CAMPAIGN FINANCIAL DISCLOSURE STATEMENTED TO CAMPAIGN FINANCIAL DISCLOSURE STATEMENTED TO COMPANY AND LOCAL CANDIDATES OF THE COMPANY AND

	and con	ncidate col	nmittees		JUL 5 2018
1. DATE OF REPORT	2.a. NAME OF C	ANDIDATE OR COM	MITTEE		
7/5/18	PHILI	A 1	OZIER		WILSON COUNT
2.b. IF COMMITTEE, NAME OF CANDIDATE	///	1 12-		CTION DATE	ECTION COMMISS
			J. ELE	CHON DATE	
4.a. CAMPAIGN ADDRESS AND PHONE				5/2/18	
Street or Rural Route	City	C.	-4- 7: 0		
· i	•		ate Zip Co		Phone
2659 GWYNN RD	LEBANON	TN	370	90 61	5-613-509
b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	t than 4.a.) City	0.			
	City	Sta	ate Zip Co	de	Phone
OFFICE SOUGHT (include district number, if		·			
5. OFFICE SOUGHT (include district number, if	applicable)	6. NAME OF PO	DLITICAL TREASU	RER (may be ca	ndidate)
COUNTY COMMISSIONER DI	ST: 13				
7. CATEGORY OR REPORT (Check one)			·····	***************************************	
FIRST SECOND THIRD					
QUARTER QUARTER QUARTER	FOURTH QUARTER	PRE- PRIMARY GI		IID-YEAR	YEAR-END
8.a. BEGINNING DATE OF REPORTING PERIOD			OF REPORTING PE	PLEMENTAL RIOD	SUPPLEMENTAL
4/1/18	į	0/30/	10		
9. (Check one)		<u> </u>	<u>/ δ</u>		
		,			
a. This campaign is exempt from detailed	disclosure because	contributions (inclu	ding in-kind) receive	ed total \$1,000 o	r less AND expendi-
tures total \$1,000 or less for this report	ting period. (Compl	ete items 12d., 12e.	and 12f.)		·
This campaign is required to file a deta and/or expenditures total more than \$1	iled financial disclo	sure because contrit	outions (including in	kind) received to	otal more than £1 00
and/or expenditures total more than \$1	,000 for this reporti	ng period.	receive (moldang in	-Killa) Teceivea i	otal more gian \$1,00
10. I/we do solemnly swear or affirm that the info	ormation contained	in this campaign fin.	ancial disclosure re	nort is true and	that this report is an
Financial Disclosure Act. Additionally, I/we so benefit of the candidate or for any other nonp	wear or allirm that n	o campaios contribi	itione have been av		ersonal financial
Of A Control of the Ling of the Horis	inicar purpose as t	lelined by the federa	if internal revenue c	ode.	- /
KK Xola Wicherina	7/5/18	- Mars	200 4 /	Poss	. 4/5/10
signature of candidate	73/10	Carr	er 2. 11	e pagell	19/18
g-sale-o o, candigate	uate	SI	gnature of political ti	reásurer /	date
44 WITNESS CHONTUS					
11. WITNESS SIGNATURE			1		1
	1//10			وه سمسس	1/0/6
	112110			/	112117
signature of witness	date ^l	•	signature of with	ess .	date
					· ·
12. SUMMARY					
2 PALANCE ON HANDLACE DEPORT				<i>(</i>)	
a. BALANCE ON HAND LAST REPORT			\$	\mathcal{O}	
b. TOTAL RECEIPTS THIS PERIOD			11	00 17	
b. TOTAL RECEIPTS THIS PERIOD	*************************	****	\$ 1,41	20.13	
c. TOTAL DISBURSEMENTS THIS PERIOD			111	09.75	
5. TO INEDIODOROEMICIVIS THIS FERIOD		*************************	\$ <u>-1,1 C</u>	7.7.	
d. BALANCE ON HAND (12.a. plus 12.b. mine	us 12 a \				290 28
Tz.a. plus 12.b. Hilli	us 12,0.)		•••••••••••••	\$	270,58
TOTALLONG				}	290,38 400.00
e. TOTAL LOANS OUTSTANDING				\$ <u>_</u> _/_	400.00
					(3
f. TOTAL OBLIGATIONS OUTSTANDING	*******************************	**************************		\$	<u> </u>
				φ 	C -



