CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

JAN 12 2022

	09.0				5 40/4		
1. DATE OF REPORT	2.a. NAMEOFC	ANDIDATE O	RCOMMITTEE	1 1 0	WILSON COUNTY		
1-10-23	Free	ends	of lei		ECTION COMMISSION		
2.b. IF COMMITTEE, NAME OF CANDIDATE	۸ ،			3. ELECTION DATE	AM 1:35		
Jerry f	she			2018			
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		State	Zip Code	Phone 615		
Street or Rural Route	10600	2.0	TENN	37090	306-8136		
4.b. CANDIDATE'S HOME ADDRESS (if differen	t than 4.a.)	7/1	IENN	37010	115		
Street or Rural Route	City		State	Zip Code	Phone GIS		
1284 Holloway Rd.	Leband		TENN	37090	306-8136		
5. OFFICE SOUGHT (include district number, it	f applicable)	6. NAMI	4	TREASURER (may be c	andidate)		
Dest 12			lerr	y Hone			
7. CATEGORY OR REPORT (Check one)					\bowtie		
FIRST SECOND THIRD	FOURTH	PRE- PRIMARY	PRE- GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL		
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER		NG DATE OF REPO		COLLEMENTAL		
7-1-22			1-15-2	3			
9. (Check one)							
a This campaign is exempt from detaile	ed disclosure becaus	se contributio	ns (including in-ki	nd) received total \$1,000	or less AND expendi-		
a. 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. ☐ This campaign is required to file a de	tailed financial discl	osure becaus	e contributions (ir	ncluding in-kind) received	total more than \$1,000		
and/or expenditures total more than \$	61,000 for this repor	ting period.					
10. I/we do solemnly swear or affirm that the ir	nformation contained	d in this cam	paign financial dis	closure report is true an	d 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 nor	political purpose as	defined by t	ne federal internal	revenue code.			
10/01	1 16 0	7	-100	- (//.	110 22		
- Slung (she	1-10-2	,	eignature d	of political treasurer			
signature of candidate	date *		Signature	· O · Co	date		
44 JA/ITNESS SIGNATURE			Palter				
11. WITNESS SIGNATURE				A 10			
But Ashe	1-10-2	3	Votrice	ie Jakley	1-10-23		
signature of witness	date		signa	ture of witness	date		
12. SUMMARY				17 777 9			
a. BALANCE ON HAND LAST REPORT				.\$ 17,317,3			
b. TOTAL RECEIPTS THIS PERIOD				.\$			
b. TOTAL RECEIPTS THIS PERIOD				2236	00		
c. TOTAL DISBURSEMENTS THIS PERIOD .			•••••	.\$ _ 2, ~ 34,			
	ainus 12 s \			\$	15,141.30		
d. BALANCE ON HAND (12.a. plus 12.b. m	mius 12.6./			Ψ			
e. TOTAL LOANS OUTSTANDING	***************************************			\$			
3					n		
f. TOTAL OBLIGATIONS OUTSTANDING				\$			

SUMMARY PAGE - CANDIDATE

JAN 12 2023

13. NAME OF CANDIDATE OR COMMITTEE (In Full) Friend of Terry Association	14. REPORTICIOS/GIRONGINHE PERIOD FROM: 7-51-520 COMMISSION - 7-3						
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)							
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)							
16. LOANS RECEIVED THIS REPORTING PERIOD	Sure						
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 - e.g., printing, postage, gasoline)							
Gideon Bibles \$ 50.0	00						
Rellet Bill Lee \$ 500.0	30						
Gladeville Commonity Center \$ 100.0	00						
WILSON & F.O.P \$ 400,	00						
Wilson Warners Foundation \$ 400	.00						
U.S. Post Master \$ 166							
Lebanon Fire Dept \$ 100	_						
Wison Warrious Foundation \$ 420							
Retire State Troopers Assoc. \$ 100							
Total of Expenditures (\$100 or less each payee)	\$ 2,236						
b. Itemized Expenditures (Over \$100 each payee this period)	\$ d, 236						
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	s <u>d, 236</u>						
20. LOAN REPAYMENTS MADE THIS PERIOD	\$						
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 2,236						
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.)\$							

SS-1133 (Rev. 4/02)

Page _____ of ____

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JAN 12 2023

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

ELECTION COMMISSION 2. REPORT COVERING THE PERIOD 1. NAME OF CANDIDATE OR COMMITTEE FROM:7-1-22 TO: 1-15-23 2236.00 3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period) Amount of Expenditure Purpose of Expenditure Middle Name First Name Last Name/Business Name DOWAT ION Address Zip Code 37 287 City ebanan Amount of Expenditure Purpose of Expenditure Middle Name First Name Last Name/Business Name 500. DONATION Bill Lee State City ashville 37243 TN Purpose of Expenditure Amount of Expenditure Middle Name First Name 100,00 DONATION Last Name/Business Name Community Center Zip Code City 37090 Purpose of Expenditure Amount of Expenditure Middle Name First Name 400.00 Last Name/Business Name Dewation Address City Amount of Expenditure Purpose of Expenditure Middle Name First Name Last Name/Business Name Foundation Dowa trong 111055 Addres Zip Code State City 31081 TN Amount of Expenditure Purpose of Expenditure Middle Name First Name Expenditure. Last Name/Business Name 166,00 OST Moster Address Zip Code City 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.)

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JAN 12 2023

STATEMENT OF EXPENDITURES - CAMBIDATE ELECTION COMMISSION

				2. REPORT COVER	ING THE PERIOD			
1. NAME OF CANDIDATE OR COMMITTEE		1.1		FROM: 7-1-22	TO: 1-/5-23			
Friend of Terry Ashe FROM:7-1-22					Amount			
3 TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized 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 Lebagon Fire Dept		Don't from		100-00				
Address State State Zip Code								
City Leban on	State	37087			A 15			
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name Wusson Warriso Foundation Address D			David tran		42000			
PO, BOY 2/3/								
Lebanoni	State	Zin Code 37						
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name Retirol Attropper Association Address Foster Que		Dearsat	rent	100 00				
City	State	Zip Code						
Nashville	IM	37243			Annual of Companishing			
First Name Middle Name		Purpose of Expenditure		Amount of Expenditure				
Last Name/Business Name								
Address								
City	State	Zip Code						
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
Address								
City	State	Zip Code						
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
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.)								