CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

DATE OF REPORT	2.a. NAME OF C	ANDIDATE OR (OMMITTEE		
10-12-20	SHAWN	FINNCLL	JOHNNIN TEL		
2.b. IF COMMITTEE, NAME OF CANDIDATE	1 Sullate	revivee	<u> </u>	7	
The state of the s				3. ELECTION DATE	
A C CAMPAICN APPECC AND PLANT				I Nov 3rd	2020
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	Cit.				
1	City		State	Zip Code	Phone
819 Plantation BLVO	GALLAIN		17/	37066	615 426-2011
4.b. CANDIDATE'S HOME ADDRESS (if differer Street or Rural Route	,				210 100 0100
	City		State	Zip Code	Phone
SAME					
5. OFFICE SOUGHT (include district number, i	if applicable)	6. NAME C	F POLITICAL	TREASURER (may be	candidate)
Gallaty City Council a Larry	E		الصال	,	,
7. CATEGORY OR REPORT (Check one)		1 1 124	TOP RIE	≥H√	
FIRST SECOND FART				П	
FIRST SECOND FIRST QUARTER QUARTER QUARTER	FOURTH	PRE-	PRE-	MID-YEAR	YEAR-END
8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY 8 b ENDING	GENERAL DATE OF BEDO	SUPPLEMENTAL DRTING PERIOD	SUPPLEMENTAL
July 12 2020					
9. (Check one)		<u> </u>	30th 2	.020	
3. (Crieck Offer		•	-		
a. This campaign is exempt from detaile tures total \$1,000 or less for this repo	d disclosure becaus	e contributions	(including in-ki	nd) received total \$1.00	M or lose AND annual
tures total \$1,000 or less for this repo	rting period. (Comp	lete items 12d.,	12e. and 12f.)	ino) received total \$1,00	JU or less AND expendi-
 This campaign is required to file a defended and/or expenditures total more than \$\frac{1}{2}\$ 	tailed linancial discid	isure because c ing period	ontributions (ir	icluding in-kind) receive	ed total more than \$1,000
	- 1,000 for tille report	mg period.			
10. I/we do solemnly swear or affirm that the in					·
The are accountly divided of diffill fille life	itormation contained	in this campaig	in financial dis	closure report is true a	and that this report is an
accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other population.	swear or airim that i	00 C2MB9IAA AA	ntributions bac		by the Campaign
benefit of the candidate or for any other non	political purpose as	defined by the f	ederal internal	revenue code.	ne personal financial
			NIV	VII	
	10-12-20		\\\a H 011	Nehu	11-12-20
signature of candidate	date		signature o	f political treasurer	
			•	· Power woulder	uate
11. WITNESS SIGNATURE					
					İ
	10.12.200)	/ 4		10.17-202
signature of witness	-	-/			
Oighbar of Williess	date	_	signat	ure of witness	date
12. SUMMARY	=				
a. BALANCE ON HAND LAST REPORT	FILE	.D ₽W			
The state of the s	AM			\$	
b. TOTAL RECEIPTS THIS PERIOD	00T 1	9 2020		s 5700.00	
	061 1	3.2020		·	
c. TOTAL DISBURSEMENTS THIS PERIOD		COUNTY		. 754W	
	SUMMER	OMMISSION		a	
d. BALANCE ON HAND (12.a. plus 12.b. mi					· · · · · · · · · · · · · · · · · · ·
	inus 12 FLECTION			•	4946 W
	inus 12E FCTION C			\$	4946.W
		_			<u>4946.W</u>
e. TOTAL LOANS OUTSTANDING		_			4946.W
e. TOTAL LOANS OUTSTANDING				\$	0
				\$	4946.W 4510.09



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14 PEROPE CO	VEDING THE DESIGN
Shawin Fennell	FROM 1-1-XO	VERING THE PERIOD TO: 9:30-20
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)		1 730 30
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 3700.00	
b. Itemized Contributions (over \$100 from each source this period)	· · · · · · · · · · · · · · · · · · ·	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)		s 5700.00
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.)	***************************************	\$ 5700.W
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> </u>	
		
