CAMPAIGN FINANCIAL DISCLOSURE STATEMENT COUNTY

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 10/1/2018	2.a. NAME OF C. Debbie N	ANDIDATE OR COMMITTEE Moss		
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE	2018
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route 948 Beckwith Road	City Mt. Juliet	State Tn	Zip Code 37122	Phone 615-866-8435
4.b. CANDIDATE'S HOME ADDRESS (if differen		141	0	010-000-0400
Street or Rural Route	City	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, i	f applicable)	6. NAME OF POLITICAL 1	REASURER (may be	candidate)
Circuit Court Clerk		Kathy Hughes		
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	FOURTH QUARTER	PRE-PRIMARY GENERAL 8.b. ENDING DATE OF REPO	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
July 24, 2018				
9. (Check one)		September 30	J, 2018	
a.	orting period. (Comp tailed financial discl	plete items 12d., 12e. and 12f.) osure because contributions (in	,	·
10. I/we do solemnly swear or affirm that the ir accurate accounting of campaign contribution. Financial Disclosure Act. Additionally, I/we penefit of the candidate or for any other nor eliquid accurate polycapidate.	ons and expenditure swear or affirm that	s required to be reported by the no campaign contributions hav defined by the federal internal	e candidate committee e been expended for t	by the Campaign
11. WITNESS SIGNATURE				
Mygan Ewin K signature of witness	101118 date	- COUY signat	OCCUDIOU ure of witness	(C.1.18)
12. SUMMARY			4440.50	
a. BALANCE ON HAND LAST REPORT	,		\$	
b. TOTAL RECEIPTS THIS PERIOD			\$	
c. TOTAL DISBURSEMENTS THIS PERIOD .			\$	
d. BALANCE ON HAND (12.a. plus 12.b. n	ninus 12.c.)			1449.50
e. TOTAL LOANS OUTSTANDING			9	8950.00
f. TOTAL OBLIGATIONS OUTSTANDING			\$	0.00

OCT 9 2018

SUMMARY PAGE - CANDIDATE

SUN COUNTY

13. NAME OF CANDIDATE OR COMMITTEE (In Full)		14. REPORT COV	/ERING THE PE	RYOU
		FROM: 07/24/2018	TO: 9/30/2018	
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)				
a. Unitemized Contributions (\$100 or less from each source this peri	od)	\$	<u>. </u>	
b. Itemized Contributions (over \$100 from each source this period)	•••••	\$	0	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.	a. and 15.b.)	•••••	\$	0
16. LOANS RECEIVED THIS REPORTING PERIOD	••••••••		\$	0
17. INTEREST RECEIVED THIS REPORTING PERIOD			\$	0
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item	12.b.)	•••••	\$	0
DISBURSEMENTS				
19. EXPENDITURES (other than loan payments)				
a. Expenditures (\$100 or less each payee this period) (must be listed by	y category - e.g	., printing, postage	, gasoline)	
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	\$	· ·		
	\$	no ma		
	\$	mana.		
	\$			
97070554	\$			
	\$	_		
	\$	······		
	\$			
Total of Expenditures (\$100 or less each payee)				
b. Itemized Expenditures (Over \$100 each payee this period)				0
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and				
20. LOAN REPAYMENTS MADE THIS PERIOD				
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in ite	m 12.c.)		\$	
22.IN-KIND CONTRIBUTIONS				
a. Unitemized in-kind contributions (\$100 or less from each source this			 	
 b. Itemized in-kind contributions (over \$100 from each source this period)	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 2	2.a. and 22.b.) .	***************************************	\$	
23. OBLIGATIONS				
a. Unitemized Obligations Outstanding (\$100 or less each)			<u>) </u>	
b. Itemized Obligations Outstanding (Over \$100 each)	\$	S) 	
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be	e shown i item 1	2.f.)	\$	0

OCT 9 2018

WILSON COUNTY

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE OMMISSION

NAME OF CANDIDATE OR COMMITTEE		·		2. REPORT COVE		
Debbie Moss				FROM'07/24/18	TO: 09/30/18 Amount	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU	TIONS FR	OM PRECEDING PA	GΕ (enter \$0 if first itemized ρ	age)	0.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEM	IZED CONTRIBUTION (contributions totaling more than \$	100 from any contributo)	
First Name	Middle Nar	me .	Contribution Received For:	Amount of Contribution		
Last Name/Organization Name		······································	Primary Election	General Election		
Address			Runoff (Local Election	s Cnly)		
City	State	Zip Code	Date of Contribution	Aggregate This Election		
Occupation						
Employer						
First Name	Middle Nar	me	Contribution Received For:	18 18735 34 4	Amount of Contribution	
Last Name/Organization Name	<u>L</u>		Primary Election	General Election		
Address			Runoff (Local Election	s Only)	<u> </u>	
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation	<u>.</u>					
Employer	 					
First Name	Middle Nam	ne	Contribution Received For:	Contribution Received For:		
Last Name/Organization Name		A.	Primary Election	General Election		
Address			Runoff (Local Elections	s Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation						
Employer						
First Name	Middle Nam	ie	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name	·		Primary Election	General Election		
Address			Punoff (Local Elections	Only?		
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation				#		
Employer						
5. TOTAL ITEMIZED CONTRIBUTIONS		Marie Control of the				

