

CAMPAIGN FINANCIAL DISCLOSURE STATEMENTION

For State and Local Candidates For Single-Candidate Committees

	. 0.11.5.0 04.				
1. DATE OF REPORT 9-30-14	De bbio	ANDIDATE O	ORCOMMITTEE	Circuit Cour	+ Clerk
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DATE	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City T.	1:a4	State	Zip Code	Phone 615 866-8435
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	nt than 4.a.) City	167	State	37/33 Zip Code	266- 87-30 Phone
5. OFFICE SOUGHT (include district number, Circuit Court Cler		1 1	ME OF POLITICA	L TREASURER (may be co	andidate)
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD 7-29-14	FOURTH	PRE- PRIMARY 8.b. END	PRE- GENERAL	MID-YEAR SUPPLEMENTAL PORTING PERIOD	YEAR-END SUPPLEMENTAL
9. (Check one)					
 a. This campaign is exempt from detail tures total \$1,000 or less for this rep b. This campaign is required to file a deal and/or expenditures total more than 	orting period. (Competailed financial discle	olete items osure becar	12d., 12e. and 12 use contributions	2 f.)	
10. I/we do solemnly swear or affirm that the i accurate accounting of campaign contribut Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other no signature of candidate	ons and expenditure swear or affirm that	s required to no campaig	to be reported by gn contributions h	the candidate committee be nave been expended for the	y the Campaign
11. WITNESS SIGNATURE Signature of witness	9.30.14 date	4	∧ UQ(nature of witness	1 930 H
12. SUMMARY				- 4 / .	
a. BALANCE ON HAND LAST REPORT				\$ 25.42	
b. TOTAL RECEIPTS THIS PERIOD					
c. TOTAL DISBURSEMENTS THIS PERIOD				2057.19	
d. BALANCE ON HAND (12.a. plus 12.b.	minus 12.c.)				28.23
e. TOTAL LOANS OUTSTANDING				\$ -	8950.00 8950.00
f. TOTAL OBLIGATIONS OUTSTANDING				\$ -	8950.00



SUMMARY PAGE - CANDIDATE

001	-A.	2017	.3
WILS	ONO	COUNT	
ELECTIO	N C	OMMISS	SION

13. NAME OF CANDIDATE OR COMMITTEE (In Full)		ERING THE PERIOD
Debbie Moss	FROM: 7-29-14	TO: 9-30-14
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)		
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 1110.00	_
b. Itemized Contributions (over \$100 from each source this period)	\$	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)		\$ [110.00
16. LOANS RECEIVED THIS REPORTING PERIOD		\$ 950.00
17. INTEREST RECEIVED THIS REPORTING PERIOD		\$
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		. /
DISBURSEMENTS	4	
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.	g., printing, postage, ç	gasoline)
 \$		
\$	and the	
	-	
<u></u> \$		
\$		
\$		
\$		
\$	<u> </u>	
Total of Funerality and (\$400 and	d	
Total of Expenditures (\$100 or less each payee)		
b. Itemized Expenditures (Over \$100 each payee this period)		
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		10. 11. 14. 14. 14. 14. 14. 14. 14. 14. 14
20. LOAN REPAYMENTS MADE THIS PERIOD		
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		\$ 2057.19
22.IN-KIND CONTRIBUTIONS	d	
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.b.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ 600.00
23. OBLIGATIONS	~	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>\(\psi \)</u>	
b. Itemized Obligations Outstanding (Over \$100 each)		600
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	12.f.)	\$ 8950.00





WILSON COUNTY ELECTION COMMISSION TEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO	1055				2. REPORT COVER	TO: 9 · 30 · 1 4
TOTAL ITEMIZED IN-KIND CO COMPLETE THE APPROPRIATE						Ø
First Name Ko4Ny Last Name/Organization Name Huanes	TEMO TOKE	Middle Na		In-Kind Contribution Receive	d For: General Election	Value of In-Kind Contribution
Address 451 Lebana	n Ro	L		Date of In-Kind Contribution 8		Aggregate this Election
City Lebanon Occupation Clerk	Employer	State	Zio Code 37087	Description of In-Kind Contribution Add		
First Name Last Name/Organization Name		Middle Na	me	In-Kind Contribution Received Primary Election Runoff (Local Election	General Election	Value of In-Kind Contribution
Address				Date of In-Kind Contribution		Aggregate this Election
City Occupation	Employer	State	Zip Code	Description of In-Kind Contribution	r. f.c	
First Name		Middle Na	ne	In-Kind Contribution Received	For: General Election	Value of In-Kind Contribution
Last Name/Organization Name	47			☐ Runoff (Local Election	s Only)	ñ
Address		Date of In-Kind Contribution	errant comme	Aggregate this Election		
City	Employer	State	Zip Code	Description of In-Kind Contribution	E 10	, si
First Name Last Name/Organization Name		Middle Nar	ne	In-Kind Contribution Received Primary Election Runoff (Local Elections	General Election	Value of In-Kind Contribution
Address	W. (1) - (1) - (1) (1) (1)		- M M.S A	Date of In-Kind Contribution		Aggregate this Election
City	Employer	State	Zip Code	Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received		Value of In-Kind Contribution
ast Name/Organization Name				☐ Primary Election ☐ ☐ Runoff (Local Elections	General Election Only)	
Address				Date of In-Kind Contribution		Aggregate this Election
Decupation Decupation	Employer	State	Zip Code	Description of In-Kind Contribution		
					No. On the second	
5. TOTAL ITEMIZED IN-KIND CON (Carry forward to item 3. of next page if ac (If this is the last page of in-kind contribution)	ditional pages o	f this form are	e used.) wn in item 22b. of summar	у.)		(00.00



