# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For State and Local Candidates
For Single-Candidate Committees

AM FILED

1. DATE OF REPORT	2.a. NAME OF CA	ANDIDATE OR	COMMITTEE		AD- Pi
4/4/2020	LEE	Per	ERSON		APR 1 4 2020 PM
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DATES	UMNER COUNTY
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		State	Zip Code	Phone Phone
248 LAKE TERRACE DR.	HENDERSON	ILLE.	TN	37075	419-5721
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route		-	State	Zip Code	Phone 615 822-5420
5. OFFICE SOUGHT (include district number, if	applicable)			REASURER (may be d	
ALDERMAN - WARD O	Σ	E	BRADUEY	NIEMIEC	
7. CATEGORY OR REPORT (Check one)  FIRST SECOND THIRD QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	FOURTH QUARTER	PRE- PRIMARY	PRE- GENERAL G DATE OF REPO	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
01-16-2020			3-31-		
9. (Check one)	<u> </u>		******		
<ul> <li>a. This campaign is exempt from detaile tures total \$1,000 or less for this repo</li> <li>b. This campaign is required to file a detand/or expenditures total more than \$1.00 or less for this repo</li> </ul>	rting period. (Cömp ailed financial disclo	olete items 12d osure because	f., 12e. and 12f.)		·
I/we do solemnly swear or affirm that the in accurate accounting of campaign contribution. Financial Disclosure Act. Additionally, I/we benefit of the cardidate or for any other non signature of candidate.	ins and expenditure: swear or affirm that	s required to b no campaign	pe reported by the contributions have federal internal	e candidate committee le been expended for the revenue code.	ov the Campaign
11. WITNESS SIGNATURE					
Stace Nuemue signature of witness	4-4-a	0	Slocio	Numee ure of witness	4-4-30 date
12. SUMMARY		·"			
a. BALANCE ON HAND LAST REPORT			,	·	
b. TOTAL RECEIPTS THIS PERIOD			••••	\$	
c. TOTAL DISBURSEMENTS THIS PERIOD	( <u>)                                   </u>			\$ <del></del>	
d. BALANCE ON HAND (12.a. plus 12.b. m	inus 12.c.)			\$	100.60
e. TOTAL LOANS OUTSTANDING				\$.	- 0 -
f. TOTAL OBLIGATIONS OUTSTANDING			***************************************	\$	- 0 -



#### **SUMMARY PAGE - CANDIDATE**

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
LEE PETERSON	FROM: 1-16-20 TO: 3-31-20
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)	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>/00.0°</u>
16. LOANS RECEIVED THIS REPORTING PERIOD	\$
17. INTEREST RECEIVED THIS REPORTING PERIOD	l e e e e e e e e e e e e e e e e e e e
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.g., printing, postage, gasoline)
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	<u></u>
	. 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.)	\$ <u>70</u> *
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 2	2.b.) \$
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	
b. Itemized Obligations Outstanding (Over \$100 each)	\$
c TOTAL ORLIGATIONS OUTSTANDING (add 23 a and 23 h ) (must be shown i.i.	tem 12 f)

