



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees



1. Date: 7/11/24 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: 37088-803 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: 1-16-24 End Date: 6-30-24

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.

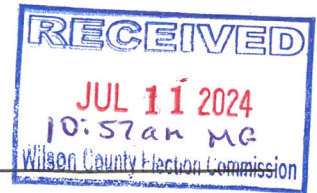
11. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. 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.

<u>Robert C. Bryan</u> Candidate Signature	<u>July 11, 24</u> Date	<u>Charles C. Bryan</u> Political Treasurer Signature	<u>7-11-24</u> Date
<u>Lisa Bennett</u> Witness Signature	<u>7/11/24</u> Date	<u>Thomas David Bennett</u> Witness Signature	<u>7-11-24</u> Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>22,520.67</u>
b. Total Receipts This Period	\$ <u>0</u>
c. Total Disbursements This Period	\$ <u>6,297.83</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>16,222.84</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: 1-16-24 End Date: 6-30-24

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)..... \$ 6,297.83
(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.)..... \$ 6,297.83

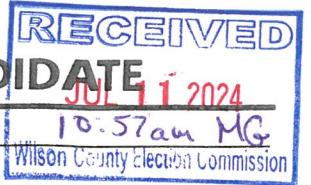
17. In-Kind Contributions:

- 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: 1-16-24 End Date: 6-30-24
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: Embassy Suites by Hilton OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1200 Conference Ctr Blvd. City: Murfreesboro State: TN Zip Code: 37129
Purpose of Expenditure: Meeting
Amount of Expenditure: \$ 280.22 Date of Expenditure: \$ 2/9/24

Business or Organization Name: Wal Mart OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1615 S. Cumberland St. City: Lebanon State: TN Zip Code: 37087
Purpose of Expenditure: Meeting
Amount of Expenditure: \$ 102.61 Date of Expenditure: \$ 2/13/24

Business or Organization Name: Lebanon Senior Citizens 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: \$ 800.00 Date of Expenditure: \$ 2/17/24

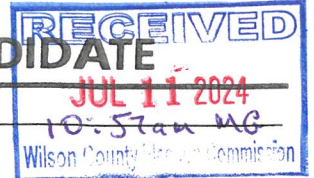
Business or Organization Name: Lebanon Senior Citizens Center OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 670 Coles Ferry Pike City: Lebanon State: TN Zip Code: 37087
Purpose of Expenditure: Donation
Amount of Expenditure: \$ 1166.00 Date of Expenditure: \$ 2/17/24

Business or Organization Name: Lebanon Wilson County Chamber OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 149 Public Square City: Lebanon State: TN Zip Code: 37087
Purpose of Expenditure: membership
Amount of Expenditure: \$ 185.00 Date of Expenditure: \$ 2/22/24

Total Expenditures: \$ 1,533.83

(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: 1-16-24 End Date: 6-30-24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1,533.83

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: Wilson County Help Center OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 203 West High St. City: Lebanon State: TN Zip Code: 37087
Purpose of Expenditure: Donation
Amount of Expenditure: \$ 500.00 Date of Expenditure: \$ 2/23/24

Business or Organization Name: The Kiwanis Club of Lebanon OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 281 City: Lebanon State: TN Zip Code: 37088
Purpose of Expenditure: Donation / Sponsor
Amount of Expenditure: \$ 750.00 Date of Expenditure: \$ 2/29/24

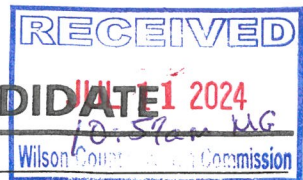
Business or Organization Name: U.S. Postal Service OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 226 E. Gay St. City: Lebanon State: TN Zip Code: 37087
Purpose of Expenditure: PO Box Rental
Amount of Expenditure: \$ 314.00 Date of Expenditure: \$ 3/7/24

Business or Organization Name: Music City Supports T2T OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 5470 Franklin Rd. City: Lebanon State: TN Zip Code: 37090
Purpose of Expenditure: Donation
Amount of Expenditure: \$ 500.00 Date of Expenditure: \$ 3/7/24

Business or Organization Name: White Tails Unlimited OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2100 Michigan St. City: Sturgeon Bay State: WI Zip Code: 54235
Purpose of Expenditure: Donation / Sponsor
Amount of Expenditure: \$ 1,250.00 Date of Expenditure: \$ 3/10/24

Total Expenditures: \$ 4,897.83

(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: 1-16-24 End Date: 6-30-24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 4,897.83

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: Leadership Wilson OR

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

Address: 1716 Indian Hills Rd. City: Lebanon State: TN Zip Code: 37087

Purpose of Expenditure: Donation / Drawing

Amount of Expenditure: \$ 200.00 Date of Expenditure: \$ 3/21/24

Business or Organization Name: Child Advocacy Center OR

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

Address: N. Greenwood City: Lebanon State: TN Zip Code: 37087

Purpose of Expenditure: Donation / Sponsor

Amount of Expenditure: \$ 500.00 Date of Expenditure: \$ 4/9/24

Business or Organization Name: MT. Juliet Chamber OR

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

Address: 2055 N. MT. Juliet Rd. City: MT. Juliet State: TN Zip Code: 37122

Purpose of Expenditure: Membership

Amount of Expenditure: \$ 300.00 Date of Expenditure: \$ 4/9/24

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: \$ 100.00 Date of Expenditure: \$ 4/17/24

Business or Organization Name: Wilson County Help Center OR

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

Address: 203 West High St. City: Lebanon State: TN Zip Code: 37087

Purpose of Expenditure: Donation

Amount of Expenditure: \$ 300.00 Date of Expenditure: \$ 5/29/24

Total Expenditures: \$ 4,297.83

(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.)