

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Multicandidate Committees (PACs)

1. DATE OF REPORT <b>07/28/2020</b>	2. NAME OF COMMITTEE <b>Sumner County Democratic Party</b>
2.A. SHORT NAME OF COMMITTEE (IF APPLICABLE) <b>SCDP</b>	
3. ADDRESS AND PHONE Street or Rural Route      City      State      Zip Code      Phone <b>333 W Main St      Gallatin      TN      37066      615 442 6556</b>	
4. TYPE OF CANDIDATES SUPPORTED STATE PUBLIC OFFICE <input type="checkbox"/> LOCAL PUBLIC OFFICE <input checked="" type="checkbox"/> BOTH <input type="checkbox"/>	
5.A. NAME OF POLITICAL TREASURER <b>Ryan Servey</b>	5.B. DATE APPOINTED <b>2/11/2020</b>
6. CATEGORY OF REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input checked="" type="checkbox"/> <del>PRE-PRIMARY</del> <input checked="" type="checkbox"/> <del>PRE-GENERAL</del> <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL	
7.A. BEGINNING DATE OF REPORTING PERIOD	7.B. ENDING DATE OF REPORTING PERIOD
8. (Check one) A. <input type="checkbox"/> 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 solemnly swear or affirm that the information contained in this statement is true and that the committee has complied with all applicable provisions of the Campaign Financial Disclosure Act. (Items 10d., 10e. and 10f must also be completed.)  B. <input checked="" type="checkbox"/> 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 solemnly swear or affirm that the information contained in this statement is true and that the following page(s) are a complete and accurate accounting of all contributions and expenditures required to be reported by political campaign committees by the Campaign Financial Disclosure Act.	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">             _____            signature of political treasurer         </div> <div style="text-align: center;"> <b>7/28/2020</b>            _____            date         </div> </div>	
9. WITNESS SIGNATURE	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">             _____            signature of witness         </div> <div style="text-align: center;"> <b>7/28/2020</b>            _____            date         </div> </div>	
10. SUMMARY	
a. BALANCE ON HAND LAST REPORT .....	\$ <b>12,472.17</b>
b. TOTAL RECEIPTS THIS PERIOD .....	\$ <b>1,417.15</b>
c. TOTAL DISBURSEMENTS THIS PERIOD .....	\$ <b>694.21</b>
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.) .....	\$ <b>13,195.11</b>
e. TOTAL LOANS OUTSTANDING .....	\$ <b>0</b>
f. TOTAL OBLIGATIONS OUTSTANDING .....	\$ <b>0</b>



## SUMMARY PAGE - PAC

11. NAME OF COMMITTEE (In Full) <div style="font-size: 1.2em; font-family: cursive;">Summer County Democratic Party</div>	12. REPORT COVERING THE PERIOD FROM <u>7/1/20</u> TO: <u>7/27/20</u>
<b>RECEIPTS</b>	
13. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period) .....	\$ <u>917.15</u>
b. Itemized Contributions (over \$100 from each source this period) .....	\$ <u>500.00</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.) .....	\$ <u>1,417.15</u>
14. LOANS RECEIVED THIS REPORTING PERIOD .....	\$ <u>0</u>
15. INTEREST RECEIVED THIS REPORTING PERIOD .....	\$ <u>0</u>
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.) .....	\$ <u>1,417.15</u>
<b>DISBURSEMENTS</b>	
17. EXPENDITURES (other than loan payments)	
a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)	
<u>Postage</u> .....	\$ <u>8.30</u>
<u>Utilities</u> .....	\$ <u>51.61</u>
.....	\$ .....
.....	\$ .....
.....	\$ .....
.....	\$ .....
Total of Expenditures (\$100 or less each payee) .....	\$ <u>59.91</u>
b. Itemized Expenditures (Over \$100 each payee this period) .....	\$ <u>634.30</u>
c. Independent Expenditures .....	\$ <u>0</u>
d. TOTAL EXPENDITURES (other than loan repayments)(add 17.a., 17.b. and 17.c.) .....	\$ <u>694.21</u>
18. LOAN REPAYMENTS MADE THIS PERIOD .....	\$ <u>0</u>
19. TOTAL DISBURSEMENTS (add 17.d. and 18.) (must be shown in item 10.c.) .....	\$ <u>694.21</u>
<b>20. IN-KIND CONTRIBUTIONS</b>	
a. Unitemized in-kind contributions (\$100 or less from each source this period) .....	\$ <u>214.00</u>
b. Itemized in-kind contributions (over \$100 from each source this period) .....	\$ <u>508.48</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.) .....	\$ <u>722.48</u>
<b>21. LOANS</b>	
LOANS OUTSTANDING (must be shown in item 10.e.) .....	\$ <u>0</u>
<b>22. OBLIGATIONS</b>	
a. Unitemized Obligations Outstanding (\$100 or less each) .....	\$ <u>0</u>
b. Itemized Obligations Outstanding (Over \$100 each) .....	\$ <u>0</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown in item 10.f.) .....	\$ <u>0</u>



## ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE <b>Sumner County Democratic Party</b>			2. REPORT COVERING THE PERIOD FROM: <b>7/1/20</b> TO: <b>7/27/20</b>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <del>100</del> <b>500</b>	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name <b>Steven</b>	M.I.	Last Name/Organization Name <b>Puckett</b>	Amount of Contribution <b>500</b>	
Address <b>228 Sanders Ferry Rd Apt A21</b>				
City <b>Hendersonville</b>	State <b>TN</b>	Zip Code <b>37075</b>	Date of Contribution <b>7/10/2020</b>	
Occupation <b>Night Stock Clerk</b>		Employer <b>Kroger</b>		
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code	Date of Contribution	
Occupation		Employer		
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code	Date of Contribution	
Occupation		Employer		
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code	Date of Contribution	
Occupation		Employer		
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code	Date of Contribution	
Occupation		Employer		
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code	Date of Contribution	
Occupation		Employer		
5. TOTAL ITEMIZED CONTRIBUTIONS			<b>500</b>	
(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 13b. of summary.)				



## ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE <i>Sumner County Democratic Party</i>				2. REPORT COVERING THE PERIOD					
				FROM: <i>7/1/20</i>	TO: <i>7/27/20</i>				
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <b>634.30</b>					
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period). If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g. postage, printing) along with the candidate's name in the purpose of expenditure section.									
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name <i>Oak Tree, Ltd</i>				<i>Office Rent</i>		<b>300</b>			
Address <i>335 West Main St</i>						Date of Expenditure			
City <i>Gallatin</i>		State <i>TN</i>	Zip Code <i>37066</i>			<b>7/2/2020</b>			
First Name <i>Ryan</i>		Middle Name <i>Treyer</i>		Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name <i>Servey</i>				<i>Purchase of office chairs via Amazon.com. Reimbursement to Treasurer.</i>		<b>334.30</b>			
Address <i>115 Huntington Place</i>						Date of Expenditure			
City <i>Hendersonville</i>		State <i>TN</i>	Zip Code <i>37075</i>			<b>7/8/2020</b>			
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name									
Address								Date of Expenditure	
City		State	Zip Code						
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name									
Address								Date of Expenditure	
City		State	Zip Code						
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name									
Address								Date of Expenditure	
City		State	Zip Code						
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name									
Address								Date of Expenditure	
City		State	Zip Code						
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.)				<b>634.30</b>					



## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE <i>Sumner County Democratic Party</i>			2. REPORT COVERING PERIOD FROM: <i>7/1/20</i> TO: <i>7/27/20</i>	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <i>508.48</i>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)				
First Name <i>Hana</i>	Middle Name <i>Ali</i>	Description of In-Kind Contribution <i>Signs, Buttons, Masks</i>		Value of In-Kind Contribution <i>257.20</i>
Last Name/Organization Name				Date of In-Kind Contribution <i>7/10/2020</i>
Address <i>2005 E. Stirling Ct.</i>				
City <i>Hendersonville</i>	State <i>TN</i>			Zip Code <i>37075</i>
Occupation <i>Doctor</i>				
Employer <i>Self - Employed</i>				
First Name <i>John</i>	Middle Name <i>Weaver</i>	Description of In-Kind Contribution <i>Banner</i>		Value of In-Kind Contribution <i>251.28</i>
Last Name/Organization Name				Date of In-Kind Contribution <i>7/2/2020</i>
Address <i>127 Cliff top Dr.</i>				
City <i>Hendersonville</i>	State <i>TN</i>			Zip Code <i>37075</i>
Occupation <i>Doctor</i>				
Employer <i>TOA</i>				
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name				Date of In-Kind Contribution
Address				
City	State			Zip Code
Occupation				
Employer				
First Name	Middle Name	Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name				Date of In-Kind Contribution
Address				
City	State			Zip Code
Occupation				
Employer				
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS  (Carry forward to item 3 of next page if additional pgs of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 20.b. of summary.)				<i>508.48</i>

