CAMPAIGN FINANCIAL DISCLOSURE STATEMENT MIII IN 2010

For State and Local Candidates For Single-Candidate Committees

| · · · · · · · · · · · · · · · · · · · | omgie-ca | iiuluale Ci | ommitte | ees \ <u>'</u> | OOF TA 5018 8 |
|---|-----------------------|---------------------------------------|---|------------------------|-----------------------------|
| 1. DATE OF REPORT | 2.a. NAMEOFO | ANDIDATE OR CO | DMMITTEE. | · · | WILSON COLL |
| July 10,2018 | l Jacki | e murp | hy | ELE(| CTION COMMISSION |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE | | | · | 3. ELECTION DA | TE |
| | | | | 201 | |
| 4.a. CAMPAIGN ADDRESS AND PHONE | | | | | 0 |
| Street or Rural Route | City | | State | Zip Code | Phone |
| 545 Double Lob Cabin Rd | lebano | n _ | To | 37081 | 615-804-902 |
| 4.b. CANDIDATE'S HOME ADDRESS (if different | | | | 2,1001 | m 12 00 , 197 |
| Street or Rural Route | City | ; | State | Zip Code | Phone |
| 5ame | | | | | |
| 5. OFFICE SOUGHT (include district number, if | applicable) | | | TREASURER (may b | e candidate) |
| REGISTER OF DEEDS | | JENN | ifer S | Pears | |
| 7. CATEGORY OR REPORT (Check one) | l | | | | |
| FIRST SECOND THRD | L.) FOURTH | L_i PRE- | LJ PRE- | MID-YEAR | YEAR-END |
| QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD | QUARTER | PRIMARY | GENERAL | SUPPLEMENTAL | · —· · |
| | | 8.b. ENDINGDA | | _ | |
| 4-1-18 | | L | 0.30 | 18 | |
| 9. (Check one) | | | | | |
| a. This campaign is exempt from detailed tures total \$1,000 or less for this report | ing penoa. (Compl | ete items 12d., 12 | ze. and 12f.) | | |
| b. This campaign is required to file a deta and/or expenditures total more than \$1 | ,000 for this reporti | sure because con ng period, | tributions (inc | duding in-kind) receiv | ved total more than \$1,000 |
| 10. I/we do solemnly swear or affirm that the info accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we subenefit of the candidate or for any other nonpositions. Additionally I/we subenefit of the candidate or for any other nonpositions I/we subenefit of the candidate I/we subenefit of the candidat | vear or affirm that n | required to be rej ocampaign confr | ported by the ibutions have eral internal r | candidate committee | hutha Caasaa |
| 11. WITNESS SIGNATURE | | | 1 | | |
| Bethel A. Howard signature of witness | <u> 7 - 10 - 18</u> | H | | e of witness | 7-10-18 date |
| 12. SUMMARY | | | J | | |
| a. BALANCE ON HAND LAST REPORT | | | \$ | <u>-1153 01</u> | |
| b. TOTAL RECEIPTS THIS PERIOD | | | \$ | 37224.05 | |
| c. TOTAL DISBURSEMENTS THIS PERIOD | | | \$ | 46,058.3 | ما |
| d. BALANCE ON HAND (12.a. plus 12.b. minu | us 12.c.) | | | \$ | <u>-7680.30</u> |
| e. TOTAL LOANS OUTSTANDING | | | | \$ | _41785.63 |
| f. TOTAL OBLIGATIONS OUTSTANDING | | | | \$ | 0 |



SUMMARY PAGE - CANDIDATE

SULT TO SO18

WILSON COUNTY 13. NAME OF CANDIDATE OR COMMITTEE (In Full) 14. REPORT CECTERNICOTHIESESSIOD Jackie Murphy FROM: 4-1-18 TO:6-30-18 RECEIPTS 15. CONTRIBUTIONS (other than loans and interest) a. Unitemized Contributions (\$100 or less from each source this period)\$ b. Itemized Contributions (over \$100 from each source this period).....\$ \ \850.00 c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$_____\$ **DISBURSEMENTS** EXPENDITURES (other than loan payments) a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline) Office Supplies 291.97 516NS 10,054.85 CAPS/Shirts \$ 2,142.96 Car magnets \$ 884.93 \$ 1465,03 ocial Event \$ _ 704.94 \$ 3768,09 + RAdio \$ 1750.00 MAIDULS Donation / Sponsor 1705 b. Itemized Expenditures (Over \$100 each payee this period)\$ 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)\$ b. Itemized Obligations Outstanding (Over \$100 each)\$ c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)\$

