## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

# For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT				
4/12/2020	2.a. NAME OF CANDIDAT	EORCOMMITTEE		
	KAREN	E. DIXON	)	
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DAT	E .
			2020-1	
4.a. CAMPAIGN ADDRESS AND PHONE	<del></del>		12020-1	*00
Street or Rural Route	City	State	Zip Code	F;
100 CLARENDON PLACE	·		21p Code	Phone
4.b. CANDIDATE'S HOME ADDRESS (if different	Hendersonu	lle TN	3/0/5	615-766-5739
Street or Rural Route	than 4.a.) City	0		
SAME	City	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if	applicable) 6. N	AME OF POLITICAL	TREASURER (may b	e candidate)
Alderman WARD 4 Herb	leasonville 1	Tanas V	ith Dixa	. 1
7. CATEGORY OR REPORT (Check one)	CHECOT-OTTE	revenue Ne	ITA DIX	N
			<b>—</b>	P***
FIRST SECOND THIRD	FOURTH PRE-	PRE-	MID-YEAR	L_J YEAR-END
QUARTER QUARTER QUARTER  8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER PRIMAR		SUPPLEMENTAL	SUPPLEMENTAL
l ,	8.b. EN	IDING DATE OF REPO	RTING PERIOD	
01/01/2020		03/21/2	020	
9. (Check one)		2/0/1/0	- 010	
2 This compoins is august to the "				
<ul> <li>This campaign is exempt from detailed tures total \$1,000 or less for this repor</li> </ul>	disclosure because contribution period	utions (including in-ki	nd) received total \$1,0	000 or less AND expendi-
, , , , , , , , , , , , , , , , , , ,	and period. (Complete fields	s 120., 12e. and 12f.)		
<ul> <li>This campaign is required to file a deta and/or expenditures total more than \$</li> </ul>	ailed financial disclosure bec	ause contributions (in	eluding in kind) *****	
and/or expenditures total more than \$	1,000 for this reporting period	3.	cidding in-kind) recei	ed total more than \$1,000
10. I/we do solemnly swear or affirm that the inf	ormation contained in this .			
I/we do solemnly swear or affirm that the inf accurate accounting of campaign contribution Financial Disclosure Act. Additionally I/we s	omiation contained in this ca	ampaign financial dis	closure report is true	and that this report is an
				e by the Campaign
benefit of the candidate or for any other nonp	political purpose as defined b	y the federal internal	revenue code.	ille personal financial
$d(a, G_{i}(1))$		<b>~</b> .		
9000	4/12/2020	))nn = == == == == == == == == == == == ==	Y Disk	41.010
signature of candidate	date	signature o	political transurar	<u> </u>
		oignature o	political treasurer	date
11. WITNESS SIGNATURE	<del></del>			
WINESO BISHATORE		111		
1/20 - HD.V.	at a sa	1/2 9	$n \sim$	
- Or would Dide	4112/2020	9 WY		4/0/2021
signature of witness /	date	signati	re of witness	
				uate
12. SUMMARY		· <del></del>		
				į
a. BALANCE ON HAND LAST REPORT	EII ED	***************************************	s <del></del>	
	. РМ		*	ì
b. TOTAL RECEIPTS THIS PERIODAN			. 1.500.0	٥
	APR 1 3 2020		V	j
<ul> <li>C. TOTAL DISBURSEMENTS THIS PERIOD</li> </ul>	AFR I 0 2020	·	·_ 162.54	<b>,</b>
				.
d. BALANCE ON HAND (12.a. plus 12.b. min	SUMNER COUNTY			1,337.46
d. BALANCE ON HAND (12.a. plus 12.b. min	TECHON COMMISSION		···········	1,007.76
			<del></del>	43
e. TOTAL LOANS OUTSTANDING			\$	
— <del>-</del>				
f. TOTAL OBLIGATIONS OUTSTANDING	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-B
			\$	



#### SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)		ERING THE PERIOD
RECEIPTS	FROM: 1/1/20	TO: 3/31/20
15. CONTRIBUTIONS (other than loans and interest)	·	·
a. Uniternized Contributions (\$100 or less from each source this period)	s250,00	<u>0</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ 1,250.0	00
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)		\$ 1,500.00
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.)		\$ 1,500,00
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,	gasoline)
SUNTRUST BANK Fee \$ 3	00	,
ASAP PRINTING - CAMPRIAN MATERIALS \$ 158.0	04	
ASAP PRINTING - CAMPAIGN MATERIALS \$ 158.0 PAYPOR - Fee \$ 1.5	D'	
\$		
<del></del>		
<del></del>		
<b></b>		
\$		
Table of Community (2002)	4.50	,
Total of Expenditures (\$100 or less each payee)		<del>_</del>
b. Itemized Expenditures (Over \$100 each payee this period)		-
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	• •	\$ 162.54
20. LOAN REPAYMENTS MADE THIS PERIOD		
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		.\$ <u>162.54</u>
22. IN-KIND CONTRIBUTIONS		
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	-	
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 item 1	12.f.)	\$_ <del>D</del> _

