CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT 2.9 NAME OF C	
1 10 00	ANDIDATE OR COMMITTEE
2.b. IF COMMITTEE, NAME OF CANDIDATE	WATERS
1	3. ELECTION DATE
4.a. CAMPAIGN ADDRESS AND PHONE	11-3-2020
Street or Rural Route City	Ot-1-
1 2445 10 0 11	The same of thorne
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)	DERSONUITE, IN, 37075 615-945-414
Street or Rural Route City	State Zip Code Phone
Signe	
OFFICE SOUGHT (include district number, if applicable)	6. NAME OF POLITICAL TREASURER (may be candidate)
HLDERMAN WARD 6	Jim WATERS
7. CATEGORY OR REPORT (Check one)	3(11) 001416 (12
FIRST SECOND THIRD FOURTH	PRE- PRE- MID-YEAR VEAR END
QUARTER QUARTER QUARTER	PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. ENDING DATE OF REPORTING PERIOD
HML 1,2020	June 30, 2020
9. (Check one)	
a. This campaign is exempt from detailed disclosure because	e contributions (including in-kind) received total \$1,000 or less AND expendi-
tures total \$1,000 or less for this reporting period. (Comp	lete items 12d., 12e. and 12f.)
b. This campaign is required to file a detailed financial disclo	sure because contributions (including in-kind) received total more than \$1,000
and/or expenditures total more than \$1,000 for this report	ing period.
I/we do solemnly swear or affirm that the information contained accurate accounting of campaign contributions and expanditures.	in this campaign financial disclosure report is true and that this report is an
i manda Disclosure Act. Additionally, I/we swear or affirm that i	s required to be reported by the candidate committee by the Campaign no campaign contributions have been expended for the personal financial
benefit of the candidate or for any other nonpolitical purpose as	defined by the federal internal revenue code.
(la lipation)	
signature of candidate	Jem Walles (-78-20
O signature of carriedate date	signature of political treasurer date
11. WITNESS SIGNATURE	
	. 1.
_ Virginia Water 6-28-	20 Luginia Waters 628-2
signature of witness date	departure of wife
	Syriature or witness date
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT	ED 893 G2
AM	\$ <u>0 (3), 7 (3)</u>
b. TOTAL RECEIPTS THIS PERIOD	650.00
JUN 2	9 2020
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ 10.09
d. BALANCE ON HAND (12 a plus 12 b minus PLECTION CO	COUNTY 1522 V4
d. BALANCE ON HAND (12.a. plus 12.b. minus ELECTION.CC	MMISSION \$ 1533.84
e. TOTAL LOANS OUTSTANDING	K
	\$
f. TOTAL OBLIGATIONS OUTSTANDING	10
	\$



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14 REPORT COV	ERING THE PERIO
Jim WATERS	FROM: 4-1. 20	10.6-30-20
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)		<u> </u>
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.)		s 650, 00
16. LOANS RECEIVED THIS REPORTING PERIOD		
17. INTEREST RECEIVED THIS REPORTING PERIOD		\$
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		4
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)
10.0°	\sim	g
<u> </u>	.	
\$		
\$		
\$	- 	
\$		
	·	
\$		
* \$		
Total of Expenditures (\$100 or less each payee)		_
b. Itemized Expenditures (Over \$100 each payee this period)		-
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.)		\$ 10.09
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.)	1,500,00	\$ <u> </u>
23. OBLIGATIONS	W	
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 COMMIT	TEE	<u> </u>	2	REPORT COVER	ING THE PERIOD			
					TO2-30-20			
3. TOTAL ITEMIZED CAMPAIGN CONTRIB	UTIONS F	ROM PRECEDING P	AGE (enter \$0 if first itemized page	age)	1650			
4. COMPLETE THE APPROPRIATE ITEMS FOR First Name	EACH ITE	MIZED CONTRIBUTION	V (contributions totaling more than \$	100 from any contributo	or)			
James	Middle Na	ime S	Contribution Received For:	·	Amount of Contribution			
Last Name/Organization Name WATEN S		Primary Election						
Address Ky SOUTHBURN	1		Runoff (Local Elections	\$450 °C				
"HENDERSONVILLE	State /	Zin Code 37071	Date of Contribution	1				
Occupation			4-30-20	DOATION TO				
Employer RETIRED					my own			
					Campanain			
First Name LEZE	Middle N	ame	Contribution Received Fo	Amount of Contribution				
Last Name/Organization Name				General Election	Automit of Contribution			
Address					200,00			
City 1	<u>رود کی</u>			Runoff (Local Elections Only)				
"HEMDERSONVILLE,	State	37015	Date of Contribution		Aggregate This Election			
Occupation \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					DUNATION			
Employer Employer		-			To company			
					WARD Z			
First Name	Middle Nar	ne	Contribution Received For	;	Amount of Contribution			
Last Name/Organization Name	l		Primary Election	General Election				
Address			Runoff (Local Elections	Only)				
City	State	7in Code			<u> </u>			
	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation				[
Employer		-	4					
				ļ				
First Name	Middle Nam	e	Contribution Received For:	/	Amount of Contribution			
Last Name/Organization Name	<u> </u>		Primary Election	Seneral Election				
Address			Runoff (Local Elections (Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation				Ì				
Employer	<u> </u>							
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	e used.) em 15b. of summary.)			650°°			
80				<u>-</u> -	~ ~ ~			

