

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE KATHY TYSON				2. REPORT COVERING THE PERIOD FROM: 7/15/16 TO: 9/30/16			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 0		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)							
First Name SUSAN		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name HOWARD				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		300.00	
Address 3401 MIMOSA DR.				<input type="checkbox"/> Runoff (Local Elections Only)			
City NASHVILLE		State TN	Zip Code 37211	Date of Contribution 8-29-16		Aggregate This Election 300.00	
Occupation CLERK							
Employer B+B FIREWORKS							
First Name BARBARA		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name HALE				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		100.00	
Address 820 CHANEY WOODS DR.				<input type="checkbox"/> Runoff (Local Elections Only)			
City LAVERGNE		State TN	Zip Code 37086	Date of Contribution 9-6-16		Aggregate This Election 400.00	
Occupation RETIRED							
Employer							
First Name Millie		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name THOMAS				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		100.00	
Address 1232 HOSPITAL RD				<input type="checkbox"/> Runoff (Local Elections Only)			
City DAWSON SPRINGS		State KY	Zip Code 42408	Date of Contribution 9-15-16		Aggregate This Election 500.00	
Occupation MOM							
Employer (Retired)							
First Name Matt		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name CHURCH				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		101.00	
Address 1527 WAXMAN WAY				<input type="checkbox"/> Runoff (Local Elections Only)			
City LAVERGNE		State TN	Zip Code 37086	Date of Contribution 8-26-16		Aggregate This Election 601.00	
Occupation OWNER							
Employer PREMIER PROTECTIVE SERVICES							
5. TOTAL ITEMIZED CONTRIBUTIONS <small>(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.)</small>					601.00		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE KATHY TYSON			2. REPORT COVERING THE PERIOD		
			FROM 9-15/16	TO: 9/30/16	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 0		
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 HARRELL SIGNS			SIGNS		203.04
Address 2417 SHACKLETT RD					
City MURFREESBORO	State TN	Zip Code 37129			
First Name MATT		Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name CHURCH			RETURN CAMPAIGN DONATION		101.00
Address 1527 WAXMAN DR					
City LAVERGNE	State TN	Zip Code 37086			
First Name		Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name SIGNS ON THE CHEAP			SIGNS		542.39
Address 11525A Stone Hollow Dr. Ste 100					
City AUSTIN	State TX	Zip Code 78758			
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					846.43
(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.)					

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE KATHY TYSON						2. REPORT COVERING THE PERIOD FROM: 7/15/16 TO: 9/30/16						
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 KATHY		Middle Name		Outstanding Loan Balance (Beginning of Period) 100.00		Loans Received		Loan Payments		Outstanding Loan Balance (End of Period) 100.00		
Last Name/Organization Name TYSON				Address 129 SUNWARD DR				Loan Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election			Date of Loan 7/15/16	
City LAVERGNE		State TN	Zip Code 37086		<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						
4. Totals for all Loans (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.e. on front page.)				Outstanding Loan Balance (Beginning of Period) 100.00		Loans Received		Loan Payments -		Outstanding Loan Balance (End of Period) 100.00		



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>KATHY TYSON</i>				2. REPORT COVERING THE PERIOD			
				FROM: <i>7/15/16</i>		TO: <i>9/30/16</i>	
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.)				<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>