CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 1. 17. 2020 2. NAME OF CANE	HIDATE OR COMMITTEE						
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE						
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City	State Zip Code Phone						
1011Forestpointe Hardersoni	NC TN 37075 615,337,1887						
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) 5. OFFICE SOUGHT (include district number, if applicable) 6.	NAME OF POLITICAL TREASURER (may be candidate)						
7. CATEGORY OR REPORT (Check one)	PRE- PRE- MID-YEAR YEAR-END RIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL						
8.a. BEGINNING DATE OF REPORTING PERIOD 8.	b. ENDINGDATE OF REPORTING PERIOD ANULU 15, 2020						
(Check one) 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. 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 rederal internal revenue code							
South and the date date date	signature of political treasurer 1/17/2020						
signature of witness Vertness signature 1 2 2 2	Musual sur //17/2020 signature of witness date						
12. SUMMARY	.1						
a. BALANCE ON HAND LAST REPORTFILE) PM \$						
b. TOTAL RECEIPTS THIS PERIOD	\$ 181.98						
c. TOTAL DISBURSEMENTS THIS PERIOD	\$181.98						
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) SUMNER	COUNTY OMMISSION \$						
e. TOTAL LOANS OUTSTANDING	s_ 						
f. TOTAL OBLIGATIONS OUTSTANDING	\$						

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT	14. REPORT COVERING THE PERIO		
	FROM:	TO:		
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)	s 181.0	18		
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 18				
16. LOANS RECEIVED THIS REPORTING PERIOD		s		
17. INTEREST RECEIVED THIS REPORTING PERIOD		\$		
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		\$		
DISBURSEMENTS				
19. EXPENDITURES (other than loan payments)				
a. Expenditures (\$100 or less each payee this period) (must be listed by catego	ory - e.g., printing, pos	stage, gasoline)		
<u> </u>				
				
\$				
<u></u> \$				
\$				
\$				
\$				
\$;		
Total of Expenditures (\$100 or less each payee)	\$			
b. Itemized Expenditures (Over \$100 each payee this period)	\$			
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	•	\$		
20. LOAN REPAYMENTS MADE THIS PERIOD	•••••••••••••••••••••••••••••••••••••••	*181·38		
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	l	s 181.98		
22.IN-KIND CONTRIBUTIONS				
a. Uniternized 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	1 22.b.)	s		
23. OBLIGATIONS				
a. Uniternized Obligations Outstanding (\$100 or less each)	\$			
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u></u>			
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown	i item 12.f.)	\$		

Page 2 of 4

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1- NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVER	RING THE PERIOD	
Sarah Androws FROM:7-1-19					TO: 1-15-2020
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT					Ø
4. COMPLETE THE APPROPRIATE ITEMS FOR E			100 from any contributor		
Grid Name Sulf CUM	Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name AndrewS			Primary Election General Election		181.98
1011 FOYESTDOINTE			Runoff (Local Election		
Hendosonville.	#N 39075		Date of Contribution		Aggregate This Election
Occupation]		
Employer	····	 			
First Name	Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
Address		Runoff (Local Election	s Only)		
City	State	Zip Code	Date of Contribution	·	Aggregate This Election
Occupation			:		
Employer					
			3		
					
First Name	Middle Name	9	Contribution Received For:		Amount of Contribution
First Name Last Name/Organization Namé	Middle Nam	9	_	General Election	Amount of Contribution
	Middle Name	9		_	Amount of Contribution
Last Name/Organization Name	Middle Name	Zip Code	Primary Election	_	Amount of Contribution Aggregate This Election
Last Name/Organization Name Address			☐ Primary Election ☐ Runoff (Local Election	_	
Last Name/Organization Name Address City			☐ Primary Election ☐ Runoff (Local Election	_	
Last Name/Organization Name Address City Occupation		Zip Code	☐ Primary Election ☐ Runoff (Local Election	_	
Last Name/Organization Name Address City Occupation Employer	State	Zip Code	Primary Election	_	Aggregate This Election
Last Name/Organization Name Address City Occupation Employer First Name	State	Zip Code	Primary Election	s Only) General Election	Aggregate This Election
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name	State	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For:	s Only) General Election	Aggregate This Election
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address	State Middle Name	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For: Primary Election Runoff (Local Election	s Only) General Election	Aggregate This Election Amount of Contribution
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address City	State Middle Name	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For: Primary Election Runoff (Local Election	s Only) General Election	Aggregate This Election Amount of Contribution

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1 NAME OF CAMPIDATE OF COMMITTEE		•			1.	FRORT COVE		
1. NAME OF CANDIDATE OR COMMITTEE						2. REPORT COVERING THE PERIOD FROM: TO:		
17-1-19 11-15-2004								
3. COMPLETE THE APPROPRIATE ITEMS F	OR EACH	TEMIZ	ED LOAN (loans totaling more than \$10	00 from any source d	uring the period)		
Complete the Following for the Source of the Loan	····		· · · · · · · · · · · · · · · · · · ·					
First Name Middle Name				Outstanding Loan Balance Loans Loan Outstanding Loan Balance (Beginning of Period) Received Payments (End of Period)				
Last Name/Organization Name			hai	19198 19198 1				
Address			Loan Receiv	yed For: Date of Loan				
11) 11 Corpston Ate.			Priman					
City State Zip Code				(Local Elections Only)		3.23	16	
List Alf Endor	sers or Guan	antors k	or Above Loa	n (If more space is neede	ed please attach a	page)		
First Name				First Name		Midd	e Name	
Last Name/Organization Name	<u> </u>	······································	• • • • • • • • • • • • • • • • • • • •	Last Name/Organization Na	me	· · · · · · · · · · · · · · · · · · ·		
Address		··-		Address				
City	State	Zip Co	ode	City		State	Zip Code	
Amount Guaranteed Outstanding	nount 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 Co	de	City			Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding				
First Name	Middle Name			First Name		Midd	le Name	
Last Name/Organization Name			Last Name/Organization Name					
Address			Address					
City	State	Zip Co	de	City		State	Zip Code	
Amount Guaranteed Outstanding		<u> </u>		Amount Guaranteed Outstanding				
		and the property of the proper						
First Name	Middle Name			First Name Middle Name				
Last Name/Organization Name		Last Name/Organization Name						
Address			Address					
City	State	Zīp Co	de	City			Zip Code	
Amount Guaranteed Outstanding	l	<u> </u>		Amount Guaranteed Outstanding				
Totals for all Loans (complete on last page of itemized loans)		Outstanding Loan Balance	Loans	Loan	Outstanding Loan Balance			
(Total loans received should also be shown in item 16. on summery page.) (Total loans received should also be shown in item 16. on summery page.)			(Beginning of Period)	Received	Payments Payments	(End of Period)		
(Total outstanding loan balance should also be shown in Hem 20. on summary page.) (Total outstanding loan balance should also be shown in Hem 12.e. on front page.)								