

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>JULY 9, 2020</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>ANDY BOLT FOR ALDERMAN WARD 4</u>	
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>ANDY BOLT</u>		3. ELECTION DATE <u>11/3/2020</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route      City      State      Zip Code      Phone <u>147 HEDBELAWN DR.</u> <u>HERDERSOINVILLE</u> <u>TN.</u> <u>37075</u> <u>615-202-2607</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>ALDERMAN WARD 4</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>COPY TURNER</u>	
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input checked="" 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 type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD <u>APRIL 1, 2020</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>JUNE 30, 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 AND expenditures 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>[Signature]</u> signature of candidate		<u>7/9/2020</u> date	
<u>[Signature]</u> signature of political treasurer		<u>7/9/20</u> date	
11. WITNESS SIGNATURE <u>[Signature]</u> signature of witness		<u>7/9/2020</u> date	
<u>[Signature]</u> signature of witness		<u>7/9/2020</u> date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		FILED	
b. TOTAL RECEIPTS THIS PERIOD		AM      PM	
c. TOTAL DISBURSEMENTS THIS PERIOD		JUL 10 2020	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		SUMNER COUNTY ELECTION COMMISSION	
e. TOTAL LOANS OUTSTANDING		\$ <u>1942.</u>	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ _____	



# SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)

14. REPORT COVERING THE PERIOD

FROM: 4-1-2020 TO: 6-30-2020

## RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ 1850.-  
 b. Itemized Contributions (over \$100 from each source this period) ..... \$ 400.-  
 c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) ..... \$ 2250.00

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.) ..... \$ 2,250.00

## 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)

BANK FEE ..... \$ 8  
SUMNER COUNTY ELECTION  
Commission ..... \$ 50  
ROTARY FOUNDATION - FIRST  
RESPONDERS MEMORIAL ..... \$ 250.  
 \_\_\_\_\_ ..... \$ \_\_\_\_\_  
 \_\_\_\_\_ ..... \$ \_\_\_\_\_  
 \_\_\_\_\_ ..... \$ \_\_\_\_\_  
 \_\_\_\_\_ ..... \$ \_\_\_\_\_

Total of Expenditures (\$100 or less each payee) ..... \$ 308

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.) ..... \$ 308

## 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 item 12.f.) ..... \$ \_\_\_\_\_



# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>ANDY BOCT</b>				2. REPORT COVERING THE PERIOD FROM: <b>4/1/2020</b> TO: <b>6/30/2020</b>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <b>400.00</b>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name <b>LESLIE</b>		Middle Name <b>C</b>		Contribution Received For:	
Last Name/Organization Name <b>HARRISON</b>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address <b>1659 BOARD WALK PL</b>				<input type="checkbox"/> Runoff (Local Elections Only)	
City <b>GALLATIN</b>		State <b>TN</b>	Zip Code <b>37066</b>	Date of Contribution <b>4/23/2020</b>	
Occupation <b>MANAGER</b>				Aggregate This Election <b>400.00</b>	
Employer <b>AMEDISYS</b>					
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City		State	Zip Code	Date of Contribution	
Occupation				Aggregate This Election	
Employer					
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City		State	Zip Code	Date of Contribution	
Occupation				Aggregate This Election	
Employer					
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City		State	Zip Code	Date of Contribution	
Occupation				Aggregate This Election	
Employer					
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>ANDY BOLT FOR ALDERMAN WARD 4</b>		2. REPORT COVERING THE PERIOD FROM: <b>4/1/2020</b> TO: <b>6/30/2020</b>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <b>\$ 308.00</b>
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 <b>REGIONS BANK</b>		<b>BANK FEE</b>	<b>\$ 8.00</b>
Address <b>249 E. MAIN ST.</b>			
City <b>HENDERSONVILLE</b>	State <b>TN</b>		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <b>THE HENDERSONVILLE ROTARY FOUNDATION</b>		<b>FIRST RESPONDER'S MEMORIAL</b>	<b>\$ 250.00</b>
Address <b>P.O. Box 2703</b>			
City <b>HENDERSONVILLE</b>	State <b>TN</b>		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <b>SUMNER COUNTY ELECTION Commission</b>		<b>DISK - LIST OF REGISTERED VOTER</b>	<b>\$ 50.00</b>
Address <b>355 BELVEDERE DR., N</b>			
City <b>GALLATIN</b>	State <b>TN</b>		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State		
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.)			<b>308.00</b>