CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAME OF CANDIDATE OR	COMMITTEE		· · · · · · · · · · · · · · · · · · ·
10/12/20	Cassandra	Cumi	ninas	
2.b. IF COMMITTEE, NAME OF CANDIDATE		00.4	3. ELECTION DATE	er 3rd. 2020
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	State	Zip Code	Phone
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route 117 Clouesfield Ct.	Henderson ville	State TN	Zip Code 37075	Phone 6/4 -2 56-565°
5. OFFICE SOUGHT (include district number, if Alderman Ward 6 He 7. CATEGORY OR REPORT (Check one)			TREASURER (may be o	candidate)
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	FOURTH PRE- QUARTER PRIMARY 8.b. ENDING	PRE- GENERAL DATE OF REPO	MID-YEAR SUPPLEMENTAL RTING PERIOD	YEAR-END SUPPLEMENTAL
9. (Check one)		9/30/	Z0	
a. This campaign is exempt from detailed tyres total \$1,000 or less for this report b. This campaign is required to file a deta and/or expenditures total more than \$100. I/we do solemnly swear or affirm that the infraccurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we shall be benefit of the candidate or for any other nonpositions.	alled financial disclosure because 1,000 for this reporting period. formation contained in this campains and expenditures required to be swear or affirm that no campaign or	contributions (inc	cluding in-kind) received closure report is true are coandidate committee to	d total more than \$1,000
11. WITNESS SIGNATURE Signature of witness	10 · 13 · 20	Sonal signatu	_ Saures	10-13-20 date
12. SUMMARY	FILED		-	
a. BALANCE ON HAND LAST REPORT	AM PM		s <u> </u>	
b. TOTAL RECEIPTS THIS PERIOD			5315.25	
c. TOTAL DISBURSEMENTS THIS PERIOD!	SUMNED COUNTY		5314.72	
d. BALANCE ON HAND (12.a. plus 12.b. mir	nus 12.c)		\$_	0.53
e. TOTAL LOANS OUTSTANDING	ELECTION COMMON			0
f. TOTAL OBLIGATIONS OUTSTANDING			\$-	0

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
Cassandra Cumnings	FROM: 7/1/20 TO: 9/30/20
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	• •
a. Unitemized Contributions (\$100 or less from each source this period)	990
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	
17. INTEREST RECEIVED THIS REPORTING PERIOD	•
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., printing, postage, gasoline)
<u>Staple</u>) \$ 5.6	-
Election Commission \$ 75	
	·
s	
\$	
	<u>. </u>
\$	
<u> </u>	_
Total of Expenditures (\$100 or less each payee)	s <u>40.69</u>
b. Itemized Expenditures (Over \$100 each payee this period)	s_52341.04
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	s <u>53 4.12</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	\$
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>5314.72</u>
22.IN-KIND CONTRIBUTIONS	*
a. Uniternized in-kind contributions (\$100 or less from each source this period)	s 50
b. Itemized in-kind contributions (over \$100 from each source this period)	.\$ <u>700</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.	s <u>Z50</u>
23. OBLIGATIONS	2
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	12.f.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2 REPORT COVER	1
<u>Cassandra Cummings</u>		TO: 9/30/20
TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (COMPLETE THE APPROPRIATE ITEMIZED CONTRIBUTION (COMPLETE THE APPROPRIATE THE APPROPRIATE ITEMIZED CONTRIBUTION (COMPLETE THE APPROPRIATE THE		T 30 7
First Name Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name	Primary Election General Election	1 - 1000
Kerr	_	\$1,000
Address Z55 ELBO LN.	Runoff (Local Elections Only)	
City Mant Laurel State NJ D8054	Date of Contribution	Aggregate This Election
Occupation Air Force Pilot	8/5/20	\$1000
USAF		۲,۰
First Name Doceen Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name	Primary Election General Election	\$500
Address 580 Harbour View Dr.	Runoff (Local Elections Only)	ا موريد
City Lenoir City State TN 37772	Date of Contribution	Aggregate This Election
Occupation N/A None	7/26/20	\$500
Employer N/A None		•
First Name Michael Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name	Primary Election General Election	\$300
Address 103 D the Ch	Runoff (Local Elections Onty)	
City 1 State Zip Code	Date of Contribution	Aggregate This Election
Occupation TN 37075		
General Manyer	9/29/20	\$300
Busy Bee Printing	,	
First Name Edward Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name	Primary Election General Election	\$200
Address 540 Franklyn Ave	Runoff (Local Elections Only)	
city Indiatlantic State FL Zip Code 32903	Date of Contribution	Aggregate This Election
Occupation Business Owner	8/15/20	\$ 700
Employer Door Source		
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)		\$2000