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMM		2 REPORT CO	VERING THE PERIOD
			Amount
TOTAL ITEMIZED IN-KIND CONTRIB COMPLETE THE APPROPRIATE ITEMS F	OR EACH ITEMIZED IN-KIND CONTRIL	= (enter \$0 if first itemized page) BUTION (in-kind contributions totaling more than \$100 from	1700.00
First Name		, In-Kind Contribution Received For:	Value of In-Kind Contribution
ast Name/Omanization Name 1		Primary Election General Election	\$1,000 %
A44	Stone Tive	Runoff (Local Elections Only)	
City 1	State of Zipcode	Date of In-Kind Contribution 4-9-70	Aggregate this Election
Occupation Empk	Slate Zip Code 7 7	Description of In-Kind Contribution Don arrive To Can	npagn
		WARDE	•
First Name MAZVIN	Middle Name	In-Kind Contribution Received For:	Value of In-Kind Contribution
Last Name Organization Name		Primary Election General Election	B 20
Address	11	Pate of In-Kind Contribution 4-4-26	Aggregate this Election
City I L CO		Description of In-Kind Contribution	Aggregate this Election
Occupation Emplo	State Zip Code Syper	DONATION TO C	Arg 6
Dellines		Compagn	•
First Name	Middle Name	In-Kind Contribution Received For:	Value of In-Kind Contribution
Last Name/Organization Name		Primary Election General Election	
Address		Runoff (Local Elections Only) Date of In-Kind Contribution	Aggregate this Election
City	State Zip Code	Description of In-Kind Contribution	
Occupation Emplo	yer		
			\sim
First Name	Middle Name	In-Kind Contribution Received For:	Value of In-Kind Contribution
Last Name/Organization Name		Primary Election General Election	
Address		Runoff (Local Elections Only) Date of In-Kind Contribution	Aggresate this Election
City	State Zip Code	Description of In-Kind Contribution	1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Occupation Employ	ver		\ \
			\sim
First Name	Middle Name	In-Kind Contribution Received For: Primary Election General Election	Value of In-Kind Contribution
Last Name/Organization Name		Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution	Aggregate bis bjection
City	State Zip Code	Description of In-Kind Contribution	1
Occupation Employe	,		\mathcal{I}
5. TOTAL ITEMIZED IN-KIND CONTRIBU	TIONS		
(Carry forward to item 3. of next page if additional pa (if this is the last page of in-kind contributions, this a	iges of this form are used)	·	12000)
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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMM	AITTEE ≓Ω S			2. REPORT COVERING THE PERIOD FROM: 11-1-20 TO-1-20 TO
	1 1 20 17 30			
TOTAL ITEMIZED CAMPAIGN EXI COMPLETE THE APPROPRIATE ITEM	MS FOR EACH ITE	MIZED EXPENDITUE	PAGE (enter \$0 if first itemized p	page)
First Name	Middle N		Purpose of Expenditure	
Last Name/Business Name				Amount of Expenditure
Address				
	<u> </u>			
City	State	Zip Code		Ψ
First Name	Middle Na	ame	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				λ
Address] (\ ,
City				
City	State	Zip Code	e de la companya della companya della companya de la companya della companya dell	
First Name	Middle Na	ame	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			-	
Address			-	
City	State	Zip Code		
First Name	Middle Nan	ne	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				
Address				
City	Stale	Zip Code	_)
First Name				
	Middle Nam	e	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name				
Address				
City	State	Zip Code	·	
First Name	Middle Name	9	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name	<u> </u>	·	-	- Carpendidie
ddress				
ity	State	Zip Code	-	1
5. TOTAL ITEMIZED EXPENDITURES				
(Carry forward to item 3. of next page if additions (If this is the last page of expenditures, this arrow	al pages of this form are	e used.) em 19b. of summary.)		
Th.				

