

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates  
For Single-Candidate Committees

1. DATE OF REPORT <u>4-3-14</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>FRIENDS TO ELECT DR. BILL TAYLOR</u>
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>F. WILLIAM "BILL" TAYLOR</u>	3. ELECTION DATE <u>5-6-14</u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route      City      State      Zip Code      Phone <u>200 OAK HILL CT.      HENDERSONVILLE      TN      37075      615-824-1743</u>	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route      City      State      Zip Code      Phone <u>SAME</u>	
5. OFFICE SOUGHT (include district number, if applicable) <u>COUNTY COMMISSION DIST. #11</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>F. WILLIAM TAYLOR</u>
7. CATEGORY OR REPORT (Check one) <input checked="" 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 type="checkbox"/> YEAR-END SUPPLEMENTAL	8.b. ENDING DATE OF REPORTING PERIOD <u>3-31-14</u>
8.a. BEGINNING DATE OF REPORTING PERIOD <u>1-15-14</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>F. William Taylor</u> signature of candidate	<u>4-3-14</u> date
<u>F. William Taylor</u> signature of political treasurer	<u>4-3-14</u> date
11. WITNESS SIGNATURE <u>Ginger Germain</u> signature of witness	<u>4/3/14</u> date
11. WITNESS SIGNATURE <u>Ginger Germain</u> signature of witness	<u>4/3/14</u> date
12. SUMMARY a. BALANCE ON HAND LAST REPORT ..... \$ <u>0</u> b. TOTAL RECEIPTS THIS PERIOD ..... \$ <u>20,750<sup>00</sup></u> c. TOTAL DISBURSEMENTS THIS PERIOD ..... \$ <u>3,447.43</u> d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) ..... \$ <u>17,302<sup>57</sup></u> e. TOTAL LOANS OUTSTANDING ..... \$ <u>20,000<sup>00</sup></u> f. TOTAL OBLIGATIONS OUTSTANDING ..... \$ <u>2,266<sup>25</sup></u>	

FILED

SUMNER COUNTY  
ELECTION COMMISSION

APR 09 2014



# SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD	
	FROM: 1-15-14	TO: 3-31-14

## 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) ..... \$ 750<sup>00</sup>

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) ..... \$ 750<sup>00</sup>

16. LOANS RECEIVED THIS REPORTING PERIOD ..... \$ 20,000<sup>00</sup>

17. INTEREST RECEIVED THIS REPORTING PERIOD ..... \$ 0

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) ..... \$ 20,750<sup>00</sup>

## 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)

<u>REPUBLICAN WOMEN'S CLUB DUES</u>	\$ <u>25<sup>00</sup></u>
<u>PRINTING (PUSH CARDS/YARD SIGNS)</u>	\$ <u>2296<sup>44</sup></u>
<u>REGAN DAY DINNER TABLE</u>	\$ <u>1,053<sup>99</sup></u>
<u>STAMPS</u>	\$ <u>72<sup>00</sup></u>
<u>NEWS PAPER AD</u>	\$ <u>260<sup>00</sup></u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total of Expenditures (\$100 or less each payee) ..... \$ 97<sup>00</sup>

b. Itemized Expenditures (Over \$100 each payee this period) ..... \$ 3,601<sup>43</sup>

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

20. LOAN REPAYMENTS MADE THIS PERIOD ..... \$ 0

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) ..... \$ 3,707<sup>43</sup>

