CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1 DATE OF DEPORT	g.c -ca.	ididate committe	· e 5	
1. DATE OF REPORT		ANDIDATE OR COMMITTEE		
15/3021	Kac	hel Collins		
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DAT	
Rachel Collins fon Ald	leaman		1 , /	
	erman		11/3/20	2
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route				
	City	. State	Zip Code	Phone
1575 Hunt Club Blvcl	Callali	~ Th	37066	415-477-3541
4.b. CANDIDATE'S HOME ADDRESS (if different	than 4.a.)		<u> </u>	615-477-3541
Street or Rural Route	City	State	Zip Code	Phone
			p	THORE
5 OFFICE SOUGHT (Section of Section)		T .		
5. OFFICE SOUGHT (include district number, if	applicable)	6. NAME OF POLITICAL T		e candidate)
Hendensorville Hideringa U	Dand 5	Donna Ster	a bour	
7. CATEGORY OR REPORT (Check one)	-	2011114 2121	2 DATO	· · · · · · · · · · · · · · · · · · ·
				П
FIRST SECOND THIRD	FOURTH	PRE- PRE-	MID-YEAR	YEAR-END
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY GENERAL	SUPPLEMENTAL	SUPPLEMENTAL
11.		8.b. ENDING DATE OF REPOR	RTING PERIOD	
10/35/20		1/15/21		
9. (Check one)			·-	
a. This campaign is exempt from detailed	l disclosure becaus	e contributions (including in-kin	d) received total \$1,	000 or less AND expendi-
tures total \$1,000 or less for this report	ung period. (Comp	lete items 12d., 12e. and 12f.)		
b. This campaign is required to file a deta	iled financial discl	Stire because contributions (inc	shorting in the dV	
and/or expenditures total more than \$1	,000 for this report	ina period.	auding in-kina) recei	ved total more than \$1,000
10 1/200 de nelemente e con un autorio				
10. I/we do solemnly swear or affirm that the info	ormation contained	in this campaign financial disc	losure report is true	and that this report is an
accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we subspect of the condidate or forward the condidate or forward the condidate or forward the conditional state.	is and expenditure: Wear or affirm that	s required to be reported by the	candidate committe	e by the Campaign
benefit of the candidate or for any other nonp	olitical purpose as	defined by the federal internal r	e been expended for	the personal financial
	, ,		c Kenac pode.	
		,(),		
signature of candidate		Maria		
signature of candidate	date	signature of	political treasurer	date
11. WITNESS SIGNATURE				
1/////		<i></i>	/	_
16411111		///-5	11/1/	7
signature of witness			MINE.	
Signature of Williess	date	signatu	re of witness	date
				
12. SUMMARY				
a. BALANCE ON HAND LAST REPORT			1487	22
a. BALANCE ON HAND LAST REPORT			5 / 1 0 Jr	_30
		FILE!)		
b. TOTAL RECEIPTS THIS PERIOD	AM	PM	500	_
				7
c. TOTAL DISBURSEMENTS THIS PERIOD	J/	AN 1.5 2021	1 24.2	
d. BALANCE ON HAND (12.a. plus 12.b. mír	nus 12.c.) SU	ANER COUNTY		s 1150,98 1
	ELECT	ON COMMISSION		¥
A TOTAL LOANS OF ITETAMORIA				~ 0
e. TOTAL LOANS OUTSTANDING				\$
f. TOTAL OBLIGATIONS OUTSTANDING	*******************************	***************************************		· <i>U</i>
			***************************************	Ψ



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
RECEIPTS	FROM: 10/28/20 TO: 11/15/21
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)	\$ 500
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>500</u>
16. LOANS RECEIVED THIS REPORTING PERIOD	* <u>O</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>O</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ 500
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)
Vol State Bank Service fec \$ 12	
Panera Voluntem Hospitality \$ 30.0	٠ O
Tarcet Voluntum Hospitalities \$ 57.7	4
Mak Grant Sien Removal \$ 100	
1).1. 10 0	 3G
	
s a7.01	<u> </u>
\$	<u> </u>
<u> </u>	
\$	_
Total of Expenditures (\$100 or less each payee)	\$ 255,34
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.)	
22.IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>215</u>
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ 1800 0
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	s 215
23. OBLIGATIONS	
a. Uniternized 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.)\$ 6