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE 2018

| 1. NAME OF CANDIDATE OR COMMITTEE 2. REPORT COVER 12-18 | | | RING THE PERMONNISSK | |
|--|----------------------------|--|---------------------------|-------------------------|
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIB | | | - / | Amount |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR | EACH ITEMIZED CONTRIBUTION | (contributions totaling more than 5 | \$100 from any contributo | г) |
| First Name Beatrice | Middle Name | Contribution Received For: | | Amount of Contribution |
| Last Name/Organization Name H2\\uuu Address | . I | Primary Election | General Election s Only) | 200.00 |
| City Lebenon | State Zip Code 30090 | Date of Contribution | | Aggregate This Election |
| Occupation RETILE Employer | | | | |
| First Name HE | Middle Name | Contribution Received For: | | Amount of Contribution |
| Last Name/Organization Name Stanford DR Address 118 Grunnown 1 |) P | Primary Election | General Election | 50.∞ |
| City Labora Occupation | State Zip Code 37080 | Date of Contribution | | Aggregate This Election |
| Employer | | | | |
| First Name | Middle Name | Contribution Received For: | | Amount of Contribution |
| Last Name/Organization Name Clemmons Address 612 W Main St | | ☐ Primary Election ☐ ☐ Runoff (Local Elections | General Election Only) | 500.00 |
| City Letonon Occupation SELF EMPloyed Employer | State Zip Code 3/0%? | Date of Contribution | | Aggregate This Election |
| First Name | Middle Name | Contribution Received For: | | Amount of Contribution |
| ast Name/Organization Name | | Primary Election | General Election | 200.00 |
| Address 320 Hicks Hollow | DR | Runoff (Local Elections (| Only) | |
| City Lebonon | State Zin Code | Date of Contribution | | Aggregate This Election |
| Docupation County Government Imployer | > 4 - | | | |
| 5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of (If this is the last page of contributions, this amount must | | | | |

SS-1131(Rev. 2/06)

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ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE UNTY

| | | | _ | -LOTION COMMISSION |
|--|------------------------------------|----------------------------|---------------------------|---------------------------------------|
| 1. NAME OF CANDIDATE OR COMMITTE | | | 2. REPORT COVE | RING THE PERIOD |
| Jackie Murp | hy | | FROM:4-1-18 | TO: 6-20-18 |
| , | 1 | 40.00 | | Amount |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRI | | | | |
| 4. COMPLETE THE APPROPRIATE ITEMS FO | | | \$100 from any contributo | r) |
| First Name | Middle Name | Contribution Received For: | | Amount of Contribution |
| Last Name/Organization Name | | Primary Election | General Election | |
| 17ASKINS | | LL31 Illinoity Election L | Li General Election | 100 00 |
| Address | | Runoff (Local Election | is Only) | 100.00 |
| 922 Phelan Dr | _ | | | |
| City Lebaron | State Zip Code 37090 | Date of Contribution | | Aggregate This Election |
| Occupation | 11101 21010 | | | |
| Cocception | | | | |
| Employer | | | | |
| | | | | |
| First Name | Middle Name | Contribution Descioud For | | |
| Jane E. Mack | WINDUIE HAITIE | Contribution Received For: | ļ | Amount of Contribution |
| Last Name/Organization Name | | Primary Election | General Election | |
| Hollis | | | | ^ - ^ |
| Address 00 00 00 00 00 00 00 00 00 00 00 00 0 | D -1 | Runoff (Local Elections | only) | 25.00 |
| 6285 CAINSVILLE | 1 | | | · · · · · · · · · · · · · · · · · · · |
| Leboron | State Zip Code | Date of Contribution | Ì | Aggregate This Election |
| Occupation | | 7 | | |
| | | ļ | ł | |
| Employer | | 1 | | |
| | | | | |
| First Name | Middle Name | Contribution Received For: | | Amount of Contribution |
| Vicki. | | | | Amount of Contribution |
| Last Name/Organization Name | | Primary Election | General Election | |
| Wuenschor | | | | 25.00 |
| 4525 CAINSVILLE | Rd | Runoff (Local Elections | Only) | 92.00 |
| City | State Zip Code | Date of Contribution | | Aggregate This Floation |
| Lebranon | TN 37090 | | | Aggregate This Election |
| Occupation | |] | | |
| mployer | | ĺ | | |
| inspicyer | | | | |
| | | | | |
| irst Name Thomas | Middle Name | Contribution Received For: | | Amount of Contribution |
| ast Name/Organization Name | | Primary Election (| General Election | į |
| Hoffman | | | Johnson Election | 17-0-00 |
| ddress | | Runoff (Local Elections 0 | Only) | 150.00 |
| 1931 Romoke De | | ` | | |
| ity \ o b a a a | Stale Zip Code | Date of Contribution | 7 | Aggregate This Election |
| ccupation | IN 30080 | | | |
| ecopolitis, | | | | |
| nployer | | | | |
| | | | 1 | |
| TOTAL ITEMIZED CONTRIBUTIONS | | | | |
| (Carry forward to item 3. of next page if additional pages | of this form are used 1 | | į | |
| | | | | |
| (If this is the last page of contributions, this amount must | be shown in item 15b, of summary.) | |] | |

