

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>10-7-2020</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>KAREN E. DIXON</u>
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE <u>NOV 3, 2020</u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>100 CLARENDON PL HENDERSONVILLE TN 37075 6157665739</u>	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone <u>SAME</u>	
5. OFFICE SOUGHT (include district number, if applicable) <u>ALDERMAN WARD 4 HENDERSONVILLE</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>VERNON K. DIXON</u>
7. 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	
8.a. BEGINNING DATE OF REPORTING PERIOD <u>7/1/2020</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>9/30/2020</u>
9. (Check one) <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) <input checked="" type="checkbox"/> This campaign 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.	
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code. <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u></u> signature of candidate </div> <div style="text-align: center;"> <u>10/7/2020</u> date </div> <div style="text-align: center;"> <u></u> signature of political treasurer </div> <div style="text-align: center;"> <u>10/7/2020</u> date </div> </div>	
11. WITNESS SIGNATURE <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u></u> signature of witness </div> <div style="text-align: center;"> <u>10/7/2020</u> date </div> <div style="text-align: center;"> <u></u> signature of witness </div> <div style="text-align: center;"> <u>10/7/2020</u> date </div> </div>	
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ <u>1891.85</u>
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>1721.50</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>914.97</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <u>2698.38</u>
e. TOTAL LOANS OUTSTANDING	\$ <u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>0</u>



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <u>KAREN E. DIXON</u>	14. REPORT COVERING THE PERIOD FROM: <u>7/1/2020</u> TO: <u>9/30/2020</u>
RECEIPTS	
15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>521.50</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>1,200.00</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>1721.50</u>
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>—</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>—</u>
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>Signage (Mr. Sigman)</u>	\$ <u>204.84</u>
<u>(Mr. Sigman)</u>	\$ <u>546.25</u>
<u>(Lowe's)</u>	\$ <u>44.79</u>
<u>Materials Camp. (ASAP Printing)</u>	\$ <u>108.59</u>
<u>BANK FEES</u>	\$ <u>10.50</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ <u>55.29</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>859.68</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>914.97</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u>—</u>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>914.97</u>
22. IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>—</u>
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ <u>—</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	\$ <u>—</u>
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>—</u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u>—</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.)	\$ <u>—</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE KAREN E. DIXON		2. REPORT COVERING THE PERIOD FROM: 7/1/2020 TO: 9/30/2020	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount \$1721.50
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)			
First Name Donnie Till		Middle Name	
Last Name/Organization Name Dobson Steel Co.		Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address P.O. Box 746		<input type="checkbox"/> Runoff (Local Elections Only)	
City Gallatin	State TN	Zip Code 37066	Date of Contribution 7/28/2020
Occupation	Employer Husband's Employer		Aggregate This Election \$500.00
First Name MARK & LISA		Middle Name	
Last Name/Organization Name Smith		Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 210 Sterling Rd		<input type="checkbox"/> Runoff (Local Elections Only)	
City HENDERSONVILLE	State TN	Zip Code 37075	Date of Contribution 9/17/2020
Occupation SALES	Employer OWNER		Aggregate This Election \$200.00
First Name		Middle Name	
Last Name/Organization Name SUMNER CO REPUBLICAN ASSEMBLY		Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 130 GLADY ST. SUITE 204		<input type="checkbox"/> Runoff (Local Elections Only)	
City Goodlettsville	State TN	Zip Code 37072	Date of Contribution 9/2/2020
Occupation	Employer		Aggregate This Election \$500.00
First Name		Middle Name	
Last Name/Organization Name		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address		<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution
Occupation	Employer		Aggregate This Election
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.)			\$1200.00

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD		
				FROM:	TO:	
					Amount	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)						
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)						
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Last Name/Organization Name				<input type="checkbox"/> 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 Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Last Name/Organization Name				<input type="checkbox"/> 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 Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Last Name/Organization Name				<input type="checkbox"/> 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 Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Last Name/Organization Name				<input type="checkbox"/> 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 Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer					

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE KAREN EDIXON		2. REPORT COVERING THE PERIOD	
		FROM: 7/1/2020	TO: 9/30/2020
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)			
First Name MR SIGN MAN	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name MR SIGN MAN		SIGNS	\$204.84
Address 129 Commerce DR			
City HENDERSONVILLE	State TN		
First Name MR SIGN MAN	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		SIGNS	546.25
Address 129 Commerce DR			
City HENDERSONVILLE	State TN		
First Name ASAP PRINTING	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name 116 IMPERIAL BLVD		CAMPAIGN CARDS	\$188.59
Address 116 IMPERIAL BLVD			
City HENDERSONVILLE	State TN		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State		
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 expenditures, this amount must be shown in item 19b. of summary.)			

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE					2. REPORT COVERING THE PERIOD					
					FROM:		TO:			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)										
Complete the Following for the Source of the Loan										
First Name			Middle Name		Outstanding Loan Balance (Beginning of Period)		Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	
Last Name/Organization Name										
Address					Loan Received For:				Date of Loan	
City					State	Zip Code	<input type="checkbox"/> Primary Election	<input type="checkbox"/> General Election		
							<input type="checkbox"/> Runoff (Local Elections Only)			
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)										
First Name			Middle Name		First Name			Middle Name		
Last Name/Organization Name					Last Name/Organization Name					
Address					Address					
City			State	Zip Code	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 Code	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 Code	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 Code	City			State	Zip Code	
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding					
4. Totals for all Loans (complete on last page of itemized loans)					Outstanding Loan Balance (Beginning of Period)		Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	
(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.)										



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
				FROM:		TO:	
3. 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)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
4. TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)							