CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Multicandidate Committees (PACs)

| 1. DATE OF REPORT 07/28/2020 | 2. NAME OF COMMITTEE | Den | occutic Pa | . 1. |
|--|---|---|--|---|
| 2.A. SHORT NAME OF COMMITTEE (IF APPLI | ICABLE) | y De M | ociatie io | JTY |
| SCDP | • | | | |
| 3. ADDRESS AND PHONE | | - · · · · · · · · · · · · · · · · · · · | <u> </u> | · · · · · · · · · · · · · · · · · · · |
| Street or Rural Route | City | State | Zip Code | Phone |
| 4. TYPE OF CANDIDATES SUPPORTED | vallation | 10 | 37066 | 615 442 6556 |
| a. Try E dy dy Mais By ME d dd i'r d ME b | STATE PUBLIC OFFICE | LOCAL PUBLI | C OFFICE 🔀 | вотн 🗀 |
| 5.A. NAME OF POLITICAL TREASURER | | | 5.B. DAT | E APPOINTED |
| Kvan Servey | | ^ | 2/1 | 1/2020 |
| 6. CATEGORY OR REPORT (Check one) | | 14 B | > | |
| FIRST SECOND THIRD | FOURTH PLE | PRE- | MID-YEAR | YEAR-END |
| QUARTER QUARTER QUARTER 7.A.BEGINNING DATE OF REPORTING PERIOD | | GENERAL NG DATE OF REPO | SUPPLEMENTAL PRTING PERIOD | SUPPLEMENTAL |
| | | | ATTION ENGINEER | |
| 8. (Check one) | | | | |
| A. This committee is exempt from detai | led disclosures because contributio | ns (including in-k | ind) received total \$1.0 | 100 or less AND |
| expenditures total \$1,000 or less for is true and that the committee has coand 10f must also be completed.) | this reporting period. I do solemly | swear or affirm th | at the information con | tained in this statement |
| B. This committee is required to file a d | etailed financial disclosure because | o cantributions (in | aluding in kind\ seesi. | and testal means the |
| \$1,000 and/or expenditures total more | re than \$1,000 for this reporting per | riod. I do solemly | swear or affirm that t | he information contained |
| in this statement is true and that the required to be reported by political care. | following page(s) are a complete a ampaign committees by the Campa | nd accurate acco | unting of all contribution | ons and expenditures |
| | and a second | a / | 5105010 7 101. | |
| | N | | | 7/-0/0 |
| | signature | political reasurer | | <u>+/28/20</u> 20 |
| | signa ja re j or p | political/ileastrei | | vale |
| 9. WITNESS SIGNATURE | | - | | |
| | | 0 | | |
| | | Х., | | 7/21/200 |
| | signatur | re of witness | Truy - | <u> </u> |
| | V V Signatu | iic oi widioss | | uate |
| 10. SUMMARY | | | | |
| a. BALANCE ON HAND LAST REPORT | | | . 12 472 | .17 |
| a. BALANCE ON HAND LAST REPORT | *************************************** | | » 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | - ' |
| b. TOTAL RECEIPTS THIS PERIOD | | | s <u>1,417+.19</u> | <u>כ</u> |
| | FILED | | 1.94 1 |) [|
| c. TOTAL DISBURSEMENTS THIS PERIOD | AM | PM | \$O | -1 |
| d. BALANCE ON HAND (10.a. plus 10.b. i | minus 10.c.)JUL 2 .82020 |) | \$ | 13,195.11 |
| e. TOTAL LOANS OUTSTANDING | SUMNER COUNTY ELECTION COMMISS | Y NON | \$ | O |
| f. TOTAL OBLIGATIONS OUTSTANDING | | | \$ | 0 |

