CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Multicandidate Committees (PACs)

1. DATE OF REPORT	2. NAME OF COMMITTEE		
10/24/2020	Summer County	Democratic	Party
2.A. SHORT NAME OF COMMITTEE (IF APPLI	ICABLE)		10-1-9
ADDRESS AND PHONE Street or Rural Route	Oth.	7: 0:1	
333 W. Main St. Ste	F, Gallatin, TN	State Zip Code	Phone 615-442-6556
4. TYPE OF CANDIDATES SUPPORTED	STATE PUBLIC OFFICE	LOCAL PUBLIC OFFICE	вотн 🗖
5.A. NAME OF POLITICAL TREASURER		5.B.	DATE APPOINTED
KyanServey		2	111/2020
6. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH PRE-	PRE- MID-YEA GENERAL SUPPLEMEN	
7.A.BEGINNING DATE OF REPORTING PERIOD		DATE OF REPORTING PERIOD	NTAL SUPPLEMENTAL
8. (Check one)			
•			
A. This committee is exempt from detail expenditures total \$1,000 or less for is true and that the committee has co and 10f must also be completed.)	this reporting period. I do solemly sy	wear or affirm that the information	on contained in this statement
B. This committee is required to file a de \$1,000 and/or expenditures total mor in this statement is true and that the required to be reported by political care.	re than \$1,000 for this reporting perio following page(s) are a complete and	od. I do solemly swear or affirm	that the information contained
		/	,
-	signature of po	litical treasurer	
9. WITNESS SIGNATURE			
-			
	jacquely signature	Surve (10/24/2070
10. SUMMARY			
a. BALANCE ON HAND LAST REPORT	AM SM	_	
b. TOTAL RECEIPTS THIS PERIOD		s 2,115	.04
c. TOTAL DISBURSEMENTS THIS PERIOD.	OCT 2.6 2020	<u>\$ 599.</u>	53
d. BALANCE ON HAND (10.a. plus 10.b. m	SUMNER COUNTY ninu ELECTION COMMISSION		s 17, 926.09
e. TOTAL LOANS OUTSTANDING			s
f. TOTAL OBLIGATIONS OUTSTANDING			s

SUMMARY PAGE - PAC

11. NAME OF COMMITTEE (In Full)	12. REPORT COV	12. REPORT COVERING THE PERIOD						
Sunner Country Democratic Party	FROM [3] [TO: 10/24						
RECEIPTS 13. CONTRIBUTIONS (other than loans and interest)								
a. Unitemized Contributions (\$100 or less from each source this period)\$ 1, 6 9 0.0								
b. Itemized Contributions (over \$100 from each source this period)	· · · · · · ·							
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	\$ 2,115.04						
14. LOANS RECEIVED THIS REPORTING PERIOD		' /						
15. INTEREST RECEIVED THIS REPORTING PERIOD		\$ ø						
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)		\$ 2,115.04						
DISBURSEMENTS								
17. EXPENDITURES (other than loan payments)								
a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed gasoline)	by category - e.g., prii	nting, postage,						
	09							
Electricity \$ 35	Uu							
333	•77							

\$\$	<u>.</u>							
\$								
\$								
Total of Expenditures (\$100 or less each payee)	<u>\$ 49.53</u>	3						
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>550</u>							
c. Independent Expenditures	s <u>Ø</u>	_						
d. TOTAL EXPENDITURES (other than loan repayments)(add 17.a., 17.b. and 17.c	;)	\$ <u>599.53</u>						
18. LOAN REPAYMENTS MADE THIS PERIOD		\$ ø						
19. TOTAL DISBURSEMENTS (add 17.d. and 18.) (must be shown in item 10.c.)		s <u>599.53</u>						
20.IN-KIND CONTRIBUTIONS								
a. Unitemized in-kind contributions (\$100 or less from each source this period)	<u> 40.99</u>							
b. Itemized in-kind contributions (over \$100 from each source this period)	\$							
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20	.b.)	s <u>46,19</u>						
21.LOANS		/						
LOANS OUTSTANDING (must be shown in item 10.e.)	,	\$_ _Ø						
22. OBLIGATIONS	,							
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ /							
b. Itemized Obligations Outstanding (Over \$100 each)	\$ Ø	_ ,						
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i it	em 10.f.)	s /						
SS-1136 (Rev. 11/04)	Page	ک of ۲						

ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE		O.	2. REPORT COVERING THE PERIOD
Sunner Co	vt L	removatic Porty	FROM: 10/1 /20 TO: 10/24/ 2
. TOTAL ITEMIZED CAMPAIGN (CONTRIBUT	IONS FROM PRECEDING PAGE (enter \$0 if first itemized page)	ge) Amount
		CH ITEMIZED CONTRIBUTION (contributions totaling more than \$100	
charles	M.I.	Last Name/Organization Name	Amount of Contribution
diess 511 Union St	- 51	1600	300
Alat II	State	37219	Date of Contribution
Nashville TN		Employer	10/2/2020
Attorney	1	Bros Law	
t Name Charles	M.I. L	Last Name/Organization Name	Amount of Contribution
1018 Nancy	Ave	_ ' '	/as
Gallaria	State	Zip Code	Date of Contribution
cupation Data and		Employer	1913/2020
t Name	M.I.	Last Name/Organization Name	Avnount of Contribution
tress			
	State	Zip Code	Date of Contribution
			Date of Contribution
notation		Employer	
st Name	M.I.	Last Name/Organization Name	Amount of Contribution
iress			
1	State	Zip Code	Date of Contribution
cupation		Employer	
t Name	M.I.	Last Name/Organization Name	
ress	ivi.i.	Last NamerOrganization Name	Amount of Contribution
,	State	Zip Code	Date of Contribution
supation	I	Employer	
it Name	M.J.	Last Name/Organization Name	Amount of Contribution
ress	<u>.</u> .		
,	State	Zip Code	Date of Contribution
			Date of Contribution
cupation		Employer	
OTAL ITEMIZED CONTRIBUTIONS			
(Carry forward to item 3. of next page	if additional page	ages of this form are used.)	425
(If this is the last page of contributions	, this amount r	nust be shown in item 13b, of summary.)	

ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE 2. REPORT COVER				RING THE PERIOD	
Sumper County Democratic Party FROM: 10/1/20				TO: INZYIZO	
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount
4. COMPLETE THE APPROPRIATE ITEMS	FOR EA	CH ITEMIZED EXPEND	DITURE (expenditures totaling more than \$100 e the purpose of the expenditure (e.g. postage, pr	to any payee during th inting) along with the ca	e period). If the ex- andidate's name in
First Name	Middle Na	me	Purpose of Expenditure	Ar	nount of Expenditure
Last Name/Business Name			- office		200
Oak Tree LTD		Kert		300	
335 W. Main St.					Date of Expenditure
City Gallatin	State	Zip Code 37076			10/5/2020
First Name	Middle Na		Purpose of Expenditure	A	mount of Expenditure
Last Name/Business Name Friends of Gloria Johnson			Campaign donation	250	
Address	<u> </u>		- ampaign convers		Date of Expenditure
City I/ 11 Morgan St.	State	Zip Code	 		141120
First Name	State T N Middle Na	37917	Purpose of Expenditure		
ristivanie	IMIQUIE Na	e	Purpose of Expenditure	A	mount of Expenditure
Last Name/Business Name					
Address	-	······································			Date of Expenditure
City	State	Zip Code			
First Name	Middle Na	me	Purpose of Expenditure	Ār	nount of Expenditure
Last Name/Business Name			- 		
Address				Date of Every diture	
Williass				Date of Expenditure	
City	State	Zip Code			
First Name	rst Name Middle Name		Purpose of Expenditure	Ar	nount of Expenditure
Last Name/Business Name					
Address				Date of Expenditure	
City	State	Zip Code	7		
First Name	fiddle Nar	ne	Purpose of Expenditure	Ar	ount of Expenditure
Last Name/Business Name		†			
Address				Date of Expenditure	
City	State	Zip Code	7		
5. TOTAL ITEMIZED EXPENDITURES		1			
(Carry forward to item 3, of next page if ac		•	•		550
(If this is the last page of campaign expend SS-1119-E (Rev. 1/00)	ditures, th	is amount must be show	n in item 17b. of summary.) Page _	4 of 4	RDA 1159