# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

#### For State and Local Candidates For Single-Candidate Committees

	<del></del>			· · · · · · · · · · · · · · · · · · ·
1. DATE OF REPORT  1/25/2021	2.a. NAME OF CANDIDATE OR C			
2.b. IF COMMITTEE, NAME OF CANDIDATE	I RAREN E	· DIXO	3. ELECTION DA	TC
2.0. IF COMMITTEE, NAME OF CANDIDATE			1	
4.a. CAMPAIGN ADDRESS AND PHONE			1 1400 3.	, 2020
Street or Rural Route	City	State	Zip Code	Phone
100 CLASENDON PL	Hendersonville,	TN	37075	615-766-5739
4.b. CANDIDATE'S HOME ADDRESS (if differer Street or Rural Route	nt than 4.a.)	Chutu	7:- 0	DI.
Street of Rural Route	City	State	Zip Code	Phone
OFFICE SOUGHT (include district number, include district number).	if applicable) 6. NAME (	OF POLITICAL	TREASURER (may	be candidate)
l. 11 11 11 1			K. Dixon	
7. CATEGORY OR REPORT (Check one)			<u> </u>	
FIRST SECOND THIRD	FOURTH PRE-	PRF-	MID-YEAR	YEAR-END
QUARTER QUARTER QUARTER	R QUARTER PRIMARY	GENERAL	SUPPLEMENTA	
8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. ENDING	DATE OF REPO	PRTING PERIOD	
10/25/2020	01/.	<i>25/2</i> 0	21	****
9. (Check ohe)	,	,		
a. This campaign is exempt from details				,000 or less AND expendi-
tures total \$1,000 or less for this repr	• • • • • • • • • • • • • • • • • • • •		,	
b. This campaign is required to file a de and/or expenditures total more than	etailed financial disclosure because	contributions (in	ncluding in-kind) rec	eived total more than \$1,000
and/or experiordires (day more than	\$1,000 for this reporting period.			
10. I/we do solemnly swear or affirm that the i	nformation contained in this campa	ian financial dis	colocure report is tru	so and that this report is an
accurate accounting of campaign contributi	ions and expenditures required to b	e reported by th	ne candidate commit	tee by the Campaign
Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other no				or the personal financial
de la contracte de la contract	inpolitical purpose as defined by the	· receiai iiiteina	1)4	
Kangul /	1/24/21	Davo	* Du	01/24/21
signature of candidate	date	signature o	of political treasurer	date
	-10-14NB		<u> </u>	
11. WITNESS SIGNATURE			7	
15 an 2 1 1 max	a laula.	Han a	200	Janto
UMA	<u> </u>	Town	<u> </u>	1/24/21
signature of witness	date	signa	ture of witness	date
12. SUMMARY			••	
			\$ 440.	52
a. BALANCE ON HAND LAST REPORT			\$	<u> </u>
b. TOTAL RECEIPTS THIS PERIOD	FILED		\$	
	AM	PM	6.2	N)
c. TOTAL DISBURSEMENTS THIS PERIOD	JAN 25 2021		\$	<u>,,,</u>
d RALANCE ON HAND (12 a plus 12 b )				. 43 <i>4.52</i>
d. BALANCE ON HAND (12.a. plus 12.b. )	SUMNER COUNTY		***************************************	3
e. TOTAL LOANS OUTSTANDING	ELECTION COMMISSION	N		¢
C. FOINE CONTROL OF TANDING				··· Ψ
f. TOTAL OBLIGATIONS OUTSTANDING				s
TO THE OBEIGNIONS OUT O'ANDING.		• • • • • • • • • • • • • • • • • • • •	***************************************	ψ



## **SUMMARY PAGE - CANDIDATE**

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
KAREN E. DIXON	FROM: 10/25/20 TO: 1/15/21
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
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.)	\$ <u></u>
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)
Paper Statement Fees \$ 6.	00
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	<del></del>
Total of Expenditures (\$100 or less each payee)	\$ <u>6.00</u>
b. Itemized Expenditures (Over \$100 each payee this period)	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ 6.00
20. LOAN REPAYMENTS MADE THIS PERIOD	•
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 6.00
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. Itemized Obligations Outstanding (Over \$100 each)	\$
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i ite	em 12.f.)\$



