CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

		,·····	
	ANDIDATE OR COMMITTEE	,	
	Curning has	3. ELECTION DATE	
2.b. IF COMMITTEE, NAME OF CANDIDATE Arlene Unxushan		11/6/20	018
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City	State	Zip Code	Phone
104 Center Point Ct. Hends	ersonville, TN	37075 6	15-497-5522
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)	6. NAME OF POLITICAL		candidate)
Mderman - Ward 3	Arlene Cu	pringhand	/
7. CATEGORY OR REPORT (Check one)			
FIRST SECOND THIRD FOURTH QUARTER QUARTER QUARTER	PRE-PRIMARY GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. ENDING DATE OF REPO	RTING PERIOD	
01/15/2019	06/30/3	2019	
9. (Check one)			
a. This campaign is exempt from detailed disclosure because tures total \$1,000 or less for this reporting period. (Compared to the compared to			00 or less AND expendi-
b. This campaign is required to file a detailed financial discl	osure because contributions (ir	ncluding in-kind) receive	ed total more than \$1,000
and/or expenditures total more than \$1,000 for this repor		,	
I/we do solemnly swear or affirm that the information contained accurate accounting of campaign contributions and expenditure Financial Disclosure Act. Additionally, I/we swear or affirm that	es required to be reported by the tino campaign contributions has	e candidate committee ve been expended for t	by the Campaign
benefit of the candidate or for any other nonpolitical purpose as	defined by the federal interna	revenue zode.	1 -1 1
(Gleen mounisher 7/9/19	Uller	O (Kenner	1/9/18
signature of candidate date	signature o	of political treasurer	date
11. WITNESS SIGNATURE			
1 Naum Mara B 7/9/10	2 / ()	Mars	h 7/0/10
signature of witness date	signa	ture of witness	47 7 7 7 date
Signature of Witness Gate	Signo	tture of waters	date
12. SUMMARY		10000	,
a. BALANCE ON HAND LAST REPORT		\$ 1.384.87	-
b. TOTAL RECEIPTS THIS PERIOD	FILED	\$	-
c. TOTAL DISBURSEMENTS THIS PERIOD	РМ	\$ 200.00	<u> </u>
u. BALANCE ON HAND (12.a. plus 12.b. Hillus 12.c.)			1,389.87
e. TOTAL LOANS OUTSTANDING ELECTIC	NER COUNTY ON COMMISSION		8
			. &
f. TOTAL OBLIGATIONS OUTSTANDING			

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COV	ERING THE PERIOD
Arlene Cuningham	FROM: 1/15/19	TO: 6/30/19
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)	~\bar{\bar{\bar{\bar{\bar{\bar{\bar{	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)		\$
16. LOANS RECEIVED THIS REPORTING PERIOD	\$	
17. INTEREST RECEIVED THIS REPORTING PERIOD		
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		٠
DISBURSEMENTS		
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	e.g., printing, postage	, gasoline)
Sponsorships \$ 200	00	
\$		
\$		
\$		
\$		
s		
\$		
\$		
S		
Total of Expenditures (\$100 or less each payee)	\$ <u>200.00</u>	<u>)</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ *	_
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		\$ <u>200.00</u>
20. LOAN REPAYMENTS MADE THIS PERIOD		\$
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		\$ <u>200.00</u>
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 22.1	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 ite		\$

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR	ne Cunnia	gham)	FROM: 1/15/10	RING THE PERIOD TO: 6/30/19 Amount
			PAGE (enter \$0 if first itemized page)	\(\frac{1}{2}\)
COMPLETE THE APPROPRIA	TE ITEMS FOR EACH ITEM!	ZED CONTRIBUTIO	N (contributions totaling more than \$100 from any contribut	or)
rst Name	Middle Nan	ne	Contribution Received For:	Amount of Contribution
ast Name/Organization Name			☐ Primary Election ☐ General Election	
d deno	<u> </u>		Runoff (Local Elections Only)	
ddress		T= 0.4	Date of Contribution	Aggregate This Election
ity	State	Zip Code	Date of Combination	Aggregate The Lives
ccupation				
mployer			—	
First Name	Middle Na	mė	Contribution Received For:	Amount of Contribution
ast Name/Organization Name			Primary Election General Election	
Address			Runoff (Local Elections Only)	
	la	7'- Code	Date of Contribution	Aggregate This Election
City	State	Zip Code	Date of Continuous	, ggrogato , mo Electric
Occupation				
Employer	 . 			
		/		
First Name	Middle Na	me/	Contribution Received For:	Amount of Contribution
Last Name/Organization Name			Primary Election General Election	
Address		-	Runoff (Local Elections Only)	
	State	Zip Code	Date of Contribution	Aggregate This Election
City	State	Zip Code	Date of Continuency	33.3
Occupation			ļ	
Employer			- 	
			Contribution Received For:	Amount of Contribution
First Name	Middle N	ame		Pandant of Continued
Last Name/Organization Name			Primary Election General Election	
Address			Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution	Aggregate This Election
<u> </u>				
Occupation				
Employer				
	TRIBUTIONS			
5. TOTAL ITEMIZED CON	TRIBUTIONS t page if additional pages of this for			

