

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>7/7/20</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>Rachel Collins</u>	
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>Rachel Collins for Alderman</u>		3. ELECTION DATE <u>11/3/20</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route <u>1575 Hunt Club Blvd</u> City <u>Gallatin</u> State <u>TN</u> Zip Code <u>37066</u> Phone <u>615 477-3541</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>Hendersonville Alderman Ward 5</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>Donna Sterban</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>4/1/20</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>6/30/20</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> <u>7/9/20</u> <u>[Signature]</u> <u>7/9/20</u> signature of candidate date signature of political treasurer date			
11. WITNESS SIGNATURE <u>[Signature]</u> <u>7/9/20</u> <u>[Signature]</u> <u>7/9/20</u> signature of witness date signature of witness date			
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT	FILED	PM	\$ <u>2972.35</u>
b. TOTAL RECEIPTS THIS PERIOD	AM		\$ <u>5330</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	JUL 11 2020		\$ <u>352.67</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	SUMNER COUNTY ELECTION COMMISSION		\$ <u>7949.68</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) Rachel Collins	14. REPORT COVERING THE PERIOD FROM: <u>4/1/20</u> TO: <u>6/30/20</u>
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RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ 3180

b. Itemized Contributions (over \$100 from each source this period) \$ 2150

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 5330

16. LOANS RECEIVED THIS REPORTING PERIOD \$ 0

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ 0

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 5330

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>ASAP - Printing</u>	\$ <u>44.25</u>
<u>Staples - Labels</u>	\$ <u>36.04</u>
<u>Nationbuilder - website</u>	\$ <u>70</u>
<u>Nationbuilder - Payment Processing Fee</u>	\$ <u>26.38</u>
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

Total of Expenditures (\$100 or less each payee) \$ 176.67

b. Itemized Expenditures (Over \$100 each payee this period) \$ 176

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 352.67

20. LOAN REPAYMENTS MADE THIS PERIOD \$ 0

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 352.67

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ 0

b. Itemized in-kind contributions (over \$100 from each source this period) \$ 0

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ 0

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ 0

b. Itemized Obligations Outstanding (Over \$100 each) \$ 0

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) \$ 0

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Rachel Collins				2. REPORT COVERING THE PERIOD FROM: 4/1/20 TO: 6/30/20	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name Josh + Andrea		Middle Name		Contribution Received For:	
Last Name/Organization Name PERONA				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 109 E Harbor Dr				<input type="checkbox"/> Runoff (Local Elections Only)	
City Hendersonville		State TN	Zip Code 37075	Date of Contribution 4/25	
Occupation Sales/Medical				Aggregate This Election 200	
Employer Open Works / Vanderbilt					
First Name Jennifer / Rick		Middle Name		Contribution Received For:	
Last Name/Organization Name Yamin				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 44 Carrington Road				<input type="checkbox"/> Runoff (Local Elections Only)	
City Hendersonville		State TN	Zip Code 37075	Date of Contribution 4/21, 5/15, 5/25, 6/2, 6/4, 6/28	
Occupation Public Policy Consultant / PT				Aggregate This Election 250	
Employer Self Employed / NHE					
First Name Keith + Amy		Middle Name		Contribution Received For:	
Last Name/Organization Name Dennem				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 135 Saranac Trail				<input type="checkbox"/> Runoff (Local Elections Only)	
City Hendersonville		State TN	Zip Code 37075	Date of Contribution 5/22	
Occupation Attorney / School Resource Aide				Aggregate This Election 300	
Employer Dubard Summer Center Schools					
First Name Amanda		Middle Name Watts		Contribution Received For:	
Last Name/Organization Name Hite				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 115 Gaston St				<input type="checkbox"/> Runoff (Local Elections Only)	
City Gallatin		State TN	Zip Code 37066	Date of Contribution 6/2	
Occupation President				Aggregate This Election 500	
Employer STR					
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.)					1250

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Rachel Collins</i>				2. REPORT COVERING THE PERIOD	
				FROM: <i>4/1/20</i>	TO: <i>6/30/20</i>
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <i>1250</i>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name <i>Cole + Denise</i>		Middle Name		Contribution Received For:	
Last Name/Organization Name <i>Shepherd</i>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address <i>637 E Main St</i>				<input type="checkbox"/> Runoff (Local Elections Only)	
City <i>Gallatin</i>		State <i>TN</i>	Zip Code <i>37066</i>	Date of Contribution <i>5/28 + 6/30</i>	
Occupation <i>Retired / Retired</i>				Aggregate This Election <i>200</i>	
Employer <i>NA</i>					
First Name <i>Georgia</i>		Middle Name		Contribution Received For:	
Last Name/Organization Name <i>Varble</i>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address <i>365 B North Hunter Lane</i>				<input type="checkbox"/> Runoff (Local Elections Only)	
City <i>Portland</i>		State <i>TN</i>	Zip Code <i>37148</i>	Date of Contribution <i>6/14</i>	
Occupation <i>Librarian</i>				Aggregate This Election <i>250</i>	
Employer <i>Davidson County</i>					
First Name <i>Jonathan + Jennifer</i>		Middle Name		Contribution Received For:	
Last Name/Organization Name <i>Chesnut</i>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address <i>120 River Birch Lane</i>				<input type="checkbox"/> Runoff (Local Elections Only)	
City <i>Hendersonville</i>		State <i>TN</i>	Zip Code <i>37075</i>	Date of Contribution <i>6/28</i>	
Occupation <i>Accountant / NA</i>				Aggregate This Election <i>250</i>	
Employer <i>Deloitte</i>					
First Name <i>Donna</i>		Middle Name		Contribution Received For:	
Last Name/Organization Name <i>Steerban</i>				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address <i>125 Bluegrass Circle</i>				<input type="checkbox"/> Runoff (Local Elections Only)	
City <i>Hendersonville</i>		State <i>Tn</i>	Zip Code <i>37075</i>	Date of Contribution <i>6/25</i>	
Occupation <i>NA</i>				Aggregate This Election <i>200</i>	
Employer <i>NA</i>					
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.)					<i>900</i> <hr/> <i>2150</i>

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Rachel Collins</i>				2. REPORT COVERING THE PERIOD	
				FROM: <i>4/1/20</i>	TO: <i>6/30/20</i>
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount
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>US Post Office</i>		<i>Stamps</i>		<i>176</i>	
Address <i>105 Imperial Blvd</i>					
City <i>Hendersonville</i>	State <i>IN</i>				
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				
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					Amount
(Carry forward to item 3. of next page if additional pages of this form are used.)					<i>176</i>
(if this is the last page of expenditures, this amount must be shown in item 19b. of summary.)					