## CAMPAIGN FINANCIAL DISCLOSURE STATEMENT For State and Local Candidates WILSON LILINITY STATEMENT

	For	r Single-Ca	ndidate	Committ	ees	WIL	SUN COUNTY 9
1. [	DATE OF REPORT	2.a. NAME OF	CANDIDATE OF	RÇOMMITTEE		ELECTR	ON COMMISSION
	1/26/18	Diano	2 G./1	)eatho	r.5		- INDOINGE
2.b.	IF COMMITTEE, NAME OF CANDIDATE			<u></u>	3. ELECTION	DATE	
ļ					1 20	18	Auga
4.a. C	CAMPAIGN ADDRESS AND PHONE Street or Rural Route	Cit		_		10	, , , , , , ,
181	20 Ca to 10 % 01	City		State	Zip Code		Phone
4.b. C	CANDIDATE'S HOME ADDRESS (if different	1. Juliet		TN.	37122	615	202-5131
ļ s	Street or Rural Route	City		State	Zip Code		Phone
	same						1 Hone
5. O	DFFICE SOUGHT (include district number, if	applicable)	6. NAME	OF POLITICAL	TREASURER (m	av be can	didate)
16th	District County Comm	15signer		ne 6.1	Veathe	صد سد ، س	olddio)
7. C	ATEGORY OR REPORT (Check one)	- 33.6 1101	<u>,                                    </u>	1	o artific	27J	4
	FIRST SECOND THRD	FOURTH	PRE-	DOE		_	
	QUARTER QUARTER QUARTER EGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY	GENERAL	MID-YEA SUPPLEMEN		YEAR-END SUPPLEMENTAL
o.a. Di		j	8.b. ENDING	DATE OF REPO	RTING PERIOD		
9 (Ch	7 - 1 - 1 8 eck one)			7-23	-18		
0. (01)					-		
a.	This campaign is exempt from detailed tures total \$1,000 or less for this report	disclosure becaus	e contributions	s (including in-kir	d) received total	\$1,000 or	less AND expendi-
	-	ing penda. (Comp	rete items 120	., 12e. and 12f.)			
b.	This campaign is required to file a deta and/or expenditures total more than \$1	iled financial disclo	sure because	contributions (in	cluding in-kind) re	ceived to	tal more than \$1,000
	and/or expenditures total more than \$1	,000 for this reporti	ng period.				
Fi	we do solemnly swear or affirm that the info ccurate accounting of campaign contribution inancial Disclosure Act. Additionally, I/we sw enefit of the candidate or for any other nonpo- action of the candidate	vear or affirm that r	required to be	e reported by the ontributions have federal internal r	candidate comm	ittee by the for the pe	
11. WI	TNESS SIGNATURE						
1	0 0 1/2/	7 .		$\bigcap$	. > . /		
J.P.	NK. Weather	7/26/18	X	Sonk,	Wear the	6	2/20/18
	signature of witness	date	·	signatu	re of witness	<del></del>	date
12. SUN	MARY	A				·····	
a.	BALANCE ON HAND LAST REPORT	·····		\$			
b.	TOTAL RECEIPTS THIS PERIOD		***************************************	\$			
c.	TOTAL DISBURSEMENTS THIS PERIOD			\$	_0_		
d.	BALANCE ON HAND (12.a. plus 12.b. minu	ıs 12.c.)				\$	0
е.	TOTAL LOANS OUTSTANDING					\$ 1,2	53,24
f.	TOTAL OBLIGATIONS OUTSTANDING					. \$	0