## 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) ..... \$ \_\_\_\_\_

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



# ITEMIZED STATEMENT OF CONTRIBUTIONS - ~~FEE~~ CANDIDATE

1. NAME OF COMMITTEE <b>FRIENDS TO ELECT DR. BILL TAYLOR</b>			2. REPORT COVERING THE PERIOD FROM: <b>1-15-14</b> TO: <b>3-31-14</b>	
				Amount <b>0</b>
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name <b>RICHARD C. ORGAIN</b>	M.I. <b>C</b>	Last Name/Organization Name <b>ORGAIN</b>	Amount of Contribution <b>200<sup>00</sup></b>	
Address <b>1277 HIGHWAY 25</b>			Date of Contribution <b>3-4-14</b>	
City <b>GALLATIN</b>	State <b>TN</b>	Zip Code <b>37066</b>		
Occupation <b>OPTOMETRIST</b>	Employer <b>SELF</b>			
First Name <b>LYNCH TIM</b>	M.I.	Last Name/Organization Name <b>LYNCH</b>	Amount of Contribution <b>50<sup>00</sup></b>	
Address <b>132 WATERVIEW DIR</b>			Date of Contribution <b>3-4-14</b>	
City <b>HENDERSONVILLE</b>	State <b>TN</b>	Zip Code <b>37075</b>		
Occupation <b>SALES</b>	Employer <b>SENECA MEDICAL INC</b>			
First Name <b>ANTHONY</b>	M.I.	Last Name/Organization Name <b>ANTHONY HOLT FOR COUNTY EXECUTIVE</b>	Amount of Contribution <b>500<sup>00</sup></b>	
Address <b>298 KIRK LN</b>			Date of Contribution <b>3-17-14</b>	
City <b>GALLATIN</b>	State <b>TN</b>	Zip Code <b>37066</b>		
Occupation <b>COUNTY EXECUTIVE</b>	Employer <b>SUMNER COUNTY</b>			
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address			Date of Contribution	
City	State	Zip Code		
Occupation	Employer			
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address			Date of Contribution	
City	State	Zip Code		
Occupation	Employer			
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address			Date of Contribution	
City	State	Zip Code		
Occupation	Employer			
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 13b. of summary.)				Amount <b>750<sup>00</sup></b>



## ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
FRIENDS TO ELECT DR. BILL TAYLOR				FROM: 1-15-14		TO: 3-31-14	
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)				Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name		2,266 <sup>25</sup>	\$ 2,266 <sup>25</sup>	0	\$ 2,266 <sup>25</sup>
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.)				\$ 2,266 <sup>25</sup>	\$ 2,266 <sup>25</sup>	0	2,266 <sup>25</sup>

# ITEMIZED STATEMENT OF LOANS - CANDIDATE

<b>1. NAME OF CANDIDATE OR COMMITTEE</b> FRIENDS TO ELECT DR. BILL TAYLOR	<b>2. REPORT COVERING THE PERIOD</b> FROM: 1-15-14 TO: 3-31-14
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**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 FRANKLIN	Middle Name WILLIAM	Outstanding Loan Balance (Beginning of Period) 1 00	Loans Received \$ 20,000	Loan Payments 0	Outstanding Loan Balance (End of Period) \$ 10,000
Last Name/Organization Name TAYLOR		Loan Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Raffle (Local Elections Only)			Date of Loan 1-17-14    10,000 1-23-14    10,000
Address 200 OAK HILL CT		List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)			
City HENDERSONVILLE	State TN	Zip Code 37075			

First Name FRANKLIN	Middle Name WILLIAM	First Name	Middle Name
Last Name/Organization Name TAYLOR		Last Name/Organization Name	
Address 200 OAK HILL CT		Address	
City HENDERSONVILLE	State TN	City	State
Zip Code 37075	Amount Guaranteed Outstanding		
Amount Guaranteed Outstanding \$ 20,000 <sup>00</sup>		Amount Guaranteed Outstanding	

<b>4. Totals for all Loans</b> (complete on last page of itemized loans) (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.a, on front page.)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Outstanding Loan Balance (Beginning of Period) \$ 20,000<sup>00</sup></td> <td style="padding: 5px;">Loans Received</td> <td style="padding: 5px;">Loan Payments 0</td> <td style="padding: 5px;">Outstanding Loan Balance (End of Period) 20,000<sup>00</sup></td> </tr> </table>	Outstanding Loan Balance (Beginning of Period) \$ 20,000 <sup>00</sup>	Loans Received	Loan Payments 0	Outstanding Loan Balance (End of Period) 20,000 <sup>00</sup>
Outstanding Loan Balance (Beginning of Period) \$ 20,000 <sup>00</sup>	Loans Received	Loan Payments 0	Outstanding Loan Balance (End of Period) 20,000 <sup>00</sup>		

