## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

# For State and Local Candidates For Single-Candidate Committees

|   | - Jg J                                 |   | · · · · · · · · · · · · · · · · · · · |                                       |
|---|--|---|---------------------------------------|---------------------------------------|
| 1. DATE OF REPORT   | 2.a. NAME OF CAI                       | DIDATE OR COMMITTEE                     |                                       |                                       |
| 10-27-2020  | 1 SHAWN                                | lennell                                 |                                       | · · · · · · · · · · · · · · · · · · · |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE  |  |   | 3. ELECTION DATE                      | man                                   |
| 4 - CAMPAIGN APPRICE AND DUONE  | ······································ |   | 1 NOV Jac                             | 2020                                  |
| 4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route                                     | City                                   | State                                   | Zip Code                              | Phone                                 |
| 819 Plantation Blod   | Gallad                                 | 1N                                      | 37006                                 | 115.426.2011                          |
| 4.b. CANDIDATE'S HOME ADDRESS (if differen  | · ·                                    |   | <del></del>                           | (11) 1000011                          |
| Street or Rural Route   | Čity                                   | State                                   | Zip Code                              | Phone                                 |
| 5. OFFICE SQUGHT (include district number,  | if amplicable)                         | 6. NAME OF POLITICAL                    | TOTACI IDED /                         |                                       |
| S. Orrice Sough, dicided listic holiber,  | Do e                                   | o. MANIE OFFICIAL                       | TREASURER (may be ca                  | noidate)                              |
| 7. CATEGORY OR REPORT (Check one)   |  | TEATURAL/                               | TIEHIV                                |                                       |
|   |  | PRE- PRE-                               | ANDAGAD                               | VEAREND                               |
| QUARTER QUARTER QUARTER   | FOURTH<br>QUARTER                      | PRIMARY DENERAL                         | MID-YEAR<br>SUPPLEMENTAL              | YEAR-END<br>SUPPLEMENTAL              |
| 8.a. BEGINIANG DATE OF REPORTING PERIOD   |  | 8.b. ENDING DATE OF REPO                | OAAAA                                 |                                       |
| Uchta 19 2020   |  | WYONU 24                                | 2000                                  |                                       |
| 9. (Check ohe)  |  | •                                       | }                                     |                                       |
| a. This campaign is exempt from detail  |  |   |                                       | or less AND expendi-                  |
| tures total \$1,000 or less for this rep  |  |   | ,                                     |                                       |
| b. This campaign is required to file a de and/or expenditures total more than             |  |   | ncluding in-kind) received            | total more than \$1,000               |
| and of exponential state more than  | wi,ooo ioi una reperm                  | g period.                               |                                       |                                       |
| 10. I/we do solemnly swear or affirm that the   | information contained                  | in this campaign financial dis          | sclosure report is true and           | I that this report is an              |
| accurate accounting of campaign contribut   | ions and expenditures                  | required to be reported by the          | e candidate committee by              | the Campaign                          |
| Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other no |  |   |                                       | personal financial                    |
|   |  |   | 1 1                                   |                                       |
|   | 10.2720                                | / XatAl                                 | Nem                                   | D27,2020                              |
| signature of candidate  | date                                   | signature of                            | of political treasurer                | date                                  |
|   |  |   |                                       |                                       |
| 11. WITNESS SIGNATURE   |  | ,1/                                     | $\mathcal{M}$                         |                                       |
|   | 10.14.20                               | Vhali                                   | <i>\\\</i>                            | 10-0- 00                              |
| signature of witness  | date                                   | sion                                    | ture of witness                       |                                       |
|   |  |   |                                       |                                       |
| 12. SUMMARY   |  |   |                                       |                                       |
| a. BALANCE ON HAND LAST REPORT  |  |   | s 4946W                               |                                       |
|   | Eu ca                                  |   | 52W10                                 |                                       |
| b. TOTAL RECEIPTS THIS PERIOD   |  | _                                       | s                                     |                                       |
| c. TOTAL DISBURSEMENTS THIS PERIOD  | 005.5                                  | PM                                      | , 4793.05                             |                                       |
|   | 001272                                 | 020                                     |                                       | 545795                                |
| d. BALANCE ON HAND (12.a. plus 12.b. )  | minus 12.c.)                           |   | \$ _                                  | J 10 8. 13                            |
|   | PLECTION COMMI                         | NIY                                     |                                       |                                       |
| e. TOTAL LOANS OUTSTANDING  |  | 99ION                                   | <u>\$ _</u>                           |                                       |
| f TOTAL ORLIGATIONS OF TOTANIONS  |  |   |                                       | 7473.47                               |
| f. TOTAL OBLIGATIONS OUTSTANDING  |  | *************************************** | \$                                    |                                       |

