CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT 2.9 NAME OF CANDIDATE OF CONTINUES
2.6. TOTAL OF CANDIDATE OF COMMITTEE
2) IF COMMITTEE NAME OF CANDIDATE
2.b. IF COMMITTEE, NAME OF CANDIDATE Arlene unningham 11/0/2019
4.a. CAMPAIGN ADDRESS AND PHONE
Street or Rural Route 104 Centur Point Ct, Hendersonville, TW 37075 615-497-55 4 b CANDIDATE'S HOME ADDRESS (if different than 4-)
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) # Content of the conte
7. CATEGORY OR REPORT (Check one)
FIRST SECOND THIRD FOURTH PRE- PRE- MID-YEAR YEAR-END QUARTER QUARTER QUARTER PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD 8.b. ENDING DATE OF REPORTING PERIOD 8.b. ENDING DATE OF REPORTING PERIOD
1/1/2019 1/15/2020
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 \$1,00
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 are 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 pode.
benefit of the candidate of for any other horipolitical purpose as defined by the federal internal revenue code.
year uning the 1/31/20 (fless transfer 1/3, /20
signature of candidate date signature of political treasurer date
WITNESS SIGNATURE
111111111111111111111111111111111111
toute of faring 1/31/20 Janto of Karrie 1/31/2
signature of witness date signature witness date
12. SUMMARY
a. BALANCE ON HAND LAST REPORT FILED PM \$ 1,389.87
b. TOTAL RECEIPTS THIS PERIOD
C. TOTAL DISBORGEMENTS THIS PERIOD
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) SUMNER COUNTSION \$ 1.039.87
e. TOTAL LOANS OUTSTANDING\$
f. TOTAL OBLIGATIONS OUTSTANDING \$



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)		ERING THE PERIOD
Anlene Cumingham	FROM: 7/1/19	TO: 1/15/20
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)		•
a. Uniternized Contributions (\$100 or less from each source this period)	\$	
b, Itemized Contributions (over \$100 from each source this period)	\$	
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.)		\$\$
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	e, gasoline)
Sponsorship \$ 100.	00	
\$		
\$		
\$		
\$		
<u> </u>	 	
\$		
\$		
\$		
	160.0	_
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		
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		\$ 350.00
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.	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		\$

SS-1133 (Rev. 4/02)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	E I nara		/ 2	REPORT COVERI	
William Ct	TO: 1/15/50				
TOTAL ITEMIZED CAMPAIGN CONTRIBUT COMPLETE THE APPROPRIATE ITEMS FOR EACH	IONS FRO	OM PRECEDING PAC	GE (enter \$0 if first itemized p	age)	
	Middle Nam		Contribution Received For) Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	Through or Commission
Address			Runoff (Local Election	s Only)	
City	Zip Code	Date of Contribution	Aggregate This Election		
Occupation		<u>. </u>			
Employer			1		
	·	·			
First Name	Middle Nan	ne	Contribution Received F	or:	Amount of Contribution
Last Name/Organization Name			Primary Election [General Election	
Address		X	Runoff (Local Election	as Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation	•				
Employer		\			
First Name	Middle Nam	ŧ .	Contribution Received Fi	X.	Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
Address		<u></u>	Runoff (Local Election	s Only)	
City	City State Zip Code		Date of Contribution		Aggregate This Election
Occupation					
Employer					
First Name	fiddle Name	P	Contribution Received For:		
		·	_		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
Address			Runoff (Local Elections	s Only)	ĺ
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer					
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of [If this is the last page of contributions, this amount must be contributed in the contributions of the contribution of the contributions of the contribution of the contribution of the contribution of th	f this form are e shown in ite	e used.) em 15b. of summary.)			

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDAY	or committed	nning	ham 2 REPORT COV	ERING THE PERIOD,		
3. TOTAL ITEMIZED IN-KIND	CONTRIBUTIONS FRO	M PRECEDING PA	AGE (enter \$0 if first itemized page)	Amount		
4. COMPLETE THE APPROPRIA	ATE ITEMS FOR EACH ITE	MIZED IN-KIND CONT	RIBUTION (in-kind contributions totaling more than \$100 from an	y contributor during the period)		
First Name	Viiddle N		In-Kind Contribution Received For:	Value of In-Kind Contribution		
Last Name/Organization Name			Primary Election General Election			
Address			Runoff (Local Elections Only) Date of In-Kind Contribution	Aggregate this Election		
City	State	Zip Code	Description of In-Kind Contribution	, 1951 a 2110 a 110 a		
Occupation	Employer					
First Name	/liddle N	lame	In-Kind Contribution Received For:	Value of In-Kind Contribution		
Last Name/Organization Name			☐ Primary Election ☐ General Election	on and on in read continuition		
Address			Runoff (Local Elections Only)			
			Date of In-Kind Contribution	Aggregate this Election		
City	State	Zip Code	Description of In-Kind Contribution			
Occupation	Employer					
First Name	Middle N	ame	n-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		-			
First Name	Mîddle N	ame	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					
First Name	Middle Na	ine	In-Kind Contribution Received For:	Value of In-Kind Contribution		
Last Name/Organization Name			Primary Election General Election	Total of Williams Oshin Battori		
Address			Runoff (Local Elections Only)			
City	Louis	170	Date of In-Kind Contribution	Aggregate this Election		
Occupation	State	Zip Code	Description of In-Kind Contribution			
·						
 TOTAL ITEMIZED IN-KIND (Carry forward to item 3, of next page) 	ge if additional pages of this form	are used.)				
(If this is the last page of in-kind con SS-1128 (Rev. 2/06)	unoutions, this amount must be s	hown in item 22b, of sumi				
as ·			Page of	RDA 1159		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OF COMMIT	ne Cu	nningha	m	2. REPORT COVER	RING THE PERIOD
3. TOTAL ITEMIZED CAMPAIGN EXPE	NDITURES FR	OM PRECEDING	PAGE (enter \$0 if first itemized o	11/19	Amount
4. COMPLETE THE APPROPRIATE ITEMS	FOR EACH ITE	MIZED EXPENDITUR	RE (expenditures lotaling more than \$1	00 to any payee during the ne	riod)
First Name	Middle N		Purpose of Expenditure	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Amount of Expenditure
Last Name/Business Name JSL (Jr. Service L Address Spons or ship - Bu City Henderson ville	eague) C enefit (I	Summer (Caro Ctr. Spens	sor	250.00
	Th	1 37075			9,000
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle Na	sme	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					- Avoid of Exponditions
Address			_	•	
City	State	Zip Code		,	
First Name	Middle Nar	пе	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		<u> </u>			
City	State	Zip Code	-		
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name					
Address			: 		
Sity	State	Zip Code			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional (If this is the last page of expenditures, this amoun	pages of this form a nt must be shown in i	re used.) 1em 19b, of summary.)			250.00
					

