CAMPAIGN FINANCIAL DISCLOSURE STATEMENT For State and Local Candidates

1. DATE OF REPORT				.669	INTY
1-15-2020	2.a. NAME OF C			Λ.	- Julialission
	<u> </u>	riendse	ot levi		
2.b. IF COMMITTEE, NAME OF CANDIDATE	1			3. ELECTION DATE	
lerry As	<u>ne</u>			3018	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	Citv		01-1-		
P.O. Boy 2131	, i	_	State	Zip Code	Phone 6 1 5
4.b. CANDIDATE'S HOME ADDRESS (if different	Lebar	100	TN	37088-2131	547-7880
Street or Rural Route	City .		State	Zip Code	Phone 415
1284 Holloway Rd.	Lebano	\circ	TN	37090	547-788A
5. OFFICE SOUGHT (include district number, if	applicable)	6. NAME	OF POLITICAL	TREASURER (may be	
District 12 Co. Co	omm	_	lerry ,	Asho	
7. CATEGORY OR REPORT (Check one)		[3
FIRST SECOND THIRD	FOURTH	PRE-			<u> </u>
QUARTER QUARTER QUARTER	QUARTER	PRIMARY	PRE- GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD		8.b. ENDING		ORTING PERIOD	3311 ELINE) 117 KE
7-1-19		/	· 15·20	Ć	
9. (Check one)					······································
a. This campaign is exempt from detailed	disclosure because	e contributions	(including in-ki	nd) received total \$1.00	or less AND expendi-
tures total \$1,000 or less for this report	ing period. (Comp	lete items 12d.	., 12e. and 12f.)	,	on the same of the
b. This campaign is required to file a deta	iled financial disclo	sure because	contributions (ir	ncluding in-kind) receive	total mare than \$4,000
and/or expenditures total more than \$1	,000 for this reporti	ng period.		.o.da.ing in kilia) receive	TOTAL MOTE THAT \$1,000
		······································			
10. I/we do solemnly swear or affirm that the info	ormation contained	in this campai	ign financial dis	closure report is true ar	d that this report is an
accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we sw	s and expenditures	recuired to be	renorted by th	e candidate committee t	se the Comment
benefit of the candidate or for any other nonpo	olitical purpose as	defined by the	federal internal	re been expended for the revenue code.	e personal financial

lley the	1-16-70 date		11	- Asha	1-16-20
signature of candidate	date		signature o	f political treasurer	date
				•	i
11. WITNESS SIGNATURE			/	2	
Maria Maria		/ (1	71/1	
Sanny Walk	1-16-20		MINNIN	1 Made	1-16-20
signature of witness	date		sigpati	re of witness	date
			-		
12. SUMMARY					İ
a. BALANCE ON HAND LAST REPORT				\$ 24,515.3.	/

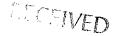
b. TOTAL RECEIPTS THIS PERIOD			·····	\$ <u> </u>	
c. TOTAL DISBURSEMENTS THIS PERIOD				s 2,779.01	
o. TOTALDIOBONSLINENTS THIS FERIOD	*******************************		***************************************	\$	
d. BALANCE ON HAND (12.a. plus 12.b. mini	us 12.c.)			¢	21,736.30
	,			Ф_	
e. TOTAL LOANS OUTSTANDING	***************************************			r	0
				Φ	
f. TOTAL OBLIGATIONS OUTSTANDING				.	0
		************************		\$ -	



SUMMARY PAGE - CANDIDATE

SUMMARY PAGE - CANDIE)AT	E	\$ \$\psi_1 \cdots	Mary of the second
13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14.	REPORT	COVER	ING THE PERIO
Friends of Terry Ashe	FRO	M: 7- 1-		0:1-15-20
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)				
a. Unitemized Contributions (\$100 or less from each source this period)	\$	0		
b. Itemized Contributions (over \$100 from each source this period)	\$	0		
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)			\$	6_
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.)				
DISBURSEMENTS			<u> </u>	
19. EXPENDITURES (other than loan payments)				
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g	a nrin	fina nas	sen enet	olina\
Wilson Warning \$ 500.0		ung, poo	.age, gas	omie)
CMN Mission, \$ 500.0				
U.S. Post Office s 92.0				
Committee to Elect Clark Boyd \$ 500.0				
Proebe Missions \$ 300.0	-			
Gideous Bibles \$ 50.0				
Tennesse Shuiff Assuc. \$ 837.0				
\$				
4	 -			
Ψ	_			
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.)				1,779.01
20. LOAN REPAYMENTS MADE THIS PERIOD				
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)				
22.IN-KIND CONTRIBUTIONS	····			
a. Unitemized in-kind contributions (\$100 or less from each source this period)\$	š	0		
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.)				0
23. OBLIGATIONS			`	
a. Unitemized Obligations Outstanding (\$100 or less each)\$;	0		
b. Itemized Obligations Outstanding (Over \$100 each)\$:
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12				\bigcirc
	••••		·	





ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITT	TEE		2 REPORT COV	ERING THE PERIODSION
Friends	of Term Ashe	3	FROM: 7-1-19	7 TO:1-15-27
3. TOTAL ITEMIZED CAMPAIGN EXPEN	•		200	Amount
4. COMPLETE THE APPROPRIATE ITEMS F	OR EACH ITEMIZED EXPENDITURE	(expenditures totaling more than \$100) to any payee during the	neriod)
First Name	Middle Name	Purpose of Expenditure	to any payor during the	Amount of Expenditure
Last Name/Business Name				7 Stroom of Experiencial
Address -		- Donato		5000.
P.U. Box 2131-3	304 E-MAINST	DONALI	.010	500.00
Lehanon	State Zip Code 7W 37087			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name CMN Mission Address		Don4tu		
Address LASTLE Heigh	to Ave			500.00
Lebanon	State Zip Code TW 37 0 8-7			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name U.S. Post of	Cina	_		
Address 226 EAST MAIN		P.O Boy 2131	9200	
City .	State Zip Code	2131		100 - 0
Lebanon	TN 37081	' [
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Committee Elect C	1/ANK D 1		İ	•
Address 3395 Lebanon 1		DONATIO	, دم	500.00
City / /	State Zip Code	-		20 100
Lebanon	TN 37087			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business.Name Proche M	155,005			
Address	eight ave	Donation		300.00
Lebanon	State Zip Code 7 3 7 0 4 7			
First Name	Middle Name	Purpose of Expenditure	,	Amount of Expenditure
ast Name/Business Name Gideon Bible	^			į
Address P.O. Box 59		DONA TIONS	,	50.00
Lebanon	State Zip Code 7W 37087			;
5. TOTAL ITEMIZED EXPENDITURES	111 21001			
(Carry forward to item 3. of next page if additional page	es of this form are used.)		}	
(If this is the last page of expenditures, this amount mu	ust be shown in item 19b. of summary.)			

" LED JAN 27 2020

ITEMIZED STATEMENT OF EXPENDITURES CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE		Tona Ac	L- 0	2. REPORT CO	VERING THE PERIOD
					19 TO: 1-15-20 Amount
TOTAL ITEMIZED CAMPAIGN EXPEN COMPLETE THE APPROPRIATE ITEMS F	OR EACH IT	EMIZED EXPENDITU	PAGE (enter \$0 if first itemized p	age)	
First Name		Name	Purpose of Expenditure	ou to any payee during the	
Last Name/Business Name Hypologicae Classical Communication Communicati	T Acc			_	Amount of Expenditure
Address C //	<u> </u>	<u> </u>	- Prayer Br	enctast	837.01
Last Name/Business Name Howessee, Sherit Address 145 S College City Lebanon	State 71	Zip Code 3708	- Donato	ion	837.01
First Name	Middle		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle N	lame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code	1		
First Name	Name Middle Name		Purpose of Expenditure	Amount of Expenditure	
.ast Name/Business Name			7		
Address					
City	State	Zip Code			
irst Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name			-		
ddress			-		
ity	State	Zip Code			
Name Middle Name		Purpose of Expenditure		Amount of Expenditure	
st Name/Business Name					
dress		-1.16.1	1	}	
у	State	Zip Code	_		
. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional page (If this is the last page of expenditures, this amount mus	of this form ar	e used.)			