SUMMARY PAGE - PAC

| 11. NAME OF COMMITTEE (In Full) | 12. REPORT COVERING THE PERIOD |
|--|--|
| Summer County Democratic Party | FROM 7/1/20 TO: 7/27/20 |
| RECEIPTS / / | 1/12/1/20 |
| 13. CONTRIBUTIONS (other than loans and interest) | 917 15 |
| a. Unitemized Contributions (\$100 or less from each source this period) | \$ <u>[17.1]</u> |
| 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 | \$ <u>U</u> |
| 16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.) | \$1,417.13 |
| DISBURSEMENTS | |
| 17. EXPENDITURES (other than loan payments) | |
| a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed by gasoline) | y category - e.g., printing, postage, |
| Postage s_8.3 | 0 |
| Utilities \$ 51.6 | |
| \$ | |
| \$ | |
| \$ | |
| \$ | |
| | _ |
| Total of Expenditures (\$100 or less each payee) | \$ 59.91 |
| b. Itemized Expenditures (Over \$100 each payee this period) | |
| c. Independent Expenditures | 10.10. |
| d. TOTAL EXPENDITURES (other than loan repayments)(add 17.a., 17.b. and 17.c.) | \$ 649.21 |
| 18. LOAN REPAYMENTS MADE THIS PERIOD | |
| 19. TOTAL DISBURSEMENTS (add 17.d. and 18.) (must be shown in item 10.c.) | s 694.21 |
| 20.IN-KIND CONTRIBUTIONS | 241 |
| a. Unitemized in-kind contributions (\$100 or less from each source this period) | <u> </u> |
| b. Itemized in-kind contributions (over \$100 from each source this period) | —————————————————————————————————————— |
| c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b. |)s <u>'422.48</u> |
| 21. LOANS | • |
| LOANS OUTSTANDING (must be shown in item 10.e.) | \$_ <i>O</i> |
| 22. OBLIGATIONS | |
| 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 | 10.f.)\$ |
| SS-1136 (Rev. 11/04) | Page <u>1</u> of 9 |
| | |

ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

| 1. NAME OF COMMITTEE | $\overline{}$ | 0, | 2. REPORT COVE | RING THE PERIOD |
|---|-----------------------|--|------------------------|--|
| Summer County | 1 km | ocratic Party | FROM: 7/1/20 | TO: 7/27/20 |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | | Amount 500 |
| 4. COMPLETE THE APPROPRIATE ITEMS | FOR EA | CH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 |) from any contributor | |
| First Name Steven | M.I. | Last Name/Organization Name Puckett | | Amount of Contribution |
| Address 228 Sanders Ferry | 21 | Apt A21 | · | 500 |
| City 1 | State | Zip Code | | Date of Contribution |
| Mendersonville | TN | 37075 | | |
| Night Stock Cler | k | Employer K Coal C | | 7/10/2020 |
| First Name | M.I. | Last Name/Organization Name | | Amount of Contribution |
| Address | <u> </u> | I | | • |
| City | State | Zip Code | | |
| | | | | Date of Contribution |
| Occupation | • | Employer | | |
| First Name | M.I. | Last Name/Organization Name | | Amount of Contribution |
| Address | <u> </u> | | | |
| City | State | Zip Code | | |
| | Jiaic | 2 Ly code | | Date of Contribution |
| Occupation | | Employer | | |
| I | | | 1 | |
| First Name | M.I. | Last Name/Organization Name | | Amount of Contribution |
| First Name Address | M.I. | Last Name/Organization Name | | Amount of Contribution |
| Address | | | | Amount of Contribution |
| | M.I. State | Last Name/Organization Name | | Amount of Contribution Date of Contribution |
| Address | | | | |
| Address City Occupation | State | Zip Code Employer | | Date of Contribution |
| Address City Occupation First Name | | Zip Code | | |
| Address City Occupation First Name Address | State | Zip Code Employer | | Date of Contribution |
| Address City Occupation First Name | State | Zip Code Employer | | Date of Contribution |
| Address City Occupation First Name Address | State M.I. | Zip Code Employer Last Name/Organization Name | | Date of Contribution Amount of Contribution |
| Address City Occupation First Name Address City Occupation | State M.I. State | Zip Code Employer Last Name/Organization Name Zip Code Employer | | Date of Contribution Amount of Contribution |
| Address City Occupation First Name Address City Occupation First Name | State M.I. | Zip Code Employer Last Name/Organization Name Zip Code | | Date of Contribution Amount of Contribution |
| Address City Occupation First Name Address City Occupation | State M.I. State | Zip Code Employer Last Name/Organization Name Zip Code Employer | | Date of Contribution Amount of Contribution Date of Contribution |
| Address City Occupation First Name Address City Occupation First Name | State M.I. State | Zip Code Employer Last Name/Organization Name Zip Code Employer Last Name/Organization Name | | Date of Contribution Amount of Contribution Date of Contribution |
| Address City Occupation First Name Address City Occupation First Name Address City City City | State M.I. State | Zip Code Employer Last Name/Organization Name Zip Code Employer Last Name/Organization Name | | Date of Contribution Amount of Contribution Date of Contribution |
| Address City Occupation First Name Address City Occupation First Name Address | State M.I. State | Zip Code Employer Last Name/Organization Name Zip Code Employer Last Name/Organization Name | | Date of Contribution Amount of Contribution Date of Contribution |
| Address City Occupation First Name Address City Occupation First Name Address City City City | State M.I. State | Zip Code Employer Last Name/Organization Name Zip Code Employer Last Name/Organization Name | | Date of Contribution Amount of Contribution Date of Contribution |
| Address City Occupation First Name Address City Occupation First Name Address City Occupation | M.I. State M.I. State | Zip Code Employer Last Name/Organization Name Zip Code Employer Last Name/Organization Name Zip Code Employer | | Date of Contribution Amount of Contribution Date of Contribution |

