

RECEIVED
OCT 29 2012
8:00
COUNTY
ELECTION COMMISSION

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT 10-29-12		2.a. NAME OF CANDIDATE OR COMMITTEE Billy Weeks	
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE 11-06-12	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 222 Carver Lane Lebanon TN 37087 (615) 533-5441			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone			
5. OFFICE SOUGHT (include district number, if applicable) Council Ward 5		6. NAME OF POLITICAL TREASURER (may be candidate) Kathy Babb Boyd	
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input checked="" type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD 10-1-12		8.b. ENDING DATE OF REPORTING PERIOD 10-27-12	
9. (Check one) a. <input type="checkbox"/> 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.) b. <input checked="" type="checkbox"/> 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.			
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.			
signature of candidate		10/29/12 date	Kathy Babb Boyd signature of political treasurer
			10/29/12 date
11. WITNESS SIGNATURE			
Kathy Babb Boyd signature of witness		10/29/12 date	[Signature] signature of witness
			10/29/12 date
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ 150.85	
b. TOTAL RECEIPTS THIS PERIOD		\$ 1400.00	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ 1640.00	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ 90.85	
e. TOTAL LOANS OUTSTANDING		\$ 4813.43	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ -0-	



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ELECTION COMMISSION

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)

Billy Weeks

14. REPORT COVERING THE PERIOD

FROM: 10/01/12

TO: 10/27/12

RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ 1400.00

b. Itemized Contributions (over \$100 from each source this period) \$ 200.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 1600.00

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.) \$ 1600.00

DISBURSEMENTS

19. EXPENDITURES (other than loan payments)

a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total of Expenditures (\$100 or less each payee) \$ -0-

b. Itemized Expenditures (Over \$100 each payee this period) \$ 1660.00

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 1660.00

20. LOAN REPAYMENTS MADE THIS PERIOD \$ -0-

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 1660.00

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.) \$ -0-

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 in item 12.f.) \$ -0-



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ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Billy Weeks		2. REPORT COVERING THE PERIOD FROM: 10/01/12 TO: 10/27/12	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount -0-
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)			
First Name Dave	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	Amount of Contribution
Last Name/Organization Name Kirkey		<input type="checkbox"/> Runoff (Local Elections Only)	\$ 200.00
Address 3794 Cairo Bend Rd.		Date of Contribution	
City Lebanon	State TN	Zip Code 37087	
Occupation Retired	Employer N/A		
		10-17-12	\$ 200.00
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Runoff (Local Elections Only)	
Address		Date of Contribution	
City	State	Zip Code	
Occupation	Employer		
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Runoff (Local Elections Only)	
Address		Date of Contribution	
City	State	Zip Code	
Occupation	Employer		
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Runoff (Local Elections Only)	
Address		Date of Contribution	
City	State	Zip Code	
Occupation	Employer		
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Runoff (Local Elections Only)	
Address		Date of Contribution	
City	State	Zip Code	
Occupation	Employer		
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)			\$ 200.00



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ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Billy Weeks				2. REPORT COVERING THE PERIOD FROM: 10/01/12 TO: 10/27/12	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount -0-	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (In-kind contributions totaling more than \$100 from any contributor during the period)					
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution		Value of In-Kind Contribution	
City	State	Zip Code	Aggregate this Election		
Occupation	Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution		Value of In-Kind Contribution	
City	State	Zip Code	Aggregate this Election		
Occupation	Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution		Value of In-Kind Contribution	
City	State	Zip Code	Aggregate this Election		
Occupation	Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution		Value of In-Kind Contribution	
City	State	Zip Code	Aggregate this Election		
Occupation	Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution		Value of In-Kind Contribution	
City	State	Zip Code	Aggregate this Election		
Occupation	Employer		Description of In-Kind Contribution		
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS				Amount -0-	
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)					

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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Billy Weeks			2. REPORT COVERING THE PERIOD FROM: 10/01/12 TO: 10/27/12	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount - 0 -	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)				
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name Lebanon Democrat		Advertising	1250.00	
Address 402 N. Cumberland				
City Lebanon	State TN Zip Code 37087			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name Jewell Signs		Campaign Signs	410.00	
Address 229 W. Forrest				
City Lebanon	State TN Zip Code 37087			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				
Address				
City	State Zip Code			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				
Address				
City	State Zip Code			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				
Address				
City	State Zip Code			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				
Address				
City	State Zip Code			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)			1660.00	



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ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Billy Weeks					2. REPORT COVERING THE PERIOD FROM: 10/01/12 TO: 10/27/12	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)						
Complete the Following for the Source of the Loan						
First Name		Middle Name		Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments
Last Name/Organization Name				4813.43	-0-	-0-
Address				Loan Received For:		Date of Loan
City				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
State				Zip Code		
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)						
First Name		Middle Name		First Name		Middle Name
Last Name/Organization Name				Last Name/Organization Name		
Address				Address		
City		State		City		State
		Zip Code				Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding		
First Name		Middle Name		First Name		Middle Name
Last Name/Organization Name				Last Name/Organization Name		
Address				Address		
City		State		City		State
		Zip Code				Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding		
First Name		Middle Name		First Name		Middle Name
Last Name/Organization Name				Last Name/Organization Name		
Address				Address		
City		State		City		State
		Zip Code				Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding		
First Name		Middle Name		First Name		Middle Name
Last Name/Organization Name				Last Name/Organization Name		
Address				Address		
City		State		City		State
		Zip Code				Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding		
4. Totals for all Loans (complete on last page of itemized loans) (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.)				Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments
				4813.43	-0-	-0-
						4813.43



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ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Billy Weeks				2. REPORT COVERING THE PERIOD FROM: 10/01/12 TO: 10/27/12			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name		410.00	-0-	410.00	-0-
Last Name/Business Name Jewell Signs							
Address 229 W. Forrest							
City Lebanon	State TN	Zip Code 37087					
Description of Obligation Campaign Signs							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
4. TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)				410.00	-0-	410.00	-0-

