CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

	iciaate commit		
1. DATE OF REPORT 2.a NAME OF C.	ANDIDATE OR COMMITTEE		
7/15/19 PAT (A	uzphe 4		
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DAT	TC
		11/6/	<i>18</i>
4.a. CAMPAIGN ADDRESS AND PHONE		,	
Street or Rural Route City	State	Zip Code	Phone
192 Rehecca Or. Henderson	(a Tu)	37075	615-714-1718
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)	1,0		417/11/11/10
Street or Rural Route City	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if applicable)	6. NAME OF POLITICA	L TREASURER (may t	
1 1/1		<i>^</i>	pe candidate)
Holerman Ward 2	Cynthia	BURULA	
7. CATEGORY OR REPORT (Check one)			
FIRST SECOND THIRD FOURTH		X	
FIRST SECOND THIRD FOURTH QUARTER QUARTER QUARTER QUARTER QUARTER	PRE- PRE- PRIMARY GENERAL	MMO-YEAR	YEAR-END
8.a. BEGINNING DATE OF REPORTING PERIOD	PRIMARY GENERAL 8.b. ENDING DATE OF REF		L SUPPLEMENTAL
ا مم من		_	
1-16-19	(0-30-1	9	
9. (Check one)	•		
This campaign is exempt from detailed disclosure because	a cantributions (including in		
 This campaign is exempt from detailed disclosure becaus tures total \$1,000 or less for this reporting period. (Comp 	e continuutions (including in- lete items 12d - 12e and 12	Kina) received total \$1, f)	000 or less AND expendi-
			Ì
b. This campaign is required to file a detailed financial disclo	sure because contributions	(including in-kind) rece	ived total more than \$1,000
and/or expenditures total more than \$1,000 for this report	ng period.	, , , , , , , , , , , , , , , , , , , ,	
10. I/we do solemnly swear or affirm that the information contained	in this compaign financial d	linglenum	
accurate accounting of campaign contributions and expenditures	required to be reported by:	ilsclosure report is true	and that this report is an
Financial disclosure Act. Additionally, I/we swear or affirm that	no campaion contributions h	ave been evnanded for	the personal financial
benefit of the candidate or for any other nonpolitical purpose as	defined by the federal intern	al revenue code.	are personal interioral
110-110011	. ^	10 - 1	ا بـ ا
1918/ Cinstell 7/15/19	1- 170	HTIM, 95	num 7-15-1
signature of candidate data	signature	of political treasurer	
July July 1	/ Signature	or political treasurer	date
	······································		
11. WITNESS SIGNATURE		-1	
all touch a nor	Q	01	
palbert m Davin fr 1-15-3	019 NADIMI	x Dawin	1-16-11
Signature of witness date	· / //	ature of witness	
	/ 31gri	ature of williess	date
12 CHAMADV		· · · · · · · · · · · · · · · · · · ·	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT	בוו בר	s 451,40	
	LIFED	\$ <u>_1017_6-</u>	-
b. TOTAL RECEIPTS THIS PERIOD	LMI	. B	ľ
	H T C 2010	\$ <i>T</i>	-
A TOTAL DISPUISSEMENTS THE PERIOR	JL 1 5 2019	\$ 100.00	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ _/00.00	- 1
	INER COUNTY		201 1/1
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .ELECT	ON COMMISSION		<u>\$ 351.40</u>
e. TOTAL LOANS OUTSTANDING			. 1
		***************************************	*
FOTAL OR LOATIONS OF TOTAL DATE			d
f. TOTAL OBLIGATIONS OUTSTANDING	***************************************		\$



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING	3 THE PERIOD
PA+ Campbell	FROM: 1/10/19 TO:	<u>6 30 19</u>
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	•	•
a. Unitemized Contributions (\$100 or less from each source this period)	\mathcal{L}	
	A	
b. Itemized Contributions (over \$100 from each source this period)	/	A
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)		11
16. LOANS RECEIVED THIS REPORTING PERIOD		1.1
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ _	$\frac{-\psi}{I}$
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$_	<u></u>
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, gaso	line)
VFW 9351 (Donation) \$ 100.0	00	
\$		
\$		
		
