

SS-1109 (Rev. 1/2023)

CAMPAIGN FINANCIAL DISCLOSURE STATEMEN

For State and Local Candidates For Single-Candidate Committees

DEC 27 2023
Wilson County Election Commission

Page ____ of ___

1. Date: 12 / 74 / 73 2.a. Candidate or Committee Nam	e: Acron Fulcher
2.b. If Committee, Name of Candidate:	
4. Campaign Address: 88860 Hertsvilk PK	
City: Liberon State: TN	Zip Code: 37007 Phone: 615-920-4755
5. Candidate Home Address: 8886 D Harkvilk PK	
	Zip Code: 37007 Phone: 615-920-4755
Candidate Email Address: <u>Cayon 4 WCS 5 @ 9ma</u>	al-com
6. Office Sought: (include district number, if applicable) 👊	is Boe Zones
7. Name of Political Treasurer (may be candidate): 5255124 Political Treasurer Email Address: FINA	L REPORT
8. Category or Report: (check one)	
☐ First Quarter ☐ Second Quarter ☐ Third Quarter	Fourth Quarter Pre-Primary Pre-General
☐ Mid-Year Supplemental	
9. Reporting Period: Start Date: 7/1/23	End Date: 1/15 / 24
10. Detailed Disclosure: (Check one)	
	cause contributions (including in-kind) received total \$1,000 eporting period. (Complete items 12.d., 12.e., and 12.f.)
This campaign is required to file a detailed financial distortal more than \$1,000 and/or expenditures total more	sclosure because contributions (including in-kind) received e than \$1,000 for this reporting period.
by the candidate committee by the Campaign Financial campaign contributions have been expended for the propositional numbers as defined by the federal internal numbers.	gn contributions and expenditures required to be reported Il Disclosure Act. Additionally, I/we swear or affirm that no personal financial benefit of the candidate or for any other evenue code.
Candidate Signature 12/26/23 Date	Rolltical Treasurer Signature Date
Witness Signature $\frac{12/26/23}{Date}$	Witness Signature Date
12. Summary:	
a. Balance On Hand Last Report	\$ 1,753.77
b. Total Receipts This Period	\$ 3,590.13
c. Total Disbursements This Period	\$ 5.343.90
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ 0.00
e. Total Loans Outstanding	
f. Total Obligations Outstanding	\$ 0.00

SUMMARY PAGE - CANDIDATE



13. Na	me of Candidate	or Committee: Acro	n Tucner	
14. Re	porting Period:	Start Date:	End Date:	
15. Re	ceipts:			
a.			less from each source this period) ed Contributions are capped at \$2,000. See	
b.	Itemized Cont	ributions (over \$100 f	rom each source this period)	\$ 3,074.00
c.	Loans Receive	d This Reporting Perio	od	\$ 0.00
d.	Interest Receiv	ed This Reporting Per	riod	\$ <u>0.00</u>
e.	Total Receipts	(add 15.a., 15.b., 15.c., and	15.d.) (must be shown in item 12.b.)	\$ 3,590.13
16. Dis	bursements:			
a.	Total Expendit (Note: Effective Ja	ures (other than loan inuary 16, 2023, all expend	payments)ditures must be itemized.)	\$ <u>\$,313.90</u>
b.	Loan Repayme	ents Made This Period		\$ <u>0</u> .00
c.	Total Obligation	on Payments Made Th	is Period	\$ 0.00
d.	Total Disburse	ments (add 16.a. and 16.l	b.) (must be shown in item 12.c.)	\$ 5,343.90
17. ln-l	Kind Contributio	ons:		
a.	Unitemized In-	-Kind Contributions R	eceived This Period	s <u>0.00</u>
b.	Itemized In-Kir	nd Contributions Rece	eived This Period	\$ 0.00
c.	Total In-Kind C	ontributions Received	d This Period	\$ <u>0 · 0 0</u>
18. Ob	ligations:			
a.	Total Obligation	ns Outstanding (must	be shown in item 12.f.)	\$ <u>0.00</u>

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Paron Fulcher	
2. Reporting Period: Start Date: End Date:	RECEIVED
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 0.00	DEC 2 7 2023
	TOLO
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.	Wilson County Election Commission
Business or Organization Name: Circle K	OR
First Name: Middle Name: Last Name:	
Address: 1309 W Main 8+ City: Lobonon State: TN Zip	Code: 37087
Occupation: Ray Station Employer: Circle K	
Contribution Received For:	
Amount of Contribution: \$ 0.50 Date of Contribution: 1-8-23 Aggregate This El	ection: \$ <u>0 . 50</u>
Business or Organization Name:	OR
First Name: Debbic Middle Name: Last Name: Lo	
Address: 2393 Big Springs RD City: 1chonon State: TN Zip	
Occupation: Yetired Employer:	
Contribution Received For: Primary Election General Election Runoff (Local Election	ections Only)
Amount of Contribution: \$250.00 Date of Contribution: 7-21-23 Aggregate This El	ection: \$ <u>250 • 20</u>
Business or Organization Name: Online Donation-made besteffort toger Info: alexa	ransets 369 & Volumer. Co
First Name: Alexender Middle Name: Last Name: Portale Name: Last	
Address: NIA State: NIA Zip	
Occupation: NIA Employer: NIA	
Contribution Received For: Primary Election General Election Runoff (Local Election	ections Only)
Amount of Contribution: \$31.84 Date of Contribution: 1-26-23 Aggregate This Ele	
Business or Organization Name: Onune Donation	OR
First Name: Sam Middle Name: Last Name: Si	Padero
Address: 10% Drummers Way City: Ht-dulict State: TW Zip	Code:
Occupation: NIA Reticed Retifed Employer: NIA Retired Retifed	
Contribution Received For: Primary Election General Election Runoff (Local Election	•
Amount of Contribution: \$ 95.05 Date of Contribution: 8-3-23 Aggregate This El	ection: \$ <u>45.05</u>
Total Contributions: \$	contributions, this