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE WILSON COUNTY

1. NAME OF CANDIDATE OR Debbie Moss	OCHRIPTILE				2. REPORT COVE FROM: 07/24/18	TO: 99	COMMIS: 30/18	
3. TOTAL ITEMIZED IN-KIND (CONTRIBUTION	ONS FROI	M PRECEDING PAGE	(enter \$0 if first itemized page		Amount		
4. COMPLETE THE APPROPRIAT						ontributor during the n	0.0	
First Name	4		ame	In-Kind Contribution Receive	The same of the sa	وبروسيست سناف تتنا	بيجسيت	
Last Name/Organization Name		_1		Primary Election	Z General Election	, value of the third	Contamonacia	
				Runoff (Local Election	is Only)			
Address				Date of In-Kind Contribution		Aggregate this Elec	tion	
City State			Zip Code	Description of In-Kind Contribution		<u>I</u>	·	
Occupation	Employer							
First Name		Middle N	ame	In-Kind Contribution Received		Value of In-Kind	Contribution	
ast Name/Organization Name		-	···		General Election			
Address				Runoff (Local Election	s Only)	1		
				Date of In-Kind Contribution		Aggregate this Elec	tion	
City		State	Zip Code	Description of In-! Gnd Contribution			6.	
Occupation	Employer				·		,	
irst Name	t Name Middle Name				ion Received For: Value of In-Kind Contribution			
ast Name/Organization Name			I —	General Election				
ddress				Runoff (Local Elections Date of In-Kind Contribution.	s Only)	Aggregate this Elect		
City					Aggregate sits ciec.	IOH		
			Zip Code	Description of In-Kind Contribution				
Occupation	Employer							
irst Name		Middle Na	me	In-Kind Contribution Received		Value of In-Kind	Contribution	
ast Name/Organization Name		<u> </u>		Primary Election				
ddress		+		Runoff (Lecal Elections Date of In-Kind Contribution	Only)			
				Date of a Falled Contribution		Aggregate this Electi	on ,	
City		State	Zip Code	Description of tri-Kind Contribution				
Occupation	Employer							
rst Name	a the second	Middle Nam	e	In-Kind Contribution Received Primary Election		Value of In-Kind (Ontribution	
st Name/Crganization Name		<u></u>		Runoff (Local Elections				
idress				Date of In-Kind Contribution		Aggregate this Election	η	
y		State	Zip Code	Description of In-Kind Contribution	Acres de la constante de la co			
ccupation	Employer	!		a sociation of the Mile Continue (S)				
	Limployer					·		
. TOTAL ITEMIZED IN-KIND Co (Carry forward to item 3. of next page it	additional pages	of this form a	re used.)	A STATE OF THE STA		31.54 V-55 32 3 3 7 1	0.00	
			own in item 22b, of summary		1		0.00	

WILSON COUNTY ITEMIZED STATEMENT OF EXPENDITURES - CANDIDAMESION

NAME OF CANDIDATE OR COMMITTED Debbie Moss	THE PERIOD 10: 09/30/18						
3. TOTAL ITEMIZED CAMPAIGN EXPENDI	TURES FR	OM PRECEDING P	AGE (enter \$0 if first itemized n	FROM (7/24/18	Amount		
4. COMPLETE THE APPROPRIATE ITEMS FOR	REACH ITE	MIZED EXPENDITURI	(expenditures totaling more than \$10	0 to any payee during the p	0.0 eriod)		
First Name	Middle N		Purpose of Expenditure		Amount of Expenditure		
Last Nama/Business Name		·	T-shirts				
Address	Y**	e e e e e e e e e e e e e e e e e e e	ا المحمد الم	the second of th			
City	State	Zip Code					
First Name	Stinate N						
	Middle N	ame	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	, Middle Na	ame .	Purpose of Expenditure	. k	Amount of Expenditure		
Last Name/Business Name							
Address		· · · · · · · · · · · · · · · · · · ·		•			
City	State	Zip Code					
	<u> </u>						
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	- 						
Address			-				
City	State	Zip Code	_				
	Jen .						
irst Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure		
ast Name/Business Name							
ddress		- · · · · · · · · · · · · · · · · · · ·					
City	State	Zip Code	4				
First Name	Widdle Nam	e	Purpose of Expenditure		Amount of Expenditure		
ast Name/Business Name	- 						
ddress			-				
ity	State	Zip Code	-				
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional page: (If this is the last page of expenditures, this amount mus	of this form a	re used.) ilem 19b. of summary.)					