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Page _____ of ____

RDA 1159

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE INTO LECTION COMMISSION

| 1. NAME OF CANDIDATE OR COMMI | TTEE | 2. REPORT CO | OVERING THE PERIOD |
|--|--|--|--------------------------------|
| Jackie Murc | phy | FROM:4-1-1 | |
| 3. TOTAL ITEMIZED CAMPAIGN CONT | \ TRIBUTIONS FROM PRECEDING | PAGE (enter \$0 if first itemized page) | Amount |
| | | N (contributions totaling more than \$100 from any contril | buter) |
| First Name | Middle Name | Contribution Received For: | Amount of Contribution |
| asl Name/Organization Name | | Primary Election General Election | |
| Bain | | Primary Election General Election | 50.00 |
| Address Po Box 583 | | Runoff (Local Elections Only) | 200.00 |
| lebenon | State Zip Code 3088 | Date of Contribution | Aggregate This Election |
| Occupation | 111-127030 | | |
| retired | | | |
| mployer | | | |
| irst Name | Middle Name | Contribution Received For: | Amount of Contribution |
| ast Name/Organization Name | | ☐ Primary Election ☐ General Election | |
| Falkauski | | Primary Election General Election | |
| 519 Cloveshill | Λ. | Runoff (Local Elections Only) | 100.00 |
| ity | State Zip Code | Date of Contribution | Aggregate This Election |
| uborer | Tn 37000 | | , aggregate this Election |
| ccupation | | | |
| nployer | | | Ť |
| | | | |
| st Name | Middle Name | Contribution Received For: | Amount of Contribution |
| Pari E TEJIU st Name/Organization Name | | ☐ Primary Election ☐ General Election | |
| Wrye | | | $\partial \omega \cdot \alpha$ |
| 180 lindsler R | d | Runoff (Local Elections Only) | |
| y | State Zip Code | Date of Contribution | Aggregate This Election |
| <u>tubovou</u> | TN 37090 | | |
| | | | |
| ployer | | | |
| t Name | Mada News | | |
| - Alixb | Middle Name | Contribution Received For: | Amount of Contribution |
| Name/Organization Name | | Primary Election General Election | |
| ubliers less | | Runoff (Local Elections Only) | 100.00 |
| 2080 N 2085 | | | |
| MT. Juliet | State Zip Code 37137 | Date of Contribution | Aggregate This Election |
| upation | | | |
| ioyer | | | |
| | | | |
| TOTAL ITEMIZED CONTRIBUTIONS | The same of the sa | | |
| (Carry forward to item 3. of next page if additional page) | ages of this form are used.) | | |
| (If this is the last page of contributions, this amount it | must be shown in item 15b, of summary.) | | |

. ILLEVELYEE

3. MITSON COUNTY &

ITEMIZED STATEMENT OF LOANS - CANDIDATECOMMISSION

| NAME OF CANDIDATE OR COMMITTEE | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
|---|--------------------|---------------|--------------------------------|---------------------------------------|---------------------------------------|---------------|-----------------|--|--|
| | | | | | | | REPORT ROM: | COVERI | NG THE PERIOD TO: |
| Jackie Murph | { | | | | | 2 | 2 -1 -1 S | 5 | 6-30-18 |
| 3. COMPLETE THE APPROPRIATE ITEMS | FOR EACH ITEMIZ | ZED LOAN | (loans totaling n | nore tha | n \$100 from an | y sourc | e during the pe | eriod) | |
| Complete the Following for the Source of the Loan | | | | | | | | | |
| Socki Wayne Middle Na | me | | g Loan Balance g of Period) | | oans eceived | | .oan yments | | anding Loan Balance (End of Period) |
| Last Name/Organization Name | | 104 | 13.42 | | | | _ | | , |
| Address | | | | ည: | 5 372.2 | | 0 | 4 | 1,785.63 |
| 545 boulde Lob Co | bin Rd | Loan Recei | ved For: ry Election | m/ | eneral Election | | Date of Loa | in | |
| City State TN | Zip Code | | • | | eneral Election | | 4.5. | 14 | 6-25-18 |
| | 27080 | | (Local Elections (| | · · · · · · · · · · · · · · · · · · · |] | | 10 | 6-5-18 |
| List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page) First Name Middle Name First Name | | | | | | | | | |
| Jacki | Wildle Na/he | | First Name | du | i. | | | Middle N | ame |
| Last Name/Organization Name MUCDHU È Ludanu | | | Last Name/Orga | | | , | <u> </u> | 1 | |
| Address | | | Address | u | sty & | <u></u> |)ap | <u> </u> | |
| 545 Double Lot C | abin Ro | | 549 | 5 | Soul | رع | 06 (| de | a Rol |
| Lebonon | State Zip Coo | 10 <i>9</i> 2 | City | > C.0 | w | | | State | Zip Code |
| Amount Guaranteed Outstanding 5000.00 | <u> </u> | | Amount Guarant | | | 1.75 | 72.08 | | 27081 |
| First Name | Middle Name | | First Name | | Walter of Barrier | 10 | ري. ري ا | | |
| <u>Jackie & Warm</u> | | | i \ | rch | ا غ ر رَ | \mathcal{L} | | Middle Na | me |
| Last Name/Organization Name | | | Last Name/Organ | nization | Name | 4./ | MANUA! | · | |
| Address_ | | | Address | up | shy- | | | | |
| 545 Double LOG | | <u>d</u> | <u></u> 54 | 2 | Doul | ble | 106 | , (% | sbin Rd |
| city Lebanon | State Zip Code | 1057 | City } o | ho | non | | | State | Zip Code |
| Amount Guaranteed Outstanding | | | Amount Guarante | | landin a | | | 10 | 37081 |
| First Name | > Middle Name | | | | | > CX | 00.00 | | |
| Dacky & Dami | widdle Name | | First Name Δa | chi | (1) 31 | au | | Middle Nar | me |
| Last Name/Organization Name 'Mushy | | | Last Name/Organi | ŧ | lame | | 1 | | |
| Address | | | Address | up | My | | | | |
| Sts Double lot (| Obin Ro | λ l | 545 | D | suble | | 26 C | obin | Rd |
| Lehonon | State Zip Code | OKN | City | ~00 | \sim | | | State | Zip Code 30080 |
| Amount Guaranteed Outstanding \540.62 | | 4 | mount Guarantee | d Outsta | | | | <u> </u> | 13,001 |
| Control of the control of the control | Middle Name | | | in the second | 1543 | 3 · X | | | |
| Jacky & Warn | waddie Name | | First Name | , , 8 | = (1)a | UM | 1 | fiddle Nami | e |
| ast Name/Organization Name | | L | ast Name/Organiz | ation Na | In the | <u> </u> | <u> </u> | | |
| Address | | | ddress | Clo | 1 | | | • | |
| oily, | Cobin | YCX | 545 | 1 | >out | sle | 06 | <u> </u> | binds |
| lescren ! | State Zip Code | <u>κ</u> υ (| les c | M | 2 | | ন্য | tate N | Zip Code |
| mount Guaranteed Outstanding | | Ar | nount Guaranteed | Outstar | nding (7.5 | 107 | | ······································ | |
| Totals for all Loans (complete on last page of ite | mized Ioans) | lo | utstanding Loan B | alance | Loans | , OC | / Loan | Outo | tanding Loan Balance |
| (Total loans received should also be shown in item 16, on sur (Total loan payments should also be shown in item 20, on surr | mary page \ | - | (Beginning of Per | | Received | _ | Payments | | (End of Period) |
| Total outstanding loan balance should also be shown in item 12 | e. on front page.) | | | ··· | | | | | |