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>FRIENDS TO ELECT DR. BILL TAYLOR</b>		2. REPORT COVERING THE PERIOD FROM: <b>1-5-14</b> TO: <b>3-31-14</b>	
		Amount <b>0</b>	
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 <b>SUMNER REPUBLICAN WOMEN</b>		<b>JOIN REPUBLICAN WOMEN</b>	<b>\$ 25<sup>00</sup></b>
Address			
City	State		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <b>ASAP PRINTING</b>		<b>PRINTING PUSH CARDS</b>	<b>\$ 221<sup>78</sup></b>
Address <b>116 IMPERIAL BLVD</b>			
City	State		
<b>HENDERSONVILLE</b>	<b>TN</b>	<b>37075</b>	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <b>ASAP PRINTING</b>		<b>PRINTING POST CARDS</b>	<b>579<sup>66</sup></b>
Address <b>116 IMPERIAL BLVD</b>			
City	State		
<b>HENDERSONVILLE</b>	<b>TN</b>	<b>37075</b>	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <b>CAPITOL PROMOTIONS</b>		<b>YARD SIGNS</b>	<b>1495<sup>00</sup></b>
Address <b>P.O. Box 231</b>			
City	State		
<b>GLENSIDE</b>	<b>PA</b>	<b>19038</b>	
First Name <b>FRANKLIN</b>	Middle Name <b>WILLIAM</b>	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <b>TAYLOR</b>		<b>REIMBURSE WILLIAM TAYLOR FOR CREDIT CHARGE FOR REGAN DAY DINNER TABLE RESERVATION</b>	<b>\$ 1,053<sup>99</sup></b>
Address <b>200 DAY HILL CT.</b>			
City	State		
<b>HENDERSONVILLE</b>	<b>TN</b>	<b>37075</b>	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <b>USPS</b>		<b>STAMPS</b>	<b>72<sup>00</sup></b>
Address <b>POST OFFICE</b>			
City	State		
<b>HENDERSONVILLE</b>	<b>TN</b>	<b>37075</b>	
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.)			<b>\$ 3,447.43</b>

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>FRIENDS TO ELECT DR. BILL TAYLOR</b>			2. REPORT COVERING THE PERIOD		
			FROM: <b>1-13-14</b>	TO: <b>3-31-14</b>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <b>3,447<sup>43</sup></b>	
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 <b>HENDERSONVILLE STANDARD</b>				<b>NEWSPAPER AD</b>	<b>260<sup>00</sup></b>
Address <b>450 WEST MAIN ST.</b>					
City <b>HENDERSONVILLE</b>	State <b>TN</b>	Zip Code <b>37075</b>			
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			
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				<b>3,707<sup>43</sup></b>	
<small>(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.)</small>					

# ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE <b>FRIENDS TO ELECT DR. BILL TAYLOR</b>				2. REPORT COVERING THE PERIOD FROM: <b>1-13-14</b> TO: <b>3-31-14</b>	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <b>0</b>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period). If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g. postage, printing) along with the candidate's name in the purpose of expenditure section.					
First Name	Middle Name	Purpose of Expenditure			Amount of Expenditure
Last Name/Business Name					Date of Expenditure
Address					
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure			Amount of Expenditure
Last Name/Business Name					Date of Expenditure
Address					
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure			Amount of Expenditure
Last Name/Business Name					Date of Expenditure
Address					
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure			Amount of Expenditure
Last Name/Business Name					Date of Expenditure
Address					
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure			Amount of Expenditure
Last Name/Business Name					Date of Expenditure
Address					
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure			Amount of Expenditure
Last Name/Business Name					Date of Expenditure
Address					
City	State				Zip Code
First Name	Middle Name	Purpose of Expenditure			Amount of Expenditure
Last Name/Business Name					Date 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 campaign expenditures, this amount must be shown in item 17b. of summary.)					<b>0</b>





# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>FRIENDS TO ELECT DR BILL TAYLOR</b>		2. REPORT COVERING THE PERIOD FROM: <b>1-5-14</b> TO: <b>3-31-14</b>	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <b>0</b>
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	
Last Name/Organization Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution	
City		State	
Occupation		Employer	
		Description of In-Kind Contribution	
		Value of In-Kind Contribution	
		Aggregate this Election	
First Name		Middle Name	
Last Name/Organization Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution	
City		State	
Occupation		Employer	
		Description of In-Kind Contribution	
		Value of In-Kind Contribution	
		Aggregate this Election	
First Name		Middle Name	
Last Name/Organization Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution	
City		State	
Occupation		Employer	
		Description of In-Kind Contribution	
		Value of In-Kind Contribution	
		Aggregate this Election	
First Name		Middle Name	
Last Name/Organization Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution	
City		State	
Occupation		Employer	
		Description of In-Kind Contribution	
		Value of In-Kind Contribution	
		Aggregate this Election	
First Name		Middle Name	
Last Name/Organization Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution	
City		State	
Occupation		Employer	
		Description of In-Kind Contribution	
		Value of In-Kind Contribution <b>0</b>	
		Aggregate this Election	
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.)			Amount <b>0</b>