	_ ,_	
 \$		j
		ļ
\$		
\$	_	
Total of Expenditures (\$100 or less each payee)	s 9	
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.)		
22.IN-KIND CONTRIBUTIONS		
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ 75.00	_
b. Itemized in-kind contributions (over \$100 from each source this period)	\$_ <i>150,0</i> 0	_
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	•••••	\$205.00
23. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	5_6_	_
b. Itemized Obligations Outstanding (Over \$100 each)		_ ,
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 1	2.f.)	\$ # 45 10.09

Page A of T

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE		- <u> </u>	2. REPORT COVE	RING THE PERIOD
Shawn Ennell			FROM:7-1-20	TO: 9-30-20
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU	TIONS FROM PRECEDING PA	GE (enter \$0 if first itemized p	age)	Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR E		contributions totaling more than \$	100 from any contribute	or)
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name Ray Sunm Weather Food (Address 150 A 11 23 15	OL SHERIFF	☐ Primary Election ☐ ☐ Runoff (Local Election	General Election S Only)	P1,000.00
1654 B Hy 231 S. City BETHAME.	State Zip Code 370 2 2	Date of Contribution		Aggregate This Election
SHERIFF of Sumna (Employer	oun	9.11-2020)	
First Name REQ IN ICL MUDD MALU Last Name Opanization Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name Oganization Name		Primary Election	General Election	250. W
Address 440 N. WATER AVE		Runoff (Local Elections	s Only)	230.W
City ou last	State Zip Code 7066	- Date of Contribution		Aggregate This Election
Coupation REAL ESTATE		9-13-2020	3	
SELF Employed				
First Name Rubert	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name Gov OALL /R		Primary Election	General Election	# 2 . m (2
Address 393 MADL STREE	=	Runoff (Local Elections	Only)	250.W
GA LLA Hu	State Zip Code 37006	Date of Contribution		Aggregate This Election
Employer The Company of the Company	RESIDENT	8-11-2020		
	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name ORAVES		☐ Primary Election ☐	General Election	
Address Do 60X 1781		Runoff (Local Elections	Only)	·500,W
gallah	SPAN Zip Code 70106	Date of Contribution		Aggregate This Election
SELF Employer Real	Estak Agent	9.29.202)	
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of (If this is the last page of contributions, this amount must be	ithis form are used.) a shown in item 15b. of summary.)			2.000.00

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVE	RING THE PERIOD	
				FROM: 7-1-20	TO: 9-30-2:20 Amount	
TOTAL ITEMIZED CAMPAIGN EXPENDIT COMPLETE THE APPROPRIATE ITEMS FOR	URES FR	OM PRECEDING PAG	SE (enter \$0 if first itemized pa	ge)	4	
4. COMPLETE THE APPROPRIATE ITEMS FOR	EACHTE	MIZED EXPENDITURE	expenditures totaling more than \$100	to any payee during the p	eriod)	
First Name	Middle N	lame	Purpose of Expenditure	. 0	Amount of Expenditure	
Last Name/Business Name	in_		Booth SPACE MAIN STREET FESTIVAL	e for		
Address 146 North Water	Ave		MAIN STREET		25U.W	
City Sulad	\$ 1 V	Zip Code 7006	FESTIVAL			
First Name	Middle N	ame	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name GA (Aho, NELL)			1 .			
Address 333 W. Mais S	4.5	UIEL E	3A0s		504w	
City GALIAL	State	Zip Code 37064				
First Name	Middle Name				Amount of Expenditure	
Last Name/Business Name						
Address	ABusiness Name ALL State ALL Middle Name ALL Middle Name ALL Middle Name ALL Middle Name		1			
City	State	Zip Code				
First Name	Middle Nar	ne .	Durness of Even diffuse			
Last Name/Business Name			Purpose of Expenditure		Amount of Expenditure	
Address	. _					
City	-	T	•			
ony	State	Zip Code				
irst Name	Middle Nam	1	Purpose of Expenditure		Amount of Expenditure	
.ast Name/Business Name						
Address						
ily	State	Zip Code			Ì	
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure	
ast Name/Business Name				:		
ddress						
ity	State	Zip Code		ļ	<u> </u>	
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of (If this is the last page of expenditures, this amount must it	of this form ar	e used.)			754.00	
*** Oxportonares, this birthount must t	S STOWN HILL	ion 190, or summary.)			101,00	

