CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 2.a. NAME OF CANDIDAT	EORCOMMITTEE
2.b. IF COMMITTEE, NAME OF GANDIDATE THE WORLD TO SEE	3. ELECTION DATE 11-3-20
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route 244 South Burn Hulle,	State Zip Code Phone 7N 37-575 615-945-2446
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City	State Zip Code Phone
5. OFFICE SOUGHT (include district number, if applicable) 6. N	IAME OF POLITICAL TREASURER (may be candidate)
7. CATEGORY OR REPORT (Check one) FIRST SECOND TIMES FOURTH PRE QUARTER QUARTER QUARTER PRIMA	RY GENERAL SUPPLEMENTAL SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD 8.b. E	SON 2020
tures total \$1,000 or less for this reporting period. (Complete iter	ecause contributions (including in-kind) received total more than \$1,000
10. I/we do solemnly swear or affirm that the information contained in this accurate accounting of campaign contributions and expenditures requin Financial Disclosure Act. Additionally, I/we swear or affirm that no cam benefit of the candidate or for any other nonpolitical purpose as defined signature of candidate	ed to be reported by the candidate committee by the Campaign paign contributions have been expended for the personal financial
11. WITNESS SIGNATURE Miginia Waters X/D-8-20	× Virginia Water X10-8-20
ggnature of witness date	signature of witness date
12. SUMMARY a. BALANCE ON HAND LAST REPORT	
b. TOTAL RECEIPTS THIS PERIOD	921 300000
b. TOTAL RECEIPTS THIS PERIOD	AISSION \$
e. TOTAL LOANS OUTSTANDING	184
f. TOTAL OBLIGATIONS OUTSTANDING	5

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE					:	2.	REPORT C		NG THE PERIOD
Jim Wat	عهو						IOM: Lly 1,2	0	10: Sept. 38.20
3. COMPLETE THE APPROPRIATE ITEMS F	OR EACH I	TEMIZ	ED LOAN (loans totaling (more than \$100) from any source	e during the per	riod)	
Complete the Following for the Source of the Loan									
First Name Middle Nam	ne		Outstanding L (Beginning	oan Balance of Period)	Loans Receive		oan yments	Outst	anding Loan Balance (End of Period)
Last Name/Organization Name Ques			#39	对世	#1814	3	R	#2	HI
Address LYY SOUTHS UN	n Dr	,	Loan Receive		General	Election	Date of Loa		
chy (F WILL) th	575	3	<u> </u>	(Local Elections		d alasa attack	9-3	30-	20
First Name	Middle Name		or Above Loa	n (if more spi	ace is neede	d please attact	i a page)	Middle	Jamo
L415f Makine	MIDDLE HAITE	<i></i>		rustnane				IMMUNE	talle
Last Name/Organization Name				Last Name/Or	rganization Nar	ne			
Address				Address					
City	State	Zip C	ode	City				State	Zip Code
Amount Guaranteed Outstanding	•	•	-	Amount Guara	anteed Outstan	ding			
First Name	rst Name Middle Name			First Name Middle Name					
Last Name/Organization Name			Last Name/Organization Name						
Address				Address			, , , , , , , , , , , , , , , , , , , 		·
City	State	Zip C	ode	City				State	Zip Code
Amount Guaranteed Outstanding	<u> </u>	•		Amount Guar	anteed Outstan	ding		<u> </u>	
First Name	Middle Nam	9		First Name				Middle	Name
Last Name/Organization Name	<u> </u>			Last Name/O	rganization Na	me		<u> </u>	
Address				Address					<u> </u>
City	State	Zip C	ode	City			State	Zip Code	
Amount Guaranteed Outstanding	.	1.		Amount Guara	anteed Outstan	ding		.1	l
First Name	Middle Nam	e		First Name				Middle	Name
Last Name/Organization Name	1			Last Name/O	rganization Na	me			
Address				Address			<u>.</u>		
City	State	Zip C	Code	City			.	State	Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding				I	
4. Totals for all Loans (complete on last page of					Loan Balance of Period)	Loans Received	Loa Paym		Outstanding Loan Balance (End of Period)
(Total loans received should also be shown in item 16. on (Total loan payments should also be shown in item 20. on (Total outstanding loan balance should also be shown in ite	summary page	L)		W392		to 18 (4	D	RATES	3841161