ITEMIZED STATEMENT OF LOANS - CANDIDATE

IAN 212020

1. NAME OF CANDIDATE OR CO							- 11	2.	REPORT	COV	ERING	THE PERIOD
Friends of Terry Ashe								FI	ROM:		TC);
3. COMPLETE THE APPROPRIA	TE ITEMS	FOR EACH	ITEMIZ	ZED LOAN	(loans totaling n	nore than	\$100 from an	v sourc	-1-19 e during the p	erind)	1 ·	-15-20
Complete the Following for the Source	a garaga ay an an an an an an an an an an an an an	AND DESCRIPTION OF STREET			ન્યાનું કહ્યું કહ્ય -	erighered managed.	entransi (Milar y Lengton)	255000000		de a constante	Particular Con-	
First Name	First Name Middle Name C					nding Loan Balance Loans Loan Outstanding Loan					ng Loan Balance	
Last Name/Organization Name			··	(Deginalis)	of Period)	Kec	eived	Pa	yments		(En	d of Period)
			····									
Address						Received For: Date of Loan						
City	State Zip Code			Prima			eral Election					
	ict All Endo	reare or Curr	onton fe	L	(Local Elections (·
First Name	JSCAII EIIGUI	Middle Nam		or Above Loa	In (If more space	ce is nee	ded please	attach	a page)	1.66	fle Name	Contraction of the Contraction
Last Name/Organization Name										IVIIO	не мапя	
Last Name/Organization Name	ĺ,	•			Last Name/Org.	anizalion l	Name					
Address	177	NV	~		Address							
City	1	State	Zip Co	de	Cily					State	;	Žip Code
Amount Guaranteed Outstanding	11	g de la companya de l		/	Amount Guarant	eed Outst	anding	<u>.</u>		1		J
First Name	irst Name Middle Name				First Name		· · · · · · · · · · · · · · · · · · ·	Middle Name				
Last Name/Organization Name					Last Name/Organization Name							
Address	***************************************	***************************************			Address	····		<u>-</u>				
City		State	Zip Cod	le	City					State		Zip Code
Amount Guaranteed Outstanding			· · · · · · · · · · · · · · · · · · ·		Amount Guarante	ed Outsta	anding	······································				
First Name		Middle Name	- 14 15 15 15 15 15 15 15 15 15 15 15 15 15		First Name			ilinanya.		Middl	le Name	
Last Name/Organization Name					£ast Name/Organization Name							
Address		***			Address							
City		State	Zip Code	e	City	W.A				State		Zip Code
Amount Guaranteed Outstanding					Amount Guarante	ed Outsta	nding				1	
First Name		Middle Name	21611-0-0-125 <u>5</u>		First Name Middle Name							
Last Name/Organization Name			ļ.	.ast Name/Organi	ization Na	me				· · · · · · · · · · · · · · · · · · ·		
Address					Address				<u>-</u>	···		
City		State	Zip Code		City					State	T	Zip Code
mount Guaranteed Outstanding		1		4	mount Guarantee	d Outstar	iding		L			
Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.) (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.)					Outstanding Loan (Beginning of Po		Loans Receive		Loan Payment	is.		inding Loan Balance End of Period)

JAN 27 2020

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITT	EĘ /	i	ſ	2. REPORT COVE	RING THE PERIOD
Tripa	ils of	Terry As	ilie	FROM7-11-19	
3. TOTAL ITEMIZED CAMPAIGN CONTR					Amount
4. COMPLETE THE APPROPRIATE ITEMS FO	OR EACH ITE	MIZED CONTRIBUTION	(contributions totaling more than	\$100 from any contribute	or)
First Name	Middle N	ame	Contribution Received For:		Amount of Contribution
Last Name/Organization Name	I		Primary Election	General Election	
Address			Runoff (Local Election	ns Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer	<u> </u>				
			P		
First Name	Middle N	ame	Contribution Received For:		Amount of Contribution
Last Name/Organization Name	$\sqrt{\chi}$	01/	Primary Election	General Election	
Address	11		Runoff (Local Election	s Only)	
City	State	Zip Code /	Date of Contribution		Aggregate This Election
Occupation		N	1		
Employer	# # # ###**	<u> </u>			
First Name	Middle Nar	ne	Contribution Received For:		Amount of Contribution
.ast 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					
mployer		, , , , , , , , , , , , , , , , , , , ,			
irst Name	Middle Nan	ne	Contribution Received For:		Amount of Contribution
ast Name/Organization Name			☐ Primary Election ☐	General Election	
ddress			Runoff (Local Elections	Only)	
ity	State	Zip Code	Date of Contribution		Aggregate This Election
ccupation					
mployer					
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pag (If this is the last page of contributions, this amount m	ies of this form ar ust be shown in i	e used.) em 15b. of summary.)			

