### CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

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RECEIVED	) & &

101	Olliano our			2 4 5555
1. DATE OF REPORT		ANDIDATE OR COMMITTEE	J	UL 262022
7-26-02	Hobert	C. DryAn	3. ELECTION DATEW	LSON COUNTY
2.b. IF COMMITTEE, NAME OF CANDIDATE		,	3. ELECTION DATE	TION COMMISSION
			0000	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	State	Zip Code	Phone
7.0. Bu 903	-chanon	TIN	37098-0803	6155743426
4.b. CANDIDATE'S HOME ADDRESS (if different	than 4.a.)	State	Zip Code	Phone
Street or Rural Route 424 Walter Maris P	city Sd Lebenon			15. 514 342 L
5. OFFICE SOUGHT (include district number, if		6. NAME OF POLITICAL	TREASURER (may be co	andidate)
Sheriff		Chailes C	Bruka	
7. CATEGORY OR REPORT (Check one)		- VA		
FIRST SECOND THIRD	L.) FOURTH	PRE- PRE-	MID-YEAR	YEAR-END
QUARTER QUARTER QUARTER	QUARTER	PRIMARY GENERAL 8.b. ENDING DATE OF REPO	SUPPLEMENTAL ORTING PERIOD	SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD	1		5·22	
9. (Check one)				
This campaign is exempt from detaile	d disclosure becaus	e contributions (including in-k	ind) received total \$1,000	or less AND expendi-
tures total \$1,000 or less for this repo	rting period. (Comp	nete items 120., 12e. and 12i.	•)	
b. This campaign is required to file a det	tailed financial disclo	osure because contributions (i	including in-kind) received	total more than \$1,000
and/or expenditures total more than \$	1,000 for this report	ing period.		
I/we do solemnly swear or affirm that the in accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we benefit on the candidate or for any other non signature of candidate	ons and expenditures	no campaign contributions had defined by the federal internal	eve been expended for the	
11. WITNESS SIGNATURE				
Dick Huffunsignature of witness	7-26-32 date	Thoma Designation	ature of witness	7:26-22_ date
12. SUMMARY			. 2	$\sigma$
THE ANGE ON HAND LAST PEROPT			37,943,3	<i>'</i>
a. BALANCE ON HAND LAST REPORT	***************************************		500-	
b. TOTAL RECEIPTS THIS PERIOD			\$	
TOTAL BIODUDOEMENTS THIS PERIOD			\$ 81760	
01/1/10 / 10lug 10 h m	ninus 12.c.)		\$\	37,625 77
e. TOTAL LOANS OUTSTANDING		•••••	\$	
			<b>c</b> r	0
f. TOTAL OBLIGATIONS OUTSTANDING	***************************************	***************************************	Ф	

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#### SUMMARY PAGE - CANDIDATE

JUL 262022

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
Probect C. Brysn	FROM: 7 - /ELDOIDN COMMISSION 22
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)	\$ 500
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>500</u>
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.)	\$ 500.
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)
Postage \$ 17.	<i>50</i>
\$	
\$	
\$	
* <b>\$</b>	
\$	
\$	
\$	
\$	
Total of Expenditures (\$100 or less each payee)	\$
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 800.~
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ 011
20 LOAN PERAYMENTS MADE THIS PERIOD	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 817,00
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	2.b.)\$
23. OBLIGATIONS	_
a. Unitemized Obligations Outstanding (\$100 or less each)	\$_ <del></del>
b. Itemized Obligations Outstanding (Over \$100 each)	s <u> </u>
c TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i it	em 12.f.)\$



JUL 2 6 2022

## ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				FROM: 0 1-27	TO: 7-25-02
Robert C. Brys					Amount 2
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	OM PRECEDING PAG	GE (enter \$0 if first itemized p	age)		
4. COMPLETE THE APPROPRIATE ITEMS FOR E.			contributions totaling more than a Contribution Received For:	5100 from any contributor	Amount of Contribution
First Name -lelene	Middle Nam	e			ATTOUR OF CONTINUES
Last Name/Organization Name			Primary Election	General Election	5m -
Singer-Cash			Runoff (Local Election	s Only)	500
Address 6495 Coles terry Pike					A wassade This Fleeties
City Lelanon State Zip Code 37097			Date of Contribution		Aggregate This Election
Occupation					
Employer			7-13-72		
Employer					
First Name	Middle Nam	e	Contribution Received For		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
Latinomorganizatem				0-10	
Address			Runoff (Local Election	is Uniy)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation		·!			
Employer					
	-				A
First Name	Middle Name	9	Contribution Received For:		Amount of Contribution
First Name  Last Name/Organization Name	Middle Name	9		General Election	Amount of Contribution
Last Name/Organization Name	Middle Name	Э	Primary Election	General Election	Amount of Contribution
- V II-NIA	Middle Name	9	☐ Primary Election [☐ Runoff (Local Election	General Election	
Last Name/Organization Name	Middle Name	Zip Code	Primary Election	General Election	Amount of Contribution  Aggregate This Election
Last Name/Organization Name Address			☐ Primary Election [☐ Runoff (Local Election	General Election	
Last Name/Organization Name  Address  City			☐ Primary Election [	General Election	
Last Name/Organization Name  Address  City  Occupation	State	Zip Code	Primary Election   Runoff (Local Election  Date of Contribution	General Election	Aggregate This Election
Last Name/Organization Name  Address  City  Occupation		Zip Code	Primary Election  Runoff (Local Election  Date of Contribution  Contribution Received For:	General Election	
Last Name/Organization Name  Address  City  Occupation  Employer	State	Zip Code	Primary Election  Runoff (Local Election  Date of Contribution  Contribution Received For:	General Election	Aggregate This Election
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:	General Election  Is Only)  General Election	Aggregate This Election
Last Name/Organization Name  Address  City  Occupation  Employer  First Name  Last Name/Organization Name  Address	State State	Zip Code	Primary Election  Runoff (Local Election  Date of Contribution  Contribution Received For:  Primary Election	General Election  Is Only)  General Election	Aggregate This Election  Amount of Contribution
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:	General Election  Is Only)  General Election	Aggregate This Election
Last Name/Organization Name  Address  City  Occupation  Employer  First Name  Last Name/Organization Name  Address	State State	Zip Code	Primary Election  Runoff (Local Election  Date of Contribution  Contribution Received For:  Primary Election	General Election  Is Only)  General Election	Aggregate This Election  Amount of Contribution
Last Name/Organization Name  Address  City  Occupation  Employer  First Name  Last Name/Organization Name  Address  City	State State	Zip Code	Primary Election  Runoff (Local Election  Date of Contribution  Contribution Received For:  Primary Election	General Election  Is Only)  General Election	Aggregate This Election  Amount of Contribution

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE WILSON COUNTY

2. REPORT COVERING THE PERMISSION 1. NAME OF CANDIDATE OR COMMITTEE FROM: 7-1-22-Bobel C. BryAn 3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period) Amount of Expenditure Purpose of Expenditure Middle Name First Name Last Name/Business Name ordation Donation Address City Amount of Expenditure Purpose of Expenditure Middle Name First Name Last Name/Business Name 500 ~ Zip Code State City 205 Amount of Expenditure Purpose of Expenditure Middle Name First Name Last Name/Business Name Address Zip Code State City Amount of Expenditure Purpose of Expenditure Middle Name First Name Last Name/Business Name Address Zip Code State City Purpose of Expenditure Amount of Expenditure Middle Name First Name Last Name/Business Name Address Zip Code State City Amount of Expenditure Purpose of Expenditure Middle Name First Name Last Name/Business Name Address Zip Code State City 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.)