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Haron Fulcher	
2. Reporting Period: Start Date: End Date:	
3. Total campaign contributions from preceding page (enter \$0 if first page	e)\$ <u>383.39</u>
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION	
Business or Organization Name: Dillards - Campaign Polo Veto	
First Name: Middle Name:	Last Name:
Address: 2140 Abbot Martin RD City: Lebanon	
Occupation: Employer:	
Contribution Received For: Primary Election General Election	
Amount of Contribution: \$\\\ \frac{86.86}{}{}\ area of Contribution: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Aggregate This Election: \$ \(\frac{76 \cdot 8 \cdot 6}{2} \)
Business or Organization Name: Online Donation	OR
First Name: Brad Middle Name:	
Address: 1944 Ford RO City: Lebanon	
Occupation: Employer:	
Contribution Received For: Primary Election General Election	
Amount of Contribution: $995-05$ Date of Contribution: $9-29-2$	Aggregate This Election: \$95-05
Business or Organization Name:	OF
First Name: A Middle Name:	
Address: Big Springs PO City: Lebenco	State: TN Zip Code: 37087
Address: Bigspring PO City: Lebence Employer: D.T. M.	CALL 4 Sons
Contribution Received For: Primary Election General Election	
Amount of Contribution: \$1,800 Date of Contribution: 10-10-7	
Business or Organization Name: APPLE	OR
First Name: Middle Name:	Last Name:
Address: APPIR Parkway City: Cupertino	State: (A Zip Code: 95014
Occupation: Employer:	
Contribution Received For: Primary Election General Election	
Amount of Contribution: \$ 0.30 Date of Contribution: 10-16-2	
Total Contributions: \$	
(Carry forward to the next page if additional pages of this form are used.	If this is the last page of contributions, this
amount must be shown in the summary on first page.)	



ITEMIZED STATEMENT OF CONTRIBUTIONS - CAN DIDATE ton Commission

1. Candidate or Committee Name	e: Heron Fulcher	
-	End Date:	
3. Total campaign contributions f	from preceding page (enter \$0 if first page) \$	1,982.21
COMPLETE THE APPROPRIATE IT	EMS FOR EACH ITEMIZED CONTRIBUTION.	
Business or Organization Name:	Unlown charge (Wonver graphic	Art design) reimbusment by condiduOR
First Name: Acron	Middle Name:	Last Name: <u>Fulcher</u>
Address: 8886D Hortsuill	e PK city: Lebonon	State: TIS Zip Code: 31087
Occupation: Condidaxc	Employer: <u>Candidak</u>	
Contribution Received For:	Primary Election General Election	Runoff (Local Elections Only)
Amount of Contribution: \$ 5.49	B Date of Contribution: 10-17-27	Aggregate This Election: \$ 5.48
Business or Organization Name:	Donation from 2-27-23 made	in check or
	Middle Name:	
	PK City: Lebanon	
Occupation: Hair Stylist	Employer: Seif Cy	rever
Contribution Received For:	Primary Election 🔲 General Election	Runoff (Local Elections Only)
Amount of Contribution: \$ 1.02	以-00 Date of Contribution: 10-17-23	Aggregate This Election: \$\\.\024.0
Business or Organization Name:		OR
First Name: Arry	Middle Name:	Last Name: Beavers
Address: 2020 Hunters Pla	acc City: Ht. Julict	State: TN Zip Code: 37122
Occupation: Retived	Employer: NIA	
Contribution Received For:	Primary Election 🔲 General Election	☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 100 -	Date of Contribution: 10-17-23	Aggregate This Election: \$ 100.00
Business or Organization Name:	Online Donation - Made best ef	fort to Obtain Information OR
	Middle Name:	
Address: PIA	City: PIA	State: VIA Zip Code: VIA
Occupation: NIA	Employer: VIA	
Contribution Received For:	Primary Election General Election	Runoff (Local Elections Only)
Amount of Contribution: \$ 95-0	Date of Contribution: 10-20-27	Aggregate This Election: \$ <u>역ಽ・οಽ</u>
Total Contributions: \$ 3,590	0 113	his is the last page of contributions, this

amount must be shown in the summary on first page.)



