CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1.	DATE OF REPORT	2.a. NAME OF C	ANDIDATE OR (January 1	ees	
	7/9/2020	Kil				· · ·
2.b	IF COMMITTEE, NAME OF CANDIDATE	1 197	e Robin	150n	10 E) E0E	
L					3. ELECTION DA	
4.a	CAMPAIGN ADDRESS AND PHONE				8/6/	2020
4	Street or Rural Route	City		State	Zip Code	Phone
11	CANDIDATE'S HOME ADDRESS (if different of Pural Posts	kel Gal	leth	TN	37066	615-417-2128
4.D.	CANDIDATE'S HOME ADDRESS (if differen Street or Rural Route					013 111 0 100
1		City		State	Zip Code	Phone
5.	OFFICE SOUGHT (include district number, if	(Opplieshle)	<u> </u>			
15	chool Board District	applicable)	6. NAME C	F POLITICAL	TREASURER (may t	pe candidate)
7.	CATEGORY OR REPORT (Check one)	σ	Kyle	Pobins	fon	
İ				г		
	QUARTER QUARTER QUARTER	FOURTH	PRE-	PRE-	MID-YEAR	L] YEAR-END
8.a.	BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY 8.b. ENDING	GENERAL DATE DE REPO	SUPPLEMENTAL ORTING PERIOD	SUPPLEMENTAL
_ '	4/1/2020			0/202		
9. (C	heck one)		017	2100a	0	
!	a. This campaign is exempt from detailed	d dicalogues become				
	 This campaign is exempt from detailed tures total \$1,000 or less for this report 	ting period. (Comp	e contributions (lete items 12d	including in-kir 12e and 12f \	nd) received total \$1,	000 or less AND expendi-
1						
	 This campaign is required to file a determined and/or expenditures total more than \$ 	alled financial disclo 1,000 for this reporti	sure because o ing period	ontributions (in	rcluding in-kind) recei	ved total more than \$1,000
10.	I/we do solemnly swear or affirm that the inf accurate accounting of campaign contribution	ormation contained	in this campain	n financial die	closure senset is to	
	Financial Disclosure Act. Additionally The c	WOOF OF Office Ale . 4		chousen nh mi	e candidate committe	and that this report is an e by the Campaign
	Financial Disclosure Act. Additionally, I/we s benefit of the candidate or for any other nonp	olitical purpose as	no campaign coi defined by the fe	ntributions hav ederal internal	e been expended for	the personal financial
1	110	- • •		0	A	
	Total and the second	7/9/2021	D		l.—	7/9/2020
	signature of candidate	date		signature 4	olitical treasurer	date
11. \	WITNESS SIGNATURE					
11.	TINESS SHOWATURE					
//		266.		///	417	11
	signature of witness	47/20	L			_ 7/9/26
		———		signatu	re of witness	date
12. SI	JMMARY	· · · · · · · · · · · · · · · · · · ·				
•	DALANCE ONLIAND LAST TO					
a.	BALANCE ON HAND LAST REPORT	RF	CENES		·	
b.	TOTAL RECEIPTS THIS PERIOD		OFIVED		475.00	
	The second secon	-M-M-	Α 7	\$	717.00	
C.	TOTAL DISBURSEMENTS THIS PERIOD	:aot	0 7 2020	:e "	. ()	ĺ
	DAI ANGE COLOR	SUMNE	RCOUNTY	······ •	·	•
d.	BALANCE ON HAND (12.a. plus 12.b. minu	IS 12.CELECTION	COMMISSION	·	······\$	475.00
_	TOTAL LOADS					
e. ———	TOTAL LOANS OUTSTANDING			•••••	\$	0
£		·				
f.	TOTAL OBLIGATIONS OUTSTANDING	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************			0
					Ψ	



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14	REPORT COVE	RING THE PERIO				
Kyle Robinson	FR	OM:4/1/2020	TO: 6/30/202				
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)			0,10,10				
a. Unitemized Contributions (\$100 or less from each source this period)	\$						
b. Itemized Contributions (over \$100 from each source this period)			•				
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)			-				
16. LOANS RECEIVED THIS REPORTING PERIOD	••••••	***************************************	\$ O				
17. INTEREST RECEIVED THIS REPORTING PERIOD		. ,	\$ 0				
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)							
DISBURSEMENTS							
19. EXPENDITURES (other than loan payments)							
a. Expenditures (\$100 or less each payee this period) (must be listed by category -	e.g., p	rinting, postage, d	asoline)				
		417 070	,				
							
							
							
							
							
\$ <u> </u>	_						
\$							
Total of Expenditures (\$100 or less each payee)							
b. Itemized Expenditures (Over \$100 each payee this period)		0					
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		\$	0				
20. LOAN REPAYMENTS MADE THIS PERIOD		\$	0				
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)\$							
22.IN-KIND CONTRIBUTIONS							
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.	o.)	\$					
23. OBLIGATIONS							
a. Uniternized 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	n 12.f.)	\$	_ 0				

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMIT	EE.			2 REPORT COVER	ING THE PERIOD	
•	TO: 630	20				
3. TOTAL ITEMIZED CAMPAIGN CONTRIB	JTIONS F	ROM PRECEDING PA	GE (enter \$0 if first itemized	E (enter \$0 if first itemized page)		
4. COMPLETE THE APPROPRIATE ITEMS FOR	EACH ITE	MIZED CONTRIBUTION	(contributions totaling more than	\$100 from any contributor	r)	
First Name Middle Name Last Name/Organization Name			Contribution Received For	Amount of Contribu	tion	
Robinson		Primary Election	300-00			
414 Upper Station (rk Rd	Runoff (Local Electio	ns Only)	İ		
City Gallath	State	Zip Code 37066	Date of Contribution		Aggregate This Elec	ction
Occupation Phormacost			1 6/26/2020	300.00		
Employer CV5				700.00		
First Name	Middle N	âme	Contribution Received F	or:	Amount of Contrib	ution
Last Name/Organization Name FenneU			Primary Election	75.00		
Loya Bluisy Way	Address			ns Only)	, , , , , ,	
Gollatoh.	State 1	Zip Code 37066	Date of Contribution		Aggregate This Elec	tion :
Occupation Training Manager			6127130	∂ \$	70	
Employer Porman Products				į	75,00	
First Name	Middle Nar	ne	Contribution Received Fo	or:	Amount of Contribu	tion
Last Name/Organization Name		Primary Election	General Election	1		
2134 Long Hollow Pilce			Runoff (Local Election	s Only)	100.00	
Gallatin	State	37066	Date of Contribution		Aggregate This Elect	ion
Occupation ReneLe -			6/27/2020	100.00		
Self					•	
First Name	Middle Nam	ie .	Contribution Received For:	A	mount of Contribution	on.
Last Name/Organization Name	<u> </u>		Primary Election	General Election		
Address		:	Runoff (Local Elections	Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election	on
Occupation	·					
Employer						
 TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of (If this is the last page of contributions, this amount must the contributions). 	of this form are	e used.) em 15b. of summary.)			475.00	
						