NECEIVED

JAN 2 1 2020

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE	OR COMMITTEE	, ,		ſ		ERING THE PERIOD	
	FriPAC	50	Jerry A	SI-e	FROM7-1-19	TO:/-15-20 Amount	
3. TOTAL ITEMIZED IN-KIN	ND CONTRIBUTI	ONS FROI	M PRECEDING PAC	SE (enter \$0 if first itemized pag	je)	Amount	
4. COMPLETE THE APPROPE	RIATE ITEMS FOR	EACH ITEM	IIZED IN-KIND CONTF	RIBUTION (in-kind contributions totaling	g more than \$100 from any c	ontributor during the period)	
First Name		Middle N	ame	In-Kind Contribution Receive		Value of In-Kind Contributi	
Last Name/Organization Name				Runoff (Local Election	ons Only)		
Address				Date of In-Kind Contribution		Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution)		
Occupation	Employer	£					
First Name		Middle Na	ame	In-Kind Contribution Receive	ed For: General Election	Value of In-Kind Contribution	
Last Name/Organization Name			10	Runoff (Local Election			
Address		Λ/c		Date of In-Kind Contribution		Aggregate this Election	
City		Slate	Zíp Code	Description of In-Kind Contribution			
Occupation	Employer		N				
First Name	2002000 00 00 00 00 00 00 00 00 00 00 00	Middle Na	me	In-Kind Contribution Received Primary Election	d For: General Election	Value of In-Kind Contribution	
Last Name/Organization Name		<u></u>		Runoff (Local Election			
Address				Date of In-Kind Contribution	io ony	Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution			
Occupation	Employer		<u></u>				
First Name		Middle Nar	ne	In-Kind Contribution Received	_	Value of In-Kind Contribution	
. ast Name/Organization Name		<u> </u>		Primary Election Runoff (Local Election	General Election		
Address				Date of In-Kind Contribution	3 Only)	Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution			
Decupation	Employer	- 					
irst Name		Middle Nam	2	In-Kind Contribution Received		Value of In-Kind Contribution	
ast Name/Organization Name		.1		Primary Election Runoff (Local Elections	General Election Only)		
ddress				Date of In-Kind Contribution		Aggregate this Election	
ity		State	Zip Code	Description of In-Kind Contribution		· · · · · · · · · · · · · · · · · · ·	
ccupation	Employer						
. TOTAL ITEMIZED IN-KINE							
(Carry forward to item 3, of next pa (If this is the last page of in-kind co	age if additional pages intributions, this amou	or this form are nt must be sho	e used.) own in ilem 22b. of summa	ry.)			
SS-1128 (Rev. 2/06)				Page	of	RDA 1159	

JAN 2 1 2020

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO	DMMMTEE	1.7	2. REPORT COVERING THE PERIOD					
trie	1. NAME OF CANDIDATE OR COMMUTEE FYIELDS OF LEY 3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEM		34 <u>e</u>	FROM: 7-1-19				
COMPLETE THE APPROPRIA OBLIGATION (obligations totaling person/vendor at the end of the	TE ITEMS FOR EAC ng more than \$100 o	CH ITEMI <i>Z</i> ED	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balanc (End of Period)		
First Name	Middle N	lame						
Last Name/Business Name								
Address								
City	State	Zip Code						
Description of Obligation								
First Name	Middle N	ame				Address of the second s		
Last Name/Business Name		76	_					
Address)/ /						
City	State	Zip Code						
Description of Obligation	VI	/				<u> </u>		
First Name	Midgle Na	ime			Suppose the second of the second			
Last Name/Business Name			_					
Address								
City	State	Zip Code	-					
Description of Obligation								
First Name	Middle Na	ne	terenes de la company de la co					
ast Name/Business Name								
ddress			-					
City	State	Zip Code						
Description of Obligation								
First Name	Middle Nar	ne						
ast Name/Business Name								
ddress			_					
Sity	State	Zip Code	4					
escription of Obligation								
TOTALS (Total from Outstanding Balance - (End c in item 23b. on summary page.)	of Period) column must	also be shown						