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name:	toron Fulcher				
2. Reporting Period: Start Date:		<u></u>			
Total in-kind contributions from programs.			,		
·					
COMPLETE THE APPROPRIATE ITEMS dollars (\$100) from any contributor during the		RIBUTION. In-kind conti	ributions totali	ng more than one h	iundred
Business or Organization Name:					OR
First Name:	Middle Name:	La	ist Name: _		
Address:					
Occupation:	Employe	er:			
In-Kind Contribution Received For:	Primary Election	General Election	Runof	f (Local Election	s Only)
In-Kind Contribution Value: \$	In-Kind Contribution	Date: Ag	gregate This	Election: \$	
Description of In-Kind Contribution:					
Business or Organization Name:					
First Name:	Middle Name:	La	st Name: _		
Address:	City:	St	ate: 2	Zip Code:	
Occupation:	Employe	er:			
In-Kind Contribution Received For:	Primary Election	General Election	Runof	f (Local Election	s Only)
In-Kind Contribution Value: \$	In-Kind Contribution [Date: Age	gregate This	Election: \$	
Description of In-Kind Contribution:					
Business or Organization Name:					OR
First Name:	Middle Name:	La	st Name: _		
Address:	City:	St	ate: Z	Zip Code:	
Occupation:	Employe	er:			
In-Kind Contribution Received For:	Primary Election	General Election	Runof	f (Local Election	s Only)
In-Kind Contribution Value: \$	In-Kind Contribution [Date: Age	gregate This	Election: \$	
Description of In-Kind Contribution:					
Business or Organization Name:					
First Name:	Middle Name:	La	st Name:		
Address:	City:	St	ate: Z	Zip Code:	
Occupation:	Employe	er:			
In-Kind Contribution Received For:	Primary Election	☐ General Election	Runof	f (Local Election:	s Only)
In-Kind Contribution Value: \$	In-Kind Contribution [Date: Age	gregate This	Election: \$	
Description of In-Kind Contribution:					
Total In-Kind Contributions: \$ 0.00 (Carry forward to the next page if add contributions, this amount must be sl	ditional pages of this form	n are used. If this is the			

1. Candidate or Committee Name: <u>Acron</u> Fo	chel	Wilson County Election Commission
2. Reporting Period: Start Date:	End Date:	
3. Total campaign expenditures from preceding p		
COMPLETE THE APPROPRIATE ITEMS FOR EACH E kind contribution to a candidate, please remember to include candidate's name in the purpose of the expenditure section	XPENDITURE. All expenditures mule the purpose of the expenditure (e.g.,	st be itemized. If the expenditure is an in-
Business or Organization Name: Circle K		OR
First Name: Middle		
Address: 1309 W Hain St	City: Lebenon	State: N Zip Code: 57087
Purpose of Expenditure: Campaign Ras	- Horan Furcher	
Amount of Expenditure: \$ 50.01	Date of Expenditure: \$ _ 1 - 5	5-23
Business or Organization Name: <u>HPPIC Bill</u>	(Ecrobonic Mexicon)	00
First Name: Middle Address: APPIx Porkway		
Purpose of Expenditure: Verification for		
Amount of Expenditure: \$ \log 45	Date of Expenditure: \$	
Business or Organization Name: Shell		OR
First Name: Middle	Name:	Last Name:
Address: 1324 W Hain St	city: Lobonon	State: TN Zip Code: 37097
Purpose of Expenditure: Compaign Fas	- Acron Furcher	
Amount of Expenditure: \$ <u>り</u> ち - 0 ロ	Date of Expenditure: \$ 1 - 0	1-23
Business or Organization Name: Office Ma		
First Name: Middle Address: 417 S CUM beriend St		
Purpose of Expenditure: Campaign Printing Amount of Expenditure: \$ 0.30	Date of Expenditure: \$ 7-10-	23
Business or Organization Name: APPR Bill &	Cwonder Fragnic ar	r design) OR
First Name: Middle	Name:	Last Name:
Address: Appic Parkway	City: Copertino	State: CA Zip Code: 95014
Purpose of Expenditure: UNKOWN CYPENI	liture - Beimbursed by	Condidede - Horan Fucher
Amount of Expenditure: \$ 5.48		
Total Expenditures: \$ (Carry forward to the next page if additional page	 as of this form are used. If this is	the last page of expenditures, this
amount must be shown in the summary on first p		had a started on star



