CAMPAIGN FINANCIAL DISCLOSURE STAT

For State and Local Candidates Ear Simple Condidate Committees

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Feb 1	
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WILSON COUNTY ELECTION COMMISSION	
TE	
Aug	
Phone	
615-642-8456	
Phone	
be candidate)	
YEAR-END L SUPPLEMENTAL	
,000 or less AND expendi-	
eived total more than \$1,000	
e and that this report is an tee by the Campaign or the personal financial	
> 2-1-19 date	

FOR	Single-Car	luluale	Committee	; c s	
1. DATE OF REPORT	2.a. NAME OF C	ANDIDATE OR	COMMITTEE		WILSON COUNTY
2-1-19	0.	11/4 1/-	Minag	T	ELECTION COMMISSION
2.b. IF COMMITTEE, NAME OF CANDIDATE			_	3. ELECTION DAT	^
Billy 1.	Klan			2018	Aug
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		State	Zip Code	Phone
211 Old Hern Sechas	ed lab		TN	57087	615-642-8456
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	t than 4.a.) City		State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if	applicable)	6. NAME	OF POLITICAL	TREASURER (may b	e candidate)
/ / / /	14 23		Villy King		
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD	FODRTH :	PRE-	PRE-	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER		GENERAL GDATE OF REPO		- OOT FEETMENT OF
10-1-18			1-15-	19	
9. (Check one)					
a. This campaign is exempt from detaile tures total \$1,000 or less for this report. b. This campaign is required to file a de and/or expenditures total more than \$	rting period. (Comp tailed financial discle	olete items 120 osure because	d., 12e. and 12f.))	
I/we do solemnly swear or affirm that the ir accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other nor	ons and expenditure swear or affirm that	s required to to no campaign	ne reported by the contributions have	e candidate committe ve been expended for	e by the Campaign
1.11 21	2-1-19		Mil.	y King	2-1-19
signature of candidate	date	_	signature	of political treasurer	date
11. WITNESS SIGNATURE					
	7-1-1	9			2-1-19
Band signature of witness	date		signa Brae	ture of witness	date
12. SUMMARY			101 26	· · · · · · · · · · · · · · · · · · ·	
a. BALANCE ON HAND LAST REPORT	,			1309	<u></u>
b. TOTAL RECEIPTS THIS PERIOD			,	\$	
				130,91	<u>. </u>
d. BALANCE ON HAND (12.a. plus 12.b. r	ninus 12.c.)				Ψ
e. TOTAL LOANS OUTSTANDING		Ponated	to Can	1000 ==	\$
f. TOTAL OBLIGATIONS OUTSTANDING			,,,,,		\$



ITEMIZED STATEMENT OF LOANS - CANDIDATE 2019

1. NAME OF CANDIDATE OR C	COMMITTEE						_	2. RE	PORT COVE	RING	IT BE NERODUNTY
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any						FROM	1: - <i>I 18</i>	ilito	TION COMMISSI - 15-18		
3. COMPLETE THE APPROPRI	ATE ITEM8 F	OR EACH I	TEMIZ	ED LOAN (oans totaling r	nore than \$100					
Complete the Following for the Source	ce of the Loan		ale de la companya d	azagganez in in Kariksonta (ya	and the second s	ka yang ang ang ang ang ang ang ang ang ang	an tigangan dan panganan an ti	: same wind:	300000		
First Name	Middle Nami	•		Outstanding L (Beginning o		Loans Receive	Loan Payme			Outstanding Loan Balance (End of Period)	
Last Name/Organization Name		(Beg			OO Necessed						_
Last Name/Organization Name					100.					7	
Address					an Received For: Date of Loan Primary Election						
211 Old Hom	State	Zip Code			Local Elections		- Crecitori				
Lebanes	List All Endors	ors or Guara	entors fo				d please atta	ach a p	page)		
First Name	EIST AIT ETIGOTS	Middle Name	Section 1997	A ABOVE LOU	First Name			Appropriate to		lie Nam	9
					i ast Name/Or	ganization Nan	ne				
East Name/Organization Name		11		1	Last Name of	1		<u>, </u>			
Address	1/		7	10	Address	any	Jai.	1	-		
City //	2 att	State	Zip Co	ode	City	<i>v Y</i>			Stat	e	Zip Code
A control of the second control of the secon					Amount Guara	inteed Outstani	dino				
Amount Guaranteed Outstanding	and the second					State of the second state	G		***************************************		
First Name	Name Middle Name				First Name Middle Name						ę
Last Name/Organization Name				. <u>. </u>	Last Name/Organization Name						
Last Nathe: Organization Nathe											
Address	ddress			Address							
City		State	Zip Co	ode	City				Stat	е	Zip Code
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding						
				First Name Middle Name							
First Name	First Name Middle Name				First Name Number Variety						
Last Name/Organization Name				Last Name/Organization Name							
Address				Address							
City		State	Zip Co	ode	City			Sta	te	Zip Code	
					Amount Guaranteed Outstanding						
Amount Guaranteed Outstanding					Linount Grats	anceu Juistair	uniy				
First Name	Name Middle Name			First Name Middle Name						e	
ast Name/Organization Name				Last Name/Organization Name							
					ñ ddes e e						
Address					Address						
City		State	Zip Co	ode	City State Zip Code					Zip Code	
Amount Guaranteed Outstanding		<u> </u>	1	-	Amount Guara	inteed Outstan	ding				
4. Totals for all Loans (complete of	on last name of	itemized lo:	ans)	Contraction reports of a section	Outstanding L	oan Balance	Loans	Capromodel	Loan	Οŧ	Istanding Loan Balance
(Total loans received should also be sho	wn in item 16, on s	summary page.	.)		(Beginning	of Period)	Receive	1	Payments		(End of Period)
(Total loan payments should also be sho (Total outstanding loan balance should al	own in item 20. on s so be shown in iter	summary page n 12.e. on front	.) page.)		1000	700					