

## CAMPAIGN FINANCIAL DISCLOSURE STATEMENTISSION

For State and Local Candidates
For Single-Candidate Committees

1.	: +	2.a. NAME OF C	CANDIDATE (	OR COMMITTEE		
	4-1-14		n mas			
	p. IF COMMITTEE, NAME OF CANDIDATE		,,,,,,		3. ELECTION DAT	E
4.a	. CAMPAIGN ADDRESS AND PHONE Street or Rural Route					
1	294 HORM SPAMES RD	City		State	Zip Code	Phone
4.b	. CANDIDATE'S HOME ADDRESS (if differen	10BAMEN		tenn	37087	615-444-547
	Street or Rural Route	City		State	Zip Code	Phone
5.	OFFICE SOUGHT (include district number, if	applicable)	6. NAM	E OF POLITICAL T	REASURER (may be	- candidate)
	CUITSON COUNTY TRUSTE	E		Jim ma		, candidate)
7.	CATEGORY OR REPORT (Check one)			3//-1//-		
	FIRST SECOND THIRD	FOURTH	PRE-	PRE-	MID-YEAR	, _ <u>_</u>
8.a.	QUARTER QUARTER QUARTER BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY	GENERAL	SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
			8.b. ENDI	NG DATE OF REPOR	RTING PERIOD	
9. (C	check one)					
	This campaign is exempt from detailed tures total \$1,000 or less for this report.  This campaign is required to file a deta and/or expenditures total more than \$1	iled financial disclo	eura bacqua	u., 120. and 121.)		
	I/we do solemnly swear or affirm that the info accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we sw benefit of the candidate or for any other nonpo	vear or affirm that n	o compoien	contributions have e federal internal re	candidate committee	ind that this report is an by the Campaign ne personal financial
	Signature of dandidate	date	_	signature of	political treasurer	date
11. V	VITNESS SIGNATURE			V		A. Orași de Princis
F	signature of witness	<u> </u>	_	Mula signature	e of witness	4-1-14 date
2. SL	JMMARY					<del></del>
a.	BALANCE ON HAND LAST REPORT			\$		
b.	TOTAL RECEIPTS THIS PERIOD			\$	\$ 628,00	
C.	TOTAL DISBURSEMENTS THIS PERIOD			\$	425	
d.	BALANCE ON HAND (12.a. plus 12.b. minu	s 12.c.)	***************************************		\$ <u>-</u>	603
е.	TOTAL LOANS OUTSTANDING				\$_	-0
f.	TOTAL OBLIGATIONS OUTSTANDING				····· \$ <b>-</b>	-0-



#### SUMMARY PAGE - CANDIDATE

WILSON GOUNTY ELECTION COMMISSION

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14 REPORT COV	/ERING THE PERIO
Jim march	FROM:	TO:
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)		<u> </u>
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. and 15.b.)	0	<del></del> \$
16. LOANS RECEIVED THIS REPORTING PERIOD		\$ 6
17. INTEREST RECEIVED THIS REPORTING PERIOD		\$ -0-
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		\$ -0
DISBURSEMENTS		
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g	printing, postage	(asoline)
516NS HOW \$ #25	, , printing, poolage,	gasoniej
\$		
\$	<del></del>	
\$	-	
\$		
\$	_	
	-	
<b></b> \$		
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.)		\$ #25
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)\$		
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		
a. Unitemized Obligations Outstanding (\$100 or less each)\$	0	
o. Itemized Obligations Outstanding (Over \$100 each)\$		
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12		



### ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR			2. REPORT CO	VERING THE PERIOD
Jim M	AJOH		FROM:	TO:
3. TOTAL ITEMIZED CAMPAIG	N CONTRIBUTIONS F	FROM PRECEDIN	NG PAGE (enter \$0 if first itemized page)	Amount
4. COMPLETE THE APPROPRIATE	ITEMS FOR EACH ITE	MIZED CONTRIBU	ITION (contributions totaling more than \$100 from any contrib	outor)
First Name	Middle N	Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name			☐ Primary Election ☐ General Election	
Address (*)			Runoff (Local Elections Only)	1
City	State	Zip Code	Date of Contribution	U
Occupation &				Aggregate This Election
Employer				()
First Name	Middle N	ame	Contribution Provided For	
Last Name/Organization Name	Middle	unic .	Contribution Received For:	Amount of Contribution
Last Name/Organization Name			Primary Election General Election	
Address			Runoff (Local Elections Only)	0
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation			<del></del>	
Employer				
				0
irst Name	Middle Nar	me	Contribution Received For:	Amount of Contribution
ast Name/Organization Name			Primary Election General Election	
ddress			9605-009	
ity	1		Runoff (Local Elections Only)	0
	State	Zip Code	Date of Contribution	Aggregate This Election
ccupation				
nployer			_	(A)
st Name	Treat v			U
	Middle Nam	e	Contribution Received For:	Amount of Contribution
st Name/Organization Name			Primary Election General Election	
dress			Runoff (Local Elections Only)	0
	State	Zip Code	Date of Contribution	Aggregate This Election
upation				, Agregate THIS Election
loyer	***			
nojoi				Ó
TOTAL ITEMIZED CONTRIBUTION (Carry forward to item 3. of next page if add (If this is the last page of contributions, this	itional pages of this form are	used.)		
( to the last page of contributions, this	amount must be snown in ite	em 15b. of summary.)		



# WILSON COUNTY ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

Jim M	1 Jon				FROM:	OVERING THE PERIOD TO:				
3. TOTAL ITEMIZED IN-KII	ND CONTRIBU	TIONS FR	OM PRECEDING	PAGE (enter \$0 if first itemized page	1	Amount				
4. COMPLETE THE APPROPR	RIATE ITEMS FO	R EACH ITE	EMIZED IN-KIND CO	ONTRIBUTION (in-kind contributions totaling in	nore than \$100 from a	Dy contributes during the second				
First Name			e Name	In-Kind Contribution Received						
Last Name/Organization Name				Primary Election	General Election	Value of In-Kind Contril				
				Runoff (Local Elections	s Only)	0				
Address				Date of In-Kind Contribution		Aggregate this Election				
City		State	Zip Code	Description of In-Kind Contribution	Description of In-Kind Contribution					
Occupation	Employe	er								
First Name		Middle	Name	In-Kind Contribution Received	For:	Value of In-Kind Contrib				
ast Name/Organization Name					General Election	value of in-Kind Contino				
ddress				Runoff (Local Elections	Only)	0				
				Date of In-Kind Contribution		Aggregate this Election				
ity		State	Zíp Code	Description of In-Kind Contribution						
ccupation	Employer									
			Alexander -							
rst Name		Middle N	ame	In-Kind Contribution Received F	Value of In-Kind Contribu					
st Name/Organization Name				Primary Election	General Election	Talla of in Allia Contino				
dress				Runoff (Local Elections	Only)					
uress				Date of In-Kind Contribution		Aggregate this Election				
у		State	Zip Code	Description of In-Kind Contribution	Description of In-Kind Contribution					
cupation	Employer									
t Name	West of the second	Middle Na	ame	In-Kind Contribution Received Fo	or:	Value of In-Kind Contribut				
Name/Organization Name				Primary Election	Seneral Election	Talled of it falle continue				
ress				Runoff (Local Elections C	Only)	0				
				Date of In-Kind Contribution		Aggregate this Election				
		State	Zip Code	Description of In-Kind Contribution						
pation	Employer									
Name		Middle Nam	е	In-Kind Contribution Received F		Value of In-Kind Contribution				
ame/Organization Name					eneral Election					
ess				Runoff (Local Elections Or	nly)					
				Date of In-Kind Contribution		Aggregate this Election				
		State	Zip Code	Description of In-Kind Contribution						
ation	Employer			7		6				
OTAL ITEMIZED IN-KIND C	ONTRIBUTION	NO.				$\mathcal{O}$				
Carry forward to item 3. of next page i	if additional pages of	of this form are	e used.)							
this is the last page of in-kind contrit										



### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR			Z. REF FROM:	101
3. TOTAL ITEMIZED CAMPAIO	ON EXPENDITURES F	ROM PRECEDING	PAGE (enter \$0 if first itemized page)	Amount
4. COMPLETE THE APPROPRIA	TE ITEMS FOR EACH IT	EMIZED EXPENDIT	JRE (expenditures totaling more than \$100 to any payo	ee during the period)
First Name		Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				
Address				-
City	State	Zip Code		10
First Name	Middle	Name	Purpose of Expenditure	Amount of Expenditure
_ast Name/Business Name				
Address	<del></del>	· · · · · · · · · · · · · · · · · · ·		
City	State	Zip Code		0
First Name	Middle 1	Name	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name				
ddress				
ity	State	Zip Code		6
rst Name	Middle Na	ame	Purpose of Expenditure	Amount of Expenditure
st Name/Business Name				
dress				
у	State	Zip Code		
st Name	Middle Na	me	Purpose of Expenditure	Amount of Expenditure
t Name/Business Name				
dress				
	State	Zip Code		
st Name	Middle Nan	ne	Purpose of Expenditure	Amount of Expenditure
Name/Business Name				
ress				
	State	Zip Code		0
TOTAL ITEMIZED EXPENDIT (Carry forward to item 3. of next page if a	dditional pages of this form a	re used.) item 19b. of summary.)		



### ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE								2. REPORT COVERING THE PERIOD FROM: TO:			
3. COMPLETE THE APPR	OPRIATE ITEMS	FOR EACH	HTEMIZ	ZED LOAN	(loans totaling n	nore than	\$100 from any	source d	uring the per	riod)	
Complete the Following for the	Source of the Loa	n									
First Name	Middle N	ame			Outstanding Loan Balance Loans (Beginning of Period) Received			Loan Payments		Outstanding Loan Balance	
Last Name/Organization Name	L									10	ind of Period)
Address				Loan Recei	ved For:			$\neg$	Date of Loan	1	
City State Zip Code					☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)						
	List All Endo	orsers or Gua	rantors fo	or Above Loa	an (If more space	e is nee	ded please a	ttach a	page)		
First Name		Middle Nam			First Name					Middle Na	me
Last Name/Organization Name					Last Name/Org	anization	Name				
Address					Address						
City		State	Zip Co	de	City					State	Zip Code
Amount Guaranteed Outstanding					Amount Guarant	eed Outs	tanding				
First Name Middle Name					First Name Middle Name						ne
Last Name/Organization Name					Last Name/Organization Name						
Address		****			Address						
City		State	Zip Cod	e	City				1.	State	Zip Code
Amount Guaranteed Outstanding			<u> </u>		Amount Guaranteed Outstanding						Zip Gode
First Name		Middle Name			First Name						
		Wilder Hame			Middle Halle						ne
Last Name/Organization Name					Last Name/Orgar	ization N	ame				
Address					Address						
City		State	Zip Code		City				1	State	Zip Code
mount Guaranteed Outstanding				ľ	Amount Guarante	ed Outsta	nding				
irst Name		Middle Name			irst Name				N	liddle Name	
ast Name/Organization Name					ast Name/Organi	zation Na	me				
ddress				A	ddress						
City		State	Zip Code	0	City				S	tate	Zip Code
nount Guaranteed Outstanding				A	Amount Guaranteed Outstanding						
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.)					utstanding Loan (Beginning of Pe		Loans Received		Loan Payments		tanding Loan Balance (End of Period)



# WILSON COUNTY ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE WILSON COUNTY

1. NAME OF CANDIDATE OR COMMITTE	E			2. REPORT COVERING THE PERIOD			
COMPLETE THE APPROPRIATE ITEM:     OBLIGATION (obligations totaling more t     person/vendor at the end of the reporting	han \$100 d	CH ITEMIZED owed to any	Outstanding Balance (Beginning of Period)	FROM: Debt Incurred This Period	Payments This Period	Outstanding Balanc (End of Period)	
First Name	Middle	Name					
Last Name/Business Name			$\dashv$				
Address			-				
City	State	Zip Code				17)	
Description of Obligation				1			
First Name	Middle N	lame	1				
Last Name/Business Name			-				
Address			-				
City	State	Zip Code	-			0	
Description of Obligation							
First Name	Middle Na	ame					
Last Name/Business Name			-				
Address			-				
City	State	Zip Code	-				
Description of Obligation						0	
	_						
First Name	Middle Na	me					
ast Name/Business Name							
ddress			]				
City	State	Zip Code	1			0	
escription of Obligation				<u>_</u>			
Irst Name	Middle Nan	ne		T			
st Name/Business Name	L		-				
dress			1				
ty	State	Zip Code					
scription of Obligation						0	
TOTALS			I T				
Total from Outstanding Balance - (End of Period) co in item 23b. on summary page.)	olumn must	also be shown					