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### ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVE	RING THE PERIOD
	<u>(NOX</u>			FROM: 1/1/20	TO: 3/3//2D
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU	TIONS FR	OM PRECEDING PA	GE (enter \$0 if first itemized p	ace)	Amount 500.00
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEM	IZED CONTRIBUTION	(contributions totaling more than \$	100 from any contributo	1)
First Name	Middle Na		Contribution Received For:		Amount of Contribution
Last Name/Organization Name  DIYON	1 1 40	<u> </u>	Primary Election	General Election	١
Address 100 CLANEWOWN PLA	r 10	<del></del>	Runoff (Local Election	s Only)	\$1,000.00
CHY Hendersorville	State	Zp Code 37075	Date of Contribution	. <u> </u>	Aggregate This Election
Occupation	·	1 3/0/3	1/29/2020	<b>S</b>	
Employer Charles MANAGE	i/C		1/24/0020		\$1,000.00
DOBNO Steel	<b>,</b>	· · · · · · · · · · · · · · · · · · ·			
First Name RhondA	Middle Na	me	Contribution Received For:	_	Amount of Contribution
Last Name/Organization Name BRENNAW			Primary Election	General Election	A2-
Address 1053 Jenkins LN		· · · · · · · · · · · · · · · · · · ·	Runoff (Local Election:	s Only)	\$250.00
City Hendersonville	State TN	Zip Code 37075	Date of Contribution		Aggregate This Election
Occupation			2/13/2020		<b></b>
Employer Sun ANALYST		·	0//3/2000		\$250.00
SUNTRUST	<del>,                                     </del>				
First Name	Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name	<u> </u>		Primary Election	General Election	
Address		<u> </u>	Runoff (Local Elections	Only)	İ
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer					
E					
First Name	Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
Address			Runoff (Local Elections	Onty)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation				ĺ	ĺ
Employer					

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## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

