# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

#### For State and Local Candidates For Single-Candidate Committees

	For	Single-Ca	ndidate	Committe	es	
1. [	DATE OF REPORT	2.a. NAME OF C	CANDIDATE OF	COMMITTEE		
	7-1-2020			STAMP	Per	
2.b.	IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DAT	
<u></u>						3-2070
1 8	CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City				3 60 6 -
131	MAPLE ROW BLUD STE 302	City	<b>a</b> c (	State	Zip Code	Phone
4.b. C	CANDIDATE'S HOME ADDRESS (if different	than 4 a	SONVICU	2 1/2	37075	615-339-0017
2	otreet or Rural Route	City		State	Zip Code	Dhan
ि	02 SCARLET CT HEA	<u>aersonvicle</u>			7075	Phone 615-339-0017
5. C	FFICE SOUGHT (include district number, if	applicable)		OF POLITICAL T	REASURER (may b	C (3 - 3) /
	ALDERMAN, WARD 6	Hendersonik		MATT	STAMP	2 /7
7. C	ATEGORY OR REPORT (Check one)			<del></del>	2(7):07	
	FIRST SECOND THIRD	☐ FOURTH	□ PRE-	PRE-		
	QUARTER QUARTER QUARTER EGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY	GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
5,u, <u>D</u> ,			8.b. ENDING	DATE OF REPOR	RTING PERIOD	
9. (Ch	4-1- 7020 eck one)			6	30-208	20
•	,					
a.	This campaign is exempt from detailed tures total \$1,000 or less for this report	disclosure becaus	e contributions	(including in-kind	d) received total \$1,0	00 or less AND expendi-
		(40mp	note noma 120	., 126. and 121.)		i
b.	This campaign is required to file a deta and/or expenditures total more than \$1	iled financial disclo	sure because	contributions (inc	luding in-kind) receiv	ed total more than \$1,000
	and/or expenditures total more than \$1	,000 for this report	ing period.		- ,	
F	we do solemnly swear or affirm that the info accurate accounting of campaign contribution inancial Disclosure Act. Additionally, I/we sw penefit of the candidate or for any other nonp	wear or affirm that	no campaign of defined by the	s reported by the	candidate committee	and that this report is an by the Campaign he personal financial
	signature of candidate	date	_	signature of	political treasurer	date
11/10	TAILES CIONATURE A	<del></del>				adio
	Signature of witness	7-01-20	130 E	OMMER signatur	COUNTER OF WITHERS	
12. SUI	MMARY					
a.	BALANCE ON HAND LAST REPORT	AW	FILED	<b>PM</b> \$	_0	
b.	TOTAL RECEIPTS THIS PERIOD		UL 0 2 20	)20 s	41,100	
c.	TOTAL DISBURSEMENTS THIS PERIOD	SU	IMNER COU	NTY IISSION \$		
	BALANCE ON HAND (12.a. plus 12.b. minu	ıs 12.c.) ELEC	TION COM.		\$	41,100
е.	TOTAL LOANS OUTSTANDING				······ \$ ,	40,000
f.	TOTAL OBLIGATIONS OUTSTANDING				····· \$ ·	8

### SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COV	/ERING THE PERIO
	FROM: 4-1-70	
15. CONTRIBUTIONS (other than loans and interest)		
a. Unitemized Contributions (\$100 or less from each source this period)	\$_100	
b. Itemized Contributions (over \$100 from each source this period)	\$ 1000	_
16. LOANS RECEIVED THIS REPORTING PERIOD	***************************************	s 40.022
17. INTEREST RECEIVED THIS REPORTING PERIOD	***************************************	\$
DISBURSEMENTS		
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.	.g., printing, postage.	gasoline)
<b>\$</b>		g,
\$		
\$		
\$		
\$		
\$		
\$		
<b>\$</b>	<del>-</del> _	
Total of Expenditures (\$100 or less each payor)		
b. Itemized Expenditures (Over \$100 each payer)	.\$	-
c. TOTAL EXPENDITURES (other than loan rensympts) (add 40 440 t)	.\$	-
20. LOAN REPAYMENTS MADE THIS PERIOD		\$
21. TOTAL DISBURSEMENTS (add 19 c. and 20 ) (must be about in its and 20 )		.\$
22. IN-KIND CONTRIBUTIONS		\$
a. Unitemized in-kind contributions (\$100 or less from each source this period)	œ.	
b. Itemized in-kind contributions (over \$100 from each source this period)	Ф	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22 b.)	Ψ	. 0
TROM: 4-1-20 TO 6-30-200  CEIPTS  CONTRIBUTIONS (other than loans and interest)  Unitemized Contributions (\$100 or less from each source this period)  Unitemized Contributions (\$100 or less from each source this period)  Unitemized Contributions (over \$100 from each source this period)  Unitemized Contributions (over \$100 from each source this period)  Unitemized Contributions (over \$100 from each source this period)  Unitemized Contributions (over \$100 from each source this period)  Unitemized Contributions (over \$100 from each source this period)  Unitemized Contributions (over \$100 from each source this period)  Unitemized Expenditures (\$100 or less each payee this period)  Unitemized Expenditures (\$100 or less each payee)  Unitemized Expenditures (Over \$100 each payee this period)  Unitemized Expenditures (Over \$100 each payee thi		
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 1	2.f.)	

## ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

	1. NAME OF CANDIDATE OR COMMITT			2	REPORT COVER	ING THE PERIOD		
		{Y	LATT ST	AMAR	FROM: 41-22	TO: 6-30-20		
	3. TOTAL ITEMIZED CAMPAIGN CONTRIBU	JTIONS F	ROM PRECEDING	PAGE (enter \$0 if first itemized n	Amount			
	4. COMPLETE THE APPROPRIATE ITEMS FOR	EACH ITE	MIZED CONTRIBUTIO	ON (contributions totaling more than \$	1			
	First Name DAJIO	Middle N	ame	Contribution Received For.	Amount of Contribution			
	Last Name/Organization Name GILES			Primary Election	General Election	000		
	Address 104 SAVELY	CT.		Runoff (Local Election	s Only)	800		
	City HENDERSONVILLE	State	Zip Code 3 7 2 7 5	Date of Contribution		Aggregate This Election		
	CXTERN, NO	WR			0-2020	800		
	Middle TN EXT	2° N	i nating		$\alpha$			
VICE	First Name ARUN	Middle		Contribution Received Fo	Contribution Received For:			
Lattite.	Last Name/Organization Name	16H.		Primary Election	General Election	200		
	Address	ive	N	Runoff (Local Elections	Only)			
	HENDERSON/ILL	State	2 37075	Date of Contribution		Aggregate This Election		
	Alderman Employer			$\int 6-30$	-2075	700		
	City of He	leso	nville, 2V		2000	200		
	First Name	Middle Na	me	Contribution Received For	Amount of Contribution			
	Last Name/Organization Name			Primary Election	General Election			
	Address		<del></del>	Runoff (Local Elections	Only)			
	City	State	Zip Code	Date of Contribution		Aggregate This Election		
	Occupation	l						
ŀ	Employer			-				
-	First Name	/liddle Nan	ne	Contribution Received For:				
<u> </u>	HEMPERSONINE STATE COUPLING A LACE MAN A LACE MAN A Middle Name St Name Middle Name St Name/Organization Name Coloyer  It Name Middle Name Middle Name Name/Organization Name  Tess State Zip State Zip Operation State State Zip Operation Name Middle Name Name/Organization Name	<u> </u>	Primary Election	1	mount of Contribution			
ļ-,	Address			Runoff (Local Elections (				
[	City	State	Zip Code	Date of Contribution		Aggregate This Election		
[	Occupation		l			-03-2900 TIM LIGUIDII		
Ē	mployer	· <del>-</del> ·						
5	5. 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 be	this form ar shown in it	e used.) em 15b. of summary.)			1,000		

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RDA 1159

## ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR CO	MMITTEE				<del></del>			2 057	OODT OO	VEDU	IO TUE DESCRIPTION	
MATT STABLER								2. REPORT COVERING THE PERIOD FROM: TO:				
3. COMPLETE THE APPROPRIAT	EITEMS FO	OR FACH	TEMIZ	EDIOAN	l a				1-1-50		TO: 6.30-25	
		JI LAOIT	I LIVIIZ	LED LOAN	(loans totaling)	more than	\$100 from any s	ource durir	ng the period	)		
Complete the Following for the Source of First Name	of the Loan Middle Name			1875. 7	<del></del>						· · ·	
JON	1	Ante	لب	(Beginnin	g Loan Balance g of Period)		ans eived	Loan Payment	s		nding Loan Balance and of Period)	
Last Name/Organization Name					a	بملتا		.,			•	
Address	AME!	<u>~</u>	<u> </u>	Jan Davi	<u> </u>	1790		0		4	2,000	
boz Sarlet	CT			Loan Rece				Da	te of Loan			
City HENGRANYILLA State TN 3.7075				Primary Election General Election  Runoff (Local Elections Only)			ieral Election	6-30-207			-2070	
						• • •	<del> </del>	Щ_				
First Name	OCT III E II GOI 3C	Middle Name	aniois R	JI ADOVE LO	an (If more spa	ice is nee	ded please at	tach a pa	ge)			
Last Name/Organization Name			<u> </u>		riisi Name				Ì Mi	ddle Na	me	
Lest Marier Organization Name					Last Name/Org	ganization	Name					
Address	<del>_</del>	<del></del>			Address		<del></del>		<del></del>			
City			<del>,</del>									
	`	State	Zīp Co	de	City				Sta	ite	Zip Code	
Amount Guaranteed Outstanding			<u> </u>	· <u> </u>	Amount Guaranteed Outstanding							
First Name		viiddie Name										
	1"	Alliante Harrie			First Name Middle Name							
Last Name/Organization Name				·	Last Name/Orga	anization N	lame	<del></del>		—		
Address		<del></del>										
<u> </u>				M	Address							
City	S	tate	Zip Cod	le	City				Stat	e le	Zip Code	
Amount Guaranteed Outstanding	<del>!</del>	<del></del>	1		Amount Guarant	eed Outst	endina		L			
C			_		- Sourcin		arioing					
First Name	М	iddle Name			First Name Middle Name							
ast Name/Organization Name					Last Name/Orga	nization N	ame					
Address	<del></del>											
					Address							
City	Sta	ale	Zip Code	,	City				Stat		Zip Code	
mount Guaranteed Outstanding		1			Amount Guarante	ad Outsto	ndina					
						o Outotal	uditi					
irst Name Middle Name					First Name Middle Name							
ast Name/Organization Name					Last Name/Organization Name							
ddress						on/ii Nd	ing.				· <del>· · · ·</del>	
				7	Address							
ity	Stat	te Z	Zip Code		City				State	<del></del> -	Zip Code	
nount Guaranteed Outstanding			<u> </u>		mount Guarantee	ed Oulstan	dina		Side		- Lip code	
Totale for all i cano (complete )							··v					
Otals for all Loans (complete on last page of itemized loans)  Otal loans received should also be shown in item 15. on summary page.)							tanding Loan Balance					
Total loan payments should also be shown in iter Total outstanding loan balance should also be sho	n 20 on summe		e.)		,,,	~ I//U]	Received		ayments		(End of Period)	
SS-1132 (Rev. 4/02)			- (				40,00		<u> </u>	<u> </u>	0,000	