CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

4 DATE OF DEDON'T	- Juliana		
1. DATE OF REPORT	2.a. NAME OF CANDIDATE O	DRCOMMITTEE	
10-26-2020	KATEN E.	, DIXON	
2.b. IF COMMITTEE, NAME OF CANDIDATE			ION DATE
			A
4.a. CAMPAIGN ADDRESS AND PHONE		NOV	J, avav
Street or Rural Route	City	State Zip Code	Dhone
100 CLASENDON PL HONO	1000 A 1 1 1/2 -	-1/ 2-110c	
	leigouville 7	N 310/3	615-766-5739
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	t than 4.a.) City	C4-1- 7: 0 !	
3AME	Oity	State Zip Code	Phone
			
5. OFFICE SOUGHT (include district number, if		IE OF POLITICAL TREASURE	R (may be candidate)
Molerman WARD 4 HONDER	esonville Ver	NON K. DIKAN	:
7. CATEGORY OR REPORT (Check one)		- 1 1 1 D M NO	
□ □ □ □ I I I I I I I			
FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH PRE- QUARTER PRIMARY		O-YEAR YEAR-END
8.a. BEGINNING DATE OF REPORTING PERIOD		GENERAL SUPPLING DATE OF REPORTING PER	EMENTAL SUPPLEMENTAL
10-1-2020	1/1/	124/1222	
9. (Check one)		all ander	
	·	•	
a. This campaign is exempt from detailed	d disclosure because contribution	ons (including in-kind) received	I total \$1,000 or less AND expendi-
tures total \$1,000 or less for this repo	rting period. (Complete items 1	2d., 12e. and 12f.)	CAPAINA CAPAINA
b. This campaign is required to file a det	ailed financial disclosure becau	so contributions (including in I	
and/or expenditures total more than \$	1,000 for this reporting period.	se contributions (including thek	ind) received total more than \$1,000
10. I/we do solemnly swear or affirm that the in-	f		
I/we do solemnly swear or affirm that the in- accurate accounting of campaign contribution	formation contained in this carr his and expenditures required to	ipaign financial disclosure rep	ort is true and that this report is an
rinariciai Disclosure Act. Additionally, I/We s	swear or affirm that no campaid	n contributions have been evo	anded for the personal financial
benefit of the candidate or for any other non	political purpose as defined by	the federal internal revenue co	de.
La. 400		2) 1)	•
grande)	10,70 9090	Vernont D	10/26/2020
signature of candidate	date	signature of political tre	easurer date
,			date
11. WITNESS SIGNATURE			
) . /		1100	
9)0000000000000000000000000000000000000	10/01/2	201711/	7
signature of witness	10/26/2020	14000	102620
signature or withess	date	signature of witne	ss date
12. SUMMARY			İ
a. BALANCE ON HAND LAST REPORT	EU ES	26	98 38
		s <u>26</u>	10.20
b. TOTAL RECEIPTS THIS PERIOD	TM PM	2,	
	!********************************		i
c. TOTAL DISBURSEMENTS THIS PERIOD	OCT 1 8 2020	. 25	57.86
		\$ <u>~, / /</u>	
d. BALANCE ON HAND (12.a. plus 12.b. mi	SUMNER COUNTY		\$ 440,52
d. BALANCE ON HAND (12.a. plus 12.b. m)	ELECTION COMMISSION		\$. , , , , , ,
A TOTAL LOANS OUTSTANDING			
e. TOTAL LOANS OUTSTANDING			ss
		· · · · · · · · · · · · · · · · · · ·	
f. TOTAL OBLIGATIONS OUTSTANDING			s
			.



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
RECEIPTS	FROM: 10/1/20 TO: 10/24/20
15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 50.00
b. Itemized Contributions (over \$100 from each source this period)	s <u>250.00</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>300.00</u>
16. LOANS RECEIVED THIS REPORTING PERIOD	\$
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u> </u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>300.00</u>
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)
Mailers Services \$ 2557.	86
\$	
<u> </u>	
<u> </u>	
\$	
<u> </u>	
	
\$	 -
\$	
Total of Evpanditures (\$400 as less and	
Total of Expenditures (\$100 or less each payee)	•
b. Itemized Expenditures (Over \$100 each payee this period)	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	· · · · · · · · · · · · · · · · · · ·
20. LOAN REPAYMENTS MADE THIS PERIOD	"-
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 2557.86
	į
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.)	\$ D
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 item	12.f.)\$



