CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

DATE OF REPORT	10= ===				
10-23-2020	2.a. NAMEOFC	EN SE	OMMITTEE TILGE		
2.b. IF COMMITTEE, NAME OF CANDIDATE	1 0100	CN OE	<u>.UNOU</u>	3. ELECTION DAT	
N/A				1 .	
4.a. CAMPAIGN ADDRESS AND PHONE				11-03	3- 2020
Street or Rural Route	City		State	Zip Code	Phone
620 AUTUMNDALED	OR GAL	LATIN	TN	•	615-989.7631
4.b. CANDIDATE'S HOME ADDRESS (if differen	t than 4.a.)	41:110			ψ1 J= 70 1- 70 J1
Street or Rural Route	City		State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, it	f applicable)	6. NAME C	E POLITICAL 1	REASURER (may b	ne candidato)
BALLATIN CITY COUNCI			NIFER		e candidate)
7. CATEGORY OR REPORT (Check one)			N □∠	F=1	
FIRST SECOND THIRD	FOURTH	LI PRE-	PRE-	L.I MID-YEAR	YEAR-END
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY	GENERAL	SUPPLEMENTAL	SUPPLEMENTAL
10-1-2020			DATE OF REPOR		· · · · · · · · · · · · · · · · · · ·
9. (Check one)			0-24.	2020	
, , ,					
a. This campaign is exempt from detaile tures total \$1,000 or less for this repo	d disclosure becaus orting period. (Comp	se contributions plete items 12d.,	(including in-kin 12e. and 12f.)	d) received total \$1,	000 or less AND expendi-
b. This campaign is required to file a del	tailed financial disctr	nsure hengues n	vontributions (in	oludina in kind\	books at the same
and/or expenditures total more than \$	1,000 for this report	ting period.	ommodilons (in	duding in-kind) recei	ved total more than \$1,000
				· · · · · · · · · · · · · · · · · · ·	
10. I/we do solemnly swear or affirm that the in	formation contained	f in this campaig	gn financial disc	closure report is true	and that this report is an
accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we	ons and expenditure	s required to be	reported by the	candidate committe	o by the Commuter
benefit of the candidate or for any other non	political purpose as	defined by the f	ederal internal :	e been expended for revenue code.	the personal financial
6 , 110	1		-]// [1/2/-
Check Defre	10-24-20		>/4		10/23/20
signature of candidate	(date	, _	agnature of	political treasurer	date /_
W Z	10/24/2	Ø	1//		
11. WITNESS SIGNATURE	' /		F)
				_	
		₹			
signature of witness	date		signatu	re of witness	date
12. SUMMARY		· <u></u>	·		
a. BALANCE ON HAND LAST REPORT	***************************************				_
b. TOTAL RECEIPTS THIS PERIOD	F	ILED	DA4	1090 - 296.7	
			- 141	2017	_
c. TOTAL DISBURSEMENTS THIS PERIOD	OCT	2 7 2020		276.1	2
d. BALANCE ON HAND (12.a. plus 12.b. mi	inus 12.c.)				, 793.21
	SUMN	ER COUNTY			•
e. TOTAL LOANS OUTSTANDING	ELECTIO	N COMMISSIO	JN	,	0 -
					D
f. TOTAL OBLIGATIONS OUTSTANDING	***************************************				1838.62
			•••••••••••		*

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
	FROM: TO:
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	
b. Itemized Contributions (over \$100 from each source this period)	<u> 300 - </u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b	s <u>1090-</u>
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.)	\$ <u>1090-</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)
Holston Gases \$ 196 Stephanie Hetcher \$ 100 Checks \$ 4	0.19
Stephanie Hetcher \$ 100	2.00
Chicks \$ -td	2.88
<u> </u>	
<u> </u>	
\$	
<u> </u>	·
<u></u> \$	
\$ <u></u>	
Total of Evenenditures (0400 or loss society)	_
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.) 22. IN-KIND CONTRIBUTIONS	\$ <u>& 76.17</u>
	_
Unitermized in-kind contributions (\$100 or less from each source this period) b. Itemized in-kind contributions (over \$100 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.a.) 	\$
23. OBLIGATIONS	2.b.)
	20200
a. Unitemized Obligations Outstanding (\$100 or less each) b. Itemized Obligations Outstanding (Over \$100 each)	· ille 74
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i it	1838127 1838.67
C. TOTAL OBLIGATIONS OF TOTAINDING (add 25.a. and 25.b.) (indist be shown i if	.em 12.f.) 1.0.2.9.4.5 / 0.70 + 0