the second control of
1. Candidate or Committee Name: Acron Fucher
2. Reporting Period: Start Date: End Date:
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 117.24
COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an inkind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.
Business or Organization Name: Office MCX
First Name: Middle Name: Last Name:
Address: 417 S Cumberiand St City: Labanon State: TN Zip Code: 37087
Purpose of Expenditure: Comparan Printing - Horan Fulcher
Amount of Expenditure: \$ 1.36 Date of Expenditure: \$ 7-15-23
Business or Organization Name: APPIR Bill: (Facebook Verified)
First Name: Middle Name: Last Name:
Address: APPIC Parkway City: CUPERTINO State: CH Zip Code: 95014
Purpose of Expenditure: Verification for Official Campaign account - Horon Fulcher
Amount of Expenditure: \$ 16.45 Date of Expenditure: \$ 7-15-23
Business or Organization Name: South EAST TIMPICASIONS OF
First Name: Middle Name: Last Name:
Address: 114 Lecuille PKE City: Lebonon State: TN Zip Code: 37087
Purpose of Expenditure: Campaigna T- Shirts - Acron Fuicher
Amount of Expenditure: \$ 439.00 Date of Expenditure: \$ 7-17-23
Business or Organization Name: Hini Nort OF
First Name: Middle Name: Last Name:
Address: 1112 N Cumber and St City: Laborion State: TN Zip Code: 37087
Purpose of Expenditure: Campaigno fiss - Acren Fuicher
Amount of Expenditure: \$ 45.00 Date of Expenditure: \$ 7-21-23
Business or Organization Name: SQUE SPACE OF
First Name: Middle Name: Last Name:
Address: 8 Clarkson St City: New York State: NY Zip Code: 310014
Purpose of Expenditure: <u>Campaign</u> WClosing - Acron Fulcher
Amount of Expenditure: \$ 25 - 25 25 25 - 24 Date of Expenditure: \$ 7 - 21 - 23
Total Expenditures: \$(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)



1. Candidate or Committee Name: <u>Hor Or</u>	n ruicher		
2. Reporting Period: Start Date:			
3. Total campaign expenditures from pred	ceding page (enter \$0 if first page	\$ 527.55	
COMPLETE THE APPROPRIATE ITEMS FOR kind contribution to a candidate, please remembe candidate's name in the purpose of the expenditu	er to include the purpose of the expendit re section.	ure (e.g., postage, printing, etc.) afor	ng with the
Business or Organization Name: APPIC	Bill: Campain Ad	Storage	OR
First Name:	Middle Name:	Last Name:	
Address: APPK PCKWaV	City: CUPER TIMO	State: <u>CA</u> Zip Code	: 95014
Purpose of Expenditure: Storage for	Campaign Ads-Videos +	graphics - Acron Fuiche	
Amount of Expenditure: \$ 0.99	Date of Expenditure: \$	7-22-23	
Business or Organization Name: HPPIC	Bill: (carcut Video +	Desicen)	OR
First Name:	Middle Name:	Last Name:	
Address: APPIC PCYKWay	City: Cupertino	State: CA Zip Code	: 95014
Purpose of Expenditure: Campaicn	Vided Ho maner - Acror	Fulcher	
Amount of Expenditure: \$ 14.26	Date of Expenditure: \$	7-24-27	
Business or Organization Name: MOYP	ny Express		OR
First Name:			
Address: 603 5 (umberiend st	City: Lepenon	State: TN Zip Code	: 37087
Purpose of Expenditure: (65 - Acco	on Fucher		
Amount of Expenditure: \$ 36.00	Date of Expenditure: \$	7-31-23	
Business or Organization Name: Pilo4			OR
First Name:			
Address: 921 Murfacsboro 20	City: Lebanon	State: TN Zip Code	: 31087
Purpose of Expenditure: has - Acros			
Amount of Expenditure: \$ 36.00	Date of Expenditure: \$	8-5-23	
Business or Organization Name: Dillo	(0)		OR
First Name:	Middle Name:	Last Name:	
Address: 2140 Abott Martin D	r City: Washuille	State: TV Zip Code	37215
Purpose of Expenditure: Cam Paign	Polo - Peturned Not Sure 1	F expenditure Howed -	Acron Fulcher
Amount of Expenditure: \$ 86.86	Date of Expenditure: \$	8-5-23	
Total Expenditures: \$ (Carry forward to the next page if additio	nal nages of this form are used. If	this is the last nage of expend	ditures this
amount must be shown in the summary		and it the last page of experit	areat Cup et tiu



1. Candidate or Committee Name: Acror	TUIC	cher				-
2. Reporting Period: Start Date:		End Date:				
3. Total campaign expenditures from prec	eding p	page (enter \$0 if first page) \$ \perp	74.11			
COMPLETE THE APPROPRIATE ITEMS FOR kind contribution to a candidate, please remember candidate's name in the purpose of the expenditure.	r to includ	de the purpose of the expenditure (e.g.	ust be itemized. , postage, printir	. If the expending, etc.) along	diture is an i with the	in-
Business or Organization Name: Office	e May	1				OR
First Name:	Middle	Name:	Last Name:			_
Address: 419 5 Cumbuland St		City: Lepanon	State: 71	Zip Code:	37007	
Purpose of Expenditure: (anguar Pr	MALA	- Acron Fulcher				
Amount of Expenditure: \$ 1.3.5		Date of Expenditure: \$8	- 12-23			
Business or Organization Name: Faceb	00 V-					OR
First Name:	Middle	Name:	Last Name:			
Address: 1 Hacker way		City: Monlo Park	State: CA	Zip Code:	94025	
Purpose of Expenditure: Cam Paten	AU>-	Acron Fulcher				
Amount of Expenditure: \$ 35.00		Date of Expenditure: \$ 8-12	-23			
Business or Organization Name: APPIC First Name:	Bills	(Fatebook Ventice + Remin	ni-Digitus	Design		OR
Address: APPK POVICENT	Wildale	City: CUPUCTION	State: CH	Zip Code:	95014	
Purpose of Expenditure: Verification	for AF	Sica conocia Account & digi	reil desicis -	Acren Fu	Cher	
Amount of Expenditure: \$ 27.41	10. 0.	Date of Expenditure: \$ 8 -1	5 -23			
Business or Organization Name: Square						OR
First Name:						
Address: 8 Clarkson St	Middle	City: Why York	State: UY	Zip Code:		
Purpose of Expenditure: Campaian	luebs	ire - Acron Francisco		2.5 2340.		
Amount of Expenditure: \$ 25.24		Date of Expenditure: \$ 8-7	1-23			
Business or Organization Name: APPIC	Bins	1 campaign Al Storage)			OR
First Name:	Middle	Name:	Last Name			•
Address: APPK Parkway	Middle	City: Capertino	State CH	Zip Code	95014	
Purpose of Expenditure: Campus An	Street	City Acres Full year				
Amount of Expenditure: \$ 0.99	O JAIL	Date of Evnenditure: \$ 9-7	2-23			
Amount of Expenditure: \$		Date of Experior inc. 7_5				_
Total Expenditures: \$.1. 1. 4			
(Carry forward to the next page if addition amount must be shown in the summary of	nal page on first p	es of this form are used. If this is page.)	the last page	of expendi	tures, this	