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	3600			2. REPORT COVER		
Cassandra C		<u> </u>			TO: 9 /30/20	
TOTAL ITEMIZED CAMPAIGN CONTRIBUTE COMPLETE THE APPROPRIATE ITEMS FOR E			<u> </u>			
First Name	Middle Name		Contribution Received For:	100 Holli ally collegedo	Amount of Contribution	
Last Name/Organization Name	An	M.	☐ Primary Election ☑	General Election	210	
Cummings				2 Ostroia Elodon	\$150	
Address LOI Warior Falls	Dr.		Runoff (Local Election	s Only)		
City Kingsport	State 1	37664	Date of Contribution		Aggregate This Election	
	(9/30/20	\$130		
Eastman Credit	Unian				()	
First Name (A) (7)	Middle Name	9	Contribution Received For:	1	Amount of Contribution	
Last Name/Organization Name DeBellis	1	***********	Primary Election	General Election	4700	
Address 41 Arthusbra	Rd		Runoff (Local Election	s Only)	D 700	
City Lagrangeville	State	72540	Date of Contribution		Aggregate This Election	
Occupation None		1123-10	7/21/2	6200		
Employer			110112			
None						
First Name Cussandra	Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name			Primary Election	General Election	1994.72	
Cumminas					1997.16	
Address 110 (1 0)	스ᆉ.	<u> </u>	Runoff (Local Election	s Only)	1997.12	
Address 117 Clausfield C City Hendesanville	Ct.	Zip Code 37075	Date of Contribution		Aggregate This Election	
Address 117 Clausfield C City Hendersanville	T		Date of Contribution		Aggregate This Election	
Address 117 Clourfield Countries City Hendesonville	T		Date of Contribution			
Address 117 Claustical C City Hendersonville Occupation N/A-none	T	37075	Date of Contribution		Aggregate This Election	
Address 117 Claustical C City Itendesanville Occupation N/A - None Employer N/A - None	STAN	37075	Date of Contribution 9 30 2 Contribution Received For:		Aggregate This Election 2044,72	
Address 117 Cloudfield C City Hendesonville Occupation N/A - None Employer N/A - None First Name	STAN	37075	Date of Contribution 9 30 2 Contribution Received For:	General Election	Aggregate This Election 2044,72	
Address 117 Cloudfield C City Itendesawille Occupation N/A - None Employer N/A - None First Name Last Name/Organization Name	STAN	37075	Date of Contribution 9 30 2 Contribution Received For: Primary Election	General Election	Aggregate This Election 2044,72	
Address 117 Cloudfield C City Itendesawille Occupation N/A - None Employer N/A - None First Name Last Name/Organization Name Address	State TV	37075	Date of Contribution 9 30 2 Contribution Received For: Primary Election	General Election	Aggregate This Election Z044.72 Amount of Contribution	
Address 17 Clausfield C City Itendesanville Occupation N/A - Nove Employer N/A - Nove First Name Last Name/Organization Name Address City	State TV	37075	Date of Contribution 9 30 2 Contribution Received For: Primary Election	General Election	Aggregate This Election Z044.72 Amount of Contribution	

