### CAMPAIGN FINANCIAL DISCLOSURE STATEMENTS

#### For State and Local Candidates For Single-Candidate Committees

JUL 24 2000 7

1. DATE OF REPORT July 24, 2018	2.a. NAME OF C	ON COUNTY 8'15							
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DATE	COMMISSION S 2018				
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		State	Zip Code	Phone				
948 Beckwith Road	Mt. Juliet		Tn	37122	615-866-8435				
4.b. CANDIDATE'S HOME ADDRESS (if differen Street or Rural Route	nt than 4.a.) City		State	Zip Code	Phone				
OFFICE SOUGHT (include district number, i     Circuit Court Clerk	f applicable)		OF POLITICAL T	TREASURER (may be	candidate)				
7. CATEGORY OR REPORT (Check one)  FIRST SECOND THIRD  QUARTER QUARTER QUARTER	FOURTH QUARTER	PRE- PRIMARY	☑ PRE- GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL				
8.a. BEGINNING DATE OF REPORTING PERIOD  July 1, 2018		8.b. ENDING	DATE OF REPO						
9. (Check one)		 	,,						
<ul> <li>a.  This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)</li> <li>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.</li> </ul>									
10. I/we do solemnly swear or affirm that the in accurate accounting of campaign contribution. Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other non signature of candidate.	ons and expenditure: swear or affirm that	s required to be no campaign or	e reported by the ontributions have federal internal	e candidate committee e been expended for t	by the Campaign				
		7.4.6.0	Juliana	politica: treasurer	uate				
11. WITNESS SIGNATURE			^						
signature of witness	7・2 3・ての date	8		yullunure of witness	$\frac{\sqrt{123.18}}{\sqrt{123.18}}$				
12. SUMMARY									
a. BALANCE ON HAND LAST REPORT	***************************************	***************************************		\$					
b. TOTAL RECEIPTS THIS PERIOD	······································	••••••		\$					
c. TOTAL DISBURSEMENTS THIS PERIOD			······	\$48.00	-				
d. BALANCE ON HAND (12.a. plus 12.b. m	iinus 12.c.)		•••••	\$	1449.50				
e. TOTAL LOANS OUTSTANDING				\$	8950.00				
f. TOTAL OBLIGATIONS OUTSTANDING		***************************************		\$	0.00				

### SUMMARY PAGE - CANDIDATE

WILSON COUNTY

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REF			THE PERIOD
	FROM:	7/1/18	TO:	7/23/18
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)			0	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)		******************	_ \$	950.00
16. LOANS RECEIVED THIS REPORTING PERIOD				
17. INTEREST RECEIVED THIS REPORTING PERIOD				
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)				
DISBURSEMENTS				
19. EXPENDITURES (other than loan payments)				
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.	a., printina	i, postage.	gasolin	e)
Could Ford Income (1 / 4 / 1 / 1 )	.00	, (	J	-,
\$	<del></del>			
\$				
\$	********			
\$	<del></del>			
\$	<del></del>			
\$				
\$				
\$				
Total of Expenditures (\$100 or less each payee)	. \$	48.00	-	
b. Itemized Expenditures (Over \$100 each payee this period)	\$			
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)			\$	0
20. LOAN REPAYMENTS MADE THIS PERIOD			\$	0
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)			\$	48.00
22.IN-KIND CONTRIBUTIONS			***************************************	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$	0		
b. Itemized in-kind contributions (over \$100 from each source this period)	\$	0		
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	*************	***************************************	\$	<u> </u>
23. OBLIGATIONS				
a. Unitemized Obligations Outstanding (\$100 or less each)	\$	0		
b. Itemized Obligations Outstanding (Over \$100 each)				
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 2	12.f.)		\$	0



