## Final



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

F	or Single-Ca	Indidate Committe	200	
DATE OF REPORT	2.a. NAME OF	CANDIDATE OR COMMITTEE		
1-14-13		Weeks		
2.b. IF COMMITTEE, NAME OF CANDIDATE	- Olly	MECKS	10 = ===	
			3. ELECTION DATE	
4.a. CAMPAIGN ADDRESS AND PHONE			11-06-12	
Street or Rural Route	City	State	Zin Code	
222 Carver Lane	Lebanon		Zip Code	Phone
4.b. CANDIDATE'S HOME ADDRESS (if different	nt than 4.a.)	TN	37087 (6	15) 533-5441
Street or Rural Route	City	State	Zip Code	
			p	Phone
5. OFFICE SOUGHT (include district number,	if applicable)	6. NAME OF POLITICAL T	DEACURED /	
Council Ward 5		Karla B.	I D .	candidate)
7. CATEGORY OR REPORT (Check one)		Kathy Bab	b boyd	
QUARTER QUARTER QUARTER	FOURTH QUARTER	PRE- PRE-	MID-YEAR	YEAR-END
8.a. BEGINNING DATE OF REPORTING PERIOD	COTINTE I	PRIMARY GENERAL 8.b. ENDING DATE OF REPOR	SUPPLEMENTAL	SUPPLEMENTAL
10-28-	12	1-15/2		
9. (Check one)		1 () ()	)	
a. This campaign is assemble to the	W13			
a. This campaign is exempt from detaile tures total \$1,000 or less for this repo	d disclosure because	e contributions (including in-kind	) received total \$1,000	or less AND overed:
h [7] This area is	rang penou. (Comp	lete items 12d., 12e. and 12f.)		or sood virab experior-
<ul> <li>This campaign is required to file a det and/or expenditures total more than \$</li> </ul>	ailed financial disclo	sure because contributions (incl	uding in-kind) received	total many (I)
and/or expenditures total more than \$	1,000 for this reporti	ng period.	5 minu) received	total more than \$1,000
10. I/we do solemnly swoor or offers that it is				
accurate accounting of composing accurate	ormation contained	in this campaign financial disclo	sure report is true and	that this round :
				the Campaign
benefit of the candidate or for any other nonp	olitical purpose as o	lefined by the federal internal re	peen expended for the	personal financial
1 had				
circotus of a little	1-21-13 date	Kathe Bo	Who Boyd Olitical treasurer	
eignature of candidate	date	signature of p	olitical treasure	1-21-13
				date
11. WITNESS SIGNATURE				
4 . T. A			/	
Kathy Babb Bayd stanture of witness	1-21-13	1		1.01
signature of witness	date	signature	of witness	1-21-13
			or withess	date
2. SUMMARY				
a. BALANCE ON HAND LAST REPORT				
a. BALANCE ON HAND LAST REPORT		\$ _	90.85	1
b. TOTAL RECEIPTS THIS PERIOD			_	
b. TOTAL RECEIPTS THIS PERIOD		\$ -	-0-	
c. TOTAL DISBURSEMENTS THIS PERIOD			1424.98	1
				1
d. BALANCE ON HAND (12.a. plus 12.b. minu	s 12.c.)			_
				-0-
e. TOTAL LOANS OUTSTANDING	Donated	to Campaign		
		- Cumpaign	······ \$	- <u>0</u> -
f. TOTAL OBLIGATIONS OF ITSTANDING				
f. TOTAL OBLIGATIONS OUTSTANDING			\$ —	-0-
WRD.				



### JAN 23 2013

#### SUMMARY PAGE - CANDIDATE

WILSON COUNTY

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14 REPORT COVERING THE STATE OF
Billy Weeks	FROM: 10 28 12 TO: 1/15 13
RECEIPTS  15. CONTRIBUTIONS (other than loans and interest)	10/80/12   11/15/13
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.)	
16. LOANS RECEIVED THIS REPORTING PERIOD Donated to Ca	mpaign s =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	J
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	a printing postage geneline)
Bank Charges \$ 24.0	
<u>Gas</u> \$ 90.	
\$	
\$	
\$	
\$	
\$	
Total CE	
Total of Expenditures (\$100 or less each payee)	
b. Itemized Expenditures (Over \$100 each payee this period)	.\$1310.13_
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ 1424.98
20. LOAN REPAYMENTS MADE THIS PERIOD Donated to Campaign	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 1424.98
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.)	\$0-
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 1	2.f.)\$0-