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

	E			ERING THE PERIOD
	- <u></u>		1891/20	TO: 1/15/24
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU				İ
First Name			ON (contributions totaling more than \$100 from any contri	
	Middle Nar	ne	Contribution Received For:	Amount of Contribution
Last Name/Organization Name Sunen County Real turn			Primary Election General Election	
Address Kealt	UNY			500
			Runoff (Local Elections Only)	
City	State Zip Code		Date of Contribution	Aggregate This Election
Occupation		··•		
Employer				
First Name	Middle Na	me	Contribution Received For:	Amount of Contribution
Last Name/Organization Name	<u> </u>	-,	Primary Election General Election	
Address				
	+		Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation				
Employer			<u> </u>	
First Name	Middle Name		Contribution Received For:	Amount of Contribution
Last Name/Organization Name	_1		Primary Election General Election	
Last Name/Organization Name Address			Primary Election General Election Runoff (Local Elections Only)	
	State	Zip Code		Aggregate This Election
Address	State	Zip Code	Runoff (Local Elections Only)	Aggregate This Election
Address	Slate	Zip Code	Runoff (Local Elections Only)	Aggregate This Election
Address City Occupation	State	Zip Code	Runoff (Local Elections Only)	Aggregate This Election
Address City Occupation	Slate		Runoff (Local Elections Only)	Aggregate This Election Amount of Contribution
Address City Occupation Employer			Runoff (Local Elections Only) Date of Contribution	
Address City Occupation Employer First Name			Runoff (Local Elections Only) Date of Contribution Contribution Received For:	
Address City Occupation Employer First Name Last Name/Organization Name			☐ Runoff (Local Elections Only) Date of Contribution Contribution Received For: ☐ Primary Election ☐ General Election	
Address City Occupation Employer First Name Last Name/Organization Name Address	Middle Nam	ne	Runoff (Local Elections Only) Date of Contribution Contribution Received For: Primary Election General Election Runoff (Local Elections Only)	Amount of Contribution
Address City Occupation Employer First Name Last Name/Organization Name Address City	Middle Nam	ne	Runoff (Local Elections Only) Date of Contribution Contribution Received For: Primary Election General Election Runoff (Local Elections Only)	Amount of Contribution

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMI	LLEE		2	REPORT COVE	RING THE PERIOD	
				FROM:	TO:	
3. TOTAL ITEMIZED IN-KIND CONTRIBU	TIONE EDO	M BBEOCHNO B	AOT (An 'Co		Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR					contributor during the period)	
First Name				In-Kind Contribution Received For: Primary Election General Election		
Last Name/Organization Name			Runoff (Local Election	os Only)		
Address		<u> </u>	Date of In-Kind Contribution			
City	State Zip Code		Description of In-Kind Contribution	- 		
Occupation Employe	er					
First Name	Middle Name		In-Kind Contribution Receive		Value of In-Kind Contribution	
Last Name/Organization Name	<u>'</u>		☐ Primary Election ☐ Runoff (Local Election			
Address			Date of In-Kind Contribution	11	Aggregate this Election	
City	State	Zip Code	Description of In-Kind Contribution			
Occupation Employe	er .					
First Name	Aiddle Name		In-Kind Contribution Receive	ed For: General Election	Value of in-Kind Contribution	
Last Name/Organization Name			Runoff (Local Election		:	
Address			Date of In-Kind Contribution	Date of In-Kind Contribution		
City	State	Zip Code	Description of In-Kind Contribution			
Occupation Employe	f					
First Name	Middle N	ame		In-Kind Contribution Received For: ☐ Primary Election ☐ General Election		
Last Name/Organization Name			Runoff (Local Election			
Address	·	 	Date of In-Kind Contribution			
City	State	Zip Code	Description of In-Kind Contribution			
Occupation Employe						
First Name	Middle Na	ime	In-Kind Contribution Receiv		Value of In-Kind Contribution	
Last Name/Organization Name			Primary Election Runoff (Local Elections	_		
Address		·	Date of In-Kind Contribution		Aggregate this Election	
City	State	Zìp Code	Description of In-Kind Contribution			
Occupation Employer	. 1					
5. TOTAL ITEMIZED IN-KIND CONTRIBUT (Carry forward to item 3. of next page if additional page)	es of this form	are used.)				
(If this is the last page of in-kind contributions, this are	iount must be s	snown in item 22b. of sun	nmary.) Page	of	RDA 1159	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITT	EE				VERING THE PERIOD	
Kachel Collins		1484/20	TQ://5/QC			
3. TOTAL ITEMIZED CAMPAIGN EXPEN	DITURES FF	ROM PRECEDING PAC	GE (enter \$0 if first itemized pa	age)		
4. COMPLETE THE APPROPRIATE ITEMS F	OR EACH ITE	MIZED EXPENDITURE	(expenditures totaling more than \$10	0 to any payee during the	period)	
First Jame Lunce	Middle N	Varne	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name	<u>. </u>		Halloun			
Address			Event			
Address 21 Ramthe					177	
City Hendersonville	State	Zip Code 27075				
First Name	Middle N		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			1	•	į	
Orop Cowboy			Manheling		270	
Address						
City	State	Zip Code	7			
First Name	Middle N	ame	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address			Website	130		
City	State	Zip Code				
First Name	Middle Na		Purpose of Expenditure			
·	Middle Name				Amount of Expenditure	
Last Name/Business Name						
Address			1			
City	State	Zip Code	-			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			-			
Address			-			
City	1801	T-7-0-1	-			
	State	Zip Code				
First Name	Middle Nar	me	Purpose of Expenditure	<u>.</u>	Amount of Expenditure	
Last Name/Business Name		-				
Address						
Address						
City	State	Zip Code				
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional page (if this is the last page of expenditures, this amount in the second	eges of this form	are used.)	<u> </u>		577	
					7	