#### SUMMARY PAGE - CANDIDATE

| 13. NAME OF CANDIDATE OR COMMITTEE (In Full)  | 14. REPORT COVERING THE PERIOD        |
|---|---------------------------------------|
| Shaw Linall   | FROM: [0.1-20] TO: [0.24-20]          |
| RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)  |                                       |
| a. Unitemized Contributions (\$100 or less from each source this period)                                      | \$ <u>240.w</u>                       |
| b. Itemized Contributions (over \$100 from each source this period)   | ====\$\frac{190.00}{290.00}           |
| c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)                                   | \$ _5,2000                            |
| 16. LOANS RECEIVED THIS REPORTING PERIOD  | (2)                                   |
| 17. INTEREST RECEIVED THIS REPORTING PERIOD   |                                       |
| 18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)                                    | \$ 33WW                               |
| 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)    |
| Stamps s told   | <del>)()-</del>                       |
| 4-gift chens chent chin \$ 1000   | <del>C</del>                          |
|   |                                       |
| \$  | <u>-</u>                              |
|   | -                                     |
|   |                                       |
| <u> </u>  | <del></del>                           |
| <u> </u>  |                                       |
| \$  |                                       |
| <u></u>   |                                       |
| Total of Expenditures (\$100 or less each payee)  | s 1                                   |
| b. Itemized Expenditures (Over \$100 each payee this period)  | السما                                 |
|   | Ilmas -                               |
| 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.)                                     |                                       |
|   | \$ 1100)                              |
| 22.IN-KIND CONTRIBUTIONS  | 11/1.45                               |
| 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)                                   | ì                                     |
| c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22   | b.)s 161.W                            |
| 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 OF COMMITTEE  | mill                       |  | 10 1-772   | TO: 10 24 20                                    |
|--|----------------------------|--|--|---|
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT   | Amount                     |  |  |   |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EA   | 00 from any contributor)   |  |  |   |
| First Name   | liddle Name                | Contribution Received For:   | i c  | mount of Contribution                           |
| Last Name/Organization Name  Kayer Son, In Associates  Address  315 (Doolland St.)   | INC : DAC                  | Runoff (Local Elections  | General Election Only)                               | 500.W   |
| City / Ashoulle  | State Zip.Code             | Date of Contribution   |  | Aggregate This Election                         |
| Employer ENGINEER  |                            | 9-29-20  | )  | :   |
| First Name   | Middle Name                | Contribution Received For  | r:   | Amount of Contribution                          |
| Last Name/Organization Name  AEGAIN  Address  Address  Address   | te UC                      | ☐ Primary Election ☐ ☐ Runoff (Local Elections   | General Election  Only)                              | \$500.W   |
| City Aalah   | State N Zip Code 7/466     | Date of Contribution   |  | Aggregate This Election                         |
| Occupation DRUDERH MANAGE MUT  | Development                | 9.22.20  |  |   |
| )  | <u>'</u>                   |  |  |   |
| First Name   | Middle Name                | Contribution Received Fo   | r:   | Amount of Contribution                          |
| Last Name/Openization Name  Ruff  Address  |                            | _  | General Election                                     | Amount of Contribution                          |
| Last Name/Organization Name  Ruff  Address  City  Address  |                            | Primary Election   | General Election                                     |   |
| Last Name/Organization Name  Ruff  Address  243 KILL LANE  |                            | ☐ Primary Election ☐   | General Election                                     | 1200.W  |
| Last Name/Openizable Name Ruff Address Q43 KILL LAne City Occupation Employer  | State Zip Code             | □ Primary Election □ □ Runoff (Local Elections  Date of Contribution  9-25-20  | General Election                                     | Aggregate This Election                         |
| Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  |                            | □ Primary Election □ □ Runoff (Local Elections  Date of Contribution  9-25-20  Contribution Received For:  | General Election  Only)  General Election            | 1200.W  |
| Last Name/Organization Name  Last Name/Organization Name  Last Name/Organization Name  | State Zip Code Middle Name | □ Primary Election □ □ Runoff (Local Elections  Date of Contribution   | General Election  Only)  General Election            | Aggregate This Election                         |
| Last Name/Organization Name  City  City  City  City  City  Address  ACU  Last Name/Organization Name  Address  Address   | State Zip Code 77000       | Primary Election  Runoff (Local Elections)  Date of Contribution  Contribution Received For:  Primary Election  Runoff (Local Elections)  Date of Contribution | General Election  General Election  General Election | Aggregate This Election  Amount of Contribution |
| Last Name/Organization Name  City  Occupation  Employer  First Name  Last Name/Organization Name  Address  City  Address  City  Address  City  Address  City  Address  City  Address  City  City | State Zip Code Middle Name | □ Primary Election □ □ Runoff (Local Elections  Date of Contribution   | General Election  General Election  General Election | Aggregate This Election  Amount of Contribution |
| Last Name/Organization Name  City  Occupation  Employer  First Name  Address  Address  Address  Address  City  Address  City  Address  City  Occupation  Address  City  Occupation   | Sigle Zip Code Middle Name | Primary Election  Runoff (Local Elections)  Date of Contribution  Contribution Received For:  Primary Election  Runoff (Local Elections)  Date of Contribution | General Election  General Election  General Election | Aggregate This Election  Amount of Contribution |