001 9 2018

ITEMIZED STATEMENT OF LOANS - CANDIDATE COUNTY

1. NAME OF CANDIDATE O	R COMMITTE	E						2. REPOR	T COVE	RING THE PERIOD
Dehbie Moss								FROM: TO: 09		
3. COMPLETE THE APPROP	PRIATE ITEMS	FOR EACH	HITEMI.	ZED LOAN	(loans totaling r	more than \$	100 from any sou	rce during the	period)	1
Complete the Following for the So	ource of the Loa	n					and all to		The second second	44 A 4 A 4
First Name Debbie					Outstanding Loan Balance Loans (Beginning of Period) Received			Loan Payments		standing Loan Balance (End of Period)
Last Name/Organization Name Moss					050 00			0		8950.00
Address 948 Beckwith Road		4		Loan Recei	ived For:			Date of L	oan	
City State Zip Code					mary Election					1/14
	List All Ende	orsers or Gua	rantors fo	or Above Lo	an (If more spa	ce is need	ed please atta	ch a page)		
First Name		Middle Nan			First Name	5 ,		on a page)	Middle	Name
Last Name/Organization Name					Last Name/Org	anization N	ame			
Address				· · · · · · · · · · · · · · · · · · ·	Address			·····		
City State Zip Code				ode	City				Siate	Zip Code
Amount Guaranteed Outstanding				V V 1 1 1	Amount Guaranteed Outstanding					
First Name Middle Name					First Name Middle Name					Name
Last Name/Organization Name					Last Name/Organization Name					
Address	3	2 2	172		Address					
City		State	Zip Cor	de .	City				State	Zip Code
Amount Guaranteed Outstanding		[<u> </u>	·	Amount Guarant	eed Outstar	ding		<u> </u>	
First Name		Middle Name	:		First Name Middle Name					Name
ast Name/Organization Name		1	· · · · · · · · · · · · · · · · · · ·		Last Name/Organization Name					
Address	·				Address					
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mount Guaranteed Outstanding			2.5 000		Amount Guaranteed Outstanding					Zip Cod's
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st Name/Organization Name					Last Name/Organ	ization Nam	ne		<u></u>	
doress					Address	e sty			. ~	
ity		State	Zip Code		City ·			State Zip		Zip Code
ount Guaranteed Outstanding	.,`		<u> </u>	/	Amount Guarantee	ed Outstand	ing		L	f
Totals for all Loans (complete o Total loans received should also be show	n last page of i	immani nana l	15)	1	Outstanding Loan (Beginning of P		Loans Received	Loan	(Outstanding Loan Balance
Total loan payments should also be show fotal outstanding loan balance should als	vr⊩in item 20. an si	Lanca vaemini	age.)	ľ	, and of the	- 1997	110 301460	Payme	11/5	(End of Period) 8950.00

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WILSUN COUNTY **ELECTION COMMISSION**

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

NAME OF CANDIDATE OR COMM Debbie Moss	HIEE	2. REPORT COVERING THE PERIOD					
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED			Outstanding Balance	FROM: C7/24/11 Debt Incurred		09/30/18	
OBLIGATION (obligations totaling m person/vendor at the end of the rep	ore than \$100 a	owed to any	(Beginning of Period)	This Period	Payments This Period	Outstanding Balance (End of Period)	
First Name	Middle I	Name					
Last Name/Business Name				e e e	•	·	
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Middle N	иme					
Last Name/Business Name	<u></u>						
Address					j		
City	State	Zip Code	_				
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ast Name/Business Name	<u> </u>			•			
ddress		·· • • • • • • • • • • • • • • • • • •	-				
City	State	Zip Code		du wa		+ 1	
escription of Obligation							
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ddress			·				
ity	State	Zip Code		1. 2 8 mail 5	74 x 15 7 4 50 - 1		
escription of Obligation							
rst Name	Middle Nam	e e			\$40.50 m Victoria	15 F 1 6 5 5 5 5	
st Name/Business Name	<u> </u>			 			
dress							
y	State	Zip Coda		·		y the section of	
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TOTALS				No. of the second secon	4. V 4 4 4 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		
otal from Outstanding Balance - (End of Perio in item 23b. on summary page.)	d) column must a	nworks ed oals			Ì	0.00	
SS-1127 (Rev. 4/02)	·	······································			<u>_</u>		
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SS-1127 (Rev. 4/02)