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE	NO CONTRIBUTIONS	EDOM DI	DECEDING PAGE	(enter \$0 if first itemized page	e)					
TOTAL ITEMIZED IN-KI	PRIATE ITEMS FOR EACH	ITEMIZE	D IN-KIND CONTRI	BUTION (in-kind contributions totaling	more than \$100 from any co	ntributor during the period)				
st Name	Middle Name			In-Kind Contribution Receive	In-Kind Contribution Received For: Value of					
st Name/Organization Name				Runoff (Local Election	ons Only)					
dress				Date of In-Kind Contribution	Date of In-Kind Contribution Aggregate this Election					
ly		State	Zip Code	Description of In-Kind Contributio	n					
ccupation	Employer									
Lupason										
irst Name		Middle Nam	e	In-Kind Contribution Receiv	/ed For: General Election	Value of In-Kind Contributio				
ast Name/Organization Name				Runoff (Local Elect	ions Only)					
ddress				Date of In-Kind Contribution		Aggregate this Election				
Sity		State	Zip Code	Description of In-Kind Contributi	on					
<u> </u>	Employer									
Occupation										
First Name	irst Name Middle Name			In-Kind Contribution Rece	ived For: General Election	Value of In-Kind Contribution				
ast Name/Organization Name				Runoff (Local Elec	tions Only)					
Address		/		Date of In-Kind Contribution		Aggregate this Election				
City		State	Zip Code	Description of In-Kind Contribu	tion					
Occupation	Employer	<u> </u>								
First Name		Middle Na	1FIG	In-Kind Contribution Rec	eived For: General Election	Value of In-Kind Contribut				
Last Name/Organization Name		<u> </u>		Runoff (Local Ele	•••					
				Date of In-Kind Contribution	Calona Only)	Aggregate this Election				
Address			1501	Description of In-Kind Contrib	ution					
City		State	Zip Code	Description of the data control	.					
Occupation	Employer			Ì						
First Name		Middle Na	arne	In-Kind Contribution Re	eceived For:	Value of In-Kind Contribu				
Last Name/Organization Name		<u> </u>			General Election					
Last Name/Organization Name				Runoff (Local Ele	ections Only)	Aggregate this Election				
Address				l l						
City		State	Zip Code	Description of In-Kind Contrit	punon					
Occupation	Employer		1							
		0.110								
5. TOTAL ITEMIZED	IN-KIND CONTRIBUT of next page if additional page	ONS				-				

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE	unn	inahan)	2. REPORT	ORT COVERING THE PERIOD 15/19
3. TOTAL ITEMIZED CAMPAIGN EXPEND	ITURES E	ROM PRECEDING	PAGE (enter \$0 if first itemized page)	Amount
4. COMPLETE THE APPROPRIATE ITEMS FO	R EACH ITE	MIZED EXPENDITU	RE (expenditures totaling more than \$100 to any paye	e during the period)
First Name	Middle I		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name	<u> </u>			
Address		····-		
City	State	Zip Code		
	Otalo	Zip code		
First Name	Middle N	lame	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name	<u>l,</u>			
Address				
City	State	Zip Code		
First Name	Middle N	lame	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				
Address	*******	·/		
City	State	/ Zip Code		
, ony	Jiake /	/ Zip Code		
First Name	MiddleNa	ame	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name	-\			
Address				
City	State	Zip Code		,
	State	Zip Code		
First Name	Middle Na	ame	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				
Address		- 		
City	State	Zip Code		
	State	Zip Code		
First Name	Middle Na	me	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name	<u> </u>		· ·	
Address	·			
City	State	Zip Code		
 TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pa (If this is the last page of expenditures, this amount r 	ges of this form nust be shown i	are used.) in item 19b. of summary.)		

