JUL 1 - 2014

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT COUNTY ELECTION COMMISSION

For State and Local Candidates For Single-Candidate Committees

101011310-0411	aradio oominiite	100	
1. DATE OF REPORT 1 July 2014 2.a. NAME OF CA Commi	NDIDATEOR COMMITTEE	obet Karn	Royal
2.b. IF COMMITTEE, NAME OF CANDIDATE	11-C 10 HE	BECT KENNE 3. ELECTION DATE	nerch
4.a. CAMPAIGN ADDRESS AND PHONE	Page 100 and a second		
Street or Rural Route City City LeSanon	State Tw	Zip Code 37087 613	Phone 5-443-1216
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City	State	Zip Code	Phone
SAME AS ASOU			
5. OFFICE SOUGHT (include district number, if applicable) Commissioner Pristrict 6	6. NAME OF POLITICAL T	REASURER (may be car	ndidate)
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD FOURTH QUARTER QUARTER QUARTER QUARTER	PRE- PRIMARY GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD 1 Apr 2014	8.b. ENDING DATE OF REPOR	RTINGPERIOD RE 2014	
9. (Check one) a. This campaign is exempt from detailed disclosure because tures total \$1,000 or less for this reporting period. (Comple b. This campaign is required to file a detailed financial disclos and/or expenditures total more than \$1,000 for this reporting	contributions (including in-kinete items 12d., 12e. and 12f.)	d) received total \$1,000 o	
10. I/we do solemnly swear or affirm that the information contained accurate accounting of campaign contributions and expenditures Financial Disclosure Act. Additionally, I/we swear or affirm that n benefit of the cardidate or for any other nonpolitical purpose as discipled as a signature of candidate. 13 14	required to be reported by the campaign contributions have efined by the federal internal	candidate committee by	the Campaign
11. WITNESS SIGNATURE Rackel Waves signature of witness 7/1/4 date	signatu	well are of witness	7-1-14 date
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ 1,750.00	
b. TOTAL RECEIPTS THIS PERIOD		<u>250.03</u>	
b. TOTAL RECEIPTS THIS PERIOD		2,000.00	,
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)			Ø
e. TOTAL LOANS OUTSTANDING		\$	250.00
f. TOTAL OBLIGATIONS OUTSTANDING			9



SUMMARY PAGE - CANDIDATE



	ELECTION COLUM
13. NAME OF CANDIDATE OR COMMITTEE (In Full) 14. REPORT	COVERING THE PERIOD
RECEIPTS The Committee to the elect Henry their FROM: & AF	14 TO: 30JUA14
15. CONTRIBUTIONS (other than loans and interest)	_
a. Unitemized Contributions (\$100 or less from each source this period)\$\$	00
b. Itemized Contributions (over \$100 from each source this period) $$$	20
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ 250.00
16. LOANS RECEIVED THIS REPORTING PERIOD	
17. INTEREST RECEIVED THIS REPORTING PERIOD	s <u>Ø</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	s <u>250</u> .32
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, pos-	tage, gasoline)
U.S. Post OFFice (Partage) \$ 6.86	-gar gaddinio
Wilson Farmers Coop (8' Metal Bot) \$ 45.80	
Advance Signi (YAND signi holders) & 90.13	
Averthe Mood (2 sets CAV MARNES) 40.00	
Advance Sign (yard sign hangers) \$ 60.09	
Over The Moon Cyard Signs) \$ 75.00	
\$	
*	
\$	
Total of Expenditures (\$100 or less each payee)	88
b. Itemized Expenditures (Over \$100 each payee this period)	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	
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)\$	
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.)	\$
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.)	s Ø