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMITTEE  | 2 !  | REPORT COVERING THE PERIOD  |
|--|--|---|
| SHAWN ENNELL   | FROM 0-1-20 TO: 10.24-2020   |   |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE   |  |   |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (c  |  | 00 from any contributor)  |
| First Name Middle Name   | Contribution Received For:   | Amount of Contribution  |
| Last Name/Organization Name  | Primary Election 🔲 0   | General Election  |
| Address Milo Saundowylle 20  | Runoff (Local Elections of   | Only)   |
| chychersin/le such zpcodo3/1175  | Date of Contribution   | Aggregate This Election   |
| Occupation   | (1.21/20)  |   |
| Employer   | 92420  |   |
| First Name   Kaling   Middle Name  | Contribution Received For:   | Amount of Contribution  |
| Last Name/Organization Name  | Primary Election   | General Election  |
| Address 101 Lujon DLACE  | Runoff (Local Elections  | only) * 200.W   |
| City Acadetisale Sign Zip Code 7/72  | Date of Contribution   | Aggregate This Election   |
| Occupation   | 9.30.20  |   |
| Employer   | 1 7.30.20  | !   |
|  |  | 1   |
| First Name   Middle Name   | Contribution Received For:   | Amount of Contribution  |
| First Name / Middle Name  Last Name/Organization/Neme  | _  | General Election  |
| Last Name/Organization/Nemb  | _  | General Election  |
| Last Name/Organization/Name/   | Primary Election   | General Election  |
| Lass Name/Organization/Name  Address  City  State  Zip Code  | Primary Election C   | General Election Only)  |
| Last Name/Organization/Name/  Address  Address  City  State  State  ADD T  | Primary Election C   | General Election Only)  |
| Last Name/Organization/Name  Address  Address  City  City  Cocupation  Employer  First Name  AND  AULIE AND  AULIE AND  Last Name  Middle Name   | Primary Election C   | General Election Only)  |
| Last Name/Organization/North  Address  Address  City  Cocupetion  Employer   | Primary Election Contribution  Contribution Received For:  | General Election Only)  Aggregate This Election  Amount of Contribution                                     |
| Last Name/Organization/Name  Address  Address  Charenclow Dace  State  Zip Code  Zip Code  State  Cocupation  Employer  First Name  Last Name  Last Name  Last Name  Address  D3 KEENE DALLY S   | Primary Election Contribution  Contribution Received For:  | General Election Only)  Aggregate This Election  Amount of Contribution  Seneral Election                   |
| Last Name/Organization/Neme  Address  Charenclow Jace  City State  Cocupation  Employer  First Name  Last Name  Last Name  Charenclow Jace  State  State  Zip Code  Address  Address  Address  Address  Address  Address  Address  Address  City Nemalus Only Ic  State  Zip Code  | Primary Election Contribution  Contribution Received For:  Primary Election Contribution Contrib | General Election Only)  Aggregate This Election  Amount of Contribution  Seneral Election                   |
| Last Name/Organization/Neme  Address  Charenclow Jace  City State Zp Code  City State ANE  Employer  First Name  Last Name  Last Name  Last Name  City And Autie ANE  Last Name  City Address  Address  City Annulus Only Ic  City Annulus Only Ic  Cocupation   | Primary Election   | General Election Only)  Aggregate This Election  Amount of Contribution Only)  Amount of Contribution Only) |
| Last Name/Organization/Neme  Address  Charenclow Jace  City State Zap Code  City State Zap Code  City State Zap Code  City State Zap Code  Address  First Name  Last Name  Last Name  Address  Address  Address  Address  Address  City Wenders Only Ic State  Zap Code  | Primary Election   | General Election Only)  Aggregate This Election  Amount of Contribution Only)  Amount of Contribution Only) |
| Last Name/Organization/Neme  Address  Charencon Jaco  City State Zap Code  City State ANE  Employer  First Name  Last Name  Last Name  Address  Address  Address  Address  Address  City Neme  Address  City Neme  Address  City Neme  City Neme | Primary Election   | General Election Only)  Aggregate This Election  Amount of Contribution Only)  Amount of Contribution Only) |

