CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT	
2.a. NAME OF CANDIDATE OR COMMITTEE.	
2.b. IF COMMITTEE, NAME OF CANDIDATE 3. ELECTION D	ATE
4.a. CAMPAIGN ADDRESS AND PHONE	
Street or Rural Route City State Zip Code	Phone
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)	75 96-5739
Street or Rural Route City State Zip Code	Phone
5. OFFICE SOUGHT (include district number, if applicable) 6. NAME OF POLITICAL TREASURER (ma	y be candidate)
7. CATEGORY OR REPORT (Check one)	202
FIRST SECOND THIRD FOURTH PRE- PRE- MID-YEAR QUARTER QUARTER QUARTER PRIMARY CENTRAL SUBSTRICT P	- 10110
8.b. ENDING DATE OF REPORTING PERIOD	TAL SUPPLEMENTAL
9. (Check one) $Ob/3D/2D2D$	
a. This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$ tures total \$1,000 or less for this reporting period. (Campaignets thereis 12) 120 and 12(1)	\$1,000 on lone AND
the repeating period. (Complete items 12d., 12e. and 12r.)	
b. This campaign is required to file a detailed financial disclosure because contributions (including in-kind) recand/or expenditures total more than \$1,000 for this reporting period.	ceived total more than \$1,000
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is to accurate accounting of campaign contributions and expenditures required to be reported by the candidate commit Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.	ue and that this report is an ittee by the Campaign for the personal financial
Taranel 1/9/2000 Day - & Day	
signature of candidate date signature of political treasurer	
11. WITNESS SIGNATURE	
Signature of witness 7 9 2020 Signature of witness	
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT	46
b. TOTAL RECEIPTS THIS PERIOD	20
c. TOTAL DISBURSEMENTS THIS PERIOD	<u>2/</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) SUMNER COUNTY	s 1.891, 85
e. TOTAL LOANS OUTSTANDING	
	. \$
f. TOTAL OBLIGATIONS OUTSTANDING	. \$

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14 PEDODI COVEDINO THE DEPLO
KAREN L. DIXON	14. REPORT COVERING THE PERIOD FROM: 4/1/20 TO: 6/30/20
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	111/00 1 10/30/20
a. Uniternized Contributions (\$100 or less from each source this period)	\$ 700.00
b. Itemized Contributions (over \$100 from each source this period)	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	: 17/2 m
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	· / 7×0 ×0
DISBURSEMENTS	\$ 1 700,W
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.	a printing marks
Signs + Tee Shirts \$ 1.135	
Bank Fre \$ 9.	
1 Pour Pour Lean	
1	<u>)U</u>
\$	
\$	-
\$	
\$	_
\$	
\$	
Total of Expenditures (\$100 or less each payee)	. 11/15/1
b. Itemized Expenditures (Over \$100 each payee this period)	* <u>1173.01</u>
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.)	14/64/
22. IN-KIND CONTRIBUTIONS	\$ 1/93.01
a. Unitemized in-kind contributions (\$100 or less from each source this period)	
b. Itemized in-kind contributions (over \$100 from each source this period)	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	
23. OBLIGATIONS	\$
a. Unitemized 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	
(cos 25.5.) (Mast be shown ritem 12	(.I.)\$