### **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE	=		2	REPORT COVER	NG THE PERIOD			
	TO:							
		Amount						
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTI	IONS FRO	M PRECEDING PAG	E (enter \$0 if first itemized p	age)				
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)								
First Name 1	liddle Name	2	Contribution Received For:		Amount of Contribution			
				] o . e				
Last Name/Organization Name			Primary Election	General Election				
Address		<del></del>	Runoff (Local Election	ns Only)				
· · · · · · · · · · · · · · · · · · ·		<b>-</b>		<u></u>				
City	State !	Zip Code	Date of Contribution		Aggregate This Election			
Occupation			1					
Employee					İ			
Employer								
	Let un M		Contribution Described F					
First Name	Middle Nam	e	Contribution Received F	OF:	Amount of Contribution			
Last Name/Organization Name			Primary Election	General Election				
	-							
Address			Runoff (Local Election	ns Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation	L	<u> </u>						
Occupation								
Employer			1					
First Name	e	Contribution Received F	or:	Amount of Contribution				
Last Name/Organization Name			Primary Election	General Election				
Address		<del>-</del> ,-	Bune# /Long Floation	an Only)				
Address			Runoff (Local Election	ns Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation			{					
- Cooperation								
Employer			1					
First Name	⁄iiddle Nam	е	Contribution Received For		Amount of Contribution			
Last Name/Organization Name	L		Primary Election	General Election				
Lest reme, organization name				LI Cellerar Liection				
Address			Runoff (Local Election	ns Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
			Sale S. Sommanon		. agg. agg. o Triis Election			
Occupation								
Employer			1					
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								

## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

<ol> <li>NAME OF CANDIDATE</li> </ol>	E OR COMMITTE	E		2		RING THE PERIOD			
					FROM:	TO:			
3. TOTAL ITEMIZED IN-KIN	ID CONTRIBUTIO	NS FROM	I PRECEDING PA	GE (enter \$0 if first itemized page	e)	Amount			
4. COMPLETE THE APPROPR	IATE ITEMS FOR E	ACH ITEM	IZED IN-KIND CONT	RIBUTION (in-kind contributions totaling	more than \$100 from any c	ontributor during the period)			
First Name		Middle Na	ame	In-Kind Contribution Receiv		Value of In-Kind Contribution			
Last Name/Organization Name	·	•		l '	Runoff (Local Elections Only)				
Address				Date of In-Kind Contribution	.,	Aggregate this Election			
City State Zip C		Zip Code	Description of In-Kind Contribution		- <b>t</b>				
Occupation	Employer								
First Name		Aiddle Na	ame	In-Kind Contribution Receiv		Value of In-Kind Contribution			
Last Name/Organization Name	, ·••			Runoff (Local Election					
Address		•		Date of In-Kind Contribution		Aggregate this Election			
City	City State Zip Code				<u> </u>				
Occupation	Employer	<u> </u>	1						
First Name Middle Name				In-Kind Contribution Recei		Value of In-Kind Contribution			
Last Name/Organization Name		1		Runoff (Local Election					
Address				Date of In-Kind Contribution		Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution	1				
Occupation	Employer								
First Name	+	viiddle N	ame	In-Kind Contribution Recei		Value of In-Kind Contribution			
Last Name/Organization Name		<u> </u>		Primary Election  Runoff (Local Election					
Address	· · · · · · · · · · · · · · · · · · ·	<u> </u>		Date of In-Kind Contribution		Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution	1				
Occupation	Employer	<u> </u>							
First Name		Middle Na	ame	in-Kind Contribution Rece		Value of In-Kind Contribution			
Last Name/Organization Name		<u>'</u>		Runoff (Local Election					
Address				Date of In-Kind Contribution		Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution	I				
Occupation	Employer	.I	. 1						
5. TOTAL ITEMIZED IN-KI									
(Carry forward to item 3. of nex (If this is the last page of in-kind				ımmary.)	· · · · · · · · · · · · · · · · · · ·				
SS-1128 (Rev. 2/06)	-			Pa	ge of	RDA 1159			