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# **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

| 1. NAME OF CANDIDATE OR COMMITT  | EE   |  | RING THE PERIOD                                 |
|--|--|--|---|
| SHAWN kmell  |  | FROM: [0 ] 702   |   |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBL  | JTIONS FROM PRECEDING PA   | GE (enter \$0 if first itemized page)  | Amount 22/20.00                                 |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR  | EACH MEMIZED CONTRIBUTION (  | contributions totaling more than \$100 from any contribute   | or)   |
| First Name  NACLES 154   | Middle Name  | Contribution Received For:   | Amount of Contribution                          |
| Last Name/Organization Mamb  |  | Primary Election General Election  | 241.35  |
| Address 112 KEENE VIY  | V.,  | Runoff (Local Elections Only)  | 5200.VD   |
| Mendersonolle  | Stark / Zip Copte  | Date of Contribution   | Aggregate This Election                         |
| Occupation Employer  |  | 9.11.20  |   |
|  |  |  |   |
| First Name   | Middle Name  | Contribution Received For:   | Amount of Contribution                          |
| Last NarharOrganization Name   | A HILLOW   | Primary Election General Election  | 100.00  |
| Address 113 VAUMAN   | Steel  | Runoff (Local Elections Only)  | Julio 1   |
| on Gullat  | Stape Zap Coope  | Date of Contribution   | Aggregate This Election                         |
| Pocupation  Employer   |  | 9-17-20  |   |
| Linpojoi   |  | 1 1 1  |   |
|  |  |  |   |
| First Name   | Middle Name  | Contribution Received For:   | Amount of Contribution                          |
| Last Native/Organization/Native  | 2 / /  | Contribution Received For:  Primary Election General Election  |   |
| Last Native/Organization Native  Address 503 DECH LAC  | uchon  | _  | Amount of Contribution <b>b</b> 3 W. W          |
| Last Name-Organization Name  Address  503  City  Address   | uchon  | Primary Election General Election  | -   |
| Last Name-Organization Name  Address  503  DEC & LAC  City  Cocuption  Occupation  ONLIACUL  | uchon E  | Primary Election General Election Runoff (Local Elections Only)  | b3w.w   |
| Last Name-Organization Name  Address  503  City  Address   | uchon E  | Primary Election General Election Runoff (Local Elections Only)  Date of Contribution  | 63W.W   |
| Last Name-Organization Name  Address  503  DEC & LAC  City  Cocuption  Occupation  ONLIACUL  | uchon E  | Primary Election General Election Runoff (Local Elections Only)  Date of Contribution  | b3w.w   |
| Last Name Organization Name  Address  503  DECT PLAC  City  Cocupition  Complete  Comp | UCHON E Stape V Zip Code Stape V Zip Code  | Primary Election General Election  Runoff (Local Elections Only)  Date of Contribution   | Aggregate This Election                         |
| Last Name Organization Name  Address  503  City  Cocuption  Complete  Employer  First Name   | UCHON E Stape V Zip Code Stape V Zip Code  | Primary Election General Election  Runoff (Local Elections Only)  Date of Contribution  10.3.2020  Contribution Received For:  | Aggregate This Election                         |
| Last Name/Organization Name  Address  City  Carlo Cocupation  Control  | UCHON E Stape V Zip Code Stape V Zip Code  | □ Primary Election □ General Election □ Runoff (Local Elections Only)  Date of Contribution    10, 3, 2020  Contribution Received For: □ Primary Election □ General Election                   | Aggregate This Election                         |
| Last Name/Organization Name  Address  City  Caupation  Converse Contractor  Employer  Last Name/Organization Name  Address   | UChON  State Zip Coda  State S | □ Primary Election □ General Election □ Runoff (Local Elections Only)  Date of Contribution □ Contribution Received For: □ Primary Election □ General Election □ Runoff (Local Elections Only) | Aggregate This Election  Amount of Contribution |
| Last Name/Organization Name  Address  City  Caupation  Converse Control Contro | UChON  State Zip Coda  State S | □ Primary Election □ General Election □ Runoff (Local Elections Only)  Date of Contribution □ Contribution Received For: □ Primary Election □ General Election □ Runoff (Local Elections Only) | Aggregate This Election  Amount of Contribution |
| Last Name/Organization Name  Address  City  Carphoyer  First Name  Last Name/Organization Name  Address  City  Occupation  Control of the con | State Zip Code  State Zip Code   | □ Primary Election □ General Election □ Runoff (Local Elections Only)  Date of Contribution □ Contribution Received For: □ Primary Election □ General Election □ Runoff (Local Elections Only) | Aggregate This Election  Amount of Contribution |