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Page _____ of ____

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ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Ar lene unxing han 2. REPORT COVERING THE PERIOD FROM: //5/19 TO: //30/19 3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)											
Arlen			FRO	1/15/	19	TO:6/30/19					
3. COMPLETE THE APPR	OPRIATE ITEMS	FOR EACH I	TEMIZ	ED LOAN (loans totaling r	nore than \$100) from any source	during the peri	iod)		
Complete the Following for the											
First Name	First Name Middle Name				· I I			Loan Outstanding Loan Balance Payments (End of Period)			
Last Name/Organization Name											
Address					oan Received For: Date of Loan						
City	State	Zip Code			mary Election General Election noff (Local Elections Only)						
	List All Endo	rsers or Guara	entors fo	or Above Loa	n (If more spa	ice is neede	d please attach	a page)			
First Name	:	Middle Name			First Name			7 - 0 - 7	Middle	Name	
Last Name/Organization Name	· · · · · · · · · · · · · · · · · · ·				Last Name/Or	ganization Nar	ne		L	~ * * * * * * * * * * * * * * * * * * *	
Address					Address						
City		State	Zip Ca	ode	City	···			State	Zip Code	
Amount Guaranteed Outstanding	Amount Guaranteed Outstanding					Amount Guaranteed Quistanding					
First Name Middle Name					First Name Middle Name					Name	
Last Name/Organization Name				Last Name/Organization Name							
Address				Address							
City		State	Zip C	ode	City			State	Zip Code		
Amount Guaranteed Outstanding		ľ	•		Amount Guara	anteed Outstan	ding		L _,,	-	
First Name	· · · · · · · · · · · · · · · · · · ·	Middle Name	2		First Name	/			Middle	e Name	
Last Name/Organization Name					Last Name/Organization Name						
Address					Address						
City		State	Zip C	ode	City State				Zip Code		
Amount Guaranteed Outstanding			<u></u>		Amount Guaranteed Outstanding						
First Name		Middle Name	9		First Name Middle Name					Name	
Last Name/Organization Name				Last Name/Organization Name							
Address				Address							
City		State	Zip Ca	ode	City				State	Zip Code	
Amount Guaranteed Outstanding	· · · · · · · · · · · · · · · · · · ·	<u>L</u>		<u></u>	Amount Guaranteed Outstanding					<u> </u>	
	. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.)				Outstanding L (Beginning		Loans Received	Loar Payme		Outstanding Loan Balance (End of Period)	
(Total loan payments should also be shown in item 20. 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.)					Localitation	or i onouj	1 100CIVOV	Fayith	21 113	(End of Ferrod)	



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO	MMITTEE)	2. REPORT/COVERING THE PERIOD				
NAME OF CANDIDATE OR CO COMPLETE THE APPROPRIA OBLIGATION (obligations totaling person/vendor at the end of the)	ng more than \$100 ow	TITEMPZED ed to any	Outstanding Balance (Beginning of Period)	FROM: //5/ Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	me				
Last Name/Business Name			 			
Address						
City	State	Zip Code				
Description of Obligation		<u> </u>		<u></u>		<u> </u>
First Name	Middle Na	ne .				
Last Name/Business Name						
Address						
City	State	Zip Code	4	_		
Description of Obligation	I				L	<u> </u>
First Name	Middle Na	me				
Last Name/Business Name	ast Name/Business Name			}		
Address				/		
City	Stale	Zip Code				
Description of Obligation		· · · · · · · · · · · · · · · · · · ·			<u> </u>	<u> </u>
First Name	Middle Na	пе				
Last Name/Business Name						
Address			1			
City	State	Zip Code	-			
Description of Obligation		<u>.L.,</u>		<u> </u>		<u> </u>
First Name	Middle Na	π ė				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation	l	<u> </u>		L	<u> </u>	J
TOTALS (Total from Outstanding Balance - (Enin item 23b. on summary page.)	d of Period) column mus	t also be shown				
ton zoo. on summary page.)				L		<u> </u>