"" RECEIVED

ITEMIZED STATEMENT OF EXPENDITURES TELECTION OF EXPENDITURES THE STATEMENT OF EXPENDITURES TO A PROPERTY OF THE STATEMENT OF EXPENDITURES TO A PROPERTY OF THE STATEMENT OF THE

| 1. NAME OF CANDIDATE OR COM | MITTEE | 2. REPOR | COVERING THE PERIOD |
|---|---|--|-----------------------|
| Jackie Mu | irphy | FROM:4 | 1-18 10:630-18 |
| 3. TOTAL ITEMIZED CAMPAIGN EX | | PAGE (enter \$0 if first itemized page) | Amount 46,058.36 |
| | | RE (expenditures totaling more than \$100 to any payee dur | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | | λ. Ω | |
| Address 240 HWY 101. | J | 7 | 1177.77 |
| City Lebonon | State Zip Code | 1 | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | | 1 | |
| Address Wilson One | | durin sonsor | 200 |
| | | 50000 | 31.50 |
| City Wolfen | Stale Zip Code 31080 | | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | | A | j |
| Address Quatertury Cl | MULLIN | Auction | 400,00 |
| CITY POBOLS | State Zip Code | | 700,00 |
| Water four | TN 37184 | | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure |
| Last Name/Business Name | + Oa. 1 | | |
| Address OC DCC | ormento Cent | Auction | 0 45 191 |
| Address 95 McCrau | State Zip Code | | 345,0 |
| Lebonon | TN 37090 | | |
| irst Name | Middle Name | Purpose of Expenditure | Amount of Expenditure |
| ast Name/Business Name | 1 () | rail outs | |
| Address Dan Suppo | at Systems | - maria | 12016.59 |
| 10 Box 544 | State Zip Code | _ | 100,0 |
| Modish | State Zip Code TN 37114 | | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure |
| ast Name/Business Name | | | |
| ddress POROV 458 | Poup | wail outs | le579.00 |
| Pleasant View | State Zip Code | - | |
| 5. TOTAL ITEMIZED EXPENDITURES | | | |
| (Carry forward to item 3, of next page if addition. | al pages of this form are used.) | | |
| (If this is the last page of expenditures, this amo | unt must be shown in item 19b, of summary.) | | |