SS-1131(Rev. 2/06)

Page \_\_\_\_\_\_of \_\_\_\_

RDA 1159

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

| 1. NAME OF CANDIDATE OR COMM   |   |   | 2  | FROM 10 1-20                   | TO: 12 0 1                         |
|--|---|---|--|--------------------------------|------------------------------------|
|  |   |   |  |                                | Amount 24.20                       |
| 3. TOTAL ITEMIZED IN-KIND CONTRIB  |   | · · · · · · · · · · · · · · · · · · ·         | <del></del>  | <u> </u>                       | 0                                  |
| 4. COMPLETE THE APPROPRIATE ITEMS F  | OR EACH ITEM                                | ZED IN-KIND CONTRIB                           | UTION (in-kind contributions totaling                | more than \$100 from any co    | ntributor during the period)       |
| First Name   | Middle Nai                                  | ne  | In-Kind Contribution Receiv                          | ed For:<br>Deneral Election    | Value of In-Kind Contribution      |
| Last Name/Organization Name  |   |   | Runoff (Local Election                               |                                | LIW                                |
| Address At 1 / - c   | n. /  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,       | Date of In-Kind Contribution                         | iii Oniy)                      | Aggregate this Election            |
| City C. I. I   | 310cl/<br>States I                          | ZiprCode .                                    | Description of In-Kind Contribution                  |                                |                                    |
| Occupation Alla L  | lover                                       | 13746   | _  |                                |                                    |
| IIWNOR   | -our W                                      | MYM ILC                                       | STAMPS   |                                |                                    |
| First Name \(\sum_1\tu\)   | Middle Ma                                   | пе  | In-Kind Contribution Receiv                          | red For:<br>General Election   | Value of In-Kind Contribution      |
| Last Name/Organization Name  |   |   | Runoff (Local Election                               | ns Only)                       | 100.ω                              |
| Address 819 Dlantatun  | Blad  |   | Date of In-Kind Contribution                         |                                | Aggregate this Election            |
| City   | State A                                     | Zip Code                                      | Description of In-Kind Contribution                  | 5-1000                         | Anch TCF                           |
| Occupation Eng   | loyer \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 1 O.Wia                                       | 4 gift (Air)   | STARA K<br>S Plince<br>Fillio  | Anch Team<br>Dizza taram<br>Social |
| Julien 1   | <u>tu hill</u>                              | MMU   | J JIH W  |                                | SOCIAL                             |
| First Name   | Aiddle Na                                   | ne  | In-Kind Contribution Receiv                          | red For: U<br>General Election | Value of In-Kind Contribution      |
| Last Name/Organization Name  | !   | <del></del>                                   | Runoff (Local Election                               |                                |                                    |
| Address  | •••   | ·   | Date of In-Kind Contribution                         |                                | Aggregate this Election            |
| City   | State                                       | Zip Code                                      | Description of In-Kind Contribution                  |                                | <u>. l</u>                         |
| Occupation Emp   | loyer                                       | <u>l.                                    </u> | -  |                                |                                    |
|  | •   |   |  |                                |                                    |
| First Name   | vliddle Na                                  | ne  | In-Kind Contribution Receiv                          | _                              | Value of In-Kind Contribution      |
| Last Name/Organization Name  |   |   | 7 = '  | ☐ General Election             |                                    |
| Address  |   |   | Date of In-Kind Contribution                         | ns Only)                       | Aggregate this Election            |
