CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees WILSON COUNTY DATE OF REPORT 2.a. NAME OF CANDIDATE OR COMMITTEE ELECTION COMMISSION 7-30-20 2.b. IF COMMITTEE, NAME OF CANDIDATE lomlinson 3. ELECTION DATE 4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City Phone 615-State Zip Code 266-6298 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) State Zip Code Phone OFFICE SOUGHT (include district number, if applicable) NAME OF POLITICAL TREASURER (may be candidate) CATEGORY OR REPORT (Check one) FIRST SECOND THIRD FOURTH PRE-MID-YEAR YEAR-END QUARTER QUARTER QUARTER QUARTER PRIMARY **GENERAL** SUPPLEMENTAL 8.a. BEGINNING DATE OF REPORTING PERIOD SUPPLEMENTAL 8.b. ENDING DATE OF REPORTING PERIOD 7-2620 9. (Check one) 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.) 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. 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 signature of political treasurer WITNESS SIGNATURE signature of witness signature of witness 12. SUMMARY BALANCE ON HAND LAST REPORT TOTAL RECEIPTS THIS PERIOD\$ _ TOTAL DISBURSEMENTS THIS PERIOD d. TOTAL LOANS OUTSTANDING..... e. TOTAL OBLIGATIONS OUTSTANDING



SUMMARY PAGE - CANDIDATE

WILSON COUNTY

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	* 	VERINGMAISSIPH.
Larry Tomlinson	FROM: 7 1 20	
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)		1 1 0, 00
a. Unitemized Contributions (\$100 or less from each source this period)	s 500-	•
b. Itemized Contributions (over \$100 from each source this period)		
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)		
16. LOANS RECEIVED THIS REPORTING PERIOD		
17. INTEREST RECEIVED THIS REPORTING PERIOD		• -0-
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		
DISBURSEMENTS		((00
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g	a. printing postage	asoline)
WANT \$ 60-		gasonne)
\$		
\$		
\$	-	
\$		
\$		
\$		
\$		

Total of Expenditures (\$100 or less each payee)	\$_60-	
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 516.25	5
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		
20. LOAN REPAYMENTS MADE THIS PERIOD		s -0-
20. LOAN REPAYMENTS MADE THIS PERIOD		\$ 576.25
22.IN-KIND CONTRIBUTIONS		
a. Unitemized in-kind contributions (\$100 or less from each source this period)\$	3	
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		<u> </u>
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		

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATED

1. NAME OF CANDIDATE OR COMMITTEE	-			ELEC	CTION COMMISSION
Larry	10	mlinson		FROM: 7-1-20	RING THE PERIOD TO: 7. 27. 29
3. TOTAL ITEMIZED CAMPAIGN CONTRIB	UTIONS I	FROM PRECEDING P	AGE (enter \$0 if first itemized o		Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR	EACH ITE	MIZED CONTRIBUTION	(contributions totaling more than \$	5100 from any contributo	1 0
First Name Jeff	Middle	Name	Contribution Received For:	o de la company	Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	47
Address 2004 New	Ma	Heat Aug	Runoff (Local Election	s Only)	P1200-
City Lebanon	State	Zip Code 37087	Date of Contribution		Aggregate This Election
Occupation advertising	c: /		7 13	20	
Employer Sanders M	anu	facturing		. 20	
First Name Benton	Middle N	7	Contribution Received For:		Amount of Contribution
Last Name/Organization Name	<u> </u>	<u> </u>	Primary Election		
	nel	Rd.	Runoff (Local Elections	Only)	\$200-
City Lebanon	State	Zip Code 37081	Date of Contribution		Aggregate This Election
Occupation Yellsed					
Employer					
First Name	Middle Na	ne	Contribution Received For:		
Last Name/Organization Name				Amount of Contribution	
			Primary Election	General Election	
Address			Runoff (Local Elections	Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation	<u> </u>				
Employer	·				
irst Name	Middle Nan	ne	Contribution Received For:	l A	Amount of Contribution
ast Name/Organization Name			Primary Election	General Election	
ddress			Runoff (Local Elections C	niy)	
Sity	State	Zip Code	Date of Contribution		Aggregate This Election
ccupation					•
mployer	· - · · · · · · · · · · · · · · · · · ·				
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages o (If this is the last page of contributions, this amount must b	this form an	e used.) em 15b. of summary.)			\$400-

