## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For Multicandidate Committees (PACs)

2.A. SHORT NAME OF COMMITTEE (IF APPLICABLE)  3. ADDRESS AND PHONE Street or Rural Route  3. State Zip Code Phone TN 37066 GIS-442-65  4. TYPE OF CANDIDATES SUPPORTED  STATE PUBLIC OFFICE   LOCAL PUBLIC OFFICE   BOTH	
3. ADDRESS AND PHONE Street or Rural Route  City  State  Zip Code Phone  TN 37066 615-442-65	
Street or Rural Route  333 W. Main St. SteF Gallatin TN 37066 615-442-65  4. TYPE OF CANDIDATES SUPPORTED  STATE PURILS OFFICE TO LOCAL PURILS OFFICE TO	
Street or Rural Route  333 W. Main St. SteF Gallatin TN 37066 615-442-65  4. TYPE OF CANDIDATES SUPPORTED  STATE PURILS OFFICE TO LOCAL PURILS OFFICE TO	
333 W. Main St. SteF Gallatin TN 37066 615-442-65	
4. TYPE OF CANDIDATES SUPPORTED	~C F
STATE PUBLIC OFFICE LOCAL PUBLIC OFFICE BOTH	<u>0 C.</u>
5.A. NAME OF POLITICAL TREASURER 5.B. DATE APPOINTED	
6. CATEGORY OR REPORT (Check one)	
FIRST SECOND THIRD FOURTH PRE- PRE- MID-YEAR YEAR-END	<del></del> -
QUARTER QUARTER QUARTER PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL  7.A.BEGINNING DATE OF REPORTING PERIOD  7.B.ENDING DATE OF REPORTING PERIOD	
8 (Check one) 04/01/2020 06/30/2020	
8. (Check one)	
<ul> <li>A. This committee is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. I do solemly swear or affirm that the information contained in this state is true and that the committee has complied with all applicable provisions of the Campaign Financial Disclosure Act. (Items 10d., and 10f must also be completed.)</li> <li>B. This committee 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. I do solemly swear or affirm that the information con in this statement is true and that the following page(s) are a complete and accurate accounting of all contributions and expenditure required to be reported by political campaign committees by the Campaign Financial Disclosure Act.</li> </ul>	10e.
signature of political reasurer date	20
9. WITNESS SIGNATURE	
Jacquely Survey 7/2/20 signature of witness date	
10. SUMMARY	
a. BALANCE ON HAND LAST REPORT	
· ·····	
a. BALANCE ON HAND LAST REPORT	
a. BALANCE ON HAND LAST REPORT \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	17
a. BALANCE ON HAND LAST REPORT \$ 11,785.42 b. TOTAL RECEIPTS THIS PERIOD \$ 1,887.20 c. TOTAL DISBURSEMENTS THIS PERIOD \$ 1,200.45	<u>17</u>

## **SUMMARY PAGE - PAC**

11. NAME OF COMMITTEE (In Full)	12. REPORT COVERING THE PERIOD
Summer County Democratic Party	FROM 4/1/2020 TO: 6/30/2020
RECEIPTS 13. CONTRIBUTIONS (other than loans and interest)	11100 112100
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 1,227,20
b. Itemized Contributions (over \$100 from each source this period)	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	
14. LOANS RECEIVED THIS REPORTING PERIOD	
15. INTEREST RECEIVED THIS REPORTING PERIOD	s 0
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)	
DISBURSEMENTS	1/1011-60
17. EXPENDITURES (other than loan payments)	
a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed by gasoline)	category - e.g., printing, postage
*	
Utilities \$ 200.	<del></del>
Utilities s 235.	<u>42</u>
<u> </u>	
<u> </u>	<del></del>
\$	<del></del>
\$	<del></del>
Total of Expenditures (\$100 or less each payee)	. 435.43
b. Itemized Expenditures (Over \$100 each payee this period)	
c. Independent Expenditures	
d. TOTAL EXPENDITURES (other than loan repayments)(add 17.a., 17.b. and 17.c.) .	<del></del>
18. LOAN REPAYMENTS MADE THIS PERIOD	\$ 1200.45
19. TOTAL DISBURSEMENTS (add 17.d. and 18.) (must be shown in item 10.c.)	
20. IN-KIND CONTRIBUTIONS	\$ 1,200.45
a. Unitemized in-kind contributions (\$100 or less from each source this period)	. /18 72
b. Itemized in-kind contributions (over \$100 from each source this period)	<u> </u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.)	
21. LOANS	\$ 610.04
LOANS OUTSTANDING (must be shown in item 10.e.)	
22. OBLIGATIONS	\$_ <u>U</u>
a. Unitemized Obligations Outstanding (\$100 or less each)	
b. Itemized Obligations Outstanding (Over \$100 each)	
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i item 1	
SS-1136 (Rev. 11/04)	Page 2 of 4