		
•	 	
φ		
\$		
\$		
Total of Expenditures (\$100 or less each payee)	\$ 100,00	
b. Itemized Expenditures (Over \$100 each payee this period)		
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		100,00
20. LOAN REPAYMENTS MADE THIS PERIOD		
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		100.00
	Ψ_	70-7
22. IN-KIND CONTRIBUTIONS	. h	
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)		1
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 2	2.b.)\$ _	<u> </u>
23. OBLIGATIONS	ı	
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	tem 12.f.)\$	_ J

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO		FROM: //s C/	VERING THE PERIOD TO: Co/30/19 Amount	
			PAGE (enter \$0 if first itemized page) N (contributions totaling more than \$100 from any contri	butor)
4. COMPLETE THE APPROPRIATE I	Middle Nam		Contribution Received For:	Amount of Contribution
Last Name/Organization Name			☐ Primary Election ☐ General Election	
www.commongarnsandii.isaiiio				
Address			Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation				
Employer			- 	
First Name	Middle Na	me	Contribution Received For:	Amount of Contribution
Last Name/Organization Name			Primary Election General Election	
Address	<u></u>	 -	Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation				
Employer		· · · · · · · · · · · · · · · · · · ·	_	
· · ·				
First Name	Middle Na	me	Contribution Received For:	Amount of Contribution
Last Name/Organization Name			Primary Election General Election	1
Address		<u> </u>	Runoff (Local Elections Only)	
	State	Zip Code	Date of Contribution	Aggregate This Election
City	State	Lip Code	pate of designation	. 9953
Occupation				
Employer				
First Name	Middle Na	ame	Contribution Received For	Amount of Contribution
Last Name/Organization Name			☐ Primary Election ☐ General Election	n
Address			Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation				
Employer	<u></u>			
- 9:477				
5. TOTAL ITEMIZED CONTRIE				
(Carry forward to item 3, of next page (If this is the last page of contribution)	if additional pages of this form s, this amount must be shown	n are used.) in item 15b. of summar	y.)	

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR C	COMMITTEE DATE	Paralage	2. REPORT COVE	ERING THE PERIOD				
	[41	(suppel	FROW: 116) 19	Amount (10. 6/30)				
3. TOTAL ITEMIZED IN-KIND C	ONTRIBUTIONS FROM	M PRECEDING PAGE	E (enter \$0 if first itemized page)					
4. COMPLETE THE APPROPRIATE	ITEMS FOR EACH ITEM	IZED IN-KIND CONTRI	BUTION (in-kind contributions totaling more than \$100 from any of	contributor during the period)				
First Name	Middle N	ame	In-Kind Contribution Received For: Primary Election General Election	Value of In-Kind Contribution				
Last Name/Organization Name			Runoff (Local Elections Only)					
Address			Date of In-Kind Contribution	Aggregate this Election				
City	State	Zip Code	Description of In-Kind Contribution	Description of In-Kind Contribution				
Occupation	Employer							
				· , .				
First Name	Middle N	lame	in-Kind Contribution Received For: Primary Election General Election	Value of In-Kind Contribution				
Last Name/Organization Name			Runoff (Local Elections Only)					
Address		· -	Date of In-Kind Contribution	Aggregate this Election				
City	State	Zip Code	Description of in-Kind Contribution					
Occupation	Employer	l						
First Name	Middle N	lame	In-Kind Contribution Received For: Primary Election General Election	Value of In-Kind Contribution				
Last Name/Organization Name			Runoff (Local Elections Only)					
Address			Date of In-Kind Contribution	Aggregate this Election				
City	State	Zip Code	Description of In-Kind Contribution	-, <u>I.</u>				
Occupation	Employer							
First Name	Middle I	Name	In-Kind Contribution Received For:	Value of In-Kind Contribution				
Last Name/Organization Name			Primary Election General Election	7 = '				
Address			L.J Runoff (Local Elections Only) Date of In-Kind Contribution	Aggregate this Election				
Address				Aggregate the Ecoson				
City	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer							
First Name	Middle N	lame	In-Kind Contribution Received For:	Value of In-Kind Contribution				
Last Name/Organization Name			Primary Election General Election 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 (Carry forward to item 3. of next page (If this is the last page of in-kind con	e if additional pages of this for	rm are used.) e shown in item 22b. of surr	omary.)					
CC 1128 (Pay 2/06)	·····		Page 4 of	RDA 1159				