SUMMARY PAGE - CANDIDATE

WILSON COUNTY

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT C	OVERING THE PERIO
PHILIP WAYNE DELOZIER	FROM: 44/1/18	7
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)		
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)		
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		
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.	g., printing, postag	e. gasoline)
VOTER LIST \$ 38.0		-, 3
		
		
\$		
\$		
		
\$	<u> </u>	
		
\$		
\$		
Total of Expenditures (\$100 or less each payee)		*****
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 1,071.75	5
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	*	\$ 1.109.75
20. LOAN REPAYMENTS MADE THIS PERIOD		\$
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	***************************************	\$ 1,109,75
22.IN-KIND CONTRIBUTIONS		
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <i>O</i>)
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.) .		
23. OBLIGATIONS	<u> </u>	
a. Unitemized Obligations Outstanding (\$100 or less each)	<i>O</i>	
b. Itemized Obligations Outstanding (Over \$100 each)		_
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12		 s

JUL & 2018

WILSON COUNTY

ITEMIZED STATEMENT OF LOANS - CANDIDATEN COMMISSION

1. NAME OF CANDIDATE OR COM	MITTEE			·				2 PEPOP	TCOV	/EDINI	C THE DEDIOD
PHILIP DeLOZIER								2. REPORT COVERING THE PERIOD FROM: TO:			
3. COMPLETE THE APPROPRIATE	ITEMS F	OR EACH	ITEMIZ	ZED LOAN	(loans totaling r	nore than	\$100 from any s	source during the	period)		0/30/18
Complete the Following for the Source of	nice and an experience for		(4.5.00 to 10.00 to						Newschopsey.	(CONTRACTOR)	
First Name	Middle Nam				Loan Balance	Lo	ans	Loan		Dutstand	ling Loan Balance
PHILIP WAYNE Last Name/Organization Name				(Beginning	nning of Period) Received Payments (End of Period)					ed of Period)	
1)eLOZIER					0	# 1,4	00.00	0	·	45 /	,400.00
Address 2659 GINVALLED								Date of L	oan		
City LEBANON	State Zip Code				ry Election (Local Elections (eral Election	4,	1/9	//	8
List	t All Endors	sers or Guar			an (If more spac		ded please at	tach a nane)		/	· · · · · · · · · · · · · · · · · · ·
First Name		Middle Nami	The second second		First Name	National Visited	and the same of th	enter of page /	Mid	dle Nam	ie
Last Name/Organization Name		<u> </u>			Last Name/Org	anization I	Name				
Address					Address			······································			
City		State	Zip Cod	de	City		······································		State		Zip Code
Amount Guaranteed Outstanding			<u></u>		Amount Guarant	eed Outst	anding				
First Name		Middle Name		er og de same en en	First Name			(67) en samme en en en en en en en en		T0000000000000000000000000000000000000	
) wildule iverile				First Name Middle Name)	
	Last Name/Organization Name				Last Name/Organization Name						
Address					Address			······································			***************************************
City		Slate	Zip Cod	e	City				State		Zip Code
Amount Guaranteed Outstanding					Amount Guarante	ed Outsta	ending		-1		<u> </u>
First Name		Middle Name	Per de suscionario de Propie		First Name	in de la company	September 1995	and grant and and and	Midd	le Name	
Last Name/Organization Name	······································		····		Last Name/Organization Name						
Address					Address						
City	Ę	State	Zip Code		City				State		Zip Code
Amount Guaranteed Outstanding					Amount Guarantee	ed Outstar	ndina	***	<u> </u>		
						- 2 Garatai					
First Name	A	Aiddle Name		ŀ	First Name Middle Name						
Las! Name/Organization Name	····	· · · · · · · · · · · · · · · · · · ·			asi Name/Organi	zation Na	ne		L		
Address				A	ddress			 			
City	S	tale	Zip Code	C	City	· · · · · · · · · · · · · · · · · · ·			State		Zip Code
Amount Guaranteed Outstanding		L		Ā	mount Guarantee	d Outstan	ding	·····			-
. Totals for all Loans (complete on last p	age of iter	nized loans			lutetanding Loan S				general de la constantina della constantina dell		
(Total loans received should also be shown in item (Total loan payments should also be shown in item (Total outstanding loan balance should also be show	16. on sumr	mary page.)			lutstanding Loan E (Beginning of Pe		Loans Received	Loan Payme			ending Loan Balance End of Period)
Silver and the same street and the same	(Coll IZ.	o. on none pay	,,								