## **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE				<ol><li>REPORT COVER</li></ol>	KING THE PERIOD
LEE PETERSON	FROM:1-16-20				
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount \$ 0
4. COMPLETE THE APPROPRIATE ITEMS FOR E	EACH ITEM	IZED CONTRIBUTION	(contributions totaling more than \$	100 from any contributor	)
First Name	Middle Name Contributio				Amount of Contribution
Last Name/Organization Name		Primary Election	General Election		
Address			Runoff (Local Election		
Сііу	State	Zip Code	Date of Contribution	Aggregate This Election	
Occupation	<u> </u>		1		
Employer			-		u.
First Name	Middle Na	me	Contribution Received For:		Amount of Contribution
Last Name/Organization Name	<u>l</u>		Primary Election	General Election	
Address		·	Runoff (Local Election	s Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation	<u> </u>				
Employer		·	-		
First Name	Middle Nam	ne	Contribution Received For:		Amount of Contribution
	Middle Nan	ne	_	General Election	Amount of Contribution
	Middle Nam	ne	_		Amount of Contribution
Last Name/Organization Name Address	Middle Nam	Zip Code	Primary Election		Amount of Contribution  Aggregate This Election
Last Name/Organization Name  Address  City			Primary Election		
Last Name/Organization Name  Address  City			Primary Election		
Last Name/Organization Name  Address  City  Occupation  Employer		Zip Code	Primary Election		
Last Name/Organization Name  Address  City  Occupation  Employer  First Name	State	Zip Code	Primary Election  Runoff (Local Elections  Date of Contribution  Contribution Received For:		Aggregate This Election
Last Name/Organization Name  Address  City  Occupation  Employer  First Name	State	Zip Code	Primary Election  Runoff (Local Elections  Date of Contribution  Contribution Received For:	General Election	Aggregate This Election
Last Name/Organization Name  Address  City  Occupation  Employer  First Name  Last Name/Organization Name  Address	State	Zip Code	Primary Election  Runoff (Local Elections  Date of Contribution  Contribution Received For:	General Election	Aggregate This Election
Last Name/Organization Name  Address  City  Occupation  Employer  First Name  Last Name/Organization Name  Address  City	State  Middle Nam	Zip Code	Primary Election  Runoff (Local Elections  Date of Contribution  Contribution Received For:  Primary Election  Runoff (Local Elections	General Election	Aggregate This Election  Amount of Contribution
Last Name/Organization Name  Address  City  Occupation  Employer  First Name  Last Name/Organization Name	State  Middle Nam	Zip Code	Primary Election  Runoff (Local Elections  Date of Contribution  Contribution Received For:  Primary Election  Runoff (Local Elections	General Election	Aggregate This Election  Amount of Contribution

### **ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE**

NAME OF CANDIDATE OR C	OMMITTEE	Ī	2	REPORT COVER				
LEE 1	TO: 3-31-20							
3. TOTAL ITEMIZED IN-KIND CON	Amount # 0							
4. COMPLETE THE APPROPRIATE ITE				<del></del>				
First Name	⁄liddle 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					
Occupation	Employer							
First Name	Middle N	ame	In-Kind Contribution Receiv		Value of In-Kind Contribution			
Last Name/Organization Name	<del></del>		Runoff (Local Election					
Address	· ·		Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution		<u> </u>			
Occupation	Employer		1					
First Name	Middle N	ame	In-Kind Contribution Receiv		Value of In-Kind Contribution			
Last Name/Organization Name			Primary Election  Runoff (Local Election					
Address			Date of In-Kind Contribution	Date of In-Kind Contribution Aggregate this Election				
City	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer							
First Name	Middle N	ame	In-Kind Contribution Receiv		Value of In-Kind Contribution			
Last Name/Organization Name			☐ Primary Election ☐ Runoff (Local Election					
Address			Date of In-Kind Contribution Aggregate this Election					
City	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer							
First Name	Middle Na	ame	In-Kind Contribution Recei		Value of In-Kind Contribution			
Last Name/Organization Name			Primary Election	_				
Address			Date of In-Kind Contribution	o Ossy)	Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer	· · · · · · · · · · · · · · · · · · ·	;					
5. TOTAL ITEMIZED IN-KIND CON (Carry forward to item 3. of next page if ad (If this is the last page of in-kind contribution)  2. *** ** *** *** *** *** *** *** *** **	ditional pages of this form		ry.)		\$ 0			

SS-1128 (Rev. 2/06)

Page 4 of 7

RDA 1159

#### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE	,	0 .		2. REPORT COVER		
	FE 1	PETERSON		FROM: 1-16-20	TO: 3-31-20	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	M PRECEDING PAGE	(enter \$0 if first itemized page		Amount		
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMI	ZED EXPENDITURE (ex	openditures totaling more than \$100	to any payee during the peri	od)	
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	<u> </u>					
Address			·.			
City	State	Zip Code				
First Name	Middle Name				Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name Middle Name			Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address	•					
City	Stale	Zip Code				
First Name	Middle Nam	ne	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name	Middle Narr	ee	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 pages of this form are used.)				· · · · · ·	\$ 0	
(If this is the last page of expenditures, this amount mus	item 19b. of summary.)					