ITEMIZED STATEMENT OF EXPENDITURES CANDIDATE

ELECTION CORPTSON COMMISSION

| 1. NAME OF CANDIDATE OR COMMITTEE | RING THE PERIOD | | | |
|---|---|------------------------|-------------|---------------------------------|
| 2 TOTAL HEMIZED CAMPAICH EVDENDI | (| OF 1-1-50 HF-11 | FROM:4-1-18 | Amount |
| TOTAL ITEMIZED CAMPAIGN EXPENDITE COMPLETE THE APPROPRIATE ITEMS FOR | | | | 46,058.36 eriodi See NEX+PAG |
| First Name | Middle Name | Purpose of Expenditure | 7,1,7 | Amount of Expenditure |
| Last Name/Business Name Tukey Federat Address Jody Jennins Phisidat City Lb Cnon | State Zip Code | - Barquet | 10 pate | A15.00 |
| First Name | Middle Name | Purpose of Expenditure | | Amount of Expenditure |
| Last Name/Business Name Wood Knocker Address Winwood R City Lebonom | _cd State Zip Code T.N | Boards For so | , pd- | 205.00 |
| First Name | Middle Name | Purpose of Expenditure | | Amount of Expenditure |
| Last Name/Business Name Wilson Co Republ Address 95 White Bridy R City NOSHVILLE | | direct a pod | | 800,00 |
| First Name | Middle Name | Purpose of Expenditure | | Amount of Expenditure |
| Last Name/Business Name Dollar General Address 3288 S MT. C | Juliet Rd State Zip Code TN 37120 | Purpose of Expenditure | uch | 34.69 |
| irst Name | Middle Name | Purpose of Expenditure | | Amount of Expenditure |
| ast Name/Business Name DONAL True ddress le23 5 Curul ity Ubanan | State Zip Code | GOCIAL PLOY | is we win | 43.le4 |
| irst Name | Middle Name | Purpose of Expenditure | | Amount of Expenditure |
| st Name/Business Name Haubul Frugh ddress 1463 W Man ly 1 1 600000 | State Zip Code | Sign ti | ·> | 23,14 |
| Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount must | • | | | |

ITEMIZED STATEMENT OF EXPENDITURES MILE CANDIDATE ISSIGN

| 1. NAME OF CANDIDATE OR COMMITTEE | | RING THE PERIOD | | |
|---|--|--|------------------------------|-----------------------|
| Jakie Murpi | 14 | | FROM: 4-1-18 | 4 |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDI | FURES FROM PRECEDING PAG | GE (enter \$0 if first itemized pa | ige) | Amount 46,058.36 |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR | EACH ITEMIZED EXPENDITURE | (expenditures totaling more than \$100 |) to any payee during the pe | |
| First Name | Middle Name | Purpose of Expenditure | | Amount of Expenditure |
| Last Name/Business Name MT. July F. Lons Address | Club | - neubl | iship | 155.00 |
| City blodshow | State Zip Code | | | |
| First Name | Middle Name | Purpose of Expenditure | | Amount of Expenditure |
| Last Name/Business Name Populary Address Populary City MT July | State Zip Code TN 3/121 | do pati | n rull | 100.00 |
| First Name | Middle Name | Purpose of Expenditure | | Amount of Expenditure |
| Last Name/Business Name Chaule Donels Address 1075 Chaule D City | onirls Pkwy State Zip Code | 50c.pt | ert | 157.50 |
| MT Juliet First Name | Middle Name | Purpose of Expenditure | | Amount of Expenditure |
| Last Name/Business Name Masonic Lodge Address 279 Take Loug City MT, Juliet | State Zip Code | donotun | nchels | 200.W |
| irst Name | Middle Name | Purpose of Expenditure | | Amount of Expenditure |
| ast Name/Business Name Nouvells Chept doress 107 Lenuxod ity Water terus | | donahi |)>)(| 50.00 |
| irst Name | Middle Name | Purpose of Expenditure | | Amount of Expenditure |
| ast Name/Business Name Leaduship W ddress 1711e Lladion ity Labornor | 11500 14115 State Zip Code TN 37080 | deadin | 8 | 100,00 |
| 5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount must | of this form are used.} | | | |