JUL 5 2018

ITEMIZED STATEMENT OF EXPENDITURES ON COANDIDATE

				LECTION COMM	SSIOM
1. NAME OF CANDIDATE OR COM	2. REPORT COVERING THE PERIOD				
PHILIP DELOFIER				FROM: 4/1/18	TO: 6/30/18
2 TOTAL ITEMIZED CAMPAIGNIEW	DENDITURES E	3011.005.050			Amount
3. TOTAL ITEMIZED CAMPAIGN EXI					
4. COMPLETE THE APPROPRIATE ITEM	VIS FOR EACH ITE	:MIZED EXPENDITUR	E (expenditures totaling more than \$10	0 to any payee during the pe	eriod)
First Name	Middle I	Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
CREATIVE GRAI	PHICS				\$107.07
					107.07
Address 100 DAK ST. City LEBANON	State	7 in Code			
LEBANON	State	Zip Code 37087			
First Name	Middle N		Purpose of Expenditure		A
	, and a	and the	r dipose of Expenditure		Amount of Expenditure
Last Name/Business Name	·				\$ 2
ADVANCE SIGN	<u>/s</u>				\$ P33.58
Address 1005 W. MAIN S	7.				
	State	Zip Code			
LEBANON	TN	37087			
First Name	Middle N	ame	Purpose of Expenditure		A
			* urbose of Experimente		Amount of Expenditure
Last Name/Business Name	دسر سسی ا				وخي
ALL-STAR STITCI	463			:	131.10
Address 205 PALANI CI	R.				757.70
City	i Otore	Zip Code	 		
LEBANON	TN	37087			
irst Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
.ast Name/Business Name			4		
and Mainer Dusiness Marie					
Address	······································				
Nb.		7			
City	State	Zip Code			
				NA CONTRACTOR OF THE CONTRACTO	
irst Name	Middle Nan	nė	Purpose of Expenditure	Parameter Control of the Control of	Amount of Expenditure
ast Name/Business Name				İ	
ddress				ļ	
ity	State	Zin Codo	4		
.•	State	Zip Code			
irst Name	Middle Nam	0	Purpose of Expenditure		A
	Mildale Nail	ic.	ruipose oi Experialiure	['	Amount of Expenditure
st Name/Business Name					
drace			_		
ddress					
ly	State	Zip Code			
	Continue of the continue of th	TANDADA DA PARA DA PAR			
5. TOTAL ITEMIZED EXPENDITURES					
(Carry forward to item 3, of next page if additional	al pages of this form a	re used.)		1	1,071.75
(If this is the last page of expenditures, this amou	unt must be shown in i	tem 19b. of summary.)		~	1,011.75

MEATING.

JUL 5 2018

WILSON COUNTY ITEMIZED STATEMENT OF CONTRIBUTIONS "CANDIDATE

NAME OF CANDIDATE OR CO. PHILIP Del TOTAL ITEMIZED CAMPAIGN COMPLETE THE APPROPRIATE	CONTRIBUTIONS	FROM PRECEDIN	IG PAGE (enter \$0 if first itemized pa	FROM:4/////S	Amount (
First Name	Middle	Name	Contributions totaling more than \$1 Contribution Received For:	N (contributions totaling more than \$100 from any contributor Contribution Received For:				
Last Name/Organization Name			☐ Primary Election ☐					
Address			Runoff (Local Elections	Only)				
City	State	Zip Code	Date of Contribution	Date of Contribution				
Occupation								
Employer								
First Name	Middle	Vame	Contribution Received For:		Amount of Contribution			
Last Name/Organization Name	<u> </u>		Primary Election	General Election				
Address		· · · · · · · · · · · · · · · · · · ·	Runoff (Local Elections (Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation	······································							
Employer								
First Name	Middle N	assa en	Contribution Received For:		Amount of Contribution			
ast Name/Organization Name			Primary Election G	Seneral Election				
Address			Runoff (Local Elections O	inly)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Docupation	·							
mployer								
irst Name	Middle Na	me	Contribution Received For:		Amount of Contribution			
ast Name/Organization Name		**************************************	Primary Election Ge	eneral Election				
ddress			Runoff (Local Elections Or	nly)				
ity	State	Zip Code	Date of Contribution		Aggregate This Election			
cupation	····							
nployer								
. TOTAL ITEMIZED CONTRIBUTION (Carry forward to item 3. of next page if additions, this is the last page of contributions, this is	itional pages of this form a	re used.) item 15b. of summary.)			0			