SS-1129 (Rev. 4/02)

Page <u>5</u> of <u>7</u>

### **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTE	Ē					2. REPORT	COVERIN	IG THE PERIOD
LEE PETER	SON					FROM: 1-16-	ا مد	0: 3-31:20
3. COMPLETE THE APPROPRIATE ITEMS	FOR EACH	HITEMIZ	ZED LOAN	(loans totaling n	nore than \$100 from a	ny source during the p	period)	
Complete the Following for the Source of the Loa	n							
First Name Middle N	ame		Outstanding I (Beginning	Loan Balance of Period)	Loans Received	Loan Payments		nding Loan Balance and of Period)
Last Name/Organization Name								
Address			Loan Receiv			Date of Le	pan	
City State	Zip Code		☐ Primar	(Local Elections	General Electio			
List All End	orsers or Gua	arantors f	or Above Loa	n (If more spa	ice is needed pleas	se attach a page)		
First Name	Middle Nar	me		First Name	.=		Middle Na	ame
Last Name/Organization Name				Last Name/On	ganization Name		<b>l</b>	·
Address		• • • • • • • • • • • • • • • • • • • •		Address				
City	State	Zip Co	ode	City			State	Zip Code
Amount Guaranteed Outstanding				Amount Guara	nteed Outstanding	· · · · · · · · · · · · · · · · · · ·		
First Name	Middle Nar	me		First Name		·	Middle Na	me
Last Name/Organization Name				Last Name/Org	ganization Name			
Address	7		* * * * * .	Address				
City	State	Zip Co	ode	City			State	Zip Code
Amount Guaranteed Outstanding	!	<u>'</u>		Amount Guara	nteed Outstanding			<u>I</u>
First Name	Middle Nan	me		First Name	······································		Middle N	ame
Last Name/Organization Name				Last Name/Org	anization Name			
Address				Address			<del></del>	
City	State	Zip Co	ode	Cily			State	Zip Code
Amount Guaranteed Outstanding	- <b>!</b>			Amount Guarar	nteed Outstanding			
First Name	Middle Nan	пе		First Name			Middle Na	me
Last Name/Organization Name	_1	•	<del></del>	Last Name/Org	anization Name			·
Address				Address				
City	State	Zip Co	ode	City			State	Zip Code
Amount Guaranteed Outstanding				Amount Guaran	teed Outstanding		<del></del>	
Totals for all Loans (complete on last page of (Total loans received should also be shown in item 16, or (Total loan payments should also be shown in item 20, or (Total outstanding loan balance should also be shown in item).	summary page summary page	e.) e.)		Outstanding Lo (Beginning o	1	oans Lo ceived Payr	an Conents	utstanding Loan Balance (End of Period)
SS-1132 (Rev. 4/02)					Page	6 of 7		RDA 1159

## **ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
LEE PETERSO	۷,			FROM: 1-16		3-31-20	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED			Outstanding Balance	Debt Incurred	Payments	Outstanding Balance	
OBLIGATION (obligations totaling more than \$100 owed to any			(Beginning of Period)	This Period	This Period	(End of Period)	
person/vendor at the end of the reporting p	eriod)					<u> </u>	
First Name	Middle Name		,				
Lost Name (During a Name	J		_				
Last Name/Business Name							
Address			=				
	<del></del>						
City	State	Zip Code					
Description of Obligation	1						
			1. 1				
First Name	Middle Na	me					
Last Name/Business Name	<u> </u>			İ			
Feet Manicipalities Indine							
Address							
	<del></del>						
City	State	Zip Code					
Description of Obligation	1,	<u> </u>		<u> </u>	· · · · · · · · · · · · · · · · · · ·		
, ,							
First Name	Middle Na	me			·		
	misco Name			•			
Last Name/Business Name			<u>-</u>				
Address							
Address							
City	State	Zip Code	7				
Description of Obligation	<u> </u>						
Description of Congation							
First Name	Marketta Mark						
rirst Name	Middle Nar	ne					
Last Name/Business Name			1				
Address			, ž				
City	State	Zip Code	4				
Description of Obligation							
	,						
First Name	Middle Nan	ne					
Last Name/Business Name	L		-				
				İ			
Address			1			ļ	
City	Letata	7in Code	<b>∄</b>				
City City	State	Zip Code					
Description of Obligation	·	1	<u></u> J				
4. TOTALS				Ĭ			
(Total from Outstanding Balance - (End of Period) of in item 23b. on summary page.)	olumn must	also be shown		ļ		ļ	
in tern 250. On summary page.)			<u> </u>				