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE	OR COMMITTEE					·- <u>-</u>	2	REPORT	COVE.	RING	THE PERIOD
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMS ED LOAN (loans totaling more than \$100 from any					F	B9/1/	9	TO:	15/20		
3. COMPLETE THE APPR	OPRIATE ITEMS	FOR EACH	HITEM	ED LOAN	(loans totaling m	nore than \$1	00 from any soun	ce during the	period)	<u> /</u>	-/
Complete the Following for the											
First Name	Middle Na	ime		Outstanding (Beginning	Loan Balance of Period)	Loan Recei	- 1	Loan Payments		Outstanding Loan Balance (End of Period)	
Last Name/Organization Name			<u> </u>	1						(Line c	ns enou)
Address				Loan Recel	ved For:	-	<u> </u>	Date of L	oan		
City	State Zip Code			☐ Primal	y Election (Local Elections (□ Gener Only)	al Election				
	List All Endo	orsers or Gua	arantors f	<u> </u>	an (If more spar		ed please attac	h a page)			·····
First Name		Middle Na			First Name			, c p290)	Middl	le Name	
Last Name/Organization Name					Last Name/Org	anization Na	ame	<u> </u>			
Address					Address	T					·
City		State	Zip C	ode	City	 -			State		Zip Code
Amount Guaranteed Outstanding					Amount Guaran	leed Outsta	nding			1	
First Name	First Name Middle Name				First Name Middle Name						
Last Name/Organization Name				Last Name/Organization Name							
Address	Address			<u> </u>	Address						
City State Zip Code			ode	City State Zip Code					Zip Code		
Amount Guaranteed Outstanding		·			Amount Guarant	teed Outstar	nding		i		7
First Name		Middle Nam	16		First Name				Middl	e Name	
Last Name/Organization Name		<u>. </u>		-	Last Name/Orga	nization Na	me	,			
Address					Address				 = -	 -	· · · · · · · · · · · · · · · · · · ·
City		State	Zip Co	xde	City				State	T	Zip Code
Amount Guaranteed Outstanding	- 1		•		Amount Guarante	eed Oulstan	ding				
First Name	First Name Middle Name				First Name Middle Name						
Last Name/Organization Name		•			Last Name/Orgai	nization Nan	ne	<u> </u>	1	 .	
Address				·	Address						
City		State	Zip Coo	de	City			 -	State	Tz	Žip Code
Amount Guaranteed Outstanding					Amount Guarante	ed Outstand	ling	<u> </u>			
4. Totals for all Loans (completed total loans received should also be (Total loan payments should also be (Total outstanding loan balance should also be (Total outstanding loan balance should be total outstanding loan balance should be total total outstanding loan balance should be total bala	shown in item 16, on s shown in item 20, on s	ummary page.)		Outstanding Loan (Beginning of F		Loans Received	Loa Paym			ding Loan Balance and of Period)
SS 1122 (Pay 4/02)			- -				10				

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

NAME OF CANDIDATE OR COMPLETE THE APPROPRIAT OBLIGATION (obligations totaling).		2. REPORT COVERING THE PERIOD FROM: 7/1/9 TO: 1/15/5-0				
COMPLETE THE APPROPRIAT OBLIGATION (obligations totaling person/vendor at the end of the recommendation)		HEMIZED wed to any	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle N	ame			 	
Last Name/Business Name	<u></u>					<u> </u>
Address			-			
City	State	Zip Code	-			
Description of Obligation		<u> </u>				<u> </u>
First Name	Middle N	ame				
Last Name/Business Name						
Address	· · · · · · · · · · · · · · · · · · ·					
City	State	Zip Code	_			
Description of Obligation						1
First Name	Middle Na	me				Ţ
Last Name/Business Name	/	<u></u>	-			
Address						
City	State	Zip Code	†)			
Description of Obligation			 			
First Name	Middle Na	me				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation		<u> </u>				
First Name	Middle Nan	ne				
ast Name/Business Name						
Address						į
City	State	Zlp Code		}		
Description of Obligation		<u> </u>				
. TOTALS		· · · · · · · · · · · · · · · · · · ·				<u> </u>
(Total from Outstanding Balance - (End of in item 23b. on summary page.)	Period) column must	also be shown				