WILSON COUNTY

### ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATEMISSION

NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVE FROM: 7/1/18						
Debbie Moss	TO: <b>7/23/18</b> Amount						
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT		· · · · · · · · · · · · · · · · · · ·			0.00		
4. COMPLETE THE APPROPRIATE ITEMS FOR E	_			\$100 from any contributo	r) Amount of Contribution		
First Name Kim	Middle Nar	ne	Contribution Received For:	Contribution Received For:			
Last Name/Organization Name	.1		Primary Election	200.00			
Stewart Address	<del></del>	**************************************	Runoff (Local Election	Runoff (Local Elections Only)			
Addes Addes Highway	La						
City Lebanon	State Tn	Zip Code <b>37087</b>	Date of Contribution	Date of Contribution			
Occupation Deputy Clerk			July 2,	2018			
Employer Wilson County Gov							
First Name Virginia	Middle Nar	ne	Contribution Received For	·	Amount of Contribution		
Last Name/Organization Name Winchester	1		Primary Election	☑ General Election	750.00		
Address 319 Queens Drive			Runoff (Local Election	ns Only)	750.00		
City Mt. Juliet	State Tn	Zip Code 37122	Date of Contribution		Aggregate This Election		
Occupation Owner	**************************************	July 2	July 2, 2018				
Employer World One	<del></del>		<b>,</b> ,				
First Name Middle Name			Contribution Received For:	Contribution Received For:			
Last Name/Organization Name		<del></del>	☑ Primary Election [				
Address			Runoff (Local Election				
City	State	Zip Code	Date of Contribution	Aggregate This Election			
Occupation			***************************************				
Employer			-				
First Name	Middle Nam	ne .	Contribution Received For:		Amount of Contribution		
Last Name/Organization Name	<u> </u>		Primary Election	Primary Election 🔽 General Election			
Address			Runoff (Local Election	Runoff (Local Elections Only)			
City	City State Zip Code		Date of Contribution	Aggregate This Election			
Occupation	L	L	_				
Employer	<del> </del>						
TOTAL ITEMIZED CONTRIBUTIONS     (Carry forward to item 3. of next page if additional pages (If this is the last page of contributions, this amount must					950.00		



# JUL 24 2018 ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

4 NAME OF CAMPIDATE OF CO.	NA OTTEE			****	<u> </u>	ECTION COMPRISSION RING THE PERIOD			
NAME OF CANDIDATE OR CO     Debbie Moss	MMILIEE				2. REPORT COVE FROM: <b>7/1/18</b>	TO: 7/23/18			
#	~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>			44.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	11.Om. 77171G	Amount			
3. TOTAL ITEMIZED IN-KIND CO	NTRIBUTIONS	FROM I	PRECEDING PAC	GE (enter \$0 if first itemized page	)	0.00			
4. COMPLETE THE APPROPRIATE I	TEMS FOR EACH	ITEMIZI	ED IN-KIND CONTE	RIBUTION (in-kind contributions totaling	more than \$100 from any co	ntributor during the period)			
First Name	Mi	iddie Nam	е	In-Kind Contribution Receive	<del></del>				
Last Name/Organization Name				Runoff (Local Election					
Address		***************************************		Date of In-Kind Contribution		Aggregate this Election			
City State Zip Code			Description of In-Kind Contribution	Description of In-Kind Contribution					
Occupation Employer									
First Name	Mi	iddle Nam	е	In-Kind Contribution Received  ✓ Primary Election					
Last Name/Organization Name				☑ Runoff (Local Elections Only)					
Address				Date of In-Kind Contribution		Aggregate this Election			
City	Sta	ate	Zip Code	Description of In-Kind Contribution					
Occupation	Employer			******					
First Name Middle Name			In-Kind Contribution Received  ▼ Primary Election ▼	For: General Election	Value of In-Kind Contribution				
Last Name/Organization Name			Runoff (Local Election						
Address				Date of In-Kind Contribution		Aggregate this Election			
City	Sta	ate	Zip Code	Description of In-Kind Contribution	****				
Occupation Employer									
First Name	Mic	ddle Name	3	In-Kind Contribution Received	For: General Election	Value of In-Kind Contribution			
Last Name/Organization Name	<del></del>			Runoff (Local Election					
Address				Date of In-Kind Contribution	s Othy)	Aggregate this Election			
City	Sta	,to	Zip Code	Description of the Kind Contribution					
		ate	Zip Code	Description of In-Kind Contribution					
Occupation	Employer								
First Name	Mid	ldle Name		In-Kind Contribution Received		Value of In-Kind Contribution			
Last Name/Organization Name				General Election					
			Runoff (Local Elections  Date of In-Kind Contribution	Only)	Agarcanto this Clastica				
Address			Date of RE-Mild Columbiation		Aggregate this Election				
City	Stat	te	Zip Code	Description of In-Kind Contribution					
Occupation	Employer		······································						
5. TOTAL ITEMIZED IN-KIND CO (Carry forward to Item 3. of next page if a (If this is the last page of in-kind contribut	dditional pages of this			nary.)		0.00			