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE					RT COVERING			
				FROM:	ТО			
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	JRES FRO	M PRECEDING PAG	E (enter \$0 if first itemized pa	ge)	Am	nount		
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMI	ZED EXPENDITURE (	expenditures totaling more than \$100	to any payee d	uring the period)			
First Name	Middle Name			Purpose of Expenditure				
Last Name/Business Name			1	·				
Address								
City	State	Zip Code						
First Name	Middle Nar	ne	Purpose of Expenditure		Am	Amount of Expenditure		
Last Name/Business Name	<u>.l.                                   </u>		-					
Address			-					
City	State	Zip Code						
First Name	Middle Nar	me	Purpose of Expenditure		Am	Amount of Expenditure		
Last Name/Business Name		1						
Address								
City	State	Zip Code						
First Name	t Name Middle Name				Am	ount of Expenditure		
Last Name/Business Name								
Address	***							
City	State	Zip Code						
First Name	Middle Nan	ne	Purpose of Expenditure		Am	ount of Expenditure		
Last Name/Business Name	L	· ·						
Address								
City	State	Zip Code						
First Name	Middle Nam	10	Purpose of Expenditure		Am	ount of Expenditure		
Last Name/Business Name								
Address			]					
City	State	Zip Code						
TOTAL ITEMIZED EXPENDITURES     (Carry forward to item 3. of next page if additional page (if this is the last page of expenditures, this amount must								

ÆFRA.			
<b>1</b>	SS-1129	(Rev.	4/02)

## **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE								2. REPORT COVERING THE PERIOD FROM: TO:			
2. COMPLETE THE APPROPRIE	NATE ITEMS	COD EACLU	**************************************	TOLOMI.			<del>,                                    </del>				
3. COMPLETE THE APPROPR		-UR EACH I	LMIZ	ED LOAN (I	oans totaling n	nore than \$100	from any source	during the peri	iod)		
Complete the Following for the Sou First Name					Loan Balance Loans Loan of Period) Received Payments			Outstanding Loan Balance (End of Period)			
Last Name/Organization Name											
Address L			Loan Receive	oan Received For: Date of Loan							
City	State	Zip Code		☐ Primary	ry Election						
	List All Endo	rsers or Guara	intors f	or Above Loa	n (If more spa	ice is needed	d please attach	a page)			-
First Name		Middle Name			First Name				Middle	Name	
Last Name/Organization Name		<u> </u>			Last Name/Or	ganization Nan	ne		<u> </u>		
Address					Address						
City		State	Zip C	ode	City				State		Zip Code
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding						
First Name Middle Name				·	First Name Middle Name						
Last Name/Organization Name					Last Name/O	ganization Nar	пе				
Address		_			Address						
City		State	ZiρC	ode	City State Zip Code					Zip Code	
Amount Guaranteed Outstanding					Amount Guar	anteed Outstan	ding				
First Name		Middle Name	;		First Name				Middle	e Name	
Last Name/Organization Name					Last Name/Organization Name						
Address		<u></u>			Address						
City		Stale	Zip C	ode	City				State		Zip Code
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding						
First Name Middle Name					First Name Middle Name						
Last Name/Organization Name				Last Name/Organization Name							
Address				· · · · · · · · · · · · · · · · · · ·	Address						
City		State	Zip C	Code	City				State		Zip Code
Amount Guaranteed Outstanding					Amount Guar	anteed Outstan	ding				
4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.) (Total loan payments should also be shown in item 20. on summary page.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)					Outstanding I (Beginning		Loans Received	Loa Paym			anding Loan Balance (End of Period)



### **ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
			FROM:	TO:		
COMPLETE THE APPROPRIATE ITEMS F     OBLIGATION (obligations totaling more than		Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)	
person/vendor at the end of the reporting pa	enou)					
First Name	Middle Nar	ne				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation	<b>1</b>	l			<u> </u>	learn.
First Name	Middle Nar	пе				
Last Name/Business Name	I					
Address						
City	State	Zip Code				
Description of Obligation	<u> </u>	<u>.L</u>		1	<u>i</u>	<u> </u>
			· •	<b>,</b>	<b>,</b>	
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	me				
Last Name/Business Name						
Address						
City	State	Zip Code				<u> </u>
Description of Obligation	<u> </u>	1	<u>, , l</u>	I	1	
First Name	Middle Na	me			· · · · · ·	
Last Name/Business Name			_			!
Address			_			
City	State	Zip Code	$\dashv$			
Description of Obligation	<u> </u>			<u> </u>	<u> </u>	
			<del></del>	1	<u>,                                      </u>	1
4. TOTALS (Total from Outstanding Balance - (End of Period)	column mus	st also be shown				
in item 23b. on summary page.)		<u> </u>				