## CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

DATE OF REPORT		noidate (		<u>ees                                   </u>	
7-8-2020	Roy "So	// .	_	C )	- <del></del>
2.b. IF COMMITTEE, NAME OF CANDIDATE	1704 30	may u	)eathe	rtord	
		•		3. ELECTION DATE	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route				<u> </u>	<del></del>
	City		State	Zip Code	Phone
4.b. CANDIDATE'S HOME ADDRESS (if different	Beth pas	je 7	IV	37022 1	615)841-4024
Street or Rural Route	City		State	Zip Code	Phone
5. OFFICE SOUGHT (include district number,	f applicable)	6. NAME C	F POLITICAL	TREASURER (may be	candidate)
Sheriff	_	Cher			candidate)
7. CATEGORY OR REPORT (Check one)		/	<u> </u>	[1/13	
FIRST SECOND THIRD QUARTER QUARTER QUARTER OLIARTER	FOURTH	L_J PRE-	□ PRE-	MID-YEAR	YEAR-END
8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY 8.b. ENDING	GENERAL DATE OF BEDO	SUPPLEMENTAL PRTING PERIOD	SUPPLEMENTAL
1-16-2020					
9. (Check one)		6	-30-20	20	
<ul> <li>a.  This campaign is exempt from detaile tures total \$1,000 or less for this repo</li> </ul>	d disclosure becaus	e contributions	(including in-kir	nd) received total \$4 on	0 1 115
		124,	120, 010 121.)		
<ul> <li>b. This campaign is required to file a del and/or expenditures total more than \$</li> </ul>	ailed financial disclo	sure because c	ontributions (in	cluding in-kind) receive	d total more than \$1,000
and/or expenditures total more than \$	1,000 for this report	ing period.	•	3	a total filore trial \$1,000
10. I/we do solemnly swear or affirm that the in accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we shenefit of the candidate or for any other non	N	no campaign col defined by the fe	ntributions have	candidate committee	by the Campaign e personal financial
	date		signature of	political treasurer	
11. WITNESS SIGNATURE					
Coundry Will causen signature of witness	7/8/2020	C	wid .	111.00	2/0/
signature of witness	date		signatu	to of witness	1/8/2020 date
12. SUMMARY					date
a. BALANCE ON HAND LAST REPORT	***************************************	_	,	19.889 89	
b. TOTAL RECEIPTS THIS PERIOD	Λ	FILE	D	19,889.89	
c. TOTAL DISBURSEMENTS THIS PERIOD		JUL OR	2020	236/. =	
d. BALANCE ON HAND (12.a. plus 12.b. min	us 12.c.) <b>EL</b> E	SUMNER COL	JNT-Y	······ \$ _4	17,528,89
e. TOTAL LOANS OUTSTANDING			IISSION		٥
f. TOTAL OBLIGATIONS OUTSTANDING		11.			0

## SUMMARY PAGE - CANDIDATE

42 NAME OF CHARGO			
13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIO		
RECEIPTS Weatherford	FROM: 1-16-2020	TO: 6-30-202	
15. CONTRIBUTIONS (other than loans and interest)		· · · · · · · · · · · · · · · · · · ·	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 0		
b. Itemized Contributions (over \$100 from each source this period)	\$ 0	_	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)			
16. LOANS RECEIVED THIS REPORTING PERIOD		\$ 0	
17. INTEREST RECEIVED THIS REPORTING PERIOD		s 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	nrinting postage		
White House Chamber of Commerce Dues \$ 85.	بر printing, postage, ز پ	jasoline)	
Republican Party of Summer County Dues \$ 100, =	<del></del> :		
Shackle Island Fire Dept. Donation \$ 100.	<del></del>		
Hendersonville Rotary Club Donation \$ 25.0-			
Summer County Fire Buffs Departs : 100. "			
· · · · · · · · · · · · · · · · · · ·			
\$	_		
\$	_		
\$			
\$	<del>-</del>		
Total of Expenditures (\$100 or less each payee)	\$_4/0.°		
b. Itemized Expenditures (Over \$100 each payee this period)	1951		
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	d	236/ 2	
20. LOAN REPAYMENTS MADE THIS PERIOD	4	(2	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	đ	236100	
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.)			
23. OBLIGATIONS			
a. Unitemized Obligations Outstanding (\$100 or less each)\$	<b>A</b>		
b. Itemized Obligations Outstanding (Over \$100 each)\$			
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.	f)		
12. Sind Lo.D. / (must be shown) item 12.	.j.)\$	0	

## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COM	VITTEE	· · · - · - · · · · · · · · · · ·		T		
$\begin{bmatrix} D & u \leq & u \end{bmatrix}$ , $\begin{bmatrix} u \leq & u \end{bmatrix}$ , $\begin{bmatrix} 1 & 2 & REPOR \end{bmatrix}$					OVERING THE PERIOD	
TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					202 TO: 6-30-202 Amount	
4. COMPLETE THE APPROPRIATE ITEM	MS FOR FACH I	TEMIZED EXPENDITE	PAGE (enter \$0 if first itemized p			
4. COMPLETE THE APPROPRIATE ITEM First Name	LEAST ON EACHT	II- N		0 to any payee during t	the period)	
		lie Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Henderson ville Rotar Address	m Club					
Address 1.0. Box 473		<u></u>				
Hendersons:/le	State	1	Dues		175.00	
First Name		Name	Durmano et Come III		Amount of Expenditure	
Last Name/Business Name			Furpose of Expenditure	Purpose of Expenditure		
Bill Hagerty for US	50-1					
Address	Jenare		_	,	, 63	
Address P.O. Boy 150748 City			$\bigcup_{i}$	enation	1,000.	
Nashville	State	Zip Code 37215	7			
First Name	Middle		Purpose of Expenditure			
Lasi Name/Business Name			or pose or expenditure		Amount of Expenditure	
Galloth 1500 AL	h					
Address P. J. Box 912	<u> </u>		Du	- 4		
City City	State	7-0-4		es	170.00	
Gallatin	To	Zip Code 37066				
First Name	Middle N		Durant			
ast Name/Business Name			Purpose of Expenditure		Amount of Expenditure	
Sallatin Shalom Zon	0					
600 Small St. # 10	- 1		- h	-h.	350,00	
ily 37.77/0	State	Zip Code		Donatron		
Gallatin	To	37066				
rst Name						
net No.	Middle Name		Purpose of Expenditure		Amount of Expenditure	
ss Name/Business Name Lendersonville Rotary		<i>i I</i> :	7			
tdress 7.0. Box 473	- Punc	Letion	$\dashv$ $\lambda$	netion	15000	
V. J.	State	Zip Code	٥٥	NE 1720	150.	
Hendersonille	Tou	37031				
st Name	Middle Nar		Purpose of Expenditure	· · · · · · · · · · · · · · · · · · ·	Amount of Expenditure	
t Name/Business Name	L		-		Amount of Expenditure	
1. J Post Office 1ress Made Strong	- <u> </u>		P.O. Box Rent	41	106.00	
380 Maple Stree		1		-/	, , , ,	
5allatin	State	Zip Code 37065				
TOTAL ITEMIZED EXPENDITURES						
(Carry forward to item 3, of next page if additional of	ages of this form a	re used.)			1951 50	
(If this is the last page of expenditures, this amount	must be shown in i	item 19b. of summary.)			1951	
# CC 1120 /Day 4/00)						