

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Multicandidate Committees (PACs)

1. DATE OF REPORT 10/5/2020	2. NAME OF COMMITTEE Sumner County Democratic Party
2.A. SHORT NAME OF COMMITTEE (IF APPLICABLE)	
3. ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 333 W Main St, Ste F, Gallatin, TN, 37076 615426556	
4. TYPE OF CANDIDATES SUPPORTED STATE PUBLIC OFFICE <input checked="" type="checkbox"/> LOCAL PUBLIC OFFICE <input checked="" type="checkbox"/> BOTH <input checked="" type="checkbox"/>	
5.A. NAME OF POLITICAL TREASURER Ryan Servey	5.B. DATE APPOINTED 2/11/2020
6. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input checked="" type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL	
7.A. BEGINNING DATE OF REPORTING PERIOD 7/28/2020	7.B. ENDING DATE OF REPORTING PERIOD 9/30/2020
8. (Check one) <p>A. <input type="checkbox"/> This committee is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. I do solemnly swear or affirm that the information contained in this statement is true and that the committee has complied with all applicable provisions of the Campaign Financial Disclosure Act. (Items 10d., 10e. and 10f must also be completed.)</p> <p>B. <input checked="" type="checkbox"/> This committee is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period. I do solemnly swear or affirm that the information contained in this statement is true and that the following page(s) are a complete and accurate accounting of all contributions and expenditures required to be reported by political campaign committees by the Campaign Financial Disclosure Act.</p>	
<hr style="width: 80%; margin: 0 auto;"/> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> signature of political treasurer 10/5/2020 date </div>	
9. WITNESS SIGNATURE	
<hr style="width: 80%; margin: 0 auto;"/> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> signature of witness 10/5/2020 date </div>	
10. SUMMARY	
a. BALANCE ON HAND LAST REPORT	FILED AM PM \$ 13,195.11
b. TOTAL RECEIPTS THIS PERIOD	OCT 08 2020 \$ 4,863.66
c. TOTAL DISBURSEMENTS THIS PERIOD	SUMNER COUNTY ELECTION COMMISSION \$ 1,648.19
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)	\$ 16,410.58
e. TOTAL LOANS OUTSTANDING	\$ 0
f. TOTAL OBLIGATIONS OUTSTANDING	\$ 0



SUMMARY PAGE - PAC

11. NAME OF COMMITTEE (In Full) <u>Sumner County Democratic Party</u>	12. REPORT COVERING THE PERIOD	
	FROM <u>7/28/20</u>	TO: <u>9/30/20</u>

RECEIPTS

13. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>3,697.66</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>1,166</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	\$ <u>4863.66</u>

14. LOANS RECEIVED THIS REPORTING PERIOD

15. INTEREST RECEIVED THIS REPORTING PERIOD

16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)

DISBURSEMENTS

17. EXPENDITURES (other than loan payments)

a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)

<u>Electricity</u>	\$	<u>93.09</u>
<u>Public Utilities</u>	\$	<u>19.70</u>
<u>Venmo fees</u>	\$	<u>.40</u>
_____	\$	_____
_____	\$	_____
_____	\$	_____

Total of Expenditures (\$100 or less each payee)

b. Itemized Expenditures (Over \$100 each payee this period)

c. Independent Expenditures

d. TOTAL EXPENDITURES (other than loan repayments)(add 17.a., 17.b. and 17.c.)

18. LOAN REPAYMENTS MADE THIS PERIOD

19. TOTAL DISBURSEMENTS (add 17.d. and 18.) (must be shown in item 10.c.)

20. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>56.62</u>
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ <u>0</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.)	\$ <u>56.62</u>

21. LOANS

LOANS OUTSTANDING (must be shown in item 10.e.)

22. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>0</u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u>0</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown in item 10.f.)	\$ <u>0</u>

ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE				2. REPORT COVERING THE PERIOD		
Summer County Democratic Party				FROM: 7/28/20	TO: 9/13/20	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 0	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)						
First Name	Cole	M.I.		Last Name/Organization Name	Shepherd	Amount of Contribution
Address	637 E Main St.				154	
City	Gallatin	State	TN	Zip Code	37066	Date of Contribution
Occupation	Retired				8/6/20	
First Name	Gail	M.I.		Last Name/Organization Name	Gazdag	Amount of Contribution
Address	143 East Harbor				102	
City	Hendersonville	State	TN	Zip Code	37075	Date of Contribution
Occupation	Retired				9/13/20	
First Name	Ted	M.I.		Last Name/Organization Name	Dunker	Amount of Contribution
Address	337 Vantrease Ln.				145	
City	Gallatin	State	TN	Zip Code	37066	Date of Contribution
Occupation	Pilot JetBlue Airways				9/9/20	
First Name	Sibyl	M.I.		Last Name/Organization Name	Reagan	Amount of Contribution
Address	144 Saranac Trl.				170	
City	Hendersonville	State	TN	Zip Code	37075	Date of Contribution
Occupation	Consultant Self employed				8/1/20	
First Name	Jessica	M.I.		Last Name/Organization Name	Miller	Amount of Contribution
Address	132 Fieldcrest Cnd				135	
City	Hendersonville	State	TN	Zip Code	37075	Date of Contribution
Occupation	Pediatrician VIP MidSouth				8/26/20	
First Name	Jeanette	M.I.		Last Name/Organization Name	Jackson	Amount of Contribution
Address	115 Woodyside Dr.				210	
City	Hendersonville	State	TN	Zip Code	37075	Date of Contribution
Occupation	Retired Retired				8/1/20	
5. TOTAL ITEMIZED CONTRIBUTIONS					916	
(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 13b. of summary.)						



ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE Sumner County Democratic Party		2. REPORT COVERING THE PERIOD FROM: 7/28/20 TO: 9/30/20	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 916
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)			
First Name Michael	M.I.	Last Name/Organization Name Stack	Amount of Contribution 250
Address 1049 Five Coves Trce			Date of Contribution 8/15/20
City Gallatin	State TN	Zip Code 37066	
Occupation Unemployed		Employer	
First Name	M.I.	Last Name/Organization Name	Amount of Contribution
Address			Date of Contribution
City	State	Zip Code	
Occupation		Employer	
First Name	M.I.	Last Name/Organization Name	Amount of Contribution
Address			Date of Contribution
City	State	Zip Code	
Occupation		Employer	
First Name	M.I.	Last Name/Organization Name	Amount of Contribution
Address			Date of Contribution
City	State	Zip Code	
Occupation		Employer	
First Name	M.I.	Last Name/Organization Name	Amount of Contribution
Address			Date of Contribution
City	State	Zip Code	
Occupation		Employer	
First Name	M.I.	Last Name/Organization Name	Amount of Contribution
Address			Date of Contribution
City	State	Zip Code	
Occupation		Employer	
5. TOTAL ITEMIZED CONTRIBUTIONS			1166
(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 13b. of summary.)			



ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE <i>Sumner County Democratic Party</i>			2. REPORT COVERING THE PERIOD FROM: <i>7/28/20</i> TO: <i>9/30/20</i>	
			Amount	
3. TOTAL ITEMIZED 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). If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g. postage, printing) along with the candidate's name in the purpose of expenditure section.				
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <i>TN Democratic County Chairs Assoc.</i>		<i>Biden / Harris Yard Signs, Stickers, Buttons, Hats</i>	<i>720</i>	
Address <i>1704 Sweetbriar Ave.</i>			Date of Expenditure	
City <i>Nashville</i>	State <i>TN</i>		Zip Code <i>37212</i>	<i>8/20/2020</i>
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <i>TN Democratic County Chairs Assoc.</i>		<i>Biden / Harris 4x8 sign</i>	<i>35</i>	
Address <i>Same as above</i>			Date of Expenditure	
City	State		Zip Code	<i>8/25/2020</i>
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <i>TN Democratic County Chairs Assoc.</i>		<i>Donation</i>	<i>60</i>	
Address <i>Same as above</i>			Date of Expenditure	
City	State		Zip Code	<i>8/26/2020</i>
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <i>TN Democratic County Chairs Assoc.</i>		<i>Biden / Harris Yard signs, Stickers, Buttons, Hats</i>	<i>720</i>	
Address <i>Same as above</i>			Date of Expenditure	
City	State		Zip Code	<i>9/14/2020</i>
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name			Date of Expenditure	
Address			Date of Expenditure	
City	State		Zip Code	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name			Date of Expenditure	
Address			Date of Expenditure	
City	State		Zip Code	
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of campaign expenditures, this amount must be shown in item 17b. of summary.)			<i>1,535</i>	

