

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

JAN 26 2016 *me*
WILSON COUNTY
COMMISSION 10:50

1. DATE OF REPORT <u>1-26-16</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>Friends of Terry Ashe</u>	
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>Terry Ashe</u>		3. ELECTION DATE <u>2014</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>P.O. Box 2131</u> <u>Lebanon</u> <u>TN</u> <u>37087</u> <u>615-547-7880</u>			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone <u>1284 Holloway Rd.</u> <u>Lebanon</u> <u>TN</u> <u>37090</u> <u>615-547-7880</u>			
5. OFFICE SOUGHT (include district number, if applicable) <u>District 12 Co. Comm.</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>Terry Ashe</u>	
7. CATEGORY OR REPORT (Check one)			
<input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input checked="" type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD <u>July 1, 15</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>January 15, 16</u>	
9. (Check one)			
a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)			
b. <input checked="" type="checkbox"/> This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.			
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue Code.			
<u>Terry Ashe</u> signature of candidate		<u>Terry Ashe</u> signature of political treasurer	
<u>1-26-16</u> date		<u>1-26-16</u> date	
11. WITNESS SIGNATURE			
<u>Shelly Bryan</u> signature of witness		<u>Shelly Bryan</u> signature of witness	
<u>1/26/16</u> date		<u>1/26/16</u> date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ <u>29,152.87</u>	
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>0</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>1,286.00</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>27,866.87</u>	
e. TOTAL LOANS OUTSTANDING		\$ <u>0</u>	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>0</u>	



SUMMARY PAGE - CANDIDATE

JAN 26 2016

WILSON COUNTY

ma 10:00

13. NAME OF CANDIDATE OR COMMITTEE (In Full)

Friends of Terry Ashe

14. REPORT COVERED THIS PERIOD

FROM: 7-1-15 TO: 1-30-16

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) \$ 0

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 0

16. LOANS RECEIVED THIS REPORTING PERIOD \$ 0

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, gasoline)

Wilson Co. Gideons \$ 50⁰⁰

Kids Battle Diabetes \$ 100⁰⁰

Wilson Warriors Fund \$ 400⁰⁰

A Plus Printing \$ 86⁰⁰

Gladeville Community Center \$ 50⁰⁰

Kwanas Intentional \$ 100⁰⁰

Wilson Co. Veterans Office \$ 500⁰⁰

Total of Expenditures (\$100 or less each payee) \$ 1,286⁰⁰

b. Itemized Expenditures (Over \$100 each payee this period) \$ 1,100⁰⁰

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 1,286⁰⁰

20. LOAN REPAYMENTS MADE THIS PERIOD \$ 0

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 1,286⁰⁰

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ 0

b. Itemized in-kind contributions (over \$100 from each source this period) \$ 0

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ 0

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ 0

b. Itemized Obligations Outstanding (Over \$100 each) \$ 0

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.) \$ 0



JAN 26 2016
 WILSON COUNTY
 ELECTIONS DIVISION

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Friends of Terry Ashe</i>		2. REPORT COVERING THE PERIOD FROM: <i>7-1-15</i> TO: <i>1-30-16</i>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount
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 <i>West Wilson Gideons</i>		<i>Bibles Donation</i>	<i>50⁰⁰</i>
Address <i>P.O. Box 843</i>			
City <i>MT Juliet</i>	State <i>TN</i> Zip Code <i>37121</i>		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <i>Kids Battle Diabetes</i>		<i>Donation</i>	<i>100⁰⁰</i>
Address <i>3903 Sparta Pike</i>			
City <i>Watertown</i>	State <i>TN</i> Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <i>Wilson Warriors Fund</i>		<i>Donation</i>	<i>400⁰⁰</i>
Address <i>P.O. Box 2131</i>			
City <i>Lebanon</i>	State <i>TN</i> Zip Code <i>37088</i>		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <i>A Plus Printing</i>		<i>Printing W.W.B</i>	<i>86⁰⁰</i>
Address <i>Public Square 133</i>			
City <i>Lebanon</i>	State <i>TN</i> Zip Code <i>37087</i>		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <i>Gladeville Community Center</i>		<i>Donation</i>	<i>50⁰⁰</i>
Address <i>P.O. Box 92</i>			
City <i>Gladeville</i>	State <i>TN</i> Zip Code <i>37071</i>		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <i>Kwanias International</i>		<i>Donation</i>	<i>100⁰⁰</i>
Address <i>unknown</i>			
City <i>Lebanon</i>	State <i>TN</i> Zip Code <i>37087</i>		
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.)			

