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Wilson County Election Commission

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 1/25/24 2.a. Candidate or Committee Name: Robert C. Bryan
2.b. If Committee, Name of Candidate: _____ 3. Election Date: 2022
4. Campaign Address: PO Box 803
City: Lebanon State: TN Zip Code: 37088-0803 Phone: 615-574-3426
5. Candidate Home Address: 424 Walter Morris Road
City: Lebanon State: TN Zip Code: 37087 Phone: 615-574-3426
Candidate Email Address: _____
6. Office Sought: (include district number, if applicable) Sheriff
7. Name of Political Treasurer (may be candidate): Charles C. Bryan
Political Treasurer Email Address: _____

8. Category or Report: (check one)

☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☐ Pre-Primary ☐ Pre-General
☐ Mid-Year Supplemental ☒ Year-End Supplemental

9. Reporting Period: Start Date: 7-1-23 End Date: 1-15-24

10. Detailed Disclosure: (Check one)

- ☐ This campaign is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)
- ☒ 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.

11. 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.

Robert C. Bryan 1-25-24
Candidate Signature Date

Charles C. Bryan 1-25-24
Political Treasurer Signature Date

Lisa Bennett 1/25/24
Witness Signature Date

Dicky Hefner 1-25-24
Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>26,937.67</u>
b. Total Receipts This Period	\$ <u>0</u>
c. Total Disbursements This Period	\$ <u>4,417.00</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>22,520.67</u>
e. Total Loans Outstanding	\$ <u>0</u>
f. Total Obligations Outstanding	\$ <u>0</u>

SUMMARY PAGE - CANDIDATE



13. Name of Candidate or Committee: Robert C. Bryan
14. Reporting Period: Start Date: 7-1-23 End Date: 1-15-24

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 0
(Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See *Instructions* for more information.)
b. Itemized Contributions (over \$100 from each source this period) \$ 0
c. Loans Received This Reporting Period \$ 0
d. Interest Received This Reporting Period \$ 0
e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 0

16. Disbursements:

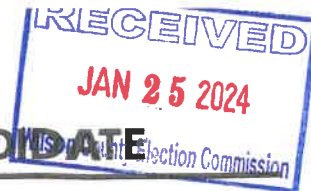
- a. Total Expenditures (other than loan payments) \$ 4,417.00
(Note: Effective January 16, 2023, all expenditures must be itemized.)
b. Loan Repayments Made This Period \$ 0
c. Total Obligation Payments Made This Period \$ 0
d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) \$ 4,417.00

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ 0
b. Itemized In-Kind Contributions Received This Period \$ 0
c. Total In-Kind Contributions Received This Period \$ 0

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ 0



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Robert C. Bryan
2. Reporting Period: Start Date: 7-1-23 End Date: 1-15-24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: C S P O A OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: Madison County City: Jackson State: TN Zip Code: 38301

Purpose of Expenditure: Registration

Amount of Expenditure: \$ 49.00 Date of Expenditure: \$ 7/1/23

Business or Organization Name: TN Firearms Assoc. OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 945 E. Baddour Parkway City: Lebanon State: TN Zip Code: 37087

Purpose of Expenditure: Donation

Amount of Expenditure: \$ 480.00 Date of Expenditure: \$ 7/11/23

Business or Organization Name: TSA OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 145 S. College ST. City: Lebanon State: TN Zip Code: 37087

Purpose of Expenditure: Donation

Amount of Expenditure: \$ 140.00 Date of Expenditure: \$ 7/17/23

Business or Organization Name: W.A.N.T. OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: PO BOX 399 City: Lebanon State: TN Zip Code: 37088

Purpose of Expenditure: AD

Amount of Expenditure: \$ 449.00 Date of Expenditure: \$ 9/26/23

Business or Organization Name: Gladerville Community Center OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 95 McCrary Rd. City: Lebanon State: TN Zip Code: 37090

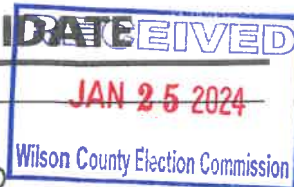
Purpose of Expenditure: Donation

Amount of Expenditure: \$ 200.00 Date of Expenditure: \$ 10/2/23

Total Expenditures: \$ 1,318.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE



1. Candidate or Committee Name: Robert C. Bryan
 2. Reporting Period: Start Date: 7-1-23 End Date: 1-15-24
 3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1,318.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Watertown High School Baseball OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: 9360 Sparta Pike City: Watertown State: TN Zip Code: 37184
 Purpose of Expenditure: Donation / Sponsorship
 Amount of Expenditure: \$ 500.00 Date of Expenditure: \$ 10/17/23

Business or Organization Name: CMT. to Elect Clark Boyd OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: PO Box 2177 City: Lebanon State: TN Zip Code: 37088
 Purpose of Expenditure: Donation
 Amount of Expenditure: \$ 500.00 Date of Expenditure: \$ 10/30/23

Business or Organization Name: Michael Hale for state Rep. OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: PO Box 634 City: Smithville State: TN Zip Code: 37166
 Purpose of Expenditure: Donation
 Amount of Expenditure: \$ 250.00 Date of Expenditure: \$ 11/14/23

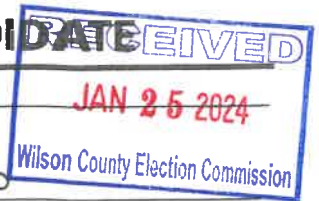
Business or Organization Name: Wilson Warriors OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: 304 E. main ST. City: Lebanon State: TN Zip Code: 37087
 Purpose of Expenditure: Donation
 Amount of Expenditure: \$ 200.00 Date of Expenditure: \$ 11/28/23

Business or Organization Name: Wilson Co. FOP OR
 First Name: _____ Middle Name: _____ Last Name: _____
 Address: PO Box 3614 City: Lebanon State: TN Zip Code: 37088
 Purpose of Expenditure: Dues
 Amount of Expenditure: \$ 100.00 Date of Expenditure: \$ 1/4/24

Total Expenditures: \$ 2,868.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE



1. Candidate or Committee Name: Robert C. Bryan
2. Reporting Period: Start Date: 7-1-23 End Date: 1-15-24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 2,868.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: W.A.N.T OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 399 City: Lebanon State: TN Zip Code: 37088
Purpose of Expenditure: Donation / Sponsorship
Amount of Expenditure: \$ 199.00 Date of Expenditure: \$ 1/9/24

Business or Organization Name: Lebanon Sr. Citizen Center OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 670 Coles Ferry Pike City: Lebanon State: TN Zip Code: 37087
Purpose of Expenditure: Donation
Amount of Expenditure: \$ 1,350.00 Date of Expenditure: \$ 1/9/24

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Total Expenditures: \$ 4,417.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)