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE	E	2 REPORT COVERING THE PERIOD					
KATEN E. DIXON		FROM 10/1	TO: 10/04				
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	GE (enter \$0 if first itemized p	age)	Amount 300.00				
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEML	ZED CONTRIBUTION (c	(contributions totaling more than \$100 from any contributor)				
steve	Middle Nam	e	Contribution Received For:	Amount of Contribution			
Last Name/Organization Name Elbert			☐ Primary Election	\$ 250.00			
Address 214 BluegRASS DR	rive		Runoff (Local Election	ns Only)	250.00		
10%	State TN	Zip Code 37075	Date of Contribution	Aggregate This Election			
Hendelsonville Occupation Retired Employer			10/15/8	250.00			
First Name	Middle Nan	ne	Contribution Received F	or:	Amount of Contribution		
Last Name/Organization Name	1		Primary Election	General Election			
Address			Runoff (Local Election	ns Only)			
City	State	Zip Code	Date of Contribution	Aggregate This Election			
Occupation	<u>. L</u>	<u> </u>	†				
Employer							
First Name	Viiddle Nал	ne	Contribution Received F	or:	Amount of Contribution		
Last Name/Organization Name	1		Primary Election	General Election			
Address			Runoff (Local Election				
City	State	Zip Code	Date of Contribution	Aggregate This Election			
Occupation	.						
Employer							
First Name	Middle Nam	е	Contribution Received For:	 	Amount of Contribution		
Last Name/Organization Name	I		☐ Primary Election ☐				
Address			Runoff (Local Election				
City	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation	•	·					
Employer							
					1		

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE	OR COMMIT	EE		2 REPORT COVE	RING THE PERIOD
	· · · ·			FROM:	TO:
				AGE (enter \$0 if first itemized page)	
4. COMPLETE THE APPROPRIA	ATE ITEMS FOR	EACH ITEN	IIZED IN-KIND CON	TRIBUTION (in-kind contributions totaling more than \$100 from any	contributor during the period)
First Name		Middle N	arne	In-Kind Contribution Received For: Primary Election General Election	Value of In-Kind Contribution
Last Name/Organization Name				Runoff (Local Elections Only)	
Address			-	Date of In-Kind Contribution	Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer	L <u> </u>	<u></u>		
First Name		Middle N	зме	In-Kind Contribution Received For:	Value of in-Kind Contribution
Last Name/Organization Name		<u> </u>	····	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>	<u></u>		
First Name		Aiddle Na	arne	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	- · · · · ·	- 		
First Name		Middle Na	me	In-Kind Contribution Received For:	Value of In-Kind Contribution
ast Name/Organization Name		<u> </u>		☐ 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	<u> </u>
Occupation	Employer	_l	<u></u>		
rst Name	<u> </u>	Middle Nar	ne	In-Kind Contribution Received For:	Value of In-Kind Contribution
ast Name/Organization Name		<u> </u>		☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
dress				Date of In-Kind Contribution	Aggregate this Election
ity	·	State	Zip Code	Description of In-Kind Contribution	
ccupation	Employer	L			
. TOTAL ITEMIZED IN-KIND (Carry forward to item 3. of next page	e if additional pages	of this form a	re used.)		2
(If this is the last page of in-kind cont SS-1128 (Rev. 2/06)	ributions, this amou	nt must be sh	own in item 22b. of sum	mary.)	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE KAREN E. D. 200	TEE		· · · · · · · · · · · · · · · · · · ·	2. REPORT COV	ERING THE PERIOD	
KAREN E. UIXO	TO: 10/24					
3. TOTAL ITEMIZED CAMPAIGN EXPEN	IDITURES FR	OM PRECEDING PAG	SE (enter \$0 if first itemized pa	Amount 2557.86		
4. COMPLETE THE APPROPRIATE ITEMS F	OR EACH ITE	MIZED EXPENDITURE	expenditures totaling more than \$10	0 to any payee during the	period)	
First Name	Middle N	ame	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Direct Egge C Address 200 Glen Echo Rd, : City NAShville	ampaig	INS	CAMPAIGN MAILERS	\$2,557.86		
City Mashville	State TA	Zip Code 37215				
First Name	Middle N		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			-			
Address			_			
City	State	Zip Code	_			
First Name	Middle Na	ame	Purpose of Expenditure	-	Amount of Expenditure	
Last Name/Business Name			1	·		
Address		······································				
City	State	Zip Code				
First Name	Middle Nar	пе	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name						
Address	·		-			
City	State	Zip Code				
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name	Middle Nam	e e	Purpose of Expenditure	<u></u>	Amount of Expenditure	
ast Name/Business Name	<u> </u>					
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 it 	nges of this form a nust be shown in i	re used.) tem 19b. of summary.)			*2,557.8L	
		·			l	