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR CON	MITTEE	14 TS	Omliason 2. REPORT CI FROM: 7-1	ELECTION COMMISSION OVERING THE PERIOD TO
3. TOTAL ITEMIZED IN-KIND CON		}	PAGE (enter \$0 if first itemized page)	Amount
4. COMPLETE THE APPROPRIATE ITE	MS FOR EACH ITE	MIZED IN-KIND CO	NTRIBUTION (in-kind contributions totaling more than \$100 from a	any contributor during the period)
First Name Middle Name			In-Kind Contribution Received For:	Value of In-Kind Contribution
Last Name/Organization Name			Primary Election General Election	
Address			Runoff (Local Elections Only) Date of In-Kind Contribution	
City	State	7in Code		Aggregate this Election
Occupation	Employer	Zip Code	Description of In-Kind Contribution	
·	an poyer			
First Name	Middle I	Vame	In-Kind Contribution Received For:	Value of In-Kind Contributio
Last Name/Organization Name			Primary Election General Election	
Address			Runoff (Local Elections Only) Date of In-Kind Contribution	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution	Aggregate this Election
Occupation	Employer		Description of in-rang Contibution	
	•			
irst Name	Middle N	ame	In-Kind Contribution Received For:	Value of In-Kind Contribution
ast Name/Organization Name		· · · · · · · · · · · · · · · · · · ·	Primary Election General Election	
oddress			Runoff (Local Elections Only) Date of In-Kind Contribution	
ity	State	7in Code		Aggregate this Election
	mployer	Zip Code	Description of In-Kind Contribution	
irst Name	Middle Na	me	In-Kind Contribution Received For:	Value of In-Kind Contribution
ast Name/Organization Name			Primary Election General Election	
ddress			Date of In-Kind Contribution	A
ty	State	Zip Code		Aggregate this Election
ccupation Er	nployer	ZIP OWE	Description of In-Kind Contribution	
	•			
st Name	Middle Nan	ee	In-Kind Contribution Received For:	Value of In-Kind Contribution
1 Name/Organization Name			Primary Election General Election	
ess		Runoff (Local Elections Only) Date of In-Kind Contribution		
	State	7 in Code		Aggregate this Election
	ployer	Zip Code	Description of In-Kind Contribution	
L.11	projet			İ
TOTAL ITEMIZED IN-KIND CONTR				
(Carry forward to item 3. of next page if addition (If this is the last page of in-kind contributions, the	al pages of this form ar his amount must be sho	e used.) own in item 22b. of sumn	nary.)	-0-
SS-1128 (Rev. 2/06)		······································	Page of	RDA 1159

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE WILSON COUNTY

1. NAME OF CANDIDATE OR COMMITTE	5	1. Tool	N	77.50	KANGGAM PLESION
TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				TO: 771. ZO	
TOTAL TEMIZED CAMPAIGN EXPENS COMPLETE THE APPROPRIATE ITEMS FOR					1 - 0-
First Name	Middle I		Purpose of Expenditure	o to any payee during the pe	Amount of Expenditure
Last Name/Business Name					
Address - Address - C	25tal	Service	Postas	e	\$ 516.25
226 to Gay	State.	Zip Corfe		D 010.0-	
Whanon	State	Zip Code 31081			
First Name	Middle N	ame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address			_		
City	State	Zip Code			
First Name				a naci parana a anta sa	
Last Name/Business Name	Middle N	ame	Purpose of Expenditure	Amount of Expenditure	
Address					
City	State	Zip Code			
First Name	Middle Na	me	Purpose of Expenditure	Amount of Expenditure	
ast Name/Business Name					
Address					
City	State	Zip Code			
irst Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name					
ddress					
Sity	State	Zip Code			
First Name	Middle Nam	e	Purpose of Expenditure	Amount of Expenditure	
ast Name/Business Name					
ddress					
ily	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	es of this form a	re used.) item 19b. of summary.)			#516.25