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE EILEEN GEOK	E C &		2	REPORT COVER	
					TO: 10.24-20 Amount
TOTAL ITEMIZED CAMPAIGN CONTRIBU COMPLETE THE APPROPRIATE ITEMS FOR E					<u> - 000 - </u>
Firet Name	Middle Nan		Contribution Received For		Amount of Contribution
Last Name/Organization Name		Primary Election	General Election		
R JONES CONSTI	WC7	TION	Runoff (Local Election		
503 BECKS PL					¥300 -
City GALLATIN	State	Zip Code 37066	Date of Contribution		Aggregate This Election
Occupation		171000	10-3.20a	Ó	
Employer		<u> </u>	4		a 00
RANDYJONES CON	STA	LICTION			800-
First Name	Middle Na	me	Contribution Received F	or:	Amount of Contribution
Last Name/Organization Name	1	<u></u>	Primary Election D	General Election	
Address			Runoff (Local Election	ns Only)	
City	State	7in Code			
	Sidle	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer					:
First Mouna	luza, si		Contribution Received F		
	First Name Middle Name			or:	Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
Address			Runoff (Local Election	ns Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation				i	30 -3
,					
Employer					
First Name	/liddle Nam	e	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		 	☐ Primary Election ☐	General Election	
Address	<u></u>				
Address			Runoff (Local Election	s Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					į
Employer					
 TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of lift this is the last page of contributions, this amount must be 	f this form an e shown in it	e used.) em 15b. of summary.)			

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE	OR COMMITTEE				REPORT COVE	RING THE PERIOD
					FROM:	TO:
3. TOTAL ITEMIZED IN-KIND	CONTRIBUTIONS	EDOM	DDGCENING DAC	(antos CO if first itamized non		Amount
4. COMPLETE THE APPROPRIA						
First Name		ddle Nam	ne 	In-Kind Contribution Receiv		Value of In-Kind Contribution
Last Name/Organization Name				_ ·		
Address				Runoff (Local Electio	ns Only)	
				Date of In-Kind Contribution		Aggregate this Election
City	Si	iate	Zip Code	Description of In-Kind Contribution		
Occupation	Employer		·	-		
First Name	Mid	idle Nam	ie	In-Kind Contribution Receiv	ed For:	Value of In-Kind Contribution
Last Name (Open institut Name		•	<u></u>	_	General Election	dias of in tuna contribution.
Last Name/Organization Name				Runoff (Local Electio	ns Only)	
Address				Date of In-Kind Contribution		Aggregate this Election
City	l St	tate	Zip Code	Description of In-Kind Contribution		
			Zp code	Description of In-King Contibution		
Occupation	Employer					
First Name Middle Name				In-Kind Contribution Receiv		Value of In-Kind Contribution
Last Name/Organization Name				Primary Election	General Election	
6.1 1	····-·································			Runoff (Local Election	ns Only)	
Address				Date of In-Kind Contribution		Aggregate this Election
City	Sta	ate	Zip Code	Description of In-Kind Contribution		
Occupation	Employer	_	<u> </u>	-		
	,					
First Name	did.	ldle Namı	e	In-Kind Contribution Receiv	od Ene	John of h. Wood Co. Cil. II
				Primary Election		Value of In-Kind Contribution
Last Name/Organization Name				Runoff (Local Election	ns Only)	
Address				Date of In-Kind Contribution	(S (S))	Aggregate this Election
City	Cia		7-0-1-			33-34-17-21-04-07
		ate	Zip Code	Description of In-Kind Contribution		
Occupation	Employer					
-			- :			
First Name	Mid	idle Name		In-Kind Contribution Received		Value of In-Kind Contribution
Last Name/Organization Name				Primary Election		
Address				Runoff (Local Election	s Only)	
				Date of in-Kind Contribution		Aggregate this Election
City	Stat	te	Zip Code	Description of In-Kind Contribution		
Occupation	Employer	i		1		
				<u></u>		
TOTAL ITEMIZED IN-KIND (Carry forward to item 3. of next pag		n for—				
(If this is the last page of in-kind cont	tributions, this amount mus	s form are st be show	used.) m in item 22b. of summar	y.)	,	
SS-1128 (Rev. 2/06)	<u> </u>			Page	of 7	RDA 1159