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR C			2 REPORT COVE	RING THE PERIOD
Cassanda	Cummi.	ng>	FROM: 7- -2	20 TO: 9-30-20
3. TOTAL ITEMIZED IN-KIND CON	TRIBUTIONS FROM	PRECEDING PAGE	(enter \$0 if first itemized page)	Amount ()
4. COMPLETE THE APPROPRIATE ITE	MS FOR EACH ITEM!	ZED IN-KIND CONTRIB	BUTION (in-kind contributions totaling more than \$100 from any	contributor during the period)
First Name Eric	Aiddle Nar	me	In-Kind Contribution Received For	Value of In-Kind Contribution
Last Name/Organization Name 51	mp		Primary Election General Election Runoff (Local Elections Only)	\$200
Address 3322 B	artield Cr	oxat Ro		Aggregate this Election
	State	Zip Code 2128	Description of in Vind County vin	
Occupation Caraphic Design	Employer Vesti	4 Project	Design of mailer	& clair hanges
First Name	Middle Nan	ne	In-Kind Contribution Received For:	Value of In-Kind Contribution
Last Name/Organization Name	! !		☐ Primary Election ☐ General Election☐ Runoff (Local Elections Only)	
Address	·		Date of In-Kind Contribution	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer	<u> </u>	-	
First Name	Aiddle Nan	ne	In-Kind Contribution Received For: Primary Election	Value of In-Kind Contribution
Last Name/Organization Name		-	☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Address	-		Date of In-Kind Contribution	Aggregate this Election
City	State	Zip Code	Description of in-Kind Contribution	
Occupation	Employer	<u> </u>		
First Name	vliddle Nam	е	In-Kind Contribution Received For: Primary Election General Election	Value of In-Kind Contribution
Last Name/Organization Name	·		☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Address		<u> </u>	Date of In-Kind Contribution	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer	<u></u>		
First Name	Middle Name		in-Kind Contribution Received For: Primary Election General Election	Value of In-Kind Contribution
ast Name/Organization Name			Runoff (Local Elections Only)	
Address	iress		Date of In-Kind Contribution	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution	
Occupation	mployer			
5. TOTAL ITEMIZED IN-KIND CONTI				
(Carry forward to item 3. of next page if additi- (If this is the last page of in-kind contributions	onal pages of this form are , this amount must be sho	used.) vn in item 22b. of summary.)	5200
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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE		2. REPORT COVE FROM: 7/1/2 6	RING THE PERIOD
3. TOTAL ITEMIZED CAMPAIGN EXPENI	Amount		
		expenditures totaling more than \$100 to any payee during the p	eriod)
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Go Fund	Me	Fees for fundrasing Site hosting	596,29
Address WWW. Go Co	dme.com	Site histing	1 p 16 ~ 1
City	State Zip Code]	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Face boo	r.		\$400
Addres: WWW. Fac	ebook. Com	Facebook advertis] \$ '99
Menlo Park	State Zip Code 44025	Pacedor Strong	י ו
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Take hold	1 Printing	T-Shirts	4790
Address 171 Commerce	Drike Ste5		\$280
Hendesonville	State Zip Code 37075		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name AGE G	raphics	VISIN	* 2/2-0
Address 678 Collins 1	l	Yard Signs	\$867.50
city Little Hocking	State Zip Code OH 4574Z		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
	Tille Standard	Newspapers	\$100
Address 333 W Main	Street SteE	Newspaper/online Advertisement	\$1050
city Gallatin	TN Zip Code 31066	Hovertisement	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Busy Be	e Printing LLC	Doorhanger t	270117
Address 334 W Mai	2 Street	Doorhanger t Mailer priting	192370.9
ttenderonville	State Zip Code 31075	l J	
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pe (If this is the last page of expenditures, this amount of	ages of this form are used.)		55234.04
63 0			