| City   | State                                       | 7in Code                                      |  |                                | riggregate tria Electron           |
| City  Occupation Empl  | State                                       | Zip Code                                      | Description of In-Kind Contribution                  |                                |                                    |
| у Епр  | wyd   |   |  |                                |                                    |
| First Name   | Middle Nan                                  | ne  | In-Kind Contribution Recei                           |                                | Value of In-Kind Contribution      |
| Last Name/Organization Name  |   |   | Primary Election                                     | <del>-</del>                   |                                    |
| Address  |   |   | Runoff (Local Election  Date of In-Kind Contribution | is Offiy)                      | Aggregate this Election            |
| City   | State                                       | Zip Code                                      | Description of In-Kind Contribution                  |                                | <u> </u>                           |
| Occupation Emplo   | oyer  | <u> </u>                                      | 1  |                                |                                    |
|  |   |   |  |                                |                                    |
| 5. TOTAL ITEMIZED IN-KIND CONTRIB (Carry forward to item 3. of next page if additional | pages of this form a                        |   |  |                                | 161.W                              |
| (If this is the last page of in-kind contributions, this<br>SS-1128 (Rev. 2/06)        | amount must be sr                           | iown in Rem ZZD, OI SUMMAN                    | y.)<br>Pag   | 9 6 6                          | RDA 1159                           |

### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMITTEE  | ING THE PERIOD                   |                               |       |                       |  |  |
|--|----------------------------------|-------------------------------|-------|-----------------------|--|--|
| SHAWN Jennell  | TO: 10.24 2020                   |                               |       |                       |  |  |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDITU   | Amount                           |                               |       |                       |  |  |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)   |                                  |                               |       |                       |  |  |
| First Name   | Middle Name                      | Purpose of Expenditure        |       | Amount of Expenditure |  |  |
| Last Nather Business Name (In e Address City Gullar)   | State N Zip Gode We b            | 34M                           | i     | 28296                 |  |  |
| First Name   | Middle Name                      | Purpose of Expenditure        |       | Amount of Expenditure |  |  |
| Last Name/Justness Name  Run  Address  Run  City  August 100  Augu | Stayle Zip Code                  | Dua hances &<br>AU in governo | AUE > | 798.95                |  |  |
| First Name   | Middle Name                      | Purpose of Expenditure        |       | Amount of Evnanditure |  |  |
| Last Name Business Name  945 QUATCH  Address  1050  Glan broot  City  ENDER SUNU.  | 1 Suc let                        | J SH ATS                      |       | Amount of Expenditure |  |  |
| First Name   | Middle Name                      | Purpose of Expenditure        |       | Amount of Expenditure |  |  |
| Last Name Fusiness Magne  Address  P.D. DOX 548  City  AMAL  | Appaul Jac                       | Shuti                         |       | 550.62                |  |  |
| First Name   | Middle Name                      | Purpose of Expenditure        |       | Amount of Expenditure |  |  |
| City Ciplewille  | knyjal Dzive<br>Staje N Zip 3900 | Signs                         |       | 2557.18               |  |  |
| First Name   | Middle Name                      | Purpose of Expenditure        |       | Amount of Expenditure |  |  |
| Last Namer Business Name  Address 1 600 6 1446 8  City 51- VAIL  | 2ip Code ( ) 55 64               | Pallon                        |       | 341.14                |  |  |
| TOTAL ITEMIZED EXPENDITURES     (Carry forward to item 3. of next page if additional pages     (If this is the last page of expenditures, this amount must   |                                  |                               |       | 4793.05               |  |  |

