. REPORT COVERING THE PERIOD					
Derek Dodson								TO:		
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from an							1 1 / 1	//0	,	10/29/16
3. COMPLETE THE APPROPRIATE IT	EMS FOR EA	ACH ITEM!	ZED LOA!	(loans totaling	more th	an \$100 from any	source during	the perio		10/24/10
Complete the Following for the Source of the	Loan		er en greek en en en en		2018/2010 VINE	en e	ed the transmission of the	Was seen	entres entre	e e estado en estado estado en estado en estado en estado en entre en entre en entre en entre en entre en entre
First Name Mid-	dle Name	··	[Outstand]	-1 - 5 -						
Dorok	Derek n (B						Loan Payments	i annual and rounding		
Last Name/Organization Name	, ,		- 4	9		1			(End of Period)
Dodson			> #	BURN	\$5.	362,92	- 0-	-	5-	362.92
Address	······································		Loan Rece						, ,	12021
City State			ŀ			<u>, </u>	Date	of Loan	/ .	1 1
City State	State Zip Code			mary Election				10%	12/	16 É
LEBONON T	N 37	087	☐ Runof	f (Local Elections (Only)			10/	78	16 é 116
List All E	Endorsers or G	Suarantors fo	or Above Lo	an (If more spar	ce is no	eeded please at	ttach a naoc	<u> </u>		
First Name	Middle		The second secon	First Name	10 17	ccaca piease ai	Racii a page	-	يندنندي	the contract of the second
				1 11 51 MONTE] N	fiddle Na	ame
Last Name/Organization Name				Last Name/Orga	anizatio	in Name				
Address										
A001625				Address			······································			
City	10									
,	State	Zip Co	de	City				St	ate	Zip Code
Amount Guaranteed Outstanding										
				Amount Guarant	eed Out	tstanding				
First Name	Middle N	ame	enterior and a se	First Name			and the second second	-	2	Alexander and the second
		-		Middle Name						ne
Last Name/Organization Name					·					
				Last Name/Orgar	nization	Name				
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City	State	Zip Code	е	City		···	· · · · · · · · · · · · · · · · · · ·	Sta	to	7in Code
mount Guaranteed Outstanding								Ola	.c	Zip Code
Thouse Guaranteed Obtstanding				Amount Guarantee	ed Outs	tanding				
First Name	andria	eren este agent i traggio	Million of the same	Marke Mar Walter	alejiere yeşii					
recreation	Middle Na	me		First Name				Mio	idle Nan	16
ast Name/Organization Name				ast Name/Organi					****	
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ddress			,	Address					·	
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lity	State	Zip Code	(City				Stat		Zip Code
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st Name		· North-Population			ille engineer	· n · n · n · n · n · n · n · n · n · n				
ot ranc	Middle Nam	ie	F	First Name Middle Name					er residente en er er establisse et stillede en gr	
st Name/Organization Name				-411						İ
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y	State	Zip Code	Ci	ty				Cinta	Т	7:• C- d-
ount Guaranteed Outstanding								State	- 1	Zip Code
y			JAn	nount Guaranteed	Outstar	nding	•	-		
otals for all Loans (complete on last page o	fitemized lea	ne)			Cosponer,	engalista anakara anakaran	A 65 Tights SEA TO SHARES	endring on all projects	September 1	Security and the second
otal toans received should also be shown in item 16, no	Curomory none	١	J Ou	itstanding Loan Ba (Beginning of Peri	lance	Loans	Loa			anding Loan Balance
otal loan payments should also be shown in item 20, on tal outstanding loan balance should also be shown in ite	CUMMONINGS	\	 			Received	Paym	ents		End of Period)
OC 1100 The should also be shown in ite	III 12.6. on front	page.)	<u> </u>	0		15,362,9)	\$5.	362,92

NOV I 2016

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE COUNTY

1. NAME OF CANDIDATE OR COM		2. REPORT COVERING THE PERIOD				
Derek Dog 3. COMPLETE THE APPROPRIATE ORLIGATION (chiledian and in	ITEMS FOR F	ACH ITEMIZED	Outro II. D.	FROM: /0/1/	16 TO: 1	
OBLIGATION (obligations totaling person/vendor at the end of the re	more than \$100	owed to any	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balanc (End of Period)
First Name	Middle	e Name		alian maakii kaskeele ka kaale ka	- Markanan - Markin Markin Agas A	According to the second
Last Name/Business Name						
Address						7.
City	State	Zip Code			i	
Description of Obligation	<u></u>					
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	Middle	Name			20 - 20,000 - 20 - 20 - 20 - 20 - 20 - 2	A STATE OF THE STA
ast Name/Business Name			-			
ddress			-			1
City	State	Zip Code	_			
Donist - (OI)	State	Zip Code				
escription of Obligation						
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st Name/Business Name		unic				
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у	State	Zip Code	1			
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Name/Business Name						
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