## **ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC**

1. NAME OF COMMITTEE	·		T	<del></del>
Sumae County D				ERING THE PERIO
3. TOTAL ITEMIZED CAMPAIGN	CONTRIE	BUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized pa	ige)	Amount
4. COMPLETE THE APPROPRIATE	ITEMS FOR	EACH I EMIZED CONTRIBUTION (contributions totaling more than \$100	from any contributor	during the period)
Makais	195.1.	Last Name/Organization Name		Amount of Contribution
Address 123 Warren	Place	71,7103		135.00
Menderson ville,	State TA	37075	,	Date of Contribution
Occupation Unemployed		Employer		6/4/20
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address PO Box 150	13	Greate Callatia, Inc	<u>.</u> .	200.00
Gallatia	State	77066		Date of Contribution
Occupation		Employer		6/25/20
First Name	M.I.	Last Name/Organization Name Portland Lions Club		Amount of Contribution
Address PO Box 301	<u></u>	181 Hand Llons Club		175.00
Portland	State	<sup>Zip Code</sup> 37148		Date of Contribution
Occupation		Employer		4/24/20
First Name Cole	MJ	Last Name/Organization Name Shepherd		Amount of Contribution
Address 637 E. N		St.	<del></del>	150.00
Gallatia	State	37066		Date of Contribution
Occupation Retired		Employer	<del></del>	6/1/20
First Name	M.I.	Last Name/Organization Name	A	Amount of Contribution
Address	<u> </u>		<del></del>	The state of the s
City	State	Zip Code		ate of Contribution
Occupation		Employer		are of Contribution
irst Name	M.I.	Last Name/Organization Name		
ddress				mount of Contribution
ity	State	Zip Code		
ccupation	<u> </u>	Employer	Da	ate of Contribution
TOTAL ITEMIZED CONTRIBUTIONS				
(Carry forward to item 3, of next page in (If this is the last page of contributions,	f additional p this amount <i>i</i>	ages of this form are used.) must be shown in item 13b. of summary.)	1	660.00
		41.0°E	ĺ	1

## ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE	$\overline{}$	^	2 DEDONE OF THE	
Sumner Cou	nty Democrat	tic Party	2. REPORT COVERING THE PERFROM: 41/20 TO: 6/30	
3. TOTAL ITEMIZED EXPEND		PAGE (enter \$0 if first itemized page)	FROM: 4/1/20 TO: 6/30/	20
T CONFLETE INFAPPROPRIA	TE HEME FOR EXCHAPE DAG	The state of the s		
the purpose of expenditure section  First Name	on.	D EXPENDITURE (expenditures totaling more than \$16 er to include the purpose of the expenditure (e.g. postage,	printing) along with the candidate's name in	1
	Middle Name	Purpose of Expenditure	Amount of Expenditure	e
Last Name/Business Name Auto Owners Address	Insurance		323.	
10 Bax 740		Insurance	Date of Expenditure	_
City Cincinnati First Name		274	5/5/20	ו
	Middle Name	Purpose of Expenditure	Amount of Expenditure	_
Last Name/Business Name  Oak Tree, L	TD	ALC. 2	300.00	ן כ
Address 335 West N	lain St.	Office Rent	Date of Expenditure	$\dashv$
Gallatia First Name		066	4/2/20	
<u> </u>	Middle Name	Purpose of Expenditure	Amount of Expenditure	-
Last Name/Business Name Summer Lock + K	L. T		142 02	
Address 856 Cales Ferry	7	Office Expense	142.03 Date of Expenditure	_
City Gallatin	State Zip Code 370	lole The second	4/17/20	,
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	_
ast Name/Business Name			A louist of Expenditure	
Address				ľ
100/655			Date of Expenditure	$\dashv$
ity	State Zip Code			
irst Name	Middle Name	Purpose of Expenditure	A 75	
ast Name/Business Name			Arhount of Expenditure	
ddress			Dobrat F	
ty	State Zip Code		Date of Expenditure	
rst Name	Middle Name	Purpose of Expenditure		╛
st Name/Business Name			Amount of Expenditure	
dress				
1			Date of Expenditure	1
	State Zip Code			
. TOTAL ITEMIZED EXPENDITURE	ES			
(Carry forward to item 3. of next page (If this is the last page of campaign of SS-1118-E (Poy 1909)	ge if additional pages of this form a	are used.)	765.03	
SS-1119-E (Rev. 1/00)	The state of the s		4 Y of 4 RDA 1159	