ITEMIZED STATEMENT OF EXPENDITURES LECTION

| 1. NAME OF CANDIDATE OR COMMITTE | E | | 2. REPORT COVER | |
|--|--------------------------------------|------------------------|-------------------------------|-----------------------|
| Jalui Murp | | | FROM: 4-1-18 | TO:630-18 |
| 3. TOTAL ITEMIZED CAMPAIGN EXPEND | (| | | Amount |
| 4. COMPLETE THE APPROPRIATE ITEMS FO | | | • , | 46,058.36 |
| First Name | Middle Name | | o to any payee during the per | |
| | liviludie warne | Purpose of Expenditure | | Amount of Expenditure |
| Last Name/Business Name TUCKETS Cross Ru | Ole Course A | | | |
| Address | () | Auctum | | 200,00 |
| 5905 Trousdal | | | | 200100 |
| lebona | State Zip Code | | | |
| First Name | Middle Name | Purpose of Expenditure | | Amount of Expenditure |
| Last Name/Business Name | | - | | |
| Address Address | 2 Cetizers | - hor | , | (V) |
| 2034 M. MT. J | whet Rd | - Auction | | 1000.00 |
| City | State Zip Code | poble | | |
| Mt. Juliet | JU 37122 | 4. | | |
| First Name | Middle Name | Purpose of Expenditure | | Amount of Expenditure |
| Last Name/Business Name | | 1 | | |
| Address | | nba | ļ | 2 |
| LADIS. Cumb | elend St | 9801 P | a | 295.W |
| City | State Zip Code | 500 | | O |
| lebonen | TN 37087 | | | |
| First Name | Middle Name | Purpose of Expenditure | 1 | smount of Expenditure |
| Last Name/Business Name | 6. Cl. 6 | 3,40 | e l | |
| Address | 0 | 5 porso | , | |
| City 1500 CO185 TC | State Zip Code | ner | ´ | 100.00 |
| lebenon | TN 37081 | | | |
| First Name | Middle Name | Purpose of Expenditure | | mount of Expenditure |
| Laddham | | . aspect of Experience | | mount of Expenditure |
| Last Name/Business Name EUROWU W d | W. COUR | 200 | | |
| Address 2215 Callia | Rol | Spower | | 500.00 |
| City Cauca | State Zip Code | | | |
| Lebrum | TN 37050 | | | |
| First Name | Middle Name | Purpose of Expenditure | A | mount of Expenditure |
| ast Name/Business Name | \ \ | | | |
| TSU Alumini | ^ | Spirson | | 60° |
| 3500 Dha A.Mer | | | | |
| Nashville. | State Zin Code | | | |
| 5. TOTAL ITEMIZED EXPENDITURES | 3 1001 | | | |
| (Carry forward to item 3, of next page if additional pages | | | | |
| (If this is the last page of expenditures, this amount mus | t be shown in item 19b. of summary.) | | | |

ITEMIZED STATEMENT OF EXPENDITURES CANDIDATE UNTY

ELECTION COMMISSECTION COMMISSION

| 1. NAME OF CANDIDATE OR COMMITTEE | 2. REPORT COVI | ERING THE PERIOD | | |
|--|--|---|-----------------------------|----------------------------------|
| Jalui Murpi | • | | FROM:41-18 | Amount TO: 6 - 30 - (8 |
| TOTAL ITEMIZED CAMPAIGN EXPENDITE COMPLETE THE APPROPRIATE ITEMS FOR | | | u , | 46,058.36 period) Sec NEX+PAG |
| First Name | Middle Name | Purpose of Expenditure |) to any payee during the p | Amount of Expenditure |
| Last Name/Business Name Le borror Coun Address 1300 Coles Ro City Leborror | * | Sign of | Joners Joners | 100.00 |
| First Name | Middle Name | Purpose of Expenditure | | Amount of Expenditure |
| Last Name/Business Name VISTAGO PINT Address 7301 Back R City LAGO VISTA | Cnch Rd State Zip Code TX 78645 | Borners | | 1346.81 |
| First Name | Middle Name | Purpose of Expenditure | | Amount of Expenditure |
| Last Name/Business Name HISTURICAL LOF Address 200 NI COSTIE H City Lebonon | Erghs Aug State Zip Code TN 3000 | directs to P | argus | 70,00 |
| First Name | Middle Name | Purpose of Expenditure | | Amount of Expenditure |
| ast Name/Business Name Address POBOX5 City Wattu to Wh | State Zip Code | Rally · + Parade | | 45.00 |
| irst Name | Middle Name | Purpose of Expenditure | | Amount of Expenditure |
| ast Name/Business Name DONUT PALACL ddress 175 Tenness ity WOONUT | or Blud State Zip Code | Purpose of Expenditure DONULL SUR COMM | Lift on | 40.97 |
| irst Name | Middle Name | Purpose of Expenditure | | Amount of Expenditure |
| Lebonon | State Zip Code | Purpose of Expenditure DO NUTS FUR | L hall | 37.86 |
| TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount must | | | | |

JUL 1 0 2018 TO 2018

ITEMIZED STATEMENT OF EXPENDITURES OF ELECTION COMMISSION

1. NAME OF CANDIDATE OR COMMITTEE 2. REPORT COVERING THE PERIOD 10:630-18 Jackie Murphy Amount 3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) 46,058.36 See NEXT PAGE 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period) First Name Middle Name Purpose of Expenditure Amount of Expenditure Last Name/Business Name Sopply City Zip Code benon First Name Middle Name Purpose of Expenditure Amount of Expenditure for six's Last Name/Business Name Address City State Zip Code ebonu $\mathsf{T}_{\mathcal{N}}$ First Name Middle Name Purpose of Expenditure Amount of Expenditure wood years 7101.94 City First Name Middle Name Purpose of Expenditure Amount of Expenditure Last Name/Business Name & cret 25. UD City State Zip Code (N First Name Middle Name Purpose of Expenditure Amount of Expenditure und Eathert Last Name/Business Mame SOLLO 763 Address City First Name Middle Name Purpose of Expenditure Amount of Expenditure Last Name/Business Name 2000 3 3 ms Address truch City Zip Code 3WKU 5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3, of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)

