RECENTED

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

WILSON COUNTY

1. DATE OF REPORT	2 A MANUS OF CANDIDATE (\D 0014427FF		ECTION COMMISSION
7/10/10	2.a. NAME OF CANDIDATE OF) GOMMITTEE	tall "	EC HOLE COMMISSION
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DA	
4.a. CAMPAIGN ADDRESS AND PHONE			201	9
Street or Rural Route	City Llbam	State	Zip Code	Phone
4.b. CANDIDATE'S HOME ADDRESS (if differen Street or Rural Route	t than 4.a.) City	State	Zip Code	Phone
OFFICE SOUGHT (include district number, it	f captiochia)	E Or BOLITION 5		
Wilson Co. Assessor	of Property	Prance	REASURER (may I	da (
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH PRE- QUARTER PRIMARY	PRE- GENERAL	MID-YEAR SUPPLEMENTA	YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. ENDII	NG DATE OF REPOR	RTING PERIOD	90113007112177
9. (Check one)		ar 31,	2016	
·	d diadagua kanana an ing ma	6		
 a. This campaign is exempt from detaile tures total \$1,000 or less for this report 	rting period. (Complete items 12	ns (including in-kin 2d., 12e. and 12f.)	d) received total \$1,	000 or less AND expendi-
b. This campaign is required to file a det and/or expenditures total more than \$	ailed financial disclosure becaus 1,000 for this reporting period.	e contributions (ind	cluding in-kind) rece	ved total more than \$1,000
 I/we do solemnly swear or affirm that the intaccurate accounting of campaign contributions. Financial Disclosure Act. Additionally, I/we spenefit of the candidate or for any other nonline. 	ns and expenditures required to swear or affirm that no campaign	be reported by the contributions have	candidate committe	e by the Campaign
An 6 11		Mandil	loado	00 ,000
signature of candidate	<u>4-10-/6</u> date	signature of	political treasurer	date date
17.) WITNESS SIGNATURE		<u> </u>		
Prande bodall signature of witness	HIOIIO	Marcia signatu	Took a bo	₩-10-)L _b
12. SUMMARY				·
a. BALANCE ON HAND LAST REPORT			. 北京地	8 9
				_
b. TOTAL RECEIPTS THIS PERIOD			<u> </u>	-
			0	- - - -
b. TOTAL RECEIPTS THIS PERIOD			<u>+</u>	
b. TOTAL RECEIPTS THIS PERIOD	nus 12.c.)			00.00.00 00.00.00



SUMMARY PAGE - CANDIDATE

APR 1 1 2016 43

	n g == 2010
13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
RECEIPTS	FROM: 1/19 ENGINE ON TOO BAILBRICH 16
15. CONTRIBUTIONS (other than loans and interest)	20100
a. Unitemized Contributions (\$100 or less from each source this period)	. 000
b. Itemized Contributions (over \$100 from each source this period)	\$ 1,000,00 . ARA
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ 1,000.00
16. LOANS RECEIVED THIS REPORTING PERIOD	s <u>10,000.0</u> C
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ -
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>11,000</u> ,000
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)
\$	
\$	
\$	
\$	
\$	
\$	
¢.	
\$	
\$	_
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.)	s <u>D</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	s <u>-O-</u>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$
22.IN-KIND CONTRIBUTIONS	80.00
a. Unitemized in-kind contributions (\$100 or less from each source this period)	s Care
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ 0000000 80.b
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	s CROO OC
23. OBLIGATIONS	_
a. Unitemized Obligations Outstanding (\$100 or less each)	s
b. Itemized Obligations Outstanding (Over \$100 each)	\$
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	

APR 1 2016 (2:30) WILSON COUNTY ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE MISSION

	100		(ERING THE PERIOD TO: 3 3 1 1 1 0
IONS FR	OM PRECEDING PA	GE (enter \$0 if first itemized page)	Amount
		contributions totaling more than \$100 from any contribu	itor)
Middle Nai		Contribution Received For:	Amount of Contribution
· · · · · ·		Primary Election General Election	1,000
le 1	FYPK	Runoff (Local Elections Only)	
N	2547090	Date of Contribution	Aggregate This Election
5		3/27/10	1,000
	The second state of the se		
Middle Nar	me	Contribution Received For:	Amount of Contribution
<u> </u>		☐ Primary Election ☐ General Election	
		Runoff (Local Elections Only)	
State	Zip Code	Date of Contribution	Aggregate This Election
st Name Middle Name			Amount of Contribution
Last Name/Organization Name			
Address		Runoff (Local Elections Only)	
State	Zip Code	Date of Contribution	Aggregate This Election
Middle Name		Contribution Received For:	Amount of Contribution
ast Name/Organization Name			
ddress			
······································	Zip Code	Date of Contribution	Aggregate This Election
itate]		1 00 0
itale			
itale			
	State Middle Nam State	State Zip Code State Zip Code	Primary Election Primary Ele