JAN 26 2016
WILSON COUNTY
ELECTION COMMISSION

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Friends of Terry Ashe</i>		2. REPORT COVERING THE PERIOD FROM: <i>7-1-15</i> TO: <i>1-30-16</i>		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount	
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 <i>Wilson Co. Veterans office</i>		Purpose of Expenditure <i>Veterans Park Donation</i>		Amount of Expenditure <i>500⁰⁰</i>
Address <i>102 West Main St.</i>				
City <i>Lebanon</i>	State <i>TN</i>	Zip Code <i>37087</i>		
First Name		Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		Purpose of Expenditure		Amount of Expenditure
Address				
City	State	Zip Code		
First Name		Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		Purpose of Expenditure		Amount of Expenditure
Address				
City	State	Zip Code		
First Name		Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		Purpose of Expenditure		Amount of Expenditure
Address				
City	State	Zip Code		
First Name		Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		Purpose of Expenditure		Amount of Expenditure
Address				
City	State	Zip Code		
First Name		Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		Purpose of Expenditure		Amount of Expenditure
Address				
City	State	Zip Code		
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.)				

RECEIVED

JAN 26 2016
WILSON COUNTY
ELECTIONS COMMISSION

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD				
				FROM:		TO:		
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)								
Complete the Following for the Source of the Loan								
First Name		Middle Name		Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	
Last Name/Organization Name								
Address				Loan Received For:			Date of Loan	
City		State	Zip Code	<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)				
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)								
First Name		Middle Name		First Name		Middle Name		
Last Name/Organization Name				Last Name/Organization Name				
Address				Address				
City		State	Zip Code	City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding				
First Name		Middle Name		First Name		Middle Name		
Last Name/Organization Name				Last Name/Organization Name				
Address				Address				
City		State	Zip Code	City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding				
First Name		Middle Name		First Name		Middle Name		
Last Name/Organization Name				Last Name/Organization Name				
Address				Address				
City		State	Zip Code	City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding				
First Name		Middle Name		First Name		Middle Name		
Last Name/Organization Name				Last Name/Organization Name				
Address				Address				
City		State	Zip Code	City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding				
4. Totals for all Loans (complete on last page of itemized loans)				Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	
(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.)								

None



JAN 26 2016

WILSON COUNTY
ELECTION COMMISSION

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVERING THE PERIOD	
		FROM:	TO:
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	Middle Name	In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name		<input type="checkbox"/> Primary Election	<input type="checkbox"/> General Election	
Address		<input type="checkbox"/> Runoff (Local Elections Only)		Aggregate this Election
Date of In-Kind Contribution		Description of In-Kind Contribution		
City	State	Zip Code		
Occupation	Employer			

First Name	Middle Name	In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name		<input type="checkbox"/> Primary Election	<input type="checkbox"/> General Election	
Address		<input type="checkbox"/> Runoff (Local Elections Only)		Aggregate this Election
Date of In-Kind Contribution		Description of In-Kind Contribution		
City	State	Zip Code		
Occupation	Employer			

NONE

First Name	Middle Name	In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name		<input type="checkbox"/> Primary Election	<input type="checkbox"/> General Election	
Address		<input type="checkbox"/> Runoff (Local Elections Only)		Aggregate this Election
Date of In-Kind Contribution		Description of In-Kind Contribution		
City	State	Zip Code		
Occupation	Employer			

First Name	Middle Name	In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name		<input type="checkbox"/> Primary Election	<input type="checkbox"/> General Election	
Address		<input type="checkbox"/> Runoff (Local Elections Only)		Aggregate this Election
Date of In-Kind Contribution		Description of In-Kind Contribution		
City	State	Zip Code		
Occupation	Employer			

First Name	Middle Name	In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name		<input type="checkbox"/> Primary Election	<input type="checkbox"/> General Election	
Address		<input type="checkbox"/> Runoff (Local Elections Only)		Aggregate this Election
Date of In-Kind Contribution		Description of In-Kind Contribution		
City	State	Zip Code		
Occupation	Employer			

5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS	
(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.)	

JAN 26 2016

WILSON COUNTY ELECTION COMMISSION

ma 10:00

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)				FROM:		TO:	
				Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Name						
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Middle Name						
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Middle Name						
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Middle Name						
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Middle Name						
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
4. TOTALS							
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)							

NONE