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE: OMMISSION

NAME OF CANDIDATE OR COMMITTEE	1 1	. /	0 (2. REPORT COVER	RING THE PERIOD		
Committee to ke	- Kenny 6	Kach	FROM: 1761 N	TO: 30 JUN 14			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU	TIONS FR	OM PRECEDING PAC	GE (enter \$0 if first itemized p	0 /	Amount 250.00		
4. COMPLETE THE APPROPRIATE ITEMS FOR E	-			100 from any contributor)		
First Name	Middle Nan	ne	Contribution Received For:		Amount of Contribution		
Last Name/Organization Name		3.00	☐ Primary Election	General Election	200		
Address 310 Cairesville	RJ.		Runoff (Local Election	s Only)	200.20		
City Ladasos	State	Zip Code 37087	Date of Contribution		Aggregate This Election		
Occupation Farmer			is 1		,		
Employer Nowe			23 Apr 1	y	200.00		
First Name	Middle Nar	me	Contribution Received For:		Amount of Contribution		
Last Name/Organization Name			Primary Election	General Election			
Address 490 Murtrees boro	Q()	Runoff (Local Election	s Only)	Amount of Contribution Aggregate This Election Amount of Contribution Aral Election Amount of Contribution Aral Election Amount of Contribution		
City LoSperos	State Zip Code		Date of Contribution		Aggregate This Election		
Occupation ADVVP 6 2 4 P	1.6	1 0/00	125012	2014			
Employer A D Le			1230-10	70,1	60.00		
NOTE							
First Name	Middle Nam	e	Contribution Received For:		Amount of Contribution		
	Middle Nam	не	N 00000000000000000000000000000000	General Election	Amount of Contribution		
First Name	Middle Nam	ie			Amount of Contribution		
First Name Last Name/Organization Name	Middle Nam	Zip Code	Primary Election				
First Name Last Name/Organization Name Address			☐ Primary Election ☐				
First Name Last Name/Organization Name Address City			☐ Primary Election ☐				
First Name Last Name/Organization Name Address City Occupation			☐ Primary Election ☐				
First Name Last Name/Organization Name Address City Occupation		Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For:		Aggregate This Election		
First Name Last Name/Organization Name Address City Occupation Employer	State	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For:		Aggregate This Election		
First Name Last Name/Organization Name Address City Occupation Employer First Name	State	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For:	s Only) General Election	Aggregate This Election		
First Name Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name	State	Zip Code	☐ Primary Election ☐ ☐ Runoff (Local Election Date of Contribution Contribution Received For: ☐ Primary Election ☐	s Only) General Election	Aggregate This Election		
First Name Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address	State Middle Nam	Zip Code	☐ Primary Election ☐ ☐ Runoff (Local Election Date of Contribution Contribution Received For: ☐ Primary Election ☐ ☐ Runoff (Local Elections	s Only) General Election	Aggregate This Election Amount of Contribution		
First Name Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address City	State Middle Nam	Zip Code	☐ Primary Election ☐ ☐ Runoff (Local Election Date of Contribution Contribution Received For: ☐ Primary Election ☐ ☐ Runoff (Local Elections	s Only) General Election	Aggregate This Election Amount of Contribution		



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR Committee				OVERING THE PERIOD 7.4 TO: 30 July Amount
3. TOTAL ITEMIZED IN-KIND (CONTRIBUTIONS FR	OM PRECEDING I	PAGE (enter \$0 if first itemized page)	
4. COMPLETE THE APPROPRIAT	E ITEMS FOR EACH ITE	EMIZED IN-KIND CO	NTRIBUTION (in-kind contributions totaling more than \$1 00 from a	ny contributor during the period)
First Name	Middle Name		In-Kind Contribution Received For: Primary Election General Election	Value of In-Kind Contribu
Last Name/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			
First Name	Middle	Name	In-Kind Contribution Received For:	Value of In-Kind Contributi
Last Name/Organization Name	(l)		Primary Election General Election	
Address	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0	Date of In-Kind Contribution	Aggregate this Election
City	State	Zipton	Description of In-Kind Contribution	
Occupation	Employer	1		
irst Name	Middle N	lame	In-Kind Contribution Received For:	Value of In-Kind Contribution
st Name/Organization Name			☐ Primary Election ☐ General Election☐ Runoff (Local Elections Only)	
ddress		-	Date of In-Kind Contribution	Aggregate this Election
ty	State	Zip Code	Description of In-Kind Contribution	
ccupation	Employer			
st Name	Middle N	ame	In-Kind Contribution Received For:	Value of In-Kind Contribution
st Name/Organization Name	<u> </u>		☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
dress			Date of In-Kind Contribution	Aggregate this Election
′	State	Zip Code	Description of In-Kind Contribution	
cupation	Employer	•		
Name	Middle Nan	ne	In-Kind Contribution Received For:	Value of In-Kind Contribution
Name/Organization Name			☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
ess			Date of In-Kind Contribution	Aggregate this Election
	State	Zip Code	Description of In-Kind Contribution	1
pation	Employer			
TOTAL ITEMIZED IN-KIND CON (Carry forward to item 3. of next page if ad	ditional pages of this form a	re used.)		12
(If this is the last page of in-kind contribution	ons, this amount must be sh	own in item 22b. of sum	mary.)	