SUMMARY PAGE - CANDIDATE

OD COMMITTEE (In Full)	14. REPORT CO	COVERING THE PERIOD		
13. NAME OF CANDIDATE OR COMMITTEE (In Full)	FROM 7-7-70	10:9.30-70		
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)				
(a such course this period)	\$\$	-		
b. Itemized Contributions (over \$100 from each source this period) b. Itemized Contributions (over \$100 from each source this period)	\$ <u>2,970 \</u>	2222		
c TOTAL CONTRIBUTIONS (direct train loans and trains and				
46 LOANS DECEIVED THIS REPORTING PERIOD	*****************************			
17. INTEREST RECEIVED THIS REPORTING PERIOD	,	5		
17. INTEREST RECEIVED THIS KET OF THIS 12.b.)		\$ 2,0 85.01		
DISBURSEMENTS				
19 EXPENDITURES (other than loan payments)				
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	e.g., printing, postag	e, gasoline)		
\$				
\$				
\$	<u></u>			
\$	_ 			
\$				
\$				
\$!		
\$				
\$				
	s			
Total of Expenditures (\$100 or less each payee)	52.018.14			
b. Itemized Expenditures (Over \$100 each payee this period)	V <u></u>	S		
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		2,018.14		
20. LOAN REPAYMENTS MADE THIS PERIOD		2,018,14		
c. TOTAL EXPENDITURES (other than loan repayments) (add 19.a. and 19.b.) 20. LOAN REPAYMENTS MADE THIS PERIOD				
22.IN-KIND CONTRIBUTIONS				
a. Unitensized in-kind contributions (\$100 or less from each source this period)	5	. 		
b. Itemized in-kind contributions (over \$100 from each source this period)	\$	$-\mathcal{O}$		
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)	\$	\mathcal{C}_i^-		
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i ite	em 12 f.)	3		

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE	5. 120	2	REPORT COVERI	
	M MAKH		FROM: 7-1-20	TO:9-30-20
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	IONS FROM PRECEDING PAG	E (enter \$0 if first itemized p	age)	#2000
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	ACH ITEMIZED CONTRIBUTION (c	ontributions totaling more than	100 from any contributor)
First Name John	Middle Name	Contribution Received For:	_	Amount of Contribution
Last Name/Organization Name		Primary Election	•	-
Address 155 Cum borlum		Runoff (Local Election	s Only)	\$200.00
City H'LiLLE -	State Zandodo 75	Date of Contribution		Aggregate This Election
Occupation RETURN		7 0 0		
Employer N/B				
First Name Storgs	Middle Name	Contribution Received F	or:	Amount of Contribution
Last Name/Organization Name		Primary Election	General Election	# 0)
Address) 04 RWEN CHASE		Runoff (Local Election	os Only)	500
city Hille, -	17 2590H	Date of Contribution		Aggregate This Election
Occupation SECE Onplay	e n	9-1-20		
Employer MK		{		
First Name	Middle Name	Contribution Received F	4	Amount of Contribution
Last Name Againization Name On Nepul	WIAN RESLY	Primary Election	General Election	tto ω
Address PUBAX 2029		Runoff (Local Election	ns Only)	too?
Com Cetholile	(N 5)07Z	Date of Contribution		Aggregate This Election
Occupation N/A		9 17 7		
Employer NV/#		1710 K		
First Name	Middle Name	Contribution Received For	_	Amount of Contribution
Last Name/Organization Name		,	General Election	
Address		Runoff (Local Election	s Only)	
City	State Zip Code	Date of Contribution		Aggregate This Election
Occupation			!	
Employer				