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

| 1. NAME OF CANDIDATE O   | R COMMITTEE                                      |               | ,  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                  |                        |              |   | COVERING      | THE PERIOD                               |
|--|--|---------------|--|---|----------------------------------|------------------------|--------------|---|---------------|--|
|  | HAWA!  |               |  |   |                                  |                        |              | юм:<br>1(2-1-а                              | <b>χ</b> υ Τα | 10,24,20                                 |
| 3. COMPLETE THE APPROI   | PRIATE ITEMS F                                   | OR EACH I     | TEMIZ  | ED LOAN                                 | (loans totaling r                | nore than \$100 from a | ny source    | e during the pe                             | eriod) (      | 2  |
| Complete the Following for the S<br>First Name   |  |               |  | 1                                       |                                  | ·                      | ,            |   |               |  |
|  |  |               | Outstanding<br>(Beginning                    | Loan Balance<br>of Period)              |                                  |                        |              | Outstanding Loan Balance<br>(End of Period) |               |  |
| Last Name/Organization Name  |  |               |  |   |                                  |                        |              |   |               |  |
| Address  | ····   |               |  | Loan Receiv                             |                                  |                        | <u>.L</u>    | Date of Loa                                 | <u> </u>      |  |
| City   | State  | Zip Code      |  | Primar  Runoff                          | y Election<br>(Local Elections   | General Election Only) | 1            |   |               |  |
|  | List All Endo                                    | sers or Guara | intors fe                                    | or Above Loa                            | ın (If more spa                  | ice is needed pleas    | e attach     | ı a page)                                   |               | <del></del>                              |
| First Name   |  | Middle Name   |  |   | First Name                       |                        |              | ·   | Middle Nan    | пе                                       |
| Last Name/Organization Name  |  | <u> </u>      |  | •                                       | Last Name/On                     | ganization Name        |              |   | <u> </u>      |  |
| Address  |  |               | _  |   | Address                          | <del></del>            |              |   | <u></u>       |  |
| City   |  | State         | Zip Co                                       | ode                                     | City                             | <del>.</del>           |              |   | State         | Zip Code                                 |
| Amount Guaranteed Outstanding  |  | L             | <u> </u>                                     |   | Amount Guara                     | nteed Outstanding      |              | <u> </u>                                    | <u>.L.</u>    | <u></u>                                  |
| First Name   |  | Middle Name   |  | *                                       | First Name                       |                        |              |   | Middle Nan    | ne                                       |
| Last Name/Organization Name  | ····   | l             | ·· ·   |   | Last Name/On                     | ganization Name        |              |   | <u> </u>      |  |
| Address  |  |               |  |   | Address                          |                        |              |   |               |  |
| City   | <del></del>                                      | State         | Zip Co                                       | ode                                     | City                             | •                      |              |   | State         | Zip Code                                 |
| Amount Guaranteed Outstanding  | <del>-</del> "                                   | <u> </u>      | <u>                                     </u> |   | Amount Guara                     | nteed Outstanding      |              | <del></del>                                 | <u> </u>      |  |
| First Name   |  | Middle Name   |  | _                                       | First Name                       | ····                   |              |   | Middle Nar    | ne                                       |
| Last Name/Organization Name  |  | <u> </u>      |  | <del></del>                             | Last Name/Org                    | anization Name         |              |   | <b>.</b>      |  |
| Address  |  |               |  |   | Address                          | <del></del>            | <del></del>  | <del></del>                                 |               |  |
| City   | <del></del>                                      | State         | Zip Co                                       | de                                      | City                             |                        |              |   |               | 170                                      |
| Amount Guaranteed Outstanding  | ···  | 0.0.0         | 200  |   |                                  |                        | _            |   | State         | Zip Code                                 |
| Amount obstances obistanting   |  |               |  |   | Amount Guarar                    | nteed Outstanding      |              |   |               |  |
| First Name   |  | Middle Name   |  |   | First Name                       |                        |              |   | Middle Nam    | e  |
| Lest Name/Organization Name  | ·····  | ·             |  |   | Last Name/Org                    | anization Name         |              |   | l             |  |
| Address  |  |               |  | <u> </u>                                | Address                          |                        |              |   | <del></del>   |  |
| City   |  | State         | Zip Cox                                      | de                                      | City                             |                        |              |   | State         | Zip Code                                 |
| Amount Guaranteed Outstanding  |  |               |  |   | Amount Guaran                    | teed Outstanding       |              | <del></del> .                               |               | · <b>!</b>                               |
| 4. Totals for all Loans (complete<br>(Total loans received should also be sl<br>(Total loan payments should also be sl<br>(Total outstanding loan balance should | hown in item 16. on si<br>hown in item 20. on si | ummary page.) | ,  |   | Outstanding Loa<br>(Beginning or |                        | ans<br>eived | Loan<br>Payme                               | Out           | standing Loan Balance<br>(End of Period) |
| SS-1132 (Rev. 4/02)  |  |               | - 1  |   |                                  | Page                   | ₹ .          | <u>. a</u>                                  |               | DDA 1150                                 |