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE	2. REPORT COVERING THE PERIOD				
SHAWN FENNEL	4		FROM: 7-1-2		9-30-20
 COMPLETE THE APPROPRIATE ITEMS OBLIGATION (obligations totaling more ti 	S FOR EACH ITEMIZED	Outstanding Balance	Debt Incurred	Payments	Outstanding Balance
person/vendor at the end of the reporting	period)	(Beginning of Period)	This Period	This Period	(End of Period)
First Name	Middle Name		<u> </u>	 -	
Last Name/Business Name		-{			
Address Address		1	700-	1	
141 EAST EAST (A)N			798,95		7798,95
City off lat	Sjate Zip Code 370 6 6				
Description of Obligation Dool Hand	. 1	FREEN W	ave Was	enback (Jus
First Name	Middle Name				
Last Namer Business Name	1	-		[
Address	igne society	A-	262.20	9	126220
10500 Glential M	State , ZinCode		<u> </u>		0.0
Wenderson oille	State Zin Code 77075				
Description of Obligation					-
First Name	Middle Name		-		1
Last Name/Business Name		ł			
Address 1/2	aul Mc		55062	2	550.62
-430 ALLOWA KER STE	A (Ok)		00000	4	030.62
city Stallet	State Zip Code 7/046			•	İ
Description of obligation		<u> </u>	<u> </u>		
First Name	Middle Name				
Lockbook					
Last Name Business Name		_			
Address	in a at Deine	0	2557.18	0	2557.18
220 b ROTARY (enk	State 1 Zip Code	of of	(3) (2)		
Description of Obligation	State Zip Code 3 850		_	 	
Description of Disignation S LGM'S	,				
First Name	Middle Name			-	· · · · · · · · · · · · · · · · · · ·
Last Name/Pasiness Name				_	ŀ
Address A A ()			341.14	0	341.14
City (1) BOX 64468				_	
St. Haul	State Zip Code 55 164-				ł
Description of Obligation	0468				
4. TOTALS					
(Total from Outstanding Balance - (End of Period) of	olumn must also be shown	ŧ	-	Ţ	11/
in item 23b. on summary page.)	. <u> </u>				45 10.09

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RDA 1159

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO	MMITTEE		 	· · · · · · · · · · · · · · · · · · ·	2. REPORT COVE	RING THE PERIOD		
Shawn FENNELL FROM:7-1-20						TO: 9-30-20		
3. TOTAL ITEMIZED IN-KIND COM	ITRIBUTION	NS FROM	M PRECEDING PAGE	E (enter \$0 if first itemized page	Amount			
4. COMPLETE THE APPROPRIATE IT	EMS FOR EA	CH ITEM	IZED IN-KIND CONTRI	BUTION (in-kind contributions totaling	more than \$100 from any c	ontributor during the period)		
First Name VICL		Middle Na		In-Kind Contribution Receive		Value of In-Kind Contribution		
Last Name/Organization Name			· · · · · · · · · · · · · · · · · · ·	Runoff (Local Election	150.00			
Address 819 Plantali	کرن			Date of In-Kind Contribution	Aggregate this Election			
City Fu cut		SAN)	Zip Garden VI o (s	Description of In-Kind Contribution				
Occupation) OWNEL	Employer I-UUL	W A	ZPGGPPNGG	gallul Chambo	er MEMBER Nennell	ship for		
First Name		Middle Na	me	In-Kind Contribution Received	d For:	Value of In-Kind Contribution		
Last Name/Organization Name					General Election			
Address			<u> </u>	Date of In-Kind Contribution	is Only)	Aggregate this Election		
City		State	Zip Code	Description of In-Kind Contribution		Aggrogate this Election		
Occupation	Employer			- Sampanor III Talka Contabagon				
First Name	Middle Name			In-Kind Contribution Received		Value of In-Kind Contribution		
Last Name/Organization Name					General Election			
Address				Date of In-Kind Contribution	Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution	<u>_</u> _	, agi agate alla Electron		
Occupation	Employer							
First Name		Middle Nan	ne	In-Kind Contribution Received	For:	Value of In-Kind Contribution		
Last Name/Organization Name				İ	General Election			
Address				Runoff (Local Elections Date of In-Kind Contribution	Only)			
City	<u></u>	State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer			- See prior of Mindre Computation				
irst Name	M	fiddle Name		In-Kind Contribution Received		Value of In-Kind Contribution		
ast Name/Organization Name			· · · · · · · · · · · · · · · · · · ·		General Election			
dress			Runoff (Local Elections Date of In-Kind Contribution	Only)	Aggregate this Election			
City	S	tate	Zip Code	Description of In-Kind Contribution		22. Ann nuo FioChOII		
ccupation	mployer			The state of the s				
5. TOTAL ITEMIZED IN-KIND CONT	DIDLETICA							
(Carry forward to item 3. of next page if addit (If this is the last page of in-kind contributions	ional pages of th	nis form are	used.))		150.00		
SS-1128 (Rev. 2/06)				<u> </u>		1,00.		