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATEMISSION

1. NAME OF CANDIDATE OR COMMITTEE Debie 2. TOTAL ITEM TER CANDIDATE OR COMMITTEE	ING THE PERIOD TO: 9-30-14 Amount			
TOTAL ITEMIZED CAMPAIGN EXPENDITE COMPLETE THE APPROPRIATE ITEMS FOR ITEMS.				ind
First Name	Middle Name	Purpose of Expenditure	to any payee during the per	Amount of Expenditure
Last Hame/Business Name Oak land 7CE Address City	State Zip Code	donatio	on · · · · · · ·	106.00
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Busingss Name Watertown Gaz Address City	stale Zip Code	advertis	sina	385.™
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Las Name/Jusiness Name Address City	State Zip Code	Adverti	sing	396.19
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Harne/Bysiness (Name Address City	State Zip Code	Shark up	W.	1.80.00
First Name	Middle Name	Purpose of Expenditure	************	Amount of Expenditure
Las Mame/Business Name Address City	State Zip Code	Ad		750.00
First Name	Middle Name	Purpose of Expenditure	18 g	Amount of Expenditure
Address City	ocrat State Zip Code	Thank you Ad	yı.	120.00
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount must	of this form are used.) be shown in item 19b. of summary.)		are to be	1937.19





ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVE	
				FROM:	TO:
3. TOTAL ITEMIZED CAMPAIGN EXPENDIT					Amount 1937.19
4. COMPLETE THE APPROPRIATE ITEMS FOR		A CONTRACTOR OF THE PARTY OF TH) to any payee during the pe	riod)
First Name	Middle N	ame	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name Water Fown Dazette wddress		Ad	in calling to the	120.00	
City	State	Zip Code			
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address			-		
City	State	Zip Code			
First Name	Middle Na	ime ;	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	<u> </u>		1		
Address		8			-
City	State	Zip Code			a
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name	L.,				
Address			1		
Sity	State	Zip Code	-		
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name					
ddress					
ity	State	Zip Code			
irst Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name					
ddress					
ty	State	Zip Code			-
Carry forward to Item 3. of next page if additional pages (If this is the last page of expenditures, this amount must	of this form a	re used.) item 19b. of summary.)		and the second	2057.19





1. NAME OF CANDIDATE OR COMMITTEE				2. F	REPORT CO	VERING	THE PERIOD
Debbie Mos	5			FRC		TO	
		TEMIZED LO	AN (loans totaling more than \$100 from				7-30-14
Complete the Following for the Source of the Loan			A. A.			K	
First Name Middle Nam	ne		ding Loan Balance Loans ning of Period) Received	Lo: Paym			ng Loan Balance of Period)
Last Name/Organization Name			-		5		50.00
MIOSS			000.00 950.00 eceived For:	1 /	Date of Loan	87	30
948 beckwith th	d		imary Election General Elect	ion		c1 11	/
Mt. Juliet State	Zip Code	2 R	unoff (Local Elections Only)		8-1	4-19	7
	****		Loan (If more space is needed plea	ase attach a	a page)		
First Name	Middle Name		First Name		l N	Middle Nam	9
Last Name/Organization Name	1		Last Name/Organization Name				
Address			Address		A THE STATE OF THE		
City	State	Zip Code	City		S	itate	Zip Code
Amount Guaranteed Outstanding		1	Amount Guaranteed Outstanding		* :		1
First Name	Middle Name		First Name	•2.	N	fiddle Nam	e .
ast Name/Organization Name	I		Last Name/Organization Name				
Address	*		Address	62 0		for the second	
City	State	Zip Code	City		S	tate	Zip Code
mount Guaranteed Outstanding			Amount Guaranteed Outstanding			1.0	
First Name	Middle Name		First Name			Middle Narr	e
ast Name/Organization Name			Last Name/Organization Name				
Address			Address				
City	State	Zip Code	City			State	Zip Code
mount Guaranteed Outstanding			Amount Guaranteed Outstanding				
First Name	Middle Name		First Name		A	liddle Nam	9
ast Name/Organization Name	L		Last Name/Organization Name	****			
Address		e granger,	Address	-27	. 14. 14. 14		
City	State	Zip Code	City		S	tate	Zip Code
mount Guaranteed Outstanding			Amount Guaranteed Outstanding				1
		19 10 10 10 10 10 10 10 10 10 10 10 10 10	NOT THE RESIDENCE OF THE PARTY		tel to the state of the state o	i i	