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Page _5_ of _7_

RDA 1159

JUL 5 2018

WILSON COUNTY WILSON COUNTY WILSON COUNTY CANDIDATE

PHILIP	Defor	IER	·····			/ERING THE PERIOD 8 TO: 6/30//2
3. TOTAL ITEMIZED IN-K	IND CONTRIBU	TIONS FRO	M PRECEDING I	PAGE (enter \$0 if first itemized page)	Amount/
4. COMPLETE THE APPROP	PRIATE ITEMS FO	R EACH ITEN	AIZED IN-KIND CO	NTRIBUTION (in-kind contributions totaling n	nore than \$100 from any	contributor during the period)
First Name	Indoe Halle		In-Kind Contribution Received	Carlos Company of the	Value of In-Kind Contribu	
Last Name/Organization Name				Runoff (Local Elections		
Address			W. d	Date of In-Kind Contribution	· Omy	Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employe	er				
First Name		Middle N	ame	In-Kind Contribution Received		Value of In-Kind Contribu
Last Name/Organization Name				Primary Election	General Election	
Address				Date of In-Kind Contribution	Olly)	Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation .	Employe					
irst Name	ame Middle Name		In-Kind Contribution Received F		Value of In-Kind Contribu	
ast Name/Organization Name	· · · · · · · · · · · · · · · · · · ·	!		Primary Election	General Election	
Address				Date of In-Kind Contribution	Onsy)	Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
cupation	Employer					
irst Name .		Middle Name		In-Kind Contribution Received F		Value of In-Kind Contribut
ast Name/Organization Name				Primary Election (General Election	
ddress				Date of In-Kind Contribution	oriiy)	Aggregate this Election
ity		State	Zip Code	Description of In-Kind Contribution		
ccupation	Employer					
st Name		Middle Name	9	In-Kind Contribution Received F		Value of In-Kind Contributi
st Name/Organization Name			· · · · · · · · · · · · · · · · · · ·	Primary Election G GRunoff (Local Elections O	eneral Election	
dress				Date of In-Kind Contribution	,,	Aggregate this Election
<i>y</i>		State	Zip Code	Description of In-Kind Contribution		
cupation	Employer					
TOTAL ITEMIZED IN-KIN						
(Carry forward to item 3. of next p	age it additional pages	of this form are	e used.) wn in item 22b. of sum			\mathcal{O}

RECEIVED

JUL 5 2018

WILSON COUNTY

ITEMIZED STATEMENT OF OBUNGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE PHILIP DELOZIE	E _O			2. REPORT COVERING THE PERIOD				
3 CONDISTING ADDRESS AT THE	: /~			FROM: 4/1	//8 TO:	6/30/18		
COMPLETE THE APPROPRIATE ITEMS OBLIGATION (obligations totaling more the person/vendor at the end of the reporting	than \$100 owed to any		Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)		
First Name	Middle I	Name						
Last Name/Business Name								
Address								
City	State	Zip Code						
Description of Obligation								
	500000 per prosent							
First Name	Middle N	lame						
Last Name/Business Name	_1		_					
Address	 							
City	State	Zip Code						
Description of Obligation								
First Name	Middle N	ame						
Last Name/Business Name	Militarite		_					
To the state of th								
Address								
City	State	Zip Code						
Description of Obligation						<u></u>		
First Name	Middle Na	me						
Last Name/Business Name								
Address			-					
City	Taur	15 2						
	State	Zip Code						
Description of Obligation								
First Name	Middle Nar	ne						
ast Name/Business Name	<u>L</u>							
ddress								
City	State	Zip Code						
Description of Obligation	<u> </u>]						
. TOTALS								
(Total from Outstanding Balance - (End of Period) c	olumn must	also be shown	0	<i>y</i> ,	n	<i>a</i>		
in item 23b. on summary page.)			U	0	0	0		

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RDA 1159