ITEMIZED STATEMENT OF EXPENDITURES WILLS CANDIDATE OF

| 1. NAME OF CANDIDATE OR COMMITTE | REPORT COVERING THE PERIOD TO: 6-30-18 | | | | |
|--|--|---|---|--|--|
| Jalue Murp | Jalue Murphy FROM:41-18 | | | | |
| 3. TOTAL ITEMIZED CAMPAIGN EXPEND | ************************************** | | • | | |
| 4. COMPLETE THE APPROPRIATE ITEMS FOI | R EACH ITEMIZED EXPENDITURE | (expenditures totaling more than \$100 to | any payee during the period) See NEXT PAG | | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure | | |
| Last Name Business Name ULSON LIVING | | | MIA | | |
| Address 124 Public | Squan | HO | 713.00 | | |
| city Lebanian | State Zip Code | | | | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure | | |
| Last Name/Business Name L.) CORL RAGIO | | 5plax | | | |
| Address PO BUX399 | | 5plax d Ad | 1750.00 | | |
| City Celonon | State Zip Code | | 1130.00 | | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure | | |
| Last Name/Business Name Address 130 Abbott Co | , | - 516NS | 5 7089.51 | | |
| city Pan's | State Zip Code TN 38247 | | | | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure | | |
| Last Name/Business Name Wal May + | | | | | |
| Address 615 S CUNI | rockerd St | donations for cedar | 38.73 | | |
| City | State Zip Code | Servoi | | | |
| Upcaign | TN 20080 | 2000 | | | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure | | |
| Last Name/Business Name Cod Laceds | | iadies god. | ,t | | |
| Address 1050 Hough | on Station | iadus goj. | (00.0) | | |
| leborning | State Zip Code TN 3060 | | | | |
| First Name | Middle Name | Purpose of Expenditure | Amount of Expenditure | | |
| ast Name/Business Name W1500 CO A1U | MINI TSQ | Banquet | 21/2 | | |
| 3500 John A Me | State Zip Code | w tue | 210.00 | | |
| Noshille | IN 37305 | | | | |
| TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3, of next page if additional pages (If this is the last page of expenditures, this amount must | · | | | | |
| _ | | · · · · · · · · · · · · · · · · · · · | | | |

SJUL 10 2018 A

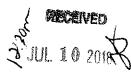
ITEMIZED STATEMENT OF EXPENDITURES OF ANDIDATE ELECTION COMMISSION 1. NAME OF CANDIDATE OR COMMITTEE 2. REPORT COVERING THE PERIOD Jackie Murphy FROM: 4-1-18 TO:630-18 3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) 46,058.26 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period) First Name Middle Name Purpose of Expenditure Amount of Expenditure Last Name/Business Name cap, shiets EXTIA Point Sports 2142.96 City Zip Code 37138 Old Hickory Firs! Name Middle Name Purpose of Expenditure Amount of Expenditure Last Name/Business Name Othle max Paper Address 297,97 cup board City State Zip Code ebonon TN 37087 First Name Middle Name Purpose of Expenditure Amount of Expenditure Last Name/Business Name Car magnets Address City 30080 First Name Middle Name Purpose of Expenditure Amount of Expenditure Last Name/Business Name Buntos Couds 1465.02 City State Zip Code 37087 IM First Name Middle Name Purpose of Expenditure Amount of Expenditure Last Name/Business Name Ad Address 1625.00 City State 37087 てい First Name Middle Name Purpose of Expenditure Amount of Expenditure Last Name/Business Name 1130.09 Address City State Zip Code 5. TOTAL ITEMIZED EXPENDITURES

| | SS-1129 | (Rev. | 4/02) |
|--|---------|-------|-------|
|--|---------|-------|-------|

(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)

JUL 10 2018 JUL 10

| 1. NAME OF CANDIDATE OR COMMITTEE | | 2. REPORT COVERING THE PERIOD | | | |
|---|-------------------------------------|---------------------------------------|------------------------------|-----------------------|--|
| Jalui Murpi | FROM: 4-1-18 | 18 TO:630-18 | | | |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDI | Amount 46,058.36 | | | | |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR | REACH ITEMIZED EXPENDITURE | (expenditures totaling more than \$10 | 0 to any payee during the pe | | |
| First Name | Middle Name | Purpose of Expenditure | | Amount of Expenditure | |
| Last Name/Business Name | ļ | 10.041 | 10 | ., | |
| Address 739 N MT)46 | - doratu |); \ | 12500 | | |
| City MT Juliet | State Zip Code | | | | |
| First Name | Middle Name | Purpose of Expenditure | | Amount of Expenditure | |
| Last Name/Business Name | Borquet | | 40.00 | | |
| city Lebonon | State Zip Code 300 80 | | | (0.00 | |
| First Name | Middle Name | Purpose of Expenditure | | Amount of Expenditure | |
| Last Name/Business Name OT JULIE S Address | | duratur | | 50.00 | |
| city MT Julet | Juliet Ld State Zip Code TN 37127 | | | | |
| irst Name | Middle Name | Purpose of Expenditure | | Amount of Expenditure | |
| ast Name/Business Name H Cademy Address 549 Plecs> At Dity MT, Julet | Onone Rd State Zip Code | Amina | | 471.39 | |
| irst Name | Middle Name | Purpose of Expenditure | | Amount of Expenditure | |
| ast Name/Business Name LOCOON SENIOR ddress LOTO COLES FLO ity LEGOON | donetion | | 750.00 | | |
| irst Name | TN 3080 Middle Name | Purpose of Expenditure | A | mount of Expenditure | |
| ast Name/Business Name | | | | | |
| ddress | | | | | |
| iy | State Zip Code | | | 1 | |
| 5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount must | • | | | | |



