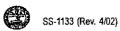
### **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

# For State and Local Candidates For Single-Candidate Committees

	· · · · · · · · · · · · · · · · · · ·					
1. DATE OF REPORT	2.a. NAME OF CAI	NDIDATE OR C	OMMITTEE			
10127/2020	LHI'	<u>KAG</u>	NAT	WAR Y		
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION D	ATE	
4.a. CAMPAIGN ADDRESS AND PHONE			<del></del>	14-03-	<u>- 202</u>	0
Street or Rural Route	City		State	Zip Code	F	hone
114 FWMZ DX	PARTLAN	ר מי	TN	37148	615-	402-18-09
4.b. CANDIDATE'S HOME ADDRESS (if differen	,	_				
Street or Rural Route	City		State	Zip Code	F	hone
5. OFFICE SOUGHT (include district number, i	f applicable)	6. NAME O	E POLITICAL	TREASURER (ma	av ho cano	idata)
D		O. MAINE O	<b>.</b>	,	ay be cand	iluate)
7. CATEGORY OR REPORT (Check one)	71	Dar	11) K	ober som	<u> </u>	
FIRST SECOND THIRD	FOURTH				_	
QUARTER QUARTER QUARTER	= = =	PRE- PRIMARY	PRE- GENERAL	MID-YEAI SUPPLEMEN		YEAR-END UPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD				PRTING PERIOD		
9. (Check one)		0-2	4-20			
a. This campaign is exempt from detaile tures total \$1,000 or less for this repo	ed disclosure because	contributions	(including in-ki	nd) received total	\$1,000 or	less AND expendi-
1			·	•		
b. This campaign is required to file a de and/or expenditures total more than 5			contributions (ii	ncluding in-kind) r	eceived to	tal more than \$1,000
<u> </u>						
10. I/we do solemnly swear or affirm that the in	nformation contained	in this campai	gn financial dis	sclosure report is	true and t	nat this report is an
accurate accounting of campaign contribution  Financial Disclosure Act. Additionally, I/we	ons and expenditures	required to be	reported by th	ne candidate comr	nittee by t	ne Campaign
benefit of the candidate or for any other nor	political purpose as	defined by the	federal interna	revenue code.	rioi tile pi	sisonal injancial
			<1)	775		
signature of candidate	10/27/20	7	nignoturo (	of political transuur	<u></u>	10/27/2020
signature or candidate	date		signature t	of political treasure	ər	o <b>e</b> te
11. WITNESS SIGNATURE		***			,	
(1) 77			7.	h h G	7	- 11
	10/27/2000		som !			<u> +02780</u>
signature of witness	date		signa	ture of witness		date
12. SUMMARY	<del></del> <u> </u>		· · · · · · · · · · · · · · · · · · ·	··		
a BALANCE ON HANDLAST BEDORT				•		
a. BALANCE ON HAND LAST REPORT	FILED		***************************************	\$		
b. TOTAL RECEIPTS THIS PERIODAM		PM		\$		
c. TOTAL DISBURSEMENTS THIS PERIOD .	OCT 2 7 2020			¢		
•						
d. BALANCE ON HAND (12.a. plus 12.b. n	BUMNER) COUNTY CTION COMMISS	NON			\$	
					-	175.00
e. TOTAL LOANS OUTSTANDING	***************************************	· · · · · · · ·			\$	
f. TOTAL OBLIGATIONS OUTSTANDING					Œ	
				***************************************	ф ——	

#### **SUMMARY PAGE - CANDIDATE**

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD							
Chirag Natur Patel	FROM: 1010 120 TO: 10/24/20							
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)								
a. Uniternized Contributions (\$100 or less from each source this period)	\$							
b. Itemized Contributions (over \$100 from each source this period)	\$							
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$							
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.)	\$							
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)							
Advertising \$ 175.	00							
<u> </u>	<del></del>							
<u></u> \$								
\$\$								
\$								
<u> </u>	<del></del>							
<u></u> \$								
\$								
\$								
Total of Expenditures (\$100 or less each payee)	s 175.00							
b. Itemized Expenditures (Over \$100 each payee this period)								
TOTAL EVENUETURES ( II. III. II. II. III. III. III. III.								
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)								
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)      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.b. 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 item								



Page \_\_\_\_\_ of \_\_\_\_

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

1. NAME OF CANDIDATE OR COMMITTE	E		2 REPORT CO	VERING THE PERIOD
Chirag Nate	111	- Pasta	FROM: lo lo	1/20 10: 10/24/20
	00.00 1			Amount
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	IONS FRO	OM PRECEDING PAC	GE (enter \$0 if first itemized page)	
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	ACH ITEMIZ	ZED CONTRIBUTION (	contributions totaling more than \$100 from any cor	ntributor)
	liddie Nam		Contribution Received For:	Amount of Contribution
1 101 101 101		-		į
Last Name/Organization Name	····		Primary Election General Election	on ¦
			j	ļ
Address			Runoff (Local Elections Only)	
	I _			A This Pipesia
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation	L		1	
Occupation				
Employer	•		1	
First Name	Middle Nan	ne	Contribution Received For:	Amount of Contribution
First Name	mode Hall			
Last Name/Organization Name	1		Primary Election General Elect	ion
Address			Runoff (Local Elections Only)	
	1	T	Data of Combination	Aggregate This Election
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation	1	_!	1	•
Company				
Employer			1	
First Name	Middle Nan	ne	Contribution Received For:	Amount of Contribution
i i i straine				
Last Name/Organization Name			☐ Primary Election ☐ General Elect	ion
Address			Runoff (Local Elections Only)	
<u></u>	Ctata	Zip Code	Date of Contribution	Aggregate This Election
City	State	Zip Code	Date of Continuation	Aggregate fills bleebon
Occupation		1		
Employer			1	
First Name	Middle Nar	ne	Contribution Received For:	Amount of Contribution
Last Name/Organization Name			Primary Election  General Elect	tion
			ļ <sub>[]</sub>	
Address			Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution	Aggregate This Election
	1	<u> </u>	_	
Occupation				
		·	4	
Employer				
			<u> </u>	
5. TOTAL ITEMIZED CONTRIBUTIONS				
TOTAL ITEMIZED CONTRIBUTIONS     (Carry forward to item 3. of next page if additional page:     (If this is the last page of contributions, this amount must				

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

NAME OF CANDIDATE OR C	OMMITTEE			2				
Chirage	Mutub	W.	Parted		FROM o of 2	TO:	0/24/20	
				antar \$0 if first itamizad naga	۸.	Amour	t	
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)								
4. COMPLETE THE APPROPRIATE IT	EMS FUR EACH	JI EMIZE	D IN-KIND CONTRIBU	TION (in-kind contributions totaling i	more than \$100 from any con	indutor du	ing the period)	
First Name	Midd	dle Name	1	In-Kind Contribution Receive		Value of	In-Kind Contribution	
Last Name/Organization Name				Primary Election		ļ		
				Runoff (Local Election	ns Only)			
Address				Date of In-Kind Contribution		Aggregat	e this Election	
Cit.	Cta		7in Code	Description of In-