## ITEMIZED STATEMENT OF EXPENDITURES -LEANDLE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVE	
Debbie Moss		<del></del>		FROM <b>7</b> /1/18	TO: <b>7/23/18</b> Amount
3. TOTAL ITEMIZED CAMPAIGN EXPENDIT	URES FRO	OM PRECEDING PAG	GE (enter \$0 if first itemized pa	ige)	0.00
4. COMPLETE THE APPROPRIATE ITEMS FOR	EACH ITEM	IIZED EXPENDITURE	(expenditures totaling more than \$100	I to any payee during the pe	riod)
First Name	Middle Na	ame	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name South East Impressions		T-shirts			
P.O. Box 1140	·····	······································			48.00
City Lebanon	State Tn	Zip Code 37088			
First Name	Middle Na	me	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name			-		
Address			_		
City	State	Zip Code			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			<b></b>		
Address					
City	State	Zip Code			
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			-		
Address					
City	State	Zip Code	_		
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	.1				
Address	***************************************	ALL STATE ASSESSMENT OF THE PROPERTY OF THE PROPERTY OF THE TAXABLE STATES OF THE PROPERTY OF			
City	State	Zìp Code			
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address			1		
City	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 mu					48.00

WILSON COUNTY

## ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE							2.	2. REPORT COVERING THE PERIOD				
Debbie Moss							FF	ROM: <b>7/1/18</b>		TO: <b>7/23/18</b>		
3. COMPLETE THE APPROPRIAT	E ITEMS F	OR EACH I	TEMIZ	ED LOAN (	loans totaling r	nore than \$10	0 from any source					
Complete the Following for the Source												
First Name Middle Name Outstanding Loan Balance Loa								Loan	Out	standing Loan Balance		
					01 Period)	Receiv O	eo Pa	Payments (End of Period) <b>0 8950.00</b>				
Moss						Ü						
948 Beckwith Road				Loan Receive								
Cty Mt. Juliet	State Tn	Zip Code 37122		•	☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)			8/1/14				
Ļ	ist All Endo	sers or Guara	antors fo	or Above Loa	n (If more spa	ice is neede	d please attacl	a page)				
First Name		Middle Name	<u> </u>		First Name				Middle	Name		
Last Name/Organization Name		<u> </u>			Last Name/Or	ganization Na	me		l .	· · · · · · · · · · · · · · · · · · ·		
Address	······································				Address		State Z-p Code ed Outstanding					
City		State	Zip Co	ode	City				State	Zip Code		
Amount Guaranteed Outstanding		<b>1</b>			Amount Guara	nteed Outstar	nding					
First Name Middle Name					First Name Middle Name							
Last Name/Organization Name		<u> </u>		······································	Last Name/Organization Name							
Address					Address							
City State Zip Code			ode	City				State	Zip Code			
Amount Guaranteed Outstanding					Amount Guara	nteed Outstar	nding					
First Name		Middle Name			First Name				Middle	Name		
Last Name/Organization Name				•	Last Name/Organization Name							
Address	······································	···········		<del></del>	Address							
City		State	Zip Co	ode	City				State	Zip Code		
Amount Guaranteed Outstanding					Amount Guara	nteed Outstan	iding					
First Name Middle Name					First Name Middle Name							
Last Name/Organization Name				Last Name/Org	anization Nar	ne						
Address					Address							
City		State	Zip Co	de	City				State	Zip Code		
Amount Guaranteed Outstanding					Amount Guarar	nteed Outstan	ding	,		·		
4. Totals for all Loans (complete on la (Total loans received should also be shown in					Outstanding Lo (Beginning o		Loans Received	Loan Payme		Outstanding Loan Balance (End of Period)		
(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.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)					, , , , , , , , , , , , , , , , , , , ,					8950.00		

WILSON COUNTY LECTION COMMISSION

### **ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE**

NAME OF CANDIDATE OR COMMITTEE     Debbie Moss	2. REPORT COVERING THE PERIOD					
			FROM: <b>7/1/18</b>	TO:	7/23/18	
			Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Nar	me				· · · · · · · · · · · · · · · · · · ·
Last Name/Business Name	<u> </u>		-			
Address	•		· <b>-</b>			
City	State	Zip Code				
Description of Obligation						
First Name	Middle Nar	ne				
Last Name/Business Name	L.,					
Address						
City	State	Zip Code	1			
Description of Obligation			I	·		
First Name	Middle Name					
Last Name/Business Name			-			
Address						
City	Slate	Zip Code				:
Description of Obligation						
First Name	Middle Nan	ne				
Last Name/Business Name			-			
Address						
City	Stale	Zip Code				
Description of Obligation						
First Name	Middle Nan	ne				
Last Name/Business Name	L		-			
Address			]			
City	State	Zip Code				
Description of Obligation		•	<u> </u>	······································		
4. TOTALS		· · · · · · · · · · · · · · · · · · ·				
(Total from Outstanding Balance - (End of Period) of in item 23b. on summary page.)	olumn musi	also be shown				0.00

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