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE	PAT (suppoll		2. REPORT COVER	TO: 6/30/19	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU			E (enter \$0 if first itemized pa	nge)	Amount /	
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMI	ZED EXPENDITURE (expenditures totaling more than \$10) to any payee during the per	iod)	
First Name	First Name Middle Name				Amount of Expenditure	
Last Name/Business Name						
Address		· · · · · · · · · · · · · · · · · · ·	-			
City	State	Zip Code				
First Name	Middle Nan	nė	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	<u></u>					
Address			-			
City	State	Zip Code				
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address	 					
City	State	Zip Code				
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	•					
Address			1			
City	State	Zip Code				
First Name	Middle Nan	nė	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address			_			
City	State	Zip Code				
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional page (If this is the last page of expenditures, this amount mu	s of this form	are used.) item 19b. of summary.)				

ITEMIZED STATEMENT OF LOANS - CANDIDATE

NAME OF CANDIDATE	OR COMMITTEE) /	7		,		2.	REPORT	COVE	RING THE PERIOD
3. COMPLETE THE APPRI	·ř	AT (1	444	she!			FF	°N: [] [G]	9	TO: (430/19
3. COMPLETE THE APPRO	OPRIATE ITEMS	FOR EACH	ITEMĪZ	ZED LOAN	loans totaling r	nore than \$1	00 from any sourc	e during the p	eriod)	, , , , , , , , , , , , , , , , , , ,
Complete the Following for the						·				
First Name	Middle Na	me						standing Loan Balance (End of Period)		
Last Name/Organization Name										
Address Lo				Loan Receiv						
City	State	Zip Code		Primary Runoff	Iny Election					
	List All Endo	rsers or Guar	antors fo				ed please attacl	i a nage)	•	
First Name	<u> </u>	Middle Nam			First Name		ou produce attack	ra page)	Middl	e Name
Last Name/Organization Name		<u>-L.,</u>			Last Name/Or	ganization Na	ame		1	
Address			-		Address					
City		State	Zip Co	ode	City	 -			State	Zip Code
Amount Guaranteed Outstanding					Amount Guara	nteed Outsta	inding		<u> </u>	
First Name Middle Name					First Name Middle Name					
Last Name/Organization Name			· <u> </u>	Last Name/Organization Name						
Address	. 		.		Address					
City	<u>.</u>	State	Zip Co	ode	City		······		State	Zip Code
Amount Guaranteed Outstanding			<u> </u>		Amount Guara	nteed Outstan	nding		<u> </u>	<u></u>
First Name		T rate and the second							,—	
<u> </u>		Middle Name	· 		First Name				Middi	e Name
Last Name/Organization Name	·				Last Name/Organization Name					
Address					Address					
City		State	Zip Co	ode	City				State	Zip Code
Amount Guaranteed Outstanding				•	Amount Guarar	teed Outstar	nding			
First Name		Middle Name	!	<u>-</u>	First Name				Middle	Name
Last Name/Organization Name		<u> </u>	Last Name/Organization Name							
Address		· · · · · ·			Address			 ,		
City		State	Zip Co	de	City		·		State	Zip Code
Amount Guaranteed Outstanding					Amount Guaran	teed Outstan	ding		·	I.
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 Lo (Веділпіпд о		Loans Received	Loar Payme		Outstanding Loan Balance (End of Period)	

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD FROM: (10) 19 TO: 6/30//9					
COMPLETE THE APPROPRIATE ITEMS F OBLIGATION (obligations totaling more that person/vendor at the end of the reporting put	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)		
First Name	Middle Na	me				
Last Name/Business Name	1		_			
Address			-			
City	State	Zip Code	1			
Description of Obligation						
First Name	Middle Na	me				
Last Name/Business Name	<u> </u>		-			
Address			-	:		
City	State	Zip Code	1			
Description of Obligation	ı				<u> </u>	<u> </u>
First Name	First Name Middle Name					
Last Name/Business Name			_			
Address						
City	State	Zip Code	7	:		
Description of Obligation			•			
First Name	Middle Name					
Last Name/Business Name	J		†			
Address			1			
City	State	Zip Code	1			
Description of Obligation		1	_1	I		<u> </u>
First Name	Middle Na	eme	į			
Last Name/Business Name	4		-			
Address			1			
City	State	Zip Code	1			
Description of Obligation	•	<u> </u>	<u></u>	•		1
TOTALS (Total from Outstanding Balance - (End of Period)	column mu	st also be shown			ļ	:
in item 23b. on summary page.)						