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE						2. REPORT COVERING THE PERIOD			
							FROM:		TO:
PRIATE ITEMS F	FOR EACH I	ITEMIZ	ZED LOAN	(loans totaling n	nore than \$1	00 from any so	urce during the	period)	
Source of the Loan									
	Middle Name		Outstanding Loan Balance (Beginning of Period)		Loans Received		Loan Payments		rtstanding Loan Balance (End of Period)
			1						
		1.				Date of I	_oan		
State	Zip Code								
List All Endor	rsers or Guara	antors fe	or Above Loa	ın (If more spa	ce is need	ed please atta	ach a page)		
First Name Middle Name				First Name		F	2 F - G - ,	Midd	le Name
				Last Name/Org	janization Na	arne			
				Address	,				<u></u>
	State	Zip Ca	ode	City		, <u> </u>		State	Zip Code
				Amount Guarar	nteed Outsta	nding		_1	
me Middle Name				First Name Middle Name					e Name
Last Name/Organization Name				Last Name/Organization Name					
				Address					
	State	Zip Co	xde	City			State	Zip Code	
				Amount Guaran	teed Outsta	nding		- 1	
	Middle Name			First Name				Midd	le Name
				Last Name/Orga	anizalion Na	me			· · · · · · · · · · · · · · · · · · ·
			-	Address					
	State	Zip Co	de	City				State	Zip Code
, _	<u> </u>	L		Amount Guaran	teed Outstar	nding			
	Middle Name			First Name Middle Name					e Name
	<u></u>			Last Name/Organization Name					
				Address					
	State	Zip Coo	de	City			State	Zip Code	
				Amount Guarant	eed Outstan	ding			
4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.) (Total loan payments should also be shown in item 20. on summary page.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)						Loans Received	1		Outstanding Loan Balance (End of Period)
	PRIATE ITEMS Fource of the Loan Middle Nan State List All Endor	PRIATE ITEMS FOR EACH Isource of the Loan Middle Name State State Zip Code List All Endorsers or Guara Middle Name State State Middle Name State Middle Name State Middle Name State	PRIATE ITEMS FOR EACH ITEMIZ Source of the Loan Middle Name State Zip Code List All Endorsers or Guarantors for Middle Name State Zip Cod Middle Name	PRIATE ITEMS FOR EACH ITEMIZED LOAN Source of the Loan Middle Name	PRIATE ITEMS FOR EACH ITEMIZED LOAN (toans totaling in source of the Loan Middle Name	PRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$1 Outcool of the Loan	PRIATE ITEMS FOR EACH ITEMIZED LOAN (toans totaling more than \$100 from any so ource of the Loan Middle Name	PRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the fource of the Loan Middle Name	PRIATE ITEMS FOR EACH ITEMIZED LOAN (bans totaling more than \$100 from any source during the period) Course of the Loan



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO	2. REPORT COVERING THE PERIOD					
				FROM:	TO:	
 COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period) 			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>				
Address			-			
City	State	Zip Code				
Description of Obligation		<u> </u>		<u></u>		
First Name	Middle Na	ame			<u> </u>	
Last Name/Business Name						
	<u>-</u>					
Address]
City	State	Zip Code				
Description of Obligation		!				
First Name	Middle Na	arne				
Last Name/Business Name		_				
Address			-			
City	State	Zip Code				į
Description of Obligation		.1			<u></u>	
First Name						,
	, Middle Na	me				
Last Name/Business Name						
Address			7			
City	State	Zip Code				
Description of Obligation		_L			***	
First Name	Middle Nar	me				
Last Name/Business Name						
Address	<u> </u>	·			:	
City	State	Zip Code	-		ĺ	
Description of Obligation						
4. TOTALS		 		7		
(Total from Outstanding Balance - (End in item 23b. on summary page.)	of Period) column must	t also be shown				
SP .						

|--|--|