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMIT				2 REPORT COVER	NG THE PERIOD
KAREN E. DIXI				FROM: 0/4/2022	TO: 6/30/2020
3. TOTAL ITEMIZED CAMPAIGN CONTRIL	BUTIONS F	ROM PRECEDING PA	AGE (enter \$0 if first itemized	page)	Amount
4. COMPLETE THE APPROPRIATE ITEMS FO	R EACH ITE	MIZED CONTRIBUTION	(contributions totaling more than	\$100 from any contributo)
Jane Hamm Last Name/Qrganization Name	Middle N	ame	Contribution Received For	r:	Amount of Contribution
Hamm			Primary Election	General Election	a
City . 117 Cumperland B		RAIL	Runoff (Local Election	ns Only)	\$200.00
Occupation Occupation	State 7)v	Zip Code 37075	Date of Contribution		Aggregate This Election
Refixed			6/23/20a	.0	220.00
			, , ,	•	200.00
First Name GEOPAE	Middle N	iame ISTAN	Contribution Received F	or:	Amount of Contribution
Last Name/Organization Name DeNCER		4 4 11/11-	Primary Election	General Election	5 77
Address 104 RIVER Chase			Runoff (Local Election	ns Only)	500,00
Hendersonville	State	^{Zip Code} 37075	Date of Contribution		Aggregate This Election
CONSULTANT Employer			6/20/	2020	500.00
WWS Mant					300.00
First Name VERNON	Middle Na	o. H	Contribution Received Fo	or:	Amount of Contribution
Last Name/Organization Name DIYON		2,1,	Primary Election	General Election	\$ 300.00
Address D CLATENDER F	L		Runoff (Local Elections	s Only)	300.00
Hendersonville	State	Zip Code 37075	Date of Contribution		Aggregate This Election
Employer Operations M	ANA6	ER	6/15/20	20	1300.00
Doblo Steel C	omp	4N4			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
First Name	Middle Nan	ne	Contribution Received For:	A	mount of Contribution
Last Name/Organization Name		0.74	Primary Election	General Election	
Address		:	Runoff (Local Elections	Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer					
5. TOTAL ITEMIZED CONTRIBUTIONS					
(Carry forward to item 3. of next page if additional pages (If this is the last page of contributions, this amount must	of this form are be shown in it	e used.) em 15b. of summary.)			1700.00
00.4404/5					

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ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE	OR COMMITTEE		2 REPORT COV	ERING THE PERIOD
			FROM:	TO:
3. TOTAL ITEMIZED IN-KIN	Amount			
4. COMPLETE THE APPROPRI	ATE ITEMS FOR EACH ITE	MIZED IN-KIND CONT	RIBUTION (in-kind contributions totaling more than \$100 from an	y contributor during the period)
First Name	Middle		a In-Kind Contribution Received For:	Value of In-Kind Contribution
Last Name/Organization Name			☐ Primary Election ☐ General Election	and of the father death industry
Address		ment and	Runoff (Local Elections Only)	
Address			Date of In-Kind Contribution	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer	<u> </u>	 	
First Name	Middle	Name	In-Kind Contribution Received For:	Value of In-Kind Contribution
Last Name/Organization Name	<u>_</u>	-	Primary Election General Election	Value of Wi-Kind Continuing
			Runoff (Local Elections Only)	
Address			Date of In-Kind Contribution	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer		_	
First Name	Middle N	lame	In-Kind Contribution Received For:	Value of the Kin LO
Last Name/Organization Name			Primary Election General Election	Value of In-Kind Contributio
			Runoff (Local Elections Only)	
Address			Date of In-Kind Contribution	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer		A Section 1	
First Name	t Name Middle Name		In-Kind Contribution Received For:	
ast Name/Organization Name		· · · · · · · · · · · · · · · · · · ·	Primary Election General Election	Value of In-Kind Contribution
			Runoff (Local Elections Only)	
Address	-		Date of In-Kind Contribution	Aggregate this Election
ity	State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer	<u> </u>		
rst Name	Middle Na	me	In-Kind Contribution Received For:	
st Name/Organization Name			Primary Election General Election	Value of In-Kind Contribution
			Runoff (Local Elections Only)	
dress			Date of In-Kind Contribution	Aggregate this Election
у	State	Zip Code	Description of In-Kind Contribution	
cupation	Émployer	1		
TOTAL ITEMIZED IN-KIND (CONTRIBUTIONS			
(Carry forward to item 3, of next page (if this is the last page of in-kind contr	and additional pages of this form a fibutions, this amount must be st	re used.) nown in item 22b, of summa	in)	
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			Page of	RDA 1159

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE KAREN E. DI	E VV			2. REPORT COVE	RING THE PERIOD	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount /30/20	
4. COMPLETE THE APPROPRIATE ITEMS FO	R EACH ITE	MIZED EXPENDITURE	(expenditures totaling more than \$1)	Dage)	oriod)	
First Name (Slow) Man)	Name	Purpose of Expenditure CAMPAIGN Tee		Amount of Expenditure		
Last Name/Business Name SignMAN			Tee	shirts	July 1	
Address 108 M dtown (+#	203		ζ	1135,11	
Hendersonville	State 77) 37075				
First Name	Middle N		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name	Middle N	ame	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address			-			
City	State	Zip Code	+			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	i		-		, , , , , , , , , , , , , , , , , , ,	
Address				,		
City	State	Zip Code				
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure	
ast Name/Business Name		· · · · · · · · · · · · · · · · · · ·	-		Amount of Expenditure	
ddress			<u></u>			
ity	State	Zip Code				
irst Name	Middle Nam	€	Purpose of Expenditure		Amount of Expenditure	
sst Name/Business Name	L		1			
ddress			-			
ty	State	Zip Code	•			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount mus	of this form ar t be shown in it	e used.) em 19b. of summary.)	L			