Amount of Expenditure  State PO BOY 30 5183  Model Name  Model Nam	1. NAME OF CANDIDATE OR COMM	VITTEE			ED 014 / /	ERING THE PERIOD
COMPLETE THE APPROPRIATE ITEMS FOR EACH /TEM/ZED EXPENDITURE (expenditure totaling more than \$100 to any payce during the period)  First Name    Middle Name						Amount
Amount of Expenditure  Middle Name  Middle Name  Purpose of Expenditure  MARCHAIALS,  Middle Name  Purpose of Expenditure  MARCHAIALS,  Middle Name  Purpose of Expenditure  Middle Name  Purpose of Expenditure  Amount of Expenditure  I. S.D.  Middle Name  Purpose of Expenditure  Amount of Expenditure  I. S.D.  Middle Name  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Purpose of Expenditure  Purpose of Expenditure  Amount of Expenditure  Purpose of Expenditure  Purpose of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure	TOTAL ITEMIZED CAMPAIGN EX     COMPLETE THE APPROPRIATE ITEM	PENDITURES FR	OM PRECEDING PA	AGE (enter \$0 if first itemized pa	ge)	9/62.54
Amount of Expenditure  Free, Chael  1.50  Amount of Expenditure  TOTAL ITEM/ZED EXPENDITURES	First Name				to any payee during the	
# 158.0 V  #### PANATIPS  In the Imperial Blud  In the Imperial Bl	Last Name/Business Name					Amount of Expenditure
Test Name    Mode Name   Purpose of Expenditure   Amount of Expenditure	ASAP PRINTING			10(17/10/2117-5)		BICKOU
Test Name    Mode Name   Purpose of Expenditure   Amount of Expenditure	Address 116 Imperial	Blud				130,01
Total ITEMIZED EXPENDITURES  Amount of Expenditure  Purpose of Expenditure  Free, Chack  I. SD  Amount of Expenditure  Free, Chack  I. SD  II. SD  III. II. SD  II. S	Hewdersowille	) State	Zip Code 37075			
State Zip Code    Note	First Name			Purpose of Expenditure		Amount of Expenditure
State   Zip Code   Purpose of Expenditure   Amount of Expenditure   Amount of Expenditure   Amount of Expenditure   State   Zip Code   Amount of Expenditure   Amount of Expenditure   State   Zip Code   Amount of Expenditure   Amount of Expendit	Last Name/Business Name	L	· · · · · · · · · · · · · · · · · · ·	Fro Choc	IC .	, and a second state of
State Zip Code  AK 99 8/1  AK 99 8/1  AK 99 8/1  Amount of Expenditure  B 3, 00  Amount of Expenditure		<del></del>	· .			
Survey  Middle Name  Middle Name  Purpose of Expenditure  Amount of Expenditure  ### 3, 00  ###	Box 110807					1.50
Amount of Expenditure  B 3, 00  Amount of Expenditure  Amount of Expenditure  B 3, 00  Amount of Expenditure  B 3, 00  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  It Name  Widdle Name  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  It Name/Gusiness Name  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  TOTAL ITEMIZED EXPENDITURES	SUNRMA	State				
Amount of Expenditure  It Name/Business Name  Amount of Expenditure  Amount of Expenditure  TOTAL ITEMIZED EXPENDITURES	First Name	Middle N		Duran of E		
State   To   3 / 3 / 3 / 3   3   5   1 / 3 / 3   3   5   5   5   5   5   5   5   5	act Name Rusiness Name	- Induction		Purpose of Expenditure		Amount of Expenditure
State   To   3 / 3 / 3 / 3   3   5   1 / 3 / 3   3   5   5   5   5   5   5   5   5	SUNTRUST	ast Namerbusiness Name  SUNTRUST		Paper STAT	epres	
State 37330  st Name Middle Name Purpose of Expenditure Amount of Expenditure st Name/Business Name  State Zip Code  St Name Middle Name Purpose of Expenditure Amount of Expenditure st Name/Business Name  State Zip Code  Purpose of Expenditure Amount of Expenditure st Name/Business Name  State Zip Code  Purpose of Expenditure Amount of Expenditure st Name/Business Name  State Zip Code  St Name Middle Name Purpose of Expenditure Amount of Expenditure st Name/Business Name  Total ITEMIZED EXPENDITURES	ddroes -	43		ree		\$ 3,00
St Name  Middle Name  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Purpose of Expenditure  Amount of Expenditure  I Name/Business Name	ity.	State				
Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Very State Zip Code  State Zip Code  Purpose of Expenditure  Amount of Expenditure  State Zip Code  Furpose of Expenditure  Amount of Expenditure  Amount of Expenditure  State Zip Code  TOTAL ITEMIZED EXPENDITURES						
differs  Y  State Zip Code  St Name  Middle Name  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  State Zip Code  St Name  Middle Name  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  TOTAL ITEMIZED EXPENDITURES		Middle Na	me	Purpose of Expenditure		Amount of Expenditure
State Zip Code  State Zip Code  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  State Zip Code  St Name Middle Name Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  TOTAL ITEMIZED EXPENDITURES	est Name/Business Name					
State Zip Code  Middle Name  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  State Zip Code  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  TOTAL ITEMIZED EXPENDITURES	ddress			7		
Amount of Expenditure  Amount of Expenditure  Stale Zip Code  Stale Zip Code  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Total Itemized Expenditure	ity	State	Zip Code	_		
Amount of Expenditure  Amount of Expenditure  Stale Zip Code  Stale Zip Code  Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure  Amount of Expenditure  Total Itemized Expenditure						
Stale Zip Code  St Name Middle Name Purpose of Expenditure Amount of Expenditure  I Name/Business Name  Stale Zip Code  TOTAL ITEM/ZED EXPENDITURES	rst Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure
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st Name Middle Name Purpose of Expenditure Amount of Expenditure  t Name/Business Name  State Zip Code  TOTAL ITEM/ZED EXPENDITURES	tdress					
st Name Middle Name Purpose of Expenditure Amount of Expenditure  t Name/Business Name  State Zip Code  TOTAL ITEM/ZED EXPENDITURES	ity	Stale	Zip Code	4:		
Name/Business Name  I Name/Business Name  State Zip Code  TOTAL ITEMIZED EXPENDITURES						
TOTAL ITEMIZED EXPENDITURES	irst Name	Middle Narr	ne	Purpose of Expenditure		Amount of Expenditure
TOTAL ITEMIZED EXPENDITURES	st Name/Business Name			1		
TOTAL ITEMIZED EXPENDITURES	dress		· · · · · · · · · · · · · · · · · · ·	-		
TOTAL ITEMIZED EXPENDITURES	ty	State	Zip Code			
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be about in its expension.)					_	
(If this is the last page of expanditures this property the control to the form are used.)					(	8
(VA.)	(If this is the last page of expenditures, this amo	ount must be shown in i	tem 19b. of summary.)			162.54

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