SS-1119-C (Rev. 2/06)

Page 3 of 5 RDA 1159

ITEMIZED STATEMENT OF EXPENDITURES - PAC

| 1. NAME OF COMMITTEE | $\overline{}$ | Ω | | 2. REPORT COVE | RING THE PERIOD |
|--|-------------------|--|---|---------------------------|-----------------------|
| Summer County | <u>Ven</u> | nocratic la | (ty | FROM: 7/1/20 | TO:7/27/20 |
| · | | | | 7.7- | Amount |
| 3. TOTAL ITEMIZED EXPENDITURES | | | | ···· | 634.30 |
| 4. COMPLETE THE APPROPRIATE ITEMS penditure is an in-kind contribution to a can | ididate nle | CHTEMIZED EXPEND ease remember to include | DITURE (expenditures totaling more than \$100 to a the purpose of the expenditure (e.g. postage, pr | to any payee during th | e period), If the ex- |
| the purpose of expenditure section. | ordato, pri | add formor to morad | - and purpose of the experiorative (e.g. postage, pr | anding) along with the Ca | snaidate's name in |
| First Name | Middle Na | me | Purpose of Expenditure | A | nount of Expenditure |
| Last Name/Business Name | J | - 4 | 1 | | 200 |
| Oak Tree L+d | | Office Rent | | 300 | |
| 335 West Main | St | | - Citia tan | | Date of Expenditure |
| Callatia | State | Zip Code 37066 | · | | 7/2/2020 |
| First Name | Middle Na | me | Purpose of Expenditure | A | mount of Expenditure |
| Last Name/Business Name | <u> </u> | eyor | $\dashv 0$ | | |
| | | | turchase of allo | e chairs | 334.30 |
| Address | | <u>-</u> | - Via Amazon. | CoM. | Date of Expenditure |
| 115 Hustinaton Place | 2 | | Purchase of office Via Amazon. 1 Reimbusement to | liers rec | ا |
| City | State | Zip Code | _ | | 7/8/2020 |
| Henders on Ville First Name | Tツ Middle Na | 37075 | Purpose of Expenditure | | |
| , istraine | I VIII GGI E I 14 | iiie | ruipose of Experiolitire | P | mount of Expenditure |
| Last Name/Business Name | • | | | | |
| Aller | | | | | |
| Address | | | | | Date of Expenditure |
| City | State | Zip Code | ┥ | | |
| | | | | | |
| First Name | Middle Na | me | Purpose of Expenditure | Ar | nount of Expenditure |
| | <u> </u> | | | | |
| Last Name/Business Name | | | | | |
| Address | | | | Date of Expenditure | |
| | | · | | | |
| City | State | Zip Code | | | |
| First Name | Middle Na | me | Purpose of Expenditure | | |
| | , madic ita | | r dipose di Experiditare | A | nount of Expenditure |
| Last Name/Business Name | | | | | |
| A J.J | | | _ | ļ | |
| Address | | | | ĺ | Date of Expenditure |
| City | State | Zip Code | + | | Ì |
| | | | | | |
| First Name | Middle Nar | ne | Purpose of Expenditure | Ar | ount of Expenditure |
| Last Name/Business Name | | - | | 1 | |
| | | | | ŀ | |
| Address | | | | ate of Expenditure | |
| City | State | Zip Code | + | | ł |
| | <u> </u> | | | | 1 |
| 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 campaign expenditures, this amount must be shown in item 17b. of summary.) | | | | | |
| (If this is the last page of campaign expension SS-1119-E (Rev. 1/00) | altures, thi | s amount must be shown | · | | |
| CACAL OO LING IN (LINGS, 1000) | | | Page _ | ロ of ラ | RDA 1159 |