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

	- 								
1. MATHE OF CANDIDATE OR CO	DMMTEE	000	tall		2. REPORT COVE FROM: \ \\	RING THE PERIOD			
3. TOTAL ITEMIZED IN-KIND CO	NTRIBUTIO	ONS FROM	PRECEDING PAGE	(enter \$0 if first itemized nag	o)	Amount			
4. COMPLETE THE APPROPRIATE I					'	otributor during the period)			
First Nam		Middle Na	The second secon	In-Kind Contribution Receive	read the read of t	Value of In-Kind Contribution			
Last Namer Organization (Namer	2h			Runoff (Local Electio		80,00			
Address USSO P	,as	Prin	asad	Date of In-Kind Contribution 2		Aggregate this Election			
City 1000	3.30	Storte	Pengo	Description of In-Kind Contribution		1 10.60			
Occupation	Employer	1 (10.12.15	cards	5				
First Name		Middle Na	me	In-Kind Contribution Receive	d For: General Election	Value of In-Kind Contribution			
Last Name/Organization Name				1 =	Runoff (Local Elections Only)				
Address				Date of In-Kind Contribution		Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer								
First Name		Middle Nar	ne	In-Kind Contribution Received Primary Election		Value of In-Kind Contribution			
Last Name/Organization Name				Runoff (Local Election					
Address		Date of In-Kind Contribution	is Only)	Aggregate this Election					
City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer	<u> </u>							
First Name		Middle Nam	ne	In-Kind Contribution Received	-	Value of In-Kind Contribution			
Last Name/Organization Name		<u></u>		_ ′	General Election				
Address				Runoff (Local Election Date of In-Kind Contribution	s Only)	Aggregate this Election			
	·	1.5		*······		Aggregate tris Election			
Occupation Care Transfer of the Care Transfer of th	F1	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer								
First Name	a destruction de la comme	Middle Name		In-Kind Contribution Receive	d For:	Value of In-Kind Contribution			
Last Name/Organization Name				Primary Election	General Election				
X.1.				Runoff (Local Elections	s Only)				
Address				Date of In-Kind Contribution		Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer	·							
TOTAL ITEMIZED IN-KIND CON (Carry forward to item 3. of next page if ad (If this is the last page of in-kind contribution)	ditional pages	of this form are				80.00			

ITEMIZED STATEMENT OF LOANS - CANDIDATE LESON COUNTY

1. NAME OF CANDIDATE OR COMMITTEE						2. REPORT COVERING THE PERSONNIS				
Stephen G	1000	lak				FF	10M:		3/2/16	
3. COMPLETE THE APPROPRIATE ITEM	IS FOR EAC	HITEMIZ	ZED LOAN	(loans totaling	more than \$100 fro	om any source	e during the p	eriod)	Oraci.	
Complete the Following for the Source of the L	oan									
First Name . Middle Name . Ou				Loan Balance	Loans Received		.oan		nding Loan Balance and of Period)	
Last Name/Ordanization Name	Name/Ordanization Name			(Beginning of Period) Received SIST			Payments		10,000	
Googan										
Sight Lox Lur	HU)	Loan Receiv		F		Date of Lo		1110	
City State Zip Code				□ Primary Election □ General Election 3 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
COMPLIANT IN	ndoreare or Gu	O. I	L		only) ace is needed pl	0000 n#00h	7.70001			
First Name	Middle Na		or Above Los	First Name	ice is needed pi	ease allacii	a paye)	Middle Na	me	
(-1MOni-onII-			· · · · · · · · · · · · · · · · · · ·							
Last Name/Organization Name				Last Name/Or	ganization Name					
Address				Address						
City	State	Zip Co	ode	City				State	Zip Code	
Annual Consolution Control										
Amount Guaranteed Outstanding	A201/A101/A101/A101/A101/A101/A101/A101/			Amount Guara	nteed Outstanding					
First Name	Middle Na	ime		First Name				Middle Name		
Last Name Organization Name				Last Name/Organization Name						
Last Name:Organization Name				Last Natue/Organization Name						
Address				Address						
City	State	Zip Co	ode	City			· · · · · · · · · · · · · · · · · · ·	State	Zip Code	
Amount Guaranteed Outstanding	<u>l</u>	<u> </u>		Amount Guarar	nteed Outstanding			<u> </u>		
	or agreement of the second of				Trop on the shade has been also				e strangenskapenskapenska	
First Name	First Name Middle Name			First Name Middle Name						
Last Name/Organization Name				Last Name/Org	anization Name					
Address				Address						
Ct.		15: 4								
City	State	Zip Co	de	City				State	Zip Code	
Amount Guaranteed Outstanding				Amount Guarar	iteed Outstanding					
First Name	Middle Nor	me		First Name	same proposed in the second		ej estente tri com	Afidale No	Me management and a	
Last Name/Organization Name				£ast Name/Organization Name						
Address				Address						
City	State Zip Code			City			State Zip Code			
Amount Guaranteed Outstanding				•	teed Outstanding			<u> </u>		
Socialization of State o	Andreas of the state of the sta	erronopi dos establica		anount Oudidit	оси сивнапинід			egin ek deur Draug vegt var e <u>e van t</u>	one and the second second	
Totals for all Loans (complete on last page (Total loans received should also be shown in item 16.				Outstanding Lo (Beginning o		Loans Received	Loai Paym		utstanding Loan Balance (End of Period)	
(Total loan payments should also be shown in item 20.				(Deginning 0	1. 6100/	7.000	r ayılı	LINE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	