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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVER	ING THE PERIOD					
Jim V	Amount #2,018						
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)							
First Name	1	Purpose of Expenditure	o any payee during the per-				
FRSCIVERIE	Middle Name	Fulficse of Expenditure		Amount of Expenditure			
Last Name/Business Name TRACTOR Supp	ly .						
Address 911 Center Point	RA	Compagn Mi Posi + lies	ETAL	ST.			
City Huille, To	5 1 39°074	Posi + lies		#38[m			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name	ine	Compaign F Brochures	THERS 4				
Address ()	TuD.	Brochures		100			
CHY/2/1/E, -	State Zip Code 3757+			5461			
First Name	Middie Name	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name/MR 519 nmg	3 Y1	Composign St	firets				
Address) 29 Commerciae S		Olompiaign Si	gns _	±7 . \8			
City H'hille, -	State Zip Code 57575	•		F1875			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure			
Last Name/Besiness Name		atmation					
Address) 27 COMMENCO	St.	Spn					
City H'reille, -	State Zip Code S/O			\$987F			
First Name	Middle Name	Purpose of Expenditure	·	Amount of Expenditure			
Last Name/Business Name							
Address							
City	State Zip Code						
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name							
Address							
City	a I= a						
	State Zip Code						

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO	DWWITTEE -	110	, Wate	4)	2. REPORT COVER	RING THE PERIOD		
		א א ו נ	1 10 4 300	79	FROM:7-1-20	10:9~30~20		
3. TOTAL ITEMIZED IN-KIND CO	Amount							
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 Middle Name				In-Kind Contribution Receive		Value of In-Kind Contribution		
Last Name/Organization Name				Runoff (Local Election	\sim			
Address				Date of In-Kind Contribution	Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer							
First Name		Middle Nan	ne	In-Kind Contribution Received Primary Election	i For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name				☐ Runoff (Local Election				
Address				Date of In-Kind Contribution		Aggregate this Election		
City		State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer							
First Name		Middle Nan	ne	In-Kind Contribution Received For: Primary Election General Election Value of In-Kind Contri				
Last Name/Organization Name				Runoff (Local Elections Only)				
Address				Date of In-Kind Contribution	Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution		A		
Occupation	Occupation Employer							
First Name		Middle Nam	ne	In-Kind Contribution Received Primary Election	Value of to Kind Contribution			
Last Name/Organization Name				Runoff (Local Election	General Election s Only)	1		
Address				Date of In-Kind Contribution	Date of In-Kind Contribution			
City		State	Zip Code	Description of In-Kind Contribution	<u>-</u>			
Occupation	Employer					\bigvee		
First Name		Middle Name	•	In-Kind Contribution Receive	d For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name			Runoff (Local Elections	-				
Address				Date of In-Kind Contribution	_	Aggregate this Election		
City		State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer					\forall		
5. TOTAL ITEMIZED IN-KIND CO	NTRIBUTION	IS				\		
(Carry forward to item 3. of next page if a (If this is the last page of in-kind contribu	dditional pages o	f this form an	•)		\		
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ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE JIM Water S				2. REPORT COVERING THE PERIOD FROM: 7-1-20 TO: 7-30-20			
3. 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)	FROM: 7-/- Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)	
First Name	Middle Nar	ne					
Last Name/Business Name	. <u>l</u>		1			\	
Address							
City	State	Zip Code	1			ψ	
Description of Obligation		•					
First Name	Middle Nar	ne					
Last Name/Business Name	<u> </u>		_			B	
Address			1				
City	State	Zip Code	_			ψ	
Description of Obligation		•	<u> </u>	1		3	
First Name	Middle Name						
Last Name/Business Name						*	
Address		-		;			
City	State	Zip Code				\mathcal{V}	
Description of Obligation							
First Name	Middle Nar	ne					
Last Name/Business Name	<u> </u>		_				
Address							
City	State	Zip Code	1			_	
Description of Obligation	•	•					
First Name	Middle Nar	ne				M	
Last Name/Business Name			1				
Address		1			\vee		
City	State	Zip Code		,			
Description of Obligation					6		
4. TOTALS (Total from Outstanding Balance - (End of Period) (column mus	t also be shown					
in item 23b. on summary page.)			<u></u>	<u> </u>			