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

| | | | | | · 5-1 | 21.10 mm |
|--|---|---------------------------------------|--|--|--|---|
| 1. NAME OF CANDIDATE OR COMMITTEE | | | | 2. REPORT COVERING THE PERIOD | | |
| Jacker Mushin | | | | | | |
| 3. COMPLETE THE APPROPRIA OBLIGATION (obligations totali person/vendor at the end of the | PRIATE ITEMS FOR EACH ITEMIZED totaling more than \$100 owed to any | | Outstanding Balance (Beginning of Period) | Debt Incurred This Period | Payments This Period | Outstanding Balar (End of Period) |
| First Name | Middle N | lame | | | | |
| Last Name/Business Name | | ···· | | | | |
| Address | | · | | | | |
| City | State | Zip Code | _ | | | |
| | Otale | Zip Code | | | | |
| Description of Obligation | | | | | | |
| First Name | Middle N. | Middle Name | | kan ez en Mallysa en en Makerae en en en anazaria. | and the second s | e e manuel manuel e e e e e e e e e e e e e e e e e e |
| Last Name/Business Name | | · · · · · · · · · · · · · · · · · · · | _ | | | |
| Address | | | | | ; | |
| City | State | Zip Code | - | | | |
| Description of Obligation | | | | | | |
| | | | | | ··· | |
| First Name | Middle Na | Middle Name | | t designer i standare en estadore. | | · Milkinson |
| Last Name/Business Name | | | - | | | |
| Address | | | - | | | |
| City | State | Zip Code | - | | | |
| Description of Obligation | · | | | | | |
| | | Trych was a regulation of the | | | | |
| First Name | Middle Nar | Middle Name | | The Mark Control of the Control of t | | er al aprile sense sens |
| Last Name/Business Name | | | 1 | | | |
| Address | | | 4 | | | |
| City | State | Zip Code | | | | |
| Description of Obligation | | <u> </u> | | | | |
| NATIONAL SALES AND | Manufacture and account of the state of the | | | | | |
| Flrst Name | Middle Nan | ie | | | | |
| ast Name/Business Name | | <u> </u> | | | | |
| ddress | | | | | | |
| City | State | Zip Code | | | | |
| Description of Obligation | | | | | | |
| | | | | | | |
| . TOTALS (Total from Outstanding Balance - (End of in item 23b. on summary page.) | of Period) column must | also be shown | | | | |
| , L-22-1 | | | | | | |

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

| 1. NAME OF CANDIDATE OR C | OMMITTEE | | 2 REPORT O | OVERING THE PERIOD |
|--|--|---------------------------------------|-----------------------------------|--|
| Jackie | MURPH | 4 | FROM: 4-1- | -18 TO: 6-30-18 |
| 3. TOTAL ITEMIZED CAMPAIGN | Amount | | | |
| 4. COMPLETE THE APPROPRIATE | | | | |
| First Name | Middle | | Contribution Received For: | Amount of Contribution |
| Last Name/Organization Name | | | Primary Election General Election | |
| Address | | | Runoff (Local Elections Only) | |
| City | State | Zip Code | Date of Contribution | Aggregate This Election |
| Occupation | | | | |
| Employer | The state of the s | | | |
| irst Name Middle Name | | | Contribution Received For: | Amount of Contribution |
| Last Name/Organization Name | | | Primary Election General Election | A Solid Soli |
| Address | | | Runoff (Local Elections Only) | |
| City | State | Zip Code | Date of Contribution | Aggregate This Election |
| Occupation | | | | 7 133 135 1110 21001011 |
| Employer | | · · · · · · · · · · · · · · · · · · · | NO TO BE A COLUMN | |
| | | | | |
| First Name | Middle Na | ime | 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 | | | | |
| rst Name | Middle Nai | ne | Contribution Received For: | Amount of Contribution |
| t Name/Organization Name | | | Primary Election General Election | |
| dress | | | Runoff (Local Elections Only) | |
| у | State | Zip Code | Date of Contribution | Aggregate This Election |
| cupation | | | | |
| ployer | | | | |
| TOTAL ITEMIZED CONTRIBUT! (Carry forward to item 3. of next page if add (If this is the last page of contributions, this | ditional pages of this form a | re used.) tem 15b. of summary.) | | |

SS-1131(Rev. 2/06)

Page _____ of ____

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