# **ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE**

| <del></del>   |   |  | _   |                                       |  |
|---|---|--|---|---------------------------------------|--|
| 1. NAME OF CANDIDATE OR COMMITTEE   | awn Tennell                               |  | 2. REPORT CO                                  |                                       | 7777                                   |
| COMPLETE THE APPROPRIATE ITEMS     OBLIGATION (obligations totaling more that person/vendor at the end of the reporting person/vendor.) | FOR EACH ITEMIZED<br>an \$100 owed to any | Outstanding Balance<br>(Beginning of Period) | PROM: () Control of the Period                | Payments This Period                  | Outstanding Balance<br>(End of Period) |
| First Name  | Middle Name                               |  |   |                                       |  |
| Last Name/Dasiness Name  Car 1191 Chambel of  Address   | annerce.                                  | -  | 500,00  |                                       | 500.W                                  |
| City  | State Zip Code 3/10/66                    |  |   |                                       |  |
| Description of Obligation STATE OF The UNION I A  | , <u> </u>                                |  | . <u>.                                   </u> | <u></u>                               | <u> </u>                               |
| First Name  | Middle Name                               |  |   | · · · · · · · · · · · · · · · · · · · |  |
| Last Name Business Name Address  And Index South  | State Zip Code                            |  | 535091  |                                       | 5350.97                                |
| Description of Obligation   |   |  |   |                                       | <u> </u>                               |
| First Name  | Middle Name                               |  |   |                                       |  |
| Last NamerBusiness Name Address City City   |   | -<br>-<br>-                                  | 12500   |                                       | 125.00                                 |
| Description of Obligation   | 3000 0 (n                                 |  |   |                                       |  |
| First Name  | T   | 1  |   |                                       |  |
| Last Name/Ausiness Name Address  City  Quality  Description of Obligation   | Stelle / Zip Cylle                        |  | YOU   |                                       | *40.W                                  |
| Porters English   |   |  |   |                                       |  |
| First Name  | Middle Name                               |  |   |                                       |  |
| Cook wille  | MINAL DRIVE<br>State Zip Code<br>38501    |  | 109750  |                                       | 109750                                 |
| Description of Obligation 51605   |   |  |   |                                       |  |
| 4. TOTALS (Total from Outstanding Balance - (End of Period) co in item 23b. on summary page.)   | olumn must also be shown                  |  | 747347  |                                       | 7473.47                                |
|   |   |  |   |                                       |  |