CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

DATE OF REPORT 2.a. NAME OF CANDIDATE OR COMMITTEE					
1. DATE OF REPORT 2.a. NAME OF CANDIDATE OR COMMITTEE Rachel (allins)					
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DAT	E
RachelCollins fon Alderman 4.a. CAMPAIGN ADDRESS AND PHONE				11/3/2020	
Street or Rural Route	City		State	Zip Code	Phone
1575 Hant Club Blvd	Gallati	٨	Tn	37066	615-4177-3541
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route)	it than 4.a.) City		State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, i	NAME OF POLITICAL TREASURER (may be candidate)				
Hendersonville Alderman Ward 5		Donna Sterban			
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH QUARTER	PRE- PRIMARY	PRE- GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD				DRTING PERIOD	
7/1/19 1/15/20					
9. (Check one)					
 a. 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 federal internal revenue) code. Signature of candidate Signature of political treasurer Signature of					
11. WITNESS SIGNATURE signature of witness	1/24/20 date	0	<u>Joola</u>	R L L L L L L L L L L L L L L L L L L L) /3/30 date
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT					
b. TOTAL RECEIPTS THIS PERIOD					
c. TOTAL DISBURSEMENTS THIS PERIOD\$					
SUMNER COUNTY d. BALANCE ON HAND (12.a. plus 12.b. mfale (2769N.COMMISSION)					
e. TOTAL LOANS OUTSTANDING\$					
f. TOTAL OBLIGATIONS OUTSTANDING					\$