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ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE	OR COMMITTEE							2 FI	REPOR	RT CO		NG THE PERIOR
3. COMPLETE THE APPR	OPRIATE ITEMS I	FOR EACH	TITEMIZ	ZED LOAN	(loans totaling n	nore then	\$100 from ==	W FOUR	a duni "			·
Complete the Following for the	Source of the Loan			-		10/6 (148)	TOO HOM an	iy sourc	e ouring the	e period)	
First Name	Middle Nar	ne		Outstanding	Loan Balance	L	oans		Loan		Outstar	nding Loan Balance
Last Name/Organization Name				(Beginning	of Period)	Re	ceived		yments		(E	iong Loan Balance and of Period)
Address				Loan Recei	ved For:			L	Date of	l nan		
City	State	Zip Code	Primary Election General Election			neral Election						
		ZipCode		☐ Runof	(Local Elections (Only)						
	List All Endor	sers or Gua	rantors fo		an (if more spac		eded please	attach	2 0200			
irst Name		Middle Nan	ne		First Name		odod picusc	OLEC!	a paye)	1 M	iddle Na	
ast Name/Organization Name		<u> </u>		·	l and bloom of Co				·	191	udie Na	me
					Last Name/Org	anization	Name					
Address					Address							
City		State	Zip Co	de	City							
			12,00		City					Sta	ete	Zip Code
mount Guaranteed Outstanding				· · · · · · · · · · · · · · · · · · ·	Amount Guarant	eed Outs	standing					<u> </u>
irst Name		Middle Nam	e		First Name			_		 -		
					Middle Name							
ast Name/Organization Name				· · · · ·	Last Name/Orga	nization	Name			_!_		
ddress	 _			- <u> </u>	·							<u></u>
<u>.</u>					Address							
ity		State	Zip Còd	le	City	_				Stat	 te	Zip Code
nount Guaranteed Outstanding	<u>.</u>				Amount Guarante	and Outlet	L 11					
					- Ansouri Guaranie	eu Outsi	anoing					
rst Name		Middle Name			First Name Middle Name							
st Name/Organization Name					Last Name/Organ	ization N						
dress					Look Hainer Organ	rzauoii iy	ame					
ulesa					Address							
у		State	Zip Code		City							
ount Guaranteed Outstanding										State	е	Zip Code
				ľ	mount Guarantee	d Outsta	nding			'		L
1 Name	I.	liddle Name			irst Name					,		
Name/Organization Name										Middl	e Name	<u> </u>
g				L	ast Name/Organiz	ation Na	me			Ь		
ress		· <u> </u>		A	ddress							
	T e	tate	7in C-4:							_		
unt Guaranteed Outstanding	31	1016	Zip Code		ity					State		Zip Code
				Ār	nount Guaranteed	Outstan	ding					
otals for all Loans (complete	on last page of iten	nized loans	5)	0	distanding Loss D	alac- T						
ial loan payments should also be shi	own in item 16. on sumn	nary page.)							anding Loan Balance End of Period)			
al outstanding loan balance should a	lso be shown in item 12.	e. on front pag	je.)								 	cho of Feriod)

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
				FROM:		
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 Nar	ne				
Last Name/Business Name	·		1			
Address				!		
City	State	Zip Code	1			
Description of Obligation .	i		%			
First Name	Middle Nar	ne				
Last Name/Business Name			1 .			
Address						
City	State	Zip Code	1			
Description of Obligation						
First Name Middle Name						
Last Name/Business Name			-			
Address			1			
City	State	Zip Code				
Description of Obligation						
First Name	Middle Nar	ne				
Last Name/Business Name			1			
Address						
City	State	Zip Code	- 1			
Description of Obligation	 					
First Name	Middle Nan	ne				
Last Name/Business Name	•					
Address						
City	State	Zip Code	1			
Description of Obligation		<u> </u>	<u> </u>			
TOTALS (Total from Outstanding Balance - (End of Period) or in item 23b. on summary page.)						

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