#### WILSON COUNTY ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMM				2. REPORT COVERING THE PERIOD
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				
10 IAL ITEMIZED CAMPAIGN EXP     COMPLETE THE APPROPRIATE ITEM	ENDITURES I	FROM PRECEDING P	AGE (enter \$0 if first itemized page	age) Amount
4. COMPLETE THE APPROPRIATE ITEMS		e Name		
***************************************	IVIIOOI	e Name	Purpose of Expenditure	Amount of Expendi
Last Name/Business Name <u>Creative Graphi</u> Address	CS			
100 Oak Street				
Lehanon	State	Zip Code 37087	Advertising	782.63
First Name	Middle	Name	Purpose of Expenditure	Amount of Expenditu
Last Name/Business Name			-	
Wilson Post				
P.O. Box 857				
City	State	Zip Code		
Lebanon	TN	37087	Advertising	247.5
First Name	Middle	Name	Purpose of Expenditure	Amount of Expenditu
ast Name/Business Name	1		7	
Lebanon Democi			-	
402 N. Cumberl	and			
Lebanon	State	Zip Code 37087	Advertising	
irst Name	Middle N			
ast Name/Business Name	Wilddie N	arrie	Purpose of Expenditure	Amount of Expenditur
ast Namerousiness Name				
ddress			7	
ty	State	Zip Code	-	
rst Name	Middle Na	me	Purpose of Expenditure	Amount of Expenditure
st Name/Business Name				Amount of Expenditure
dress				
у	State	Zip Code		
st Name	Middle Nar	ne	Purpose of Expenditure	Amount of Expenditure
t Name/Business Name			1	
ress			1	
	State	Zip Code	-	
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional p (If this is the last page of expenditures, this amount	ages of this form a	are used.)		1310.13

## Donated to Campaign



JAN 23 2013

WILSON COUNTY ELECTION COMMISSION

#### ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITT	EE						12	PEDODI	.001	EDILL		
						2. REPORT COVERING THE PERIOD FROM: TO:						
Billy Week3  3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from an						landard - 1 1 1						
		HILEMI	ZED LOAN	(loans totaling r	nore than	\$100 from any	y source	e during the p	period)			
Complete the Following for the Source of the Lo	-		,									
				Outstanding Loan Balance Loans (Beginning of Period) Received				Loan Outstanding Loan Balance Payments (End of Period)				
Billy Last Name/Organization Name								Donated (End of Perior				
Week5	Week5			13.43 1302.00 6115.4					3 -0-			
222 Carver Lan	0,		Loan Recei					Date of Lo		.K.	20000	
	Zip Code									1/12-\$1082.00		
Lebanon TN	370			f (Local Elections (	-				13	- 4	220.00	
First Name			or Above Lo	an (If more space	ce is nee	eded please	attach	a page)				
Billy Last Name/Organization Name	Middle Na	ime		First Name					Midd	fle Name		
Weeks				Last Name/Org	anization	Name			1			
Address 222 Carver Lane				Address								
Lebanon	State	Zip Coo	de 087	City					State		Zip Code	
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding							
First Name	Middle Name First Name					Middle Name				inc.		
Last Name/Organization Name	1	·		Last Name/Orga	nization h	Name			<u> </u>			
Address	***************************************			Address								
City	State	Zip Code	е	City					State Zin Code			
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding						State Zip Code		
				Amount Guarante	ea Outst	anding						
First Name	Middle Name	ė		First Name Middle Name								
Last Name/Organization Name	·			Last Name/Organ	ization N	ame						
Address				Address								
City	T State	7:n Cada		0.5								
	State	Zip Code		City					State	T	Zip Code	
Amount Guaranteed Outstanding			<i>Y</i>	Amount Guarantee	ed Outsta	inding						
First Name	t Name Middle Name			First Name Middle Name								
ast Name/Organization Name				Last Name/Organization Name								
ddress			A	Address								
City	State	Zip Code	C	City State Zi						ip Code		
mount Guaranteed Outstanding			Ai	mount Guarantee	d Outstar	nding						
Totals for all Loans (complete on last page of it	emized loar	ns)	10	utstanding Loan E	Palanco	Loans		L.	T			
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.)			Ľ	(Beginning of Pe		Received	1	Loan Payments		Outstanding Loan Balance (End of Period)		
Total outstanding loan balance 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.)				4813.4	3	1302.0	00	-0-	- [	-0-		