WILSON COUNTY ELECTION COMMISSION

ITEMIZED STATEMENT OF LOANS - CANDIDATE

A MANTE OF CAMPIDITE OF										
1. NAME OF CANDIDATE OR COMMITTEE Committee to Re-elect to 3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAD						1		2. REPOR	T COVE	RING THE PERIOD
Committee of	6 K	2 -01	pot	-1	14 /	Local	(FROM:	n i U	30 JUN 1
3. COMPLETE THE APPROPRI	IATE ITEMS	FOR EAC	H ITEMIZ	ZED LOAN	(loans totaling r	nore than \$	100 from any sou	urce during the	period)	30000
Complete the Following for the Sour										
First Name	Middle Na	me			Loan Balance	Loa		Loan	Out	standing Loan Balance
Land to the state of the state				Beginning	g of Period)	Rece	ived	Payments		(End of Period)
Last Name/Organization Name										
Address				Loan Recei				Date of L	oan	
City	State	Zip Code		Prima			eral Election			
	Link All Funds			L	f (Local Elections					
First Name	List All Endo	THE REAL PROPERTY.	The state of the s	or Above Lo	an (If more spa	ce is need	led please atta	ch a page)		
	\	Middle Nar	ne		First Name				Middle	Name
Last Name/Organization Name		1/			Last Name/Org	anization N	ame			
Address		()	>		Address					
City		State	Zip Co	ø'é	City				State	Zip Code
Amount Guaranteed Outstanding			(4	Amount Guaran	teed Outsta	anding			
First Name Middle Name				First Name				Middle	Name	
Last Name/Organization Name					Last Name/Orga	anization Na	ame		1	
Address			-	1	Address					
City		State	Zip Cod	le	City				State	Zip Code
Amount Guaranteed Outstanding			•		Amount Guarant	eed Outsta	nding		1	
First Name		Middle Name	e		First Name				Middle	Name
Last Name/Organization Name					Last Name/Orga	nization Na	me			
Address					Address	$\overline{}$				
City		State	Zip Code	е	City		\ 		State	Zip Code
mount Guaranteed Outstanding					Amount Guarante	ed Outstar	nding			
irst Name		Middle Name			First Name				Middle N	ame
ast Name/Organization Name					Last Name/Orgar	nization Nar	ne		<u> </u>	
ddress					Address			-		
ity		State	Zip Code		City				State	Zip Code
nount Guaranteed Outstanding	<u> </u>		4		Amount Guarante	ed Outstan	ding		1	
Totals for all Loans (complete on la Total loans received should also be shown in Total loan payments should also be shown in	item 16. on sur item 20. on sur	nmary page.) nmary page.)	85.3	G	Outstanding Loan (Beginning of F		Loans Received	Loan Payme		Outstanding Loan Balance (End of Period)
Total outstanding loan balance should also be	shown in item 1	2.e. on front p	age.)							



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

A NAME OF CAMPIDATE OF COMMITTEE		O LO DEDONE COM	
1. NAME OF CANDIDATE OR COMMITTEE	e-elect Kon.	my Keich FROM: April	
3. TOTAL ITEMIZED CAMPAIGN EXPENDIT	URES FROM PRECEDING PAG	GE (enter \$0 if first itemized page)	317.88
4. COMPLETE THE APPROPRIATE ITEMS FOR	EACH ITEMIZED EXPENDITURE	expenditures totaling more than \$100 to any payee during the p	period)
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name OVER The MOON	. 1	YARD SIGNS AND BANNERS	
1461 BAtes RJ		AND DORS	225 -2
City LOS ANON	State Zip Code 37087	16x4 DANA	225.00
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		Postage Por	
M.S Post OFFice	-	Postage for Mail outs	
City	State Zip Code 37087		169.54
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Wright Printing		Political	
Address Box 277		Political Handouts	
City LeSp. Lon	State Zip Code		316.83
	7~1 37088	Durana (Francischer	
First Name Last Name/Business Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Over The Moon		yard signs	
Address 1461 BATES RJ		1 -11110	200.00
LoSANOL	State Zip Code 7~(3708)		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name Southeast Impressi	215	TShirts	
P.O. BOX 1140			202.//
Les Adom	State Zip Code 3 7088		
Southeast J	Middle Name	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name Southeast Impress	ious	50 CAPS	_ ~ ~
ddresp. 0. Box 1140			327.75
Losavor	State Zip Code 37088		
5. TOTAL ITEMIZED EXPENDITURES			
(Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount must			1,441.23



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE Committee to Be	E -8/	et Vale	Reich	2. REPORT COVER	TO: 30 July
3. TOTAL ITEMIZED CAMPAIGN EXPENDI			V .		Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR					1,759.11
First Name	Middle		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Over The Mood				`. / C	12520
1461 BATES RJ			YARD SI	gms	125.00
City Lebano-1	State	Zip Code 37 OF 7			
First Name	Middle N	Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Over The Mood			YARD SI	د ام و	15.00
1461 BAtos RL			-	O .	115.89
Lebanon	State	Zip Code 3708 >			
First Name	Middle N	ame	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	\				
Address					
City	State	Zip Code			
First Name	Middle Nar	me	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					
Address					
City	State	Zip Code			
 TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount must 	of this form a	ere used.) item 19b. of summary.)		7	2000.00



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	-cle	I Vou	11. Rouh	2. REPORT CON	ERING THE PER	Dara 14
COMPLETE THE APPROPRIATE ITEMS FOR OBLIGATION (obligations totaling more that person/vendor at the end of the reporting page 1.2.)	OR EACH n \$100 ow	HITEMIZED	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	me			_	
Last Name/Business Name				£3		
Address			1			
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	me				
Last Name/Business Name	1		1			
Address		5/	1		7	
City	State	Zip Cøde			(
Description of Obligation		10	W, 2			
First Name	Middle Nar	me	4			
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Nar	me		1		
Last Name/Business Name						
Address			1			
City	State	Zip Code	1			
Description of Obligation						
First Name	Middle Nar	me				
Last Name/Business Name						
Address]			
City	State	Zip Code				
Description of Obligation						
 TOTALS (Total from Outstanding Balance - (End of Period) c in item 23b. on summary page.) 	olumn mus	t also be shown			0	Ø