

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>4-23-2022</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>Barry Wayne Briley</u>		
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE <u>05-03-22</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route                      City                      State                      Zip Code                      Phone <u>1020 Pillon Lane                      Gallatin                      TN                      37066                      615-927-740</u>			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route                      City                      State                      Zip Code                      Phone			
5. OFFICE SOUGHT (include district number, if applicable) <u>County Commissioner Distrit 10</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>Amy Delaney</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 checked="" type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD <u>04-01-2022</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>04-23-2022</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>Barry Briley</u> signature of candidate		<u>4-23-2022</u> date	<u>[Signature]</u> signature of political treasurer
<u>4/23/22</u> date		<u>4/23/22</u> date	
11. WITNESS SIGNATURE <u>Alexander Wells</u> <u>4/23/2022</u> <u>Alexander Wells</u> <u>4/23/2022</u> signature of witness                      date                      signature of witness                      date			
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT .....		\$	<u>578.23</u>
b. TOTAL RECEIPTS THIS PERIOD .....		\$	<u>1,100</u>
c. TOTAL DISBURSEMENTS THIS PERIOD .....		\$	<u>1,200</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .....		\$	<u>478.98</u>
e. TOTAL LOANS OUTSTANDING .....		\$	<u>10,400</u>
f. TOTAL OBLIGATIONS OUTSTANDING .....		\$	<u>0</u>





# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>Barry Wayne Briley</b>		2. REPORT COVERING THE PERIOD FROM: <b>4-1</b> TO: <b>4-23</b>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <b>\$600.00</b>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)			
First Name <b>Kendall Davis</b>	Middle Name	Contribution Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election  <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution  <b>\$600</b>
Last Name/Organization Name			
Address <b>1276 Plantation Blvd.</b>			
City <b>Gallatin TN.</b>	State <b>TN.</b>	Zip Code <b>37066</b>	Date of Contribution <b>4-18-2022</b>
Occupation <b>Contractor</b>			Aggregate This Election
Employer <b>Self</b>			
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election  <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name			
Address			
City	State	Zip Code	Date of Contribution
Occupation			Aggregate This Election
Employer			
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election  <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name			
Address			
City	State	Zip Code	Date of Contribution
Occupation			Aggregate This Election
Employer			
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election  <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name			
Address			
City	State	Zip Code	Date of Contribution
Occupation			Aggregate This Election
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 15b. of summary.)			

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

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Barry Briley</i>			2. REPORT COVERING THE PERIOD	
			FROM: <i>4-1</i>	TO: <i>4-23</i>
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <i>1,200</i>
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>Navigation Media</i>		<i>Mailers &amp; Social media</i>		<i>1,200</i>
Address <i>416 Medical Center Pkwy</i>				
City <i>Murfreesboro</i>	State <i>TN</i>	Zip Code <i>37124</i>		
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 <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>				<i>1,200</i>

## ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>Barry Bailey</b>				2. REPORT COVERING THE PERIOD FROM: <b>4-1</b> TO: <b>4-23</b>											
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 <b>Barry</b>		Middle Name <b>Bailey</b>		Outstanding Loan Balance (Beginning of Period) <b>9,900</b>		Loans Received <b>500</b>	Loan Payments <b>8</b>	Outstanding Loan Balance (End of Period) <b>10,400</b>							
Last Name/Organization Name				Address <b>1020 Dillon Ln.</b>				Loan Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Date of Loan <b>4-18-22</b>					
City <b>Gallatin</b>		State <b>W.</b>		Zip Code <b>27006</b>		<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							
<b>4. Totals for all Loans (complete on last page of itemized loans)</b>				Outstanding Loan Balance (Beginning of Period) <b>9,900</b>				Loans Received <b>500</b>		Loan Payments <b>8</b>		Outstanding Loan Balance (End of Period) <b>10,400</b>			
(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.)							



## ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
				FROM:		TO:	
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					
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.)							