

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 7-8-19		2.a. NAME OF CANDIDATE OR COMMITTEE Brenda S. Payne for Mayor	
2.b. IF COMMITTEE, NAME OF CANDIDATE Brenda S. Payne		3. ELECTION DATE 11-3-2020	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 1509 Hunt Club Blvd. Ste.500 Gallatin, TN 37066 (615)206-0360			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone 1595 Hunt Club Blvd. Gallatin TN 37066 (615)473-8965			
5. OFFICE SOUGHT (include district number, if applicable) Mayor		6. NAME OF POLITICAL TREASURER (may be candidate) Robert L. Jennings	
7. CATEGORY OF REPORT (Check one) <input 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 checked="" type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD 1-16-19		8.b. ENDING DATE OF REPORTING PERIOD 6-30-19	
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>Brenda S. Payne</u> signature of candidate		<u>[Signature]</u> signature of political treasurer	
<u>7/10/19</u> date		<u>7/10/19</u> date	
11. WITNESS SIGNATURE <u>[Signature]</u> signature of witness		<u>[Signature]</u> signature of witness	
<u>7-10-19</u> date		<u>7-10-19</u> date	
12. SUMMARY			
FILED			
a. BALANCE ON HAND LAST REPORT	AM	PM	\$ <u>- 0 -</u>
b. TOTAL RECEIPTS THIS PERIOD	JUL 1-2 2019		\$ <u>4550.</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	SUMNER COUNTY ELECTION COMMISSION		\$ <u>- 0 -</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)			\$ <u>4,550.00</u>
e. TOTAL LOANS OUTSTANDING			\$ <u>- 0 -</u>
f. TOTAL OBLIGATIONS OUTSTANDING			\$ <u>- 0 -</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Brenda S. Payne for mayor				2. REPORT COVERING THE PERIOD			
				FROM: 1-16-19	TO: 6-30-19		
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 Wilda		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Dodson				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		500.00	
Address 1205 Nashville Pk				<input type="checkbox"/> Runoff (Local Elections Only)			
City Gallatin		State TN	Zip Code 37066	Date of Contribution 4-13-19		500.00	
Occupation Retired							
Employer							
First Name Donald		Middle Name B		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Nelson				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		200.00	
Address 155 Roberta Dr.				<input type="checkbox"/> Runoff (Local Elections Only)			
City Hendersonville		State TN	Zip Code 37075	Date of Contribution 2-19-19		200.00	
Occupation Retired							
Employer							
First Name Cheryl		Middle Name J.		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Bretz				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		300.00	
Address 109 Merrimae Dr.				<input type="checkbox"/> Runoff (Local Elections Only)			
City Hendersonville		State TN	Zip Code 37075	Date of Contribution 5-1-19		300.00	
Occupation Realtor							
Employer Self Employed							
First Name Mary		Middle Name Anna		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Womeldorf				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		250.00	
Address 143 River Chase				<input type="checkbox"/> Runoff (Local Elections Only)			
City Hendersonville		State TN	Zip Code 37075	Date of Contribution 5-1-19		250.00	
Occupation Retired							
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.)					1,250.00		

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Brenda S. Payne for Mayor				2. REPORT COVERING THE PERIOD	
				FROM: 7-16-19	TO: 6-30-19
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 1,250.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name Eddie	Middle Name	Contribution Received For:			Amount of Contribution
Last Name/Organization Name Phillips		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election			1,000.00
Address 622 Carol Ann Dr.		<input type="checkbox"/> Runoff (Local Elections Only)			
City Goodlettsville	State TN	Zip Code 37078	Date of Contribution 5-16-19		Aggregate This Election 1,000.00
Occupation Retired					
Employer					
First Name Robert	Middle Name	Contribution Received For:			Amount of Contribution
Last Name/Organization Name Jennings		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election			500.00
Address 1509 Hunt Club Blvd., Ste 500		<input type="checkbox"/> Runoff (Local Elections Only)			
City Gallatin	State TN	Zip Code 37066	Date of Contribution 6-15-19		Aggregate This Election 500.00
Occupation CPA					
Employer Jennings & Clouse, PLC					
First Name John	Middle Name	Contribution Received For:			Amount of Contribution
Last Name/Organization Name Puryear		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election			200.00
Address 1490 Cherokee Rd.		<input type="checkbox"/> Runoff (Local Elections Only)			
City Gallatin	State TN	Zip Code 37066	Date of Contribution 5-23-19		Aggregate This Election 200.00
Occupation Owner					
Employer Puryear Farms, Inc.					
First Name Charles	Middle Name W.	Contribution Received For:			Amount of Contribution
Last Name/Organization Name Bone		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election			1,600.00
Address 511 Union St., Ste. 1600		<input type="checkbox"/> Runoff (Local Elections Only)			
City Nashville	State TN	Zip Code 37219	Date of Contribution 5-10-19		Aggregate This Election 1,600.00
Occupation Attorney					
Employer Bone McAllester Norton PLLC					
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.)					4,550.00

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Brenda S. Payne for Mayor</i>				2. REPORT COVERING THE PERIOD			
				FROM: <i>1-16-19</i>	TO: <i>6-30-19</i>		
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <i>- 0 -</i>		
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	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City		State		Date of In-Kind Contribution		Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution			
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City		State		Date of In-Kind Contribution		Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution			
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City		State		Date of In-Kind Contribution		Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution			
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City		State		Date of In-Kind Contribution		Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution			
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City		State		Date of In-Kind Contribution		Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution			
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS					Amount		
(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.)					<i>- 0 -</i>		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Brenda S. Payne for Mayor</i>			2. REPORT COVERING THE PERIOD		
			FROM: <i>1-16-19</i>	TO: <i>6-30-19</i>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <i>- 0 -</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					
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			
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					Amount
(Carry forward to item 3. of next page if additional pages of this form are used.)				<i>- 0 -</i>	
(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 Brenda S. Payne for Mayor				2. REPORT COVERING THE PERIOD FROM: 1-16-19 TO: 6-30-19				
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		Middle Name		Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	
Last Name/Organization Name				Loan Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Date of Loan			
Address								
City		State	Zip Code					
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)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	
				- 0 -			- 0 -	



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD			
Brenda S. Payne for Mayor			FROM: 1-16-19		TO: 6-30-19	
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.)						- 0 -