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDA							2 REPOI	PT COVED	INC THE DEDICE	
Shaw kennill						2. REPORT COVERING THE PERIOR FROM: TO:				
3. COMPLETE THE AP	PROPRIATE ITEMS	S FOR FAC	HITEMI	ZED LOAN			7.1-2	020	9-30-2020	
)	ZED LOAN	(loans totaling	nore than \$100 from a	ny source during the	e period)	_	
Complete the Following for First Name	the Source of the Loa Middle N									
	Windle M	ame			Loan Balance g of Period)	Loans Received	Loan Payments	Outst	anding Loan Balance (End of Period)	
Last Name/Organization Name				1					(Cha di r elloc)	
Address				Less David			<u> </u>			
		State Zip Code					Date of	Loan		
City	State					General Electio	n			
	List All End	OMERICA CALL	omotom 6		f (Local Elections					
First Name	LIST AIR ETITO	Middle Na		or Above Lo		ce is needed pleas	e attach a page)			
Lackly 10		Middle Na			First Name			Middle N	lame	
Last Name/Organization Name					Last Name/Org	anization Name		<u></u> _	<u>-</u> :	
Address					Address					
City		15			<u> </u>					
	_	State	Zip Co	ode	City			State	Zip Code	
Amount Guaranteed Outstanding					Amount Guaran	teed Outstanding				
First Name		Middle Nar			E					
		INAUGIO NAI	i RO		First Name Middle Name					
ast Name/Organization Name					Last Name/Organization Name					
Address						- Tano				
					Address					
City		State	Zip Cod	de	City			State	Zip Code	
mount Guaranteed Outstanding					Amount Guaranti	and Outstanding				
					Timoditi Odditati	oed Odistanding				
First Name	_	Middle Nam	е		First Name			Middle Na	ame	
ast Name/Organization Name		<u> </u>			Last Name/Organ	nization Name		<u> </u>		
Address										
				ĺ	Address		-			
City		State	Zip Code	e	City			State	Zip Code	
mount Guaranteed Outstanding		<u> </u>			Amount Guaranteed Outstanding					
				ĺ	SILOUIL GUALAILE	ed Obistanding				
rst Name		Middle Name			First Name			Middle Nar	ne .	
st Name/Organization Name					Last Name/Organization Name					
ddress					and the congress	izauon name				
				7	Address					
ity		State	Zip Code	, ,				State	Zip Code	
ount Guaranteed Outstanding			<u> </u>	<u> </u>	mount Guarantee	ed Outstanding		Vidio	Zip Code	
Cotale for all I						- Subtaining			7	
Totals for all Loans (comp Total loans received should also t	ne shown in item 16 oe ou	mman \	18)	C	outstanding Loan			1,	tstanding Loan Balance	
otal loan payments should also to otal outstanding loan balance sho	se shown in item 20 oc e		200 \	-	(Beginning of Pe	ariod Recai	ed Payon		(End of Period)	
	2)	e. on nota p	aye.)		$ \nu$	9 1 <i>K 1</i>	ر ا	r	1	