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Page _____ of ____

RDA 1159

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDA			·		···		12	DEDONT (20)/EDIN	O THE BEST	
Timl	DEFE						F	REPORT	T	GTHE PERIOD	
3. COMPLETE THE AF	PROPRIATE ITEMS	FOR EAC	НІТЕМІЙ	ED LOAN	(loans totaling m	nore than \$100	from any sour	7-1-0	o (6^50-20	
Complete the Following for							Tom daily doctro	e during the pe	100)		
First Name		Middle Name Qu			anding Loan Balance Loans Loan ginning of Period) Received Payments			Loan	Outstanding Loan Balance (End of Period)		
Last Name/Organization Name	,,							,	1	No T en lour	
Address	······································			Loan Recei	ved For:			Date of Loa	n		
City	State Zip Code			1	☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)						
	List All Endo	rsers or Gu	arantors fo	or Above Lo	ал (If more spac	ce is needed	please attach	l na page)		· · · · · · · · · · · · · · · · · · ·	
First Name		Middle Na			First Name	<u> </u>		- 11-3-1	Middle Nan	ne	
Last Name/Organization Name		 .			Last Name/Org	anization Name	;		[
Address					Address				/-	1	
City		State	Zip Co	de	City				State	Žįp Code	
Amount Guaranteed Outstandin	g	_1	<u> </u>		Amount Guaranteed Outstanding						
First Name		Middle Na	те		First Name			-	Middle Nam	e	
Last Name/Organization Name		<u></u>			Last Name/Orga	nization Name		· · · · · · · · · · · · · · · · · · ·			
Address				<u> </u>	Address		-			<u> </u>	
City		State	Zip Coo	de de	City				State	4)	
Amount Guaranteed Outstanding		<u> </u>			Amount Guaranteed Outstanding					Zloeode	
First M		Ţ	-		Action Guarant	eeu Outstandin	9				
First Name		Middle Nan	ne		First Name				Middle Nam	e	
Last Name/Organization Name					Last Name/Organ	nization Name					
Address			-		Address				4		
City		State	Zip Code	е	City			T	State	Žip Çode	
Amount Guaranteed Outstanding		<u></u>			Amount Guarante	ed Outstanding			\	\oplus	
irst Name		Middle Nam	e		First Name	-			Medal N		
ast Name/Organization Name					Last Name/Organization Name						
Address					Address	zation ranje					
City		State	75-0-1						(^		
mount Guaranteed Outstanding		JIAIR	Zip Code		City	od Oudotes: "			State	Zo Code	
				<u>_</u>	Amount Guarantee	OUTStanding		_			
Totals for all Loans (comp (Total loans received should also (Total loan payments should also Total outstanding loan balance sh	be shown in item 16, on su be shown in item 20, on su	mmary page.)		Outstanding Loan i (Beginning of Pe		Loans Received	Loan Payments	Outs	anding Loan Balance End of Period)	
SS-1132 (Rev. 4/0		on nont	paye.)	<u></u> L		Page	6 of		1_	RDA 1159	

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO		2. REPORT COVERING THE PERIOD				
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: 4-1-7 Debt Incurred This Period	Payments This Period	0utstanding Baland (End of Period)
First Name	Middle N	Middle Name				
Last Name/Business Name						70
Address			-		is the second se	
Cily	State	Zip Code	_			1 4
Description of Obligation			<u> </u>			\
First Name	Middle Na					
Last Name/Business Name			_			0
Address						
City	State	Zip Code	-			\bigvee
Description of Obligation		<u> </u>				
First Name	Middle Nar	ne			<u> </u>	
Last Name/Business Name		<u> </u>	-			1
Address			- <u> </u>			
City	State	Zip Code	-			\mathcal{A}
Description of Obligation		<u>. </u>	<u> </u>			
First Name	Middle Nam	e				
ast Name/Business Name]			(
Address						
City	- <u> </u>					\bigvee
City	State	Zip Code	p	,		1
Description of Obligation			·	- <u></u> <u> </u> .		
First Name	Middle Name	}				
ast Name/Business Name						$\langle \gamma \rangle$
ddress						
Sity	State	Zip Code				5
escription of Obligation						
TOTALS						A
Total from Outstanding Balance - (End o in item 23b. on summary page.)	f Period) column must al	so be shown		_		
SS-1127 (Rev. 4/02)						\perp