## SUMMARY PAGE - CANDIDATE

JUL 27 2018

WILSUN COUNTY

13. NAME OF CANDIDATE OR COMMITTEE (In Full)				
Diane G. Weathers	FROM	17/1/18	TO:	7/23/18
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)				
a. Unitemized Contributions (\$100 or less from each source this period)	\$	O		
b. Itemized Contributions (over \$100 from each source this period)			_	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)			 \$	Ø
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	<del></del>	<del>*************************************</del>		
19. EXPENDITURES (other than loan payments)				
a. Expenditures (\$100 or less each payee this period) (must be listed by category -	e.a., printi	na postage i	nasoli	ne)
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\$				
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<u></u> \$	<del></del>			
\$	****			
\$				
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\$	· · · · · · · · · · · · · · · · · · ·			
Total of Expenditures (\$100 or less each payee)		0		
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.)	••••••	\$	5	0
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)	\$	$\mathcal{Q}$		
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.	.)	\$		$\mathcal{Q}_{-}$
23. OBLIGATIONS		***************************************		
a. Unitemized Obligations Outstanding (\$100 or less each)	\$	0		
b. Itemized Obligations Outstanding (Over \$100 each)	. \$	0		
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	12.f.)	\$		0

## ITEMIZED STATEMENT OF LOANS - CANDIDATE...

					<b></b>	·	,	MICON COUNTY	
1. NAME OF CANDIDATE OR CON				<del></del>		2. REPO	ORT COVE	RING HE HENDING	
Diane G. W	looth	٠. نسرير				FROM:	/ /	TO: .	
3. COMPLETE THE APPROPRIATE	TEMS FOR EA	CH ITEMI	ZED LOAI	V (loans totaling mo	ore than \$100 from a	ny source during	1/18	7/23/18	
Complete the Following for the Source of		Standard (Standard )	rekepertekterik entende	a na managana	and and a section of the last property and desired the sec	- The second second	are periody	alakat di kacamatan katan kacamatan kacamatan ka	
First Name	Middle Name		Outstandir	ng Loan Balance	Loans	Loan	Out	standing Loan Balance	
Last Name/Organization Name	Grave	5	(Beginni	ng of Period)	Received	Payments	000	(End of Period)	
weather 5			1,25	73.24	D	0	1	253.24	
Weathers Address 1800 Central Pi City Mt. Tuliet	ke		Loan Rece	eived For:			of Loan	030107	
Mt Tuliot	State Zip Co	de 122	1	ary Election (	General Election		4/18/	, 12	
****	All Endorsers or G						4/10/	18	
First Name	Middle		or ribove E	First Name	is needed prease	e attach a page	·	Nicol	
Last Name/Organization Name	əst Name/Organization Name			Last Name/Organization Name					
	·			Last Name/Organ	zation Name				
Address				Address					
City	State	Zip Co	de	City			State	Zip Code	
Amount Guaranteed Outstanding				Amount Guarantee	d Outstanding				
First Name	Middle N	ame		First Name Middle Name					
				Middle Name					
Last Name/Organization Name	ast Name/Organization Name				Last Name/Organization Name				
Address		***************************************		Address	<del></del>				
City	State	Zip Cod	е	City	**		State	Zip Code	
Amount Guaranteed Outstanding		!	·	Amount Guaranteed	Outstanding				
First Name	Middle Na	me		First Name					
ast Name/Organization Name						Middle Name			
ast Name/Organization Name				Last Name/Organiza	tion Name				
Address				Address					
City	State	Zip Code		City			State	Zip Code	
mount Guaranteed Outstanding				Amount Guaranteed (	Outstanding		<u> </u>		
	ta seganta transcriptor				20101011g				
irst Name	Middle Nan	ne		First Name Middle Name					
st Name/Organization Name				Last Name/Organization Name					
ddress			<del></del>	Address					
ity	State	Zip Code		City			State	Zip Code	
nount Guaranteed Outstanding	L	Д		mount Guaranteed O	utstanding		Jiale	Zip Code	
	Therese to the second second	and the constraint of the same							
Totals for all Loans (complete on last page Total loans received should also be shown in item 1	6 on summary nace	1	C	utstanding Loan Bala (Beginning of Period	ance Loans d) Received	Loa		itstanding Loan Balance	
Total loan payments should also be shown in item 2 otal outstanding loan balance should also be shown	O on summary hade	1		1,253.2				(End of Period)	
R COLUMN	TELO, ON HOU	paye./		10000	TIV	16		253.24	