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - PAC

| 1. NAME OF COMMITTEE COUNTY | 1 | D. | : , • | 2. REPORT COVER | |
|--|--|--------------------|-------------------------------------|------------------------------------|---------------------------------------|
| JUM NET COUNTY | y Ulmouro | tic TW | <u> </u> | FROM: 7/1/20 | TO: 7/27/20 Amount |
| 3. TOTAL ITEMIZED IN-KIND CONTRIB | UTIONS FROM PRE | CEDING PAGE | enter \$0 if first itemized page) | | 500 40 |
| 4. COMPLETE THE APPROPRIATE ITE | MS FOR EACH ITE | MIZED IN-KIND (| ONTRIBUTION (in-kind contributions | s totaling more than \$100 from ar | ny contributor during the period) |
| First Name Hana | Middle Name A. | | Description of In-Kind Contribution | | alue of In-Kind Contribution |
| Last Name/Organization Name | 1 | | ic. | | 007 |
| Address 2005 EStirling | <u>. </u> | | Signs, but Masl | tons, | 257.20 |
| city Hendersonville | State TN 2 | Zip Code. 37075 | Masl | C5 | Date of In-Kind Contribution |
| Occupation Doctor | | | | | 7/10/2020 |
| Employer Self-Empla | red | | | | |
| First Name | Middle Name | ver | Description of In-Kind Contribution | v | alue of In-Kind Contribution |
| Last Name/Organization Name | 1 -0(00 | <u>v</u> c i | 1 0 | | 251.28 |
| Address 122 Cliff | D _ | | Banner | | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ |
| City LL 1 | State TN 2 | Tip Code 3 7 0 7 5 | | | Date of In-Kind Contribution |
| Occupation Declar | 1 114 | 3+0+5 | · · · · · · | | 7/2/2020 |
| Employer TOA | ······································ | | | | |
| First Name | Middie Name | | Description of In-Kind Contribution | V | alue of In-Kind Contribution |
| Last Name/Organization Name | | | | | |
| Address | | | | | |
| City | State 2 | lip Code | | | Date of In-Kind Contribution |
| Occupation | L | | | | |
| Employer | | | | | |
| | | | | | |
| First Name | Niddle Name | İ | Description of In-Kind Contribution | ٧ | alue of In-Kind Contribution |
| Last Name/Organization Name | <u> </u> | | | | |
| Address | | | | | |
| City | State Z | ip Code | | : | Date of In-Kind Contribution |
| Occupation | _LL | | | | |
| Employer | | garanga da | | | |
| | | | | | |
| 5. TOTAL ITEMIZED IN-KIND CONTR | RIBUTIONS | | t the second | | |
| (Carry forward to item 3 of next p | | | | ĺ | 508.48 |
| (if this is the last page of in-kind o | contributions, this am | ount must be shov | vn in item 20.b. of summary.) | | |
| SS-1125 (Rev. 2/06) | | | P | age 5 of 5 | RDA 1159 |