SS-1129 (Rev. 4/02)

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR (OMMITTE	E						2 REPOR	T COV	EDINO	THE PERIOD
								FROM:	1 000	TO	
3. COMPLETE THE APPROPRI	ATE ITEMS	FOR FACI	LITEMI	ZED LOAN	//						
_			111 CIVIIZ	ZED LOAN	(loans totaling n	ore than \$	100 from any sou	rce during the	(boinsq e		
Complete the Following for the Source First Name	e of the Load Middle N			la	 			· 			
The state of the s	MIDDLE N	arne		Outstanding (Beginning	Loan Balance of Period)	Loa Rece		Loan Payments	C		ng Loan Balance of Period)
Last Name/Organization Name				1				.,		(===	ur i cirouj
Address				ļ <u></u>					[
71007000	Los				ved For:	_		Date of	Loan		
City	State	Zip Code		Primary Election General El			ral Election				
	<u> </u>				(Local Elections (. <u> </u>				
Circl No.	List All Ende			or Above Lo	an (If more spac	ce is need	ed please atta	ch a page)			
First Name		Middle Nar	me		First Name				Mid	dle Name	
Last Name/Organization Name		· . · · · · · · · · · · · · · · · · · ·		-	Last Name/Org	anization N	arne				
Address				···	Address		/				
City		State	Zip Co	ode	City	/			Stat	e	Zip Code
Amount Guaranteed Outstanding					Amount Guaran	teed Outsta	ending				<u> </u>
First Name		Middle Nan	ne		First Name Middle Name						
Last Name/Organization Name		<u> </u>			Last Name/Orga	nization Na	arne		<u>J_</u>		
Address					Address						
City	y State Zip Code				City				State	9	Zip Code
Amount Guaranteed Outstanding		-		<u></u>	Amount Guarant	eed Outsta	nding	-			
First Name		Middle Nam	e/		First Name				Midd	de Name	
ast Name/Organization Name					Last Name/Orga	nization Na	me				· · · · · · · · · · · · · · · · · · ·
Address		$\overline{/}$			Address	·	 <u>-</u> -				
City		State	Zip Cod	de .	City				State	;	Zip Code
mount Guaranteed Outstanding					Amount Guarante	ed Outstan	ding		1		
irst Name		Middle Name)		First Name Middle Name						
ast Name/Organization Name		<u> </u>	-		Last Name/Organ	zation Nar	 ne			 .	
ddress		 	<u> </u>		Address						
ity		State	Zip Code	e	City State Zip					Zip Code	
riount Guaranteed Outstanding					Amount Guarantee	ed Outstand	ling		1		-
Totals for all Loans (complete on la Total loans received should also be shown in Total loan payments should also be shown in	nitem 16. on su	ımmary page.)	•	-	Outstanding Loan (Beginning of P		Loans Received	Loa Paym			nding Loan Balance nd of Period)
Total outstanding loan balance should also be	shown in item	12.e. on front p	age.)							Ì	

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE					2. REPORT COVERING THE PERIOD				
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)				Outstanding Balance (Beginning of Period)	FROM: Debt Incurred This Period	Payments This Period	Outstanding Balanc (End of Period)		
First Name	Mide	die Na	me						
Last Name/Business Name									
Address	-		·						
City	Stati	e	Zip Code						
Description of Obligation	<u>_</u>		<u> </u>		<u> </u>	<u> </u>			
First Name	Mido	lle Nar	ne						
Last Name/Business Name			·						
Address	-								
City	Stale	•	Zip Code						
Description of Obligation			<u> </u>						
First Name	Midd	le Nam	ne				<u> </u>		
Last Name/Business Name				/					
Address	 , <u></u> -			-					
City	State		Zip Code	1/					
Description of Obligation		_							
First Name	Middle	e Nam	e /						
Last Name/Business Name				-					
Address			_/_	-		i			
City	State		Zip Code	-					
Description of Obligation		_	/						
First Name	Middle	Name							
ast Name/Business Name	·	· · · ·		-					
Address				-					
City	State		Zip Code	-					
Description of Obligation									
. TOTALS (Total from Outstanding Balance - (Er in item 23b. on summary page.)	id of Period) column m	iust a	iso be shown						
in item 230. on summary page.)	<u> </u>			L			1		