

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

1. DATE OF REPORT <u>1-25-2021</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>SHAWN FENNEL</u>			
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE <u>Nov 3rd 2020</u>		
4.a. CAMPAIGN ADDRESS AND PHONE					
Street or Rural Route <u>819 Plantation Blvd</u>		City <u>Gallatin</u>	State <u>TN</u>	Zip Code <u>37066</u>	Phone <u>615-426-2011</u>
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)					
Street or Rural Route <u>SAME</u>		City	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if applicable) <u>Gallatin City Council at large</u>			6. NAME OF POLITICAL TREASURER (may be candidate) <u>HEATHER HEHN</u>		
7. CATEGORY OR REPORT (Check one)					
<input type="checkbox"/> FIRST QUARTER	<input type="checkbox"/> SECOND QUARTER	<input type="checkbox"/> THIRD QUARTER	<input checked="" type="checkbox"/> FOURTH QUARTER	<input type="checkbox"/> PRE-PRIMARY	<input checked="" type="checkbox"/> GENERAL
			<input type="checkbox"/> MID-YEAR SUPPLEMENTAL	<input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD <u>Oct 25th 2020</u>			8.b. ENDING DATE OF REPORTING PERIOD <u>Jan 15th 2021</u>		
9. (Check one)					
a. <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.)					
b. <input 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.					
<u>[Signature]</u> signature of candidate		<u>1-22-2021</u> date	<u>[Signature]</u> signature of political treasurer		<u>1-22-2021</u> date
11. WITNESS SIGNATURE					
<u>[Signature]</u> signature of witness		<u>1-22-2021</u> date	<u>[Signature]</u> signature of witness		<u>1-22-2021</u> date
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT		..... <b>FILED</b> .....		\$ <u>5452.95</u>	
b. TOTAL RECEIPTS THIS PERIOD		..... <b>JAN 25 2021</b> .....		\$ _____	
c. TOTAL DISBURSEMENTS THIS PERIOD		..... <b>SUMNER COUNTY</b> .....		\$ <u>7450.81</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		..... <b>ELECTION COMMISSION</b> .....		\$ <u>[Signature]</u>	
e. TOTAL LOANS OUTSTANDING		\$ _____			
f. TOTAL OBLIGATIONS OUTSTANDING		\$ _____			



# SUMMARY PAGE - CANDIDATE

<b>13. NAME OF CANDIDATE OR COMMITTEE (In Full)</b> <span style="font-size: 1.2em; font-family: cursive;">SHAWN KENNELL</span>	<b>14. REPORT COVERING THE PERIOD</b> FROM: <u>1-25-20</u> TO: <u>1-15-2021</u>
-----------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------

## RECEIPTS

**15. CONTRIBUTIONS (other than loans and interest)**

a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ 430.00

b. Itemized Contributions (over \$100 from each source this period) ..... \$ 700.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) ..... \$ 1130.00

**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.)** ..... \$ 1130.00

## 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)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total of Expenditures (\$100 or less each payee) ..... \$ 0

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** ..... \$ 7450.81

**21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)** ..... \$ 7450.81

## 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) ..... \$ 867.80

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) ..... \$ 867.80

## 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 in item 12.f.) ..... \$ 0

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Shawn Kennell</i>		2. REPORT COVERING THE PERIOD FROM: <i>10-25-20</i> TO: <i>1-15-21</i>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)			
First Name		Middle Name	
Last Name/Organization Name <i>TENNESSEE REALTORS POLITICAL COMMITTEE</i>		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address <i>901 19th AVENUE SOUTH</i>		Amount of Contribution <i>\$500.00</i>	
City <i>NASHVILLE</i>	State <i>TN</i>	Zip Code <i>37212</i>	Date of Contribution <i>10-14-20</i>
Occupation	Employer		Aggregate This Election
First Name <i>KHONDA AN TERRY</i>		Middle Name	
Last Name/Organization Name <i>Church</i>		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address <i>1136 Lindenwood Drive</i>		Amount of Contribution <i>200.00</i>	
City <i>gallatin</i>	State <i>TN</i>	Zip Code <i>37066</i>	Date of Contribution <i>10-14-20</i>
Occupation <i>FUNERAL HOME</i>	Employer		Aggregate This Election
First Name		Middle Name	
Last Name/Organization Name		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Amount of Contribution	
City	State	Zip Code	Date of Contribution
Occupation	Employer		Aggregate This Election
First Name		Middle Name	
Last Name/Organization Name		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Amount of Contribution	
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.)			<i>700.00</i>

# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>SHAWN FENNEL</b>		2. REPORT COVERING THE PERIOD FROM <b>10-15-20</b> TO: <b>1-15-21</b>	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount
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 <b>Vicki</b>		Middle Name	
Last Name/Organization Name <b>Fennell</b>		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address <b>819 Plantation Blvd</b>		Value of In-Kind Contribution <b>867.86</b>	
City <b>Jalal</b>		Date of In-Kind Contribution <b>1-1-21</b>	
State <b>IN</b> Zip Code <b>47006</b>		Aggregate this Election	
Occupation		Description of In-Kind Contribution <b>Balance Due for Election</b>	
Employer			
First Name		Middle Name	
Last Name/Organization Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Value of In-Kind Contribution	
City		Date of In-Kind Contribution	
State		Aggregate this Election	
Zip Code		Description of In-Kind Contribution	
Occupation			
Employer			
First Name		Middle Name	
Last Name/Organization Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Value of In-Kind Contribution	
City		Date of In-Kind Contribution	
State		Aggregate this Election	
Zip Code		Description of In-Kind Contribution	
Occupation			
Employer			
First Name		Middle Name	
Last Name/Organization Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Value of In-Kind Contribution	
City		Date of In-Kind Contribution	
State		Aggregate this Election	
Zip Code		Description of In-Kind Contribution	
Occupation			
Employer			
First Name		Middle Name	
Last Name/Organization Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Value of In-Kind Contribution	
City		Date of In-Kind Contribution	
State		Aggregate this Election	
Zip Code		Description of In-Kind Contribution	
Occupation			
Employer			
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)			<b>867.86</b>

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>SHAWN FENNEL</b>			2. REPORT COVERING THE PERIOD	
			FROM <b>10-25-20</b>	TO: <b>1-15-21</b>
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 <b>gullak</b>	Middle Name <b>Chambers</b>	Purpose of Expenditure <b>STATE of the UNION TABLE</b>		Amount of Expenditure <b>500.00</b>
Last Name/Business Name		Address		
City <b>Gallat</b>	State <b>IN</b>	Zip Code <b>37066</b>		
First Name	Middle Name	Purpose of Expenditure <b>Maiden</b>		Amount of Expenditure <b>5350.97</b>
Last Name/Business Name <b>Busy Bee</b>		Address		
City <b>Wole</b>	State <b>IN</b>	Zip Code <b>37075</b>		
First Name	Middle Name	Purpose of Expenditure <b>NOT 125' as DESCRIBED LAST STATEMENT</b>		Amount of Expenditure <b>352.66</b>
Last Name/Business Name <b>gullak Wild Supply</b>		Address		
City	State	Zip Code <b>Helium Balkan</b>		
First Name	Middle Name	Purpose of Expenditure <b>NOT 40000 AS DESCRIBED LAST STATEMENT LETTER.</b>		Amount of Expenditure <b>149.68</b>
Last Name/Business Name <b>Quay Pro Co.</b>		Address <b>141 EAST EASTLAND</b>		
City <b>Gallat</b>	State <b>IN</b>	Zip Code <b>37066</b>		
First Name	Middle Name	Purpose of Expenditure <b>Sigs</b>		Amount of Expenditure <b>1097.50</b>
Last Name/Business Name <b>Chase (Fast Signs)</b>		Address <b>2203 R, Centennial Decie</b>		
City <b>Cookeville</b>	State <b>IN</b>	Zip Code <b>38501</b>		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		Address		
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 expenditures, this amount must be shown in item 19b. of summary.)				<b>7450.81</b>