1. Candidate or Committee Name:			
2. Reporting Period: Start Date:	End Date:		
3. Total campaign expenditures from	m preceding page (enter \$0 if first page)	\$ 89.99	
COMPLETE THE APPROPRIATE ITEM kind contribution to a candidate, please recandidate's name in the purpose of the exp	AS FOR EACH EXPENDITURE. All expenditu member to include the purpose of the expenditu penditure section.	ures must be itemized. Ire (e.g., postage, printin	If the expenditure is an ing, etc.) along with the
Business or Organization Name:	APPICBIN: C PIXENOT GRAPAIC De	esicin)	OR
First Name:	Middle Name:	Last Name:	
Address: APPIC PCKWay	City: CUPC/time	State: Ch	Zip Code: 950L4
Purpose of Expenditure: Araphi	ic design for Mos- Acron F	Folcher	
Amount of Expenditure: \$ 10.90	Date of Expenditure: \$	8-22-23	
Business or Organization Name:	Action Aluning & Siens		OR
First Name:	Middle Name:	Last Name:	
Address: 105 W High St	City: Lebanon	State: てい	Zip Code: 37087
Purpose of Expenditure: Yord	Sichs - Acron Fulcher		
Amount of Expenditure: \$ 168.	Date of Expenditure: \$	8-25 - 23	
Rusiness or Organization Name: (Circle V-		OR
First Name:	Middle Name:	Last Name:	
Address: 1309 W Main S	ot City: Lebonon	State: TN	Zip Code: 37087
Purpose of Expenditure: has	Acron Fuscher		
Amount of Expenditure: \$ 20.0	O Date of Expenditure: \$	8-25-23	
	Fair book		
	Middle Name:		
Address: Halker Way	City: Menio Pork	State: CA	Zip Code: 94025
Purpose of Expenditure: Campa	in AU - Acron Fuicher		
Amount of Expenditure: \$ 5.00		8-25-23	
Rusinoss or Organization Name:	MURPHY EXPRES)		OR
First Name	Middle Name:	Last Name:	
Address: 603 S Comber 160	nd st <u>City: Lebenon</u>	State: IN	Zip Code: 37057
Purpose of Evpenditure: 665-	Acron Fulcher		
Amount of Expenditure: \$ 26.01	Date of Expenditure: \$	8-28-23	
Total Expenditures: \$	additional pages of this form are used. If	this is the last page	of expenditures, this
amount must be shown in the sum			



1. Candidate or Committee Name: Acron Fu	icher.				_
2. Reporting Period: Start Date:	End Date:				
3. Total campaign expenditures from preceding	page (enter \$0 if first page	\$ 830.22			-
COMPLETE THE APPROPRIATE ITEMS FOR EACH kind contribution to a candidate, please remember to incleandidate's name in the purpose of the expenditure section.	ude the purpose of the expendit	ures must be itemized ure (e.g., postage, printir	. If the expending, etc.) along	diture is an i with the	n-
Business or Organization Name: Facebook					OR
First Name: Midd	le Name:	Last Name:		_	_
Address: 1 Hacker Way	_ City: Menio Peik	State: <u>CP</u>	Zip Code:	94025	
Purpose of Expenditure: Compan 43 - Ace	on Fulched				
Amount of Expenditure: \$ 35.00	_ Date of Expenditure: \$	8-28-23			
Business or Organization Name: Wilson Bo	nk + Trust				OR
First Name: Midd	le Name:	Last Name:	V		
Address: 627 W Hain St	City: Liberian	State: TN	Zip Code:	37087	
Purpose of Expenditure: Checks - Horon					
Amount of Expenditure: \$ 17.70	Date of Expenditure: \$	8-29-23			
Business or Organization Name: 7 - Eleven					OR
First Name: Midd					
Address: 810 S Cumbarand 5+	City: Lebenon	State: N	Zip Code:	37087	
Purpose of Expenditure: for Acron Fu					
Amount of Expenditure: \$ \[\script{\sint\sint\sint\sint\sint\sint\sint\sint	Date of Expenditure: \$	8-31-23			
Business or Organization Name: Murphy &					
First Name: Midd	le Name:	Last Name:	7in Codo	72~1	_
Address: 663 S Comberland St	City: Loberton	State. <u>111</u>	zip code.	3107	
Purpose of Expenditure: Acs - Acron F		Q-60-73			
Amount of Expenditure: \$ 25.00	_ Date of Expenditure. 3				
Business or Organization Name: Falcboor-					OR
First Name: Midd	le Name:	Last Name:			
Address: Halvar Way	_ City: MINIO Park	State: CA	Zip Code:	94025	
Purpose of Expenditure: Campan Ad - Aard	n Fulcher				
Amount of Expenditure: \$ 35.00	_ Date of Expenditure: \$	9-7-23			
Total Expenditures: \$					
(Carry forward to the next page if additional pa	ges of this form are used. If	this is the last page	of expendi	tures, this	
amount must be shown in the summary on first					