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE					 u		2 PEPORT		ILSON COUNTY	
Larry Tombinson					2. REPORT COLUETONIONE BANKS FROM: TO:		TO:			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)							7.27.20			
3. COMPLETE THE APPROPRIATE ITEMS	OR EACH	IIEMIZ	'ED LOAN	(loans totaling r	nore than \$1	100 from any s	source during the	period)		
Complete the Following for the Source of the Loan										
First Name Middle Nan					anding Loan Balance End of Period)					
Last Name/Organiza <u>tid</u> n Name			1	~~	100				000 -	
Address			Lass Daniel	00 - 100 - 2000 - ved For: Date of Loan						
6798 Harts	wille	PC	Primar		Gene	ral Election	Date of Li			
City State	Zip Code			ry Election Segmenal Election 7-22-20						
Lebanon Tw			l			od place of	Hash a nasa)	<i></i>		
First Name	Middle Name	Visitatiya da	or Above Loa	n (If more spa First Name	ce is need	eo piease a	uacri a page)	Middle N	ame	
	I I I I I I I I I I I I I I I I I I I					-1 W 1. 1		Mildole IA	anie	
Last Name/Organization Name				Last Name/Org	anization N	ame				
Address				Address						
City	Stale	Zip Co	de	City					Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding						
First Name	First Name Middle Name				First Name Middle Name					
Last Name/Organization Name				Last Name/Organization Name						
Address				Address						
City	State	Zip Cor	de	City				State	Zip Code	
Amount Guaranteed Outstanding		<u> </u>		Amount Guaran	teed Outsta	ndina				
Anount Guaranteed Odistanding				anount oddron	toco outsta	nung				
First Name	Middle Name	·		First Name				Middle N	ame	
Last Name/Organization Name	·	· · · · · · · · · · · · · · · · · · ·		Last Name/Organization Name						
Address		************		Address						
City	State	Zip Cod	de	City State				State	Zip Code	
Amount Guaranteed Outstanding		1		Amount Guaranteed Outstanding						
First Name Middle Name				First Name Middle Name						
Last Name/Organization Name			Last Name/Organization Name							
Address				Address						
City	State	Zip Cod	le	City State Zip Co				Zip Code		
Amount Guaranteed Outstanding	Amount Guaranteed Outstanding						1			
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.)				Outstanding Loa (Beginning of		Loans Receive	Loa di Paym		utslanding Loan Balance (End of Period)	
(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.)				1000		1000			2000-	

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE OUNTY

	ELECTION COMMISSION 2. REPORT COVERING THE PERIOD					
1. NAME OF CANDIDATE OR COMMITTEE	FROM: 7.1.	20 TO: 7	-27-20			
NAME OF CANDIDATE ORICOMMITTEE CA YY COMPLETE THE APPROPRIATE ITEMS F OBLIGATION (obligations totaling more than person/vendor at the end of the reporting person/vendor).	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)		
First Name						
Last Name/Business Name	<u> </u>		1			
Address						
City	State	Zip Code			:	
Description of Obligation	<u> </u>				· · · · · · · · · · · · · · · · · · ·	
First Name	Middle Nar	ne		to the Company of the		
Last Name/Business Name	L		-			
Address						
City	State	Zip Code				
Description of Obligation	<u> </u>	<u></u>	<u>,, </u>			
First Name Middle Name					. Action that provides	Service Company of the Company of th
Last Name/Business Name			-			
Address			-			
City	State	Zip Code				
Description of Obligation						
First Name	Middle Nar	ne				
Last Name/Business Name	<u> </u>		-			
Address			1			
City	State	Zip Code	4			
Description of Obligation	1			,		
First Name	Middle Na	ne				
Last Name/Business Name			-			
Address			-			
City	State	Zip Code	-			
Description of Obligation	<u> </u>	1		<u> </u>		
4. TOTALS						
(Total from Outstanding Balance - (End of Period) of in item 23b. on summary page.)				70-		