CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees RECEIVED

1. DATE OF REPORT	2.a. NAME OF CAN	NDIDATE OR COMMITTEE.		JAN 20 2017
1-20-2017	1 1 1	rvie Ash		WILSON COUNTY M
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION D	ATEION COMMISSION M
			1 2	016
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City , /	State	Zin Cada	54
3155 Leeville Ph.	Lehaum	State Tiv.	Zip Code てフロタロ	Phone 615-204-4133
4.b. CANDIDATE'S HOME ADDRESS (if differe	-	100.	3/0/2	017 601 1173
Street or Rural Route	City	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number,	if applicable)	6. NAME OF POLITICAL	- 1	/ be candidate)
7. CATEGORY OF REPORT (Check one)		15eenie	As4	
	H (4)		П	
FIRST SECOND THIRD QUARTER QUARTER QUARTER	FONRTH C QUARTER P	PRE- PRE- PRIMARY GENERAL	MID-YEAR	YEAR-END
8.a. BEGINNING DATE OF REPORTING PERIOD		RIMARY GENERAL B.b. ENDING DATE OF REPO	SUPPLEMENTA RTINGPERIOD	AL SUPPLEMENTAL
10.30-16		1-15-1		
9. (Check one)		, , , , ,		
a. This campaign is exempt from detaile	ed disclosure because o	ontributions (including in-kir	nd) received total \$1	1 000 or less AND expendi-
tures total \$1,000 or less for this repo	orting period. (Complete	e items 12d., 12e. and 12f.)	10) 10001100 1010. 4 .	1,000 of 1033 / 1145 experies
b. his campaign is required to file a de	tailed financial disclosu	re because contributions (in	cludina in-kind) rec	eived total more than \$1,000
and/or expenditures total more than \$	1,000 for this reporting	period.		piana (ami inala nimi 4 ilani
10. I/we do solemnly swear or affirm that the ir accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other nor	ons and expenditures re swear or affirm that no	equired to be reported by the campaign contributions have	e candidate committ e heen expended fo	tee by the Campaign
Wen as	1-20-17	Olen	-Col	1-20 47
signature of candidate	date	signature of	political treasurer	date
44 MITAECO CIONATUDE		***		
11. WITNESS SIGNATURE		Λ	- 17	
John Vanne	T1-@5-1	(hile	i Can	1-20-17
signature of winess	date		re of witness	date
_		<i>y</i> -		
12. SUMMARY			- , 3!	レ
a. BALANCE ON HAND LAST REPORT			1521, -	
			75 0	<u>e</u>
b. TOTAL RECEIPTS THIS PERIOD		9		
c. TOTAL DISBURSEMENTS THIS PERIOD	***************************************		1621, - 25, 0 1067, 4	/
. BALANCE ON UNID (40				1172 87
d. BALANCE ON HAND (12.a. plus 12.b. m	inus 12.c.)			\$ 7/0
C TOTAL LOANS OF ITSTANDING				5000 00
e. TOTAL LOANS OUTSTANDING	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			\$
F TOTAL ORLIGITIONS OF TAXABLE				/3/
f. TOTAL OBLIGATIONS OUTSTANDING				. 6

SUMMARY PAGE - CANDIDATE

JAN 20 2017 9:30 ma

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE RERIO
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	**************************************
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 25 ° <u>25</u>
b. Itemized Contributions (over \$100 from each source this period)	\$
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.t	05
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 Sigus \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	- e.g., printing, postage, gasoline)
Total of Expenditures (\$100 or less each payee)	s 45. 0°
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	\$ 10 6 1 .43
20. LOAN REPAYMENTS MADE THIS PERIOD	\$
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ 1067.45
a. Unitemized in-kind contributions (\$100 or less from each source this period)	Δ.
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)	
b. Itemized Obligations Outstanding (Over \$100 each)	47 -
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i ite	m 12.f.)\$

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE WE WE OF CANDIDATE OF COMMITTEE

1. NAME OF CANDIDATE OR COMMI	CTION COMMISSION				
	TO: /-/5-/7				
3. TOTAL ITEMIZED CAMPAIGN EXPE	ENDITURES FR	OM PRECEDING I	PAGE (enter \$0 if first itemized p	age)	Amount 42
4. COMPLETE THE APPROPRIATE ITEMS	FOR EACH ITE	MZED EXPENDITUR	RE (expenditures totaling more than \$10	0 to any payee during the	period)
First Name	st Name Middle Name		Purpose of Expenditure	Purpose of Expenditure	
Last Name/Bysiness Name Jondans Catering				\$678 47	
Address			- Cateein	\mathcal{V}	76,6
ciy Lebana	State.	Zip Code JW27			
First Name	Middle Na	ime	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Lebaium Dem	sum Demorart		Advantising		\$225
Address			- /48°	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PLLI
city Lebyra	State Th	Zip Code 37087			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name Lowe '5] Sign M	Sign Material		
Address					\$ 118.95
city Lebaran	State Tu	Zip Code 37027			
First Name	Middle Nar	ne	Purpose of Expenditure	Purpose of Expenditure	
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle Nan	ne	Purpose of Expenditure	Purpose of Expenditure	
.ast Name/Business Name	<u> </u>				
Address					
City	Stale	Zip Code			
First Name	Middle Narr	e	Purpose of Expenditure	Purpose of Expenditure	
ast Name/Business Name					
Address					
Sity	State	Zip Code			
 TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional (If this is the last page of expenditures, this amounted) 	l pages of this form a				