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT (COVERING THE PERIOD		
	FROM:	TO;					
3. TOTAL ITEMIZED CAMPAIGN EXPENDITE	JRES FRO	PAGE (enter \$0 if first itemized pa	age)	Amount			
4. COMPLETE THE APPROPRIATE ITEMS FOR E					the period)		
First Name	Middle Na		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
	- -						
Address							
City	State	Zip Code					
First Name	Middle Na	me	Purpose of Expenditure	Purpose of Expenditure			
Last Name/Business Name	<u> </u>						
Address			<u>-</u>				
City	State	Zip Code					
First Name	Middle Na	me	Purpose of Expenditure	· · · · · · · · · · · · · · · · · · ·	Amount of Expenditure		
Last Name/Business Name							
Address			!				
City	State	Zip Code					
First Name	ne	Purpose of Expenditure	77	Amount of Expenditure			
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Nam	le e	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name		· ,					
Address	<u> </u>						
City	State	Zip Code					
First Name	rst Name Middle Name				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 (If this is the last page of expenditures, this amount must	of this form a be shown in i	re used.) item 19b. of summary.)					

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE						2.	2. REPORT COVERING THE PERIOD			
						FF	ROM:		TO:	
3. COMPLETE THE APPROPRIA	TE ITEMS P	OR EACH I	TEMIZ	ED LOAN (loans totaling n	nore than \$100	O from any source	e during the pe	riod)	<u> </u>
Complete the Following for the Source	of the Loan			·						
First Name Middle Name (Outstanding L (Beginning o	oan Balance of Period)	Loans Receive		Loan Outstanding Loan Balance (End of Period)			
Last Name/Organization Name	<u>.l.</u>	·								
Address				Loan Receive	ed For:			Date of Loa	an .	
City	State	☐ Primary			Election	☐ Genera	l Election			
City	State	Zip Code		Runoff	Local Elections	Only)				
	List All Endor	sers or Guara	intors fo	or Above Loa	n (If more spa	ice is neede	d please attacl	n a page)		
First Name		Middle Name)		First Name				Middle	e Name
Last Name/Organization Name					Last Name/On	ganization Na	me			
Address					Address					
City		State	Zip Ca	ode	City				State	Zip Code
Amount Guaranteed Outstanding					Amount Guara	nteed Outstar	nding		·	
First Name Middle Name				First Name Middle Name					e Name	
Last Name/Organization Name			•••	Last Name/Organization Name						
Address					Address					
City		State	Zip Ca	ode	City			State	Zip Code	
Amount Guaranteed Outstanding					Amount Guara	nteed Outstar	nding	, ,		
First Name		Middle Name			First Name				Middl	le Name
Last Name/Organization Name				-	Last Name/On	janization Nar	me			
Address		**			Address					
City		State	Zip Co	ode	City				State	Zip Code
Amount Guaranteed Outstanding		•			Amount Guara	nteed Outstan	ding			
First Name	***	Middle Name			First Name				Middle	Name
Last Name/Organization Name		·I			Last Name/Org	janization Nar	ne		1_	·
Address		· · /			Address	 				
City		State	Zip Co	ode	City	_			State	Zip Code
Amount Guaranteed Outstanding					Amount Guara	nteed Outstan	ding			
Totals for all Loans (complete on (Total loans received should also be shown (Total loan payments should also be shown (Total outstanding loan balance should also l	in item 16, on s in item 20, on s	ummary page.) ummary page.)			Outstanding Lo (Beginning o		Loans Received	Loai Paymi		Outstanding Loan Balance (End of Period)



SS-1132 (Rev. 4/02)

Page _____ of _____ RDA 1159

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

						
1. NAME OF CANDIDATE OR COMMITTE	2. REPORT COVERING THE PERIOD					
EICCH BE	000			FROM: 10- 1-	10-24-20	
OBLIGATION (obligations totaling more t	 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) 				Payments This Period	Outstanding Balance (End of Period)
First Name	Middle I	Name				
Last Name/Business Name CORGE		-				
Address W AUTUMN DA	رجما	De	0			
CITY GALL ATIN	State	1 370 66	-	144474	0	4,444.74
Description of Obligation	<u></u> '	<u> </u>				
First Name	Middle N	lame			<u>. </u>	
Last Name/Business Name	_1		1			
Address			-			
Cily	State	Zip Code	1			
Description of Obligation					······································	
First Name	Middle N	ame				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	ame			 -	
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation				· · · · · · · · · · · · · · · · · · ·		
First Name	Middle Nar	me				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation		<u> </u>				
4. TOTALS						
(Total from Outstanding Balance - (End of Period) of in item 23b. on summary page.)	column must	also be shown				1444.74