1. Candidate or Committee Name: 1	oron fullner			
2. Reporting Period: Start Date:	End Date:			
3. Total campaign expenditures from	preceding page (enter \$0 if first page)	\$ 127.70		
COMPLETE THE APPROPRIATE ITEMS I kind contribution to a candidate, please reme candidate's name in the purpose of the expen	FOR EACH EXPENDITURE. All expenditur mber to include the purpose of the expenditur diture section.	res must be itemized. re (e.g., postage, printir	. If the expending, etc.) along	diture is an in- I with the
Business or Organization Name: 19	PIC Bill : C VOXBO) + Brax Pro	CHICAGI GIBUA-		OP
First Name:	Middle Name:	Last Name:		
Address: APPK Perkway	City: Cupertino	State: CA	Zip Code:	95014
Purpose of Expenditure: Hodio Ocs	in for Hos - Acron Fulcher	,		
Amount of Expenditure: \$ 38.39	Date of Expenditure: \$	9-8-27		
Business or Organization Name: Fac	(1 book			OR
First Name:	Middle Name:	Last Name:		
Address: 1 Harry Way	City: Mento Par	State: CA	Zip Code:	94625
Purpose of Expenditure: Compaign	Ad - Adron Fucher			
Amount of Expenditure: \$ 50.00	Date of Expenditure: \$	9-9-23		
	Phe Bill: (Face book Verified)			OR
Eirst Name:	Middle Name:	Last Name:		
Address Apple Pork Lie V	City: Cupurino	State: CA	Zip Code:	95014
Purpose of Evpanditure: Varificati	in for Official Company Account	- Acron Fulcher		
Amount of Expenditure: \$ 16.45	Date of Expenditure: \$ 9	î- 13- 23		
	iu Max			OF
	Middle Name:			
Address 416 S Charleston St	City: Lipmon	State: TN	Zip Code:	37087
	rinting - Arran Fullner			
Amount of Expenditure: \$ 12-46	Date of Expenditure: \$	9-15-23		
Business or Organization Name: <u>Cia</u>	+ 90 Middle Name:			
First Name:	Kilddle Name: City: <u>Ltwnon</u>	State: TN	Zin Codo:	37087
Address: D4S1 Corthage Fig V	ran Fullher	State. 115	Fib code:	V 10 () 1
Purpose of Expenditure: 1023 - 100	Date of Expenditure: \$ _	9-16-23		
Amount of Expenditure: \$ _20.00	Date of expenditure: \$ _	. ,		
Total Expenditures: \$	litional pages of this form are used. If t	his is the last page	of expendi	itures. this
amount must be shown in the summa		is the last page	z. zperidi	carea, ciria



1. Candidate or Committee Name: Poro	n tulch	167			
2. Reporting Period: Start Date:		End Date:	22		
3. Total campaign expenditures from pro	eceding p	age (enter \$0 if first page) \$ <u></u>	37.29		
COMPLETE THE APPROPRIATE ITEMS FO kind contribution to a candidate, please rememble candidate's name in the purpose of the expendit	per to includ	le the purpose of the expenditure (e.	nust be itemized g., postage, printi	. If the expen ng, etc.) along	diture is an in- y with the
Business or Organization Name: Office	e Max				OR
First Name:	_ Middle	Name:	_ Last Name:		
Address: 419 S combarland st				Zip Code:	37687
Purpose of Expenditure: Compain	Printing	- Acres Fulcher			
Amount of Expenditure: \$ 0.62		Date of Expenditure: \$ 9-L	(2-2)		
Business or Organization Name: (0-6	P				OR
First Name:	Middle	Name:	_ Last Name:		
Address: 107 Bapp Dr		City: Libenon	State: つい	Zip Code:	37087
Purpose of Expenditure: fics - Acri	n Fuch	ner			_
Purpose of Expenditure: Acs - Acco		Date of Expenditure: \$	20 - 23		
Business or Organization Name: 5900	ra Spa	4			OR
First Name:					
Address: & Cloreson St		City: New York	State: PY	Zip Code:	7
Purpose of Expenditure: Compain					
Amount of Expenditure: \$ 28.24		Date of Expenditure: \$ 9-7	1-27		
Business or Organization Name: Office	n Max				OR
First Name:					
Address: 419 5 combercend st		City: Libenon	State: 74	Zip Code:	37087
Purpose of Expenditure: Compain					
Amount of Expenditure: \$ 18-60					
Business or Organization Name:	OP				OR
First Name:	Middle	Name:	Last Name:		
Address: 107 Balolo Dr		City: Laborion	State: Th	Zip Code:	37087
Purpose of Expenditure: 665 - Ac					
Amount of Expenditure: \$ 30.00			22-27		
Total Expenditures: \$					
(Carry forward to the next page if additi amount must be shown in the summary	onal page	es of this form are used. If this i	s the last page	of expendi	tures, this