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE	OR COMMITTEE						2	REPOR	T COVE	RING T	HE PERIOD
Cassi	andra	Cur	nmi	ngs			F	ROM:	20	TO:	12/20
3. COMPLETE THE APPRO	OPRIATE ITEMS F	OR EACH	ITEMIZ	ZED LOAN	(loans totaling r	ore than \$10	00 from any sour	ce during the	period)		3700
Complete the Following for the	Source of the Loan										
First Name Middle Name				Outstanding Loan Balance Loans (Beginning of Period) Received			Loan Payments		Outstanding Loan Balance (End of Period)		
Last Name/Organization Name	Last Name/Organization Name										
Address				Loan Receiv				Date of L	oan		h
City	State	Zip Code	Zip Code Primar			☐ Genera Only)	el Election				
	List All Endor	sers or Guar	antors fo	!	n (If more spa		nd niesse attac	h a page)			
First Name		Middle Name			First Name	00 10 110000	a picase aua	a page)	Middle	e Name	
Last Name/Organization Name		<u> </u>			Last Name/Org	anization Na	me			<u></u>	
Address				···· ··· · · · · · · · · · · · · · · ·	Address	"-			<u></u>		·
City		State	Zip Co	ode	City			4	State	1	Zip Code
Amount Guaranteed Outstanding		<u> </u>	·		Amount Guaranteed Outstanding						
First Name		Middle Name	?		First Name Middle Name						
Last Name/Organization Name				Last Name/Organization Name							
Address			-	 .	Address						
City		State	Zip Со	xde	City State Zip Code					ip Code	
Amount Guaranteed Outstanding			•	,	Amount Guaran	teed Outstan	ding		<u></u>		
First Name		Middle Name			First Name Middle Name						
Last Name/Organization Name					Last Name/Orga	anization Nan	ne				
Address					Address		······································			-	
City		State	Zip Co	de	City	<u></u>		·····	State	;	Zip Code
Amount Guaranteed Outstanding			<u> </u>		Amount Guaran	eed Outstand	ding	 	<u></u>		
First Name		Middle Name			First Name Middle Name						
ast Name/Organization Name					Last Name/Orga	nization Nam	ne e		<u> </u>		
Address				`	Address	·	_ _	· · · · · · · · · · · · · · · · · · ·			
City		State	Zip Coo	de	City				State	Z	p Code
Amount Guaranteed Outstanding	 •		L		Amount Guarant	eed Outstand	ling	477			
Totals for all Loans (comple (Total loans received should also be (Total loan payments should also be	shown in item 16, on su shown in item 20, on su	mmary page.)			Outstanding Loa (Beginning of		Loans Received	Loa Payn			ding Loan Balance d of Period)
(Total outstanding loan balance shoul	d also be shown in item	12.e. on front p	age.)		0		0	<u>(</u>	2		D

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMIT	2. REPORT COVERING THE PERIOD					
Cassandra	Com	Min [FROM: 7/17		9/30/20
 COMPLETE THE APPROPRIATE ITE OBLIGATION (obligations totaling mor person/vendor at the end of the report 	e than \$100 or	CH ITEMIZED wed to any	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle N	ame			i	
Last Name/Business Name					<u> </u> 	
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	ame				
Last Name/Business Name	<u> </u>		-			
Address	"	 	-			ļ
City	State	Zip Code	_			
Description of Obligation		<u> </u>			<u>.</u>	<u> </u>
First Name	Middle Na	ime				
Last Name/Business Name			-	i		
Address						
City	State	Zip Code	 			
Description of Obligation	l					
First Name	Middle Nar		<u> </u>			
	Window Hai	inc	1	1		
Last Name/Business Name			7		,	
Address		···	┪			
City	State	Zip Code	-	İ		
Description of Obligation	!	<u> </u>				
First Name	Middle Nan					
ast Name/Business Name	Wildlie Nari		_			
Address			,			
City						Ì
	State	Zip Code				
Description of Obligation						
I. TOTALS						
(Total from Outstanding Balance - (End of Perior in item 23b. on summary page.)	d) column must	also be shown	101	0	0	0
SS-1127 (Rev. 4/02)						

Page ______ of ____

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