

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>01-29-2020</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>Roy "Sonny" Weatherford</u>	
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 <u>1654 B Hwy 231 S.</u> <u>Bethpage</u> <u>TN</u> <u>37022</u> <u>(615) 841-4024</u>			
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) <u>Sheriff</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>Cheryl Collins</u>	
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input checked="" type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD <u>July 1, 2019</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>January 15, 2020</u>	
9. (Check one) a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. <input checked="" type="checkbox"/> 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.			
<u>Roy "Sonny" Weatherford</u> signature of candidate		<u>Cheryl Collins</u> signature of political treasurer	
<u>01-29-20</u> date		<u>01-29-2020</u> date	
11. WITNESS SIGNATURE			
<u>Pamela Soulard</u> signature of witness		<u>Pamela Soulard</u> signature of witness	
<u>1/29/20</u> date		<u>1/29/20</u> date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		AM FILED PM \$ <u>23,457.⁵⁹</u>	
b. TOTAL RECEIPTS THIS PERIOD		\$	
c. TOTAL DISBURSEMENTS THIS PERIOD		JAN 29 2020 \$ <u>3,567.⁷⁰</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		SUMNER COUNTY ELECTION COMMISSION \$ <u>19,889.⁸⁹</u>	
e. TOTAL LOANS OUTSTANDING		\$ <u>0</u>	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>0</u>	



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <u>Roy "Sonny" Weatherford</u>	14. REPORT COVERING THE PERIOD FROM: <u>7-1-19</u> TO: <u>1-15-20</u>
RECEIPTS	
15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>0</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>0</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>0</u>
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>0</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>0</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>0</u>
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>Al Menich Shrine Donation</u>	\$ <u>75⁰⁰</u>
<u>Sumner Co. Food Bank Donation</u>	\$ <u>100⁰⁰</u>
<u>TN Alzheimers Asson. Donation</u>	\$ <u>100⁰⁰</u>
<u>Ashley's Place Donation</u>	\$ <u>85⁰⁰</u>
<u>Walgreens Candy for Parade</u>	\$ <u>55.⁷²</u>
<u>Gallatin Lions Club Dues</u>	\$ <u>85.⁰⁰</u>
<u>Sumner Co. Elected Officers Dues</u>	\$ <u>50.⁰⁰</u>
<u>Portland Chamber of Commerce Dues</u>	\$ <u>90⁰⁰</u>
.....	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ <u>640.⁷²</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>2926.⁹⁸</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>3567.⁷⁰</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u>0</u>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>3567.⁷⁰</u>
22. IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	
.....	\$ <u>0</u>
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.)	
.....	\$ <u>0</u>
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 in item 12.f.)	
.....	\$ <u>0</u>



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Ray "Sonny" Weatherford			2. REPORT COVERING THE PERIOD FROM: 7-1-19 TO: 1-15-20		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 0	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name Hendersonville Rotary Club		Dues	175.⁰⁰		
Address 550 E. Main St P.O. Box 473					
City Hendersonville	State TN				Zip Code 37077
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name Goodlettsville Chamber of Commerce		Dues	140.⁰⁰		
Address 100 N. Main St. D					
City Goodlettsville	State TN				Zip Code 37072
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name Hendersonville Chamber of Commerce		Dues	205.⁰⁰		
Address 100 Country Club Dr. Suite 104					
City Hendersonville	State TN				Zip Code
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name Down Syndrome Association of Middle TN		Donation	250.⁰⁰		
Address 1310 Central Ct.					
City Hermitage	State TN				Zip Code 37076
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name Hendersonville Rotary Club		Dues	175.⁰⁰		
Address 550 E. Main St. P.O. Box 473					
City Hendersonville	State TN				Zip Code 37077
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name Shop With A Cap		Donation	200.⁰⁰		
Address 130 W. Franklin St.					
City Gallatin	State TN				Zip Code 37066
First Name	Middle Name				Purpose of Expenditure
5. 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 shown in item 19b. of summary.)				1,145.⁰⁰	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Ray "Sonny" Weatherford</i>			2. REPORT COVERING THE PERIOD FROM: <i>7/1/19</i> TO: <i>1/15/20</i>		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>1145⁰⁰</i>		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name <i>Committee to Elect William Lamberth</i>		<i>Donation</i>	<i>250.⁰⁰</i>		
Address <i>P.O. Box 812</i>					
City <i>Portland</i>	State <i>TN</i>				Zip Code <i>37148</i>
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name <i>Gallatin Chamber of Commerce</i>		<i>Dues</i>	<i>185.⁰⁰</i>		
Address <i>118 W. Main St.</i>					
City <i>Gallatin</i>	State <i>TN</i>				Zip Code <i>37066</i>
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name <i>IWC Food Service</i>		<i>Food for Employee Christmas Dinner</i>	<i>1346.⁹⁸</i>		
Address <i>P.O. Box 458</i>					
City <i>Cookeville</i>	State <i>TN</i>				Zip Code <i>38583</i>
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name					
Address					
City	State				Zip Code
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name					
Address					
City	State				Zip Code
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name					
Address					
City	State				Zip Code
First Name	Middle Name				Purpose of Expenditure
5. 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 shown in item 19b. of summary.)			<i>2926⁹⁸</i>		