1. Candidate or Committee Name:	forch Fulcher			
2. Reporting Period: Start Date:	End Date:	- Carlon		
3. Total campaign expenditures from	m preceding page (enter \$0 if first page	\$ 99.47	-	·
COMPLETE THE APPROPRIATE ITEM kind contribution to a candidate, please rel candidate's name in the purpose of the exp	S FOR EACH EXPENDITURE. All expendit nember to include the purpose of the expendition that the section.	ures must be itemized. ure (e.g., postage, printir	. If the expending, etc.) along	diture is an in- with the
Business or Organization Name:	Apple Bill: (Au storace)			OR
First Name:	Middle Name:	Last Name:		
Address: APPIC PCYCLUCY	City: CUPENTIAN	State: <u>CA</u>	Zip Code:	95014
Purpose of Expenditure: Ad 516	rage - Acron Fulcher			
Amount of Expenditure: \$	Date of Expenditure: \$	9-22-23		
Business or Organization Name: F	au book			OR
First Name:	Middle Name:	Last Name:		
Address: 1 Halker Way	City: Menio Park	State: CH	Zip Code:	94025
Purpose of Expenditure: 10m Pas	n Ads- Acron Folkner			
Amount of Expenditure: \$ 35.60	Date of Expenditure: \$	9-24-23		
Business or Organization Name:	-an Beur-			OR
First Name:	Middle Name:	Last Name:		
Address: 1 Haller May	City: Monto Pork	State: CA	Zip Code:	94025
Purpose of Evpenditure: CCM 2614	Ad- Acron Fulcher		•	
Amount of Expenditure: \$ 1.31	Date of Expenditure: \$	9-25-23		
Business or Organization Name:	disson Benk & Trust			OR
	Middle Name:			
Address: 623 Lt Main St	City: Lebenan	State: 715	Zip Code:	37007
Purpose of Expenditure: SCVVI (1	Charge - Haran Fulcher			
Amount of Expenditure: \$ 10.00		9-29-23		
Business or Organization Name:	office Max			OR
First Name	Middle Name:			
Address: 416 S COMPOUND	St City: Lelochan	State: TN	Zip Code:	37067
	in Printing - Auon Fucher			
Amount of Expenditure: \$ 41.11	Date of Expenditure: \$	10-2-23		
Total Expenditures: \$	dditional pages of this form are used. If	this is the last page	of expendi	tures, this



1. Candidate or Committee Name: Porch Fully	nev			
2. Reporting Period: Start Date:	End Date:	2		
3. Total campaign expenditures from preceding p	age (enter \$0 if first page) \$ $\frac{1}{}$	28.46		
COMPLETE THE APPROPRIATE ITEMS FOR EACH E kind contribution to a candidate, please remember to include candidate's name in the purpose of the expenditure section.	le the purpose of the expenditure (e.g.	ust be itemized. , postage, printin	If the expending, etc.) along v	iture is an in- with the
Business or Organization Name: School Boo	rd compan			OR
First Name: Parco Middle	Name:	Last Name:	Fucher	
Address: 8886 Herrsville Rike	City: Lebenon	State: TV	Zip Code:	37067
Amount of Expenditure: \$ 1.024.00	Date of Expenditure: \$ 10-1	3-1900 Fulcy 7-23	ncr-Per Ele	cticn Conn-
Business or Organization Name: Square Space				OR
First Name: Middle	Name:	Last Name:		
Address: & Clarason St	City: NEW YOUL	State: <u>UY</u>	Zip Code:	
Purpose of Expenditure: Compan Website-	Acron Furcher			
Amount of Expenditure: \$ 25.24	Date of Expenditure: \$ 10	-73 - 73		
Business or Organization Name: Fan book				OR
First Name: Middle	Name:	Last Name:		
Address: 1 Hacker Way	City: Menio Park	State: CH	Zip Code:	94025
Purpose of Expenditure: Compan AD - Acron	Fucher			
Amount of Expenditure: \$ 40.01	Date of Expenditure: \$ 10-	26 - 23		
Business or Organization Name: Action Run	ing 4 stans			OR
First Name: Middle				
Address: 165 WHIGH St	City: Lacron	State: <u>TN</u>	Zip Code:	37087
Purpose of Expenditure: YCrd Signs - Acron				
Amount of Expenditure: \$ 600-00				
Business or Organization Name:				OR
First Name: Scrry Middle				
Address: 2020 Hunkas Place	City: Ht. Juliet	State: TP	Zip Code: (37172
Purpose of Expenditure: Painbus man + 65				
Amount of Expenditure: \$ 100.00	Date of Expenditure: \$ 11-	27-23		
, and the or tarpending of the control of the contr				
Total Expenditures: \$ (Carry forward to the next page if additional page	es of this form are used If this is	the last page	of expendit	ures, this
amount must be shown in the summary on first p	page.)		- Periodic	,



- III Acer	O Ende	21			
1. Candidate or Committee Name: Acror					
2. Reporting Period: Start Date:		_ End Date:	760 15		
3. Total campaign expenditures from pre	ceding p	age (enter \$0 if first page) \$ _	1,787.23		_
COMPLETE THE APPROPRIATE ITEMS FOI kind contribution to a candidate, please rememb candidate's name in the purpose of the expenditure.	er to includ	le the purpose of the expenditure (e.	must be itemized .g., postage, printi	. If the expenditure is an ng, etc.) along with the	in-
Business or Organization Name: 3555	ca Hill	For School Board			OR
First Name:	Middle	Name:	Last Name:		
Address:		City:	State: TN	Zip Code: 37087	
Purpose of Expenditure: Donation to	Close C	out Account Acron Fu	cher		
Amount of Expenditure: \$ 1.377.67					
Business or Organization Name:					OR
First Name:					
Address:					
Purpose of Expenditure:					
Amount of Expenditure: \$					
7 modified Experience 4					_
Business or Organization Name:					
First Name:	Middle	Name:	Last Name:		-
Address:		City:	State:	Zip Code:	
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure: \$			_
Business or Organization Name:					OR
First Name:		Name:	Last Name:		
Address:					
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure: \$			
Business or Organization Name:					OR
First Name:					
Address:				Zip Code:	
Purpose of Expenditure:					
Amount of Expenditure: \$					
Total Expenditures: \$ \$,343.90					
Intal Expenditures: 5 7, 343 110					

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

ITEMIZED STATEMENT OF LOANS - CANDIDATE 1. Candidate or Committee Name: Acron Fucher 2. Reporting Period: Start Date: _____ End Date: ____ Wilson County Election Commission 3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100). Complete the following for the source of each loan received and/or outstanding during the period. Business or Organization Name: _____ First Name: _____ Middle Name: _____ Last Name: _____ _____ City: ______ State: ____ Zip Code: ____ Address: Outstanding Loan Balance (Beginning)\$ _____\$ Loans Received \$ ______ Loan Payments......\$ ______\$ Outstanding Loan (End)......\$ Loan Received For: Primary Election General Election Runoff (Local Elections Only) Date of Loan: List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.) Business or Organization Name: ___ Address: ______ City: _____ State: ___ Zip Code: ____ Amount Guaranteed Outstanding: \$_____ Business or Organization Name: _____ First Name: _____ Middle Name: _____ Last Name: _____ _____ City: _____ State: ____ Zip Code: _____ Address: Amount Guaranteed Outstanding: \$_____ Business or Organization Name: First Name: ______ Middle Name: _____ Last Name: _____ ______ City: ______ State: ____ Zip Code: _____ Address: Amount Guaranteed Outstanding: \$____ Business or Organization Name: _____ First Name: _____ Middle Name: ____ Last Name: _____ _____ City: _____ State: ____ Zip Code: _____ Address: Amount Guaranteed Outstanding: \$____ Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.) Balance (Beginning) \$ 0.00 Loans Received\$ 0.00

SS-1132 (Rev. 1/2023)

Loan Payments
\$ 0.00

Outstanding Loan (End)
\$ 0.00

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE 1. Candidate or Committee Name: ACCON FULLY 2. Reporting Period: Start Date: _____ End Date: ___ 3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting per od. Description of Business Name: _____ Obligation: First Name: _____ Middle Name: _____ Last Name: ___ Debt **Payments** Outstanding Outstanding This Period Balance Balance (Period Incurred (Period End) Beginning) This Period \$ Ś \$ \$ State: _____ Zip Code: _____ Description of Business Name: _____ Obligation: First Name: _____ Middle Name: ____ Last Name: **Payments** Outstanding Outstanding Debt Address: This Period Balance Balance (Period Incurred **This Period** (Period End) Beginning) \$ \$ \$ State: _____ Zip Code: _____ Description of Business Name: _____ Obligation: First Name: _____ Middle Name: _____ Last Name: _____ **Payments** Outstanding Outstanding Debt Address: This Period Balance Balance (Period Incurred (Period End) Beginning) This Period Ś \$ \$ \$ State: _____ Zip Code: _____ Description of Business Name: _____ Obligation: First Name: _____ Middle Name: _____ Last Name: _____ Outstanding Debt **Payments** Outstanding Address: Balance (Period Incurred This Period **Balance** (Period End) Beginning) **This Period** \$ Ś State: _____ Zip Code: _____

TOTALS

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)		This Period	Outstanding Balance (Period End)
\$ 0.00	\$0.00	\$0.00	\$0.00