CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

WILSON COUNTY ELECTION COUNTY

					~VIII/III YXII	Ltio.
1. DATE OF REPORT	,,	ANDIDATE OR		0. 1.	AT IT C	W12210v
7/24/16	1 HOU	NARD	w.	BLAYO	DES	
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION D	ATE	
				8/	4/16	
4.a. CAMPAIGN ADDRESS AND PHONE	0.1					615
Street or Rural Route 1430 OCO LEBANON D	City		State	Zip Code	Phone 4	615
4.b. CANDIDATE'S HOME ADDRESS (if differe	•	MT.	JULIE	T, TN	37/22	<u> </u>
Street or Rural Route	City		State	Zip Code	Phone	
5. OFFICE SOUGHT (include district number,	if applicable)	6. NAME	OF POLITICAL	TREASURER (ma	y be candidate)	
ASSESSOR OF PROP	ERTY	1		ULCIVAR		
7. CATEGORY OR REPORT (Check one)						
FIRST SECOND THIRD	FOURTH	PRE-		MID-YEAR] VE A E	□ R-END
QUARTER QUARTER QUARTER		PRIMARY	GENERAL	SUPPLEMENT		
8.a. BEGINNING DATE OF REPORTING PERIOD	·		DATE OF REPO			
7-1-16			<u>-25-1</u>	<u> </u>		
9. (Check one)						
 This campaign is exempt from detail tures total \$1,000 or less for this rep 	ed disclosure becaus	e contributions	(including in-kir	nd) received total \$	1,000 or less Al	ND expendi-
			·			
 b. This campaign is required to file a default and/or expenditures total more than 	tailed financial disclo	sure because	contributions (in	cluding in-kind) red	ceived total mor	e than \$1,000
character of parameters (star more than	priodo for ans report	ing penod.				
10. I/we do solemnly swear or affirm that the i	nformation contained	in this campai	ion financial dis	clasura rapart is tr	io and that this	conact is an
accurate accounting of campaign contributi	ons and expenditures	s required to be	e reported by the	e candidate commi	ttee by the Carr	npaign
Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other no	swear or affirm that a	no campaign o defined by the	ontributions hav	e been expended f	or the personal	financial
	portion purpose as	defined by the		revenue code.		
Im W. M	7/24/16	6	They S	Wh-	7/-	24/16
signature of candidate	date		signature of	political treasurer	· / ·	date
//						
11. WITNESS SIGNATURE						
Julian 1 Borns	5 5 6	^	00	<i>A</i> 10		
		**************************************	Min	y L By	sof 2	-27-14
signature of witness	date		signak	ire of witness		date
12. SUMMARY						****
				11.7 - 1	,	
a. BALANCE ON HAND LAST REPORT		••••		\$ 43.76	2_	
b. TOTAL RECEIPTS THIS PERIOD				. 0		
				•		
c. TOTAL DISBURSEMENTS THIS PERIOD.	•••••			\$ ~ 8 . 5 C		
						26
d. BALANCE ON HAND (12.a. plus 12.b. n	ninus 12.c.)				\$	
C TOTAL LOANS OUTSTANDING					. ~	
e. TOTAL LOANS OUTSTANDING		***************************************			. \$	
f TOTAL OBLICATIONS OF TOTAL STATE					0	_
f. TOTAL OBLIGATIONS OUTSTANDING		••••			\$ 	



JUL 27 2016

SUMMARY PAGE - CANDIDATE

WILSON COUNTY LECTION COMMISSIO

13. NAME OF CANDIDATE OR COMMITTEE (In Full) HOWARD W. BLAYDES		14. REPORT COVE	RING THE PERIOD				
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)							
a. Unitemized Contributions (\$100 or less from each source this period)	a. Unitemized Contributions (\$100 or less from each source this period)\$						
	b. Itemized Contributions (over \$100 from each source this period)\$						
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. a			\$				
16. LOANS RECEIVED THIS REPORTING PERIOD\$							
17. INTEREST 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.t	b.)		\$				
DISBURSEMENTS							
19. EXPENDITURES (other than loan payments)							
a. Expenditures (\$100 or less each payee this period) (must be listed by ca	ategory - e.	g., printing, postage, g	gasoline)				
GATEWAY - SURCHARGE \$	10.0	0					
GATEWAY - SURCHARGE \$ DEBIT CARD - SURCHARGE \$	18.5	0					
\$							
							
*							
* <u></u>							
\$ <u></u>							
\$		****	:				
Total of Expenditures (\$100 or less each payee)	**************	\$ 2850					
b. Itemized Expenditures (Over \$100 each payee this period)			_				
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)							
20. LOAN REPAYMENTS MADE THIS PERIOD\$							
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$28.50							
22.IN-KIND CONTRIBUTIONS							
a. Unitemized in-kind contributions (\$100 or less from each source this period)\$ 79.43							
b. Itemized in-kind contributions (over \$100 from each source this period)\$ 169.50							
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)							
23. OBLIGATIONS							
a. Unitemized Obligations Outstanding (\$100 or less each)	•••••	.\$					
a. Unitemized Obligations Outstanding (\$100 or less each)							
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)\$							

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR C	OMMITTE	E	~	<u>, , 2</u>	REPORT COVERI		
HOWAR	20	W.	BLAYDI	£_S	FROM: 7/1/16		
1. NAME OF CANDIDATE OR COMMITTEE ### A YDES FROM: 7/1/6 3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)						Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)							
First Name HOWA PD Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution			
Last Name/Organization Name BLA YOES				Runoff (Local Election	169.50		
Address, 430 OLO LEBANON BIRT RD.			Date of In-Kind Contribution	Aggregate this Election			
Address 1 430 OKO LEBANON KIRT RD. City M T. JULIET State. Zip Code 7, 22 Occupation Employer		Description of In-Kind Contribution					
Occupation	Employer			NEWSHAPER			
RETIRED	RETIRED			ARTICLE			
First Name	st Name		In-Kind Contribution Received Primary Election	Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Elections Only)				
Address				Date of In-Kind Contribution	Date of In-Kind Contribution		
City		State	Zip Code	Description of In-Kind Contribution			
Occupation	Employer						
First Name Middle Name		In-Kind Contribution Received Primary Election		Value of In-Kind Contribution			
Last Name/Organization Name		Runoff (Local Elections Only)					
Address			Date of In-Kind Contribution		Aggregate this Election		
City State Zip Code			Description of In-Kind Contribution				
Occupation	upation Employer]			
			,				
First Name	First Name Middle Name		In-Kind Contribution Received For: Primary Election		Value of In-Kind Contribution		
Last Name/Organization Name			Runoff (Local Election				
Address		Date of In-Kind Contribution		Aggregate this Election			
City State Zip Code		Description of In-Kind Contribution					
Occupation	Employer	-1					
First Name Middle Name		In-Kind Contribution Received For: Value of Primary Election General Election		Value of In-Kind Contribution			
Last Name/Organization Name		Runoff (Local Elections	s Only)				
Address		Date of In-Kind Contribution		Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution	······································		
Occupation	Employer	-					
5. TOTAL ITEMIZED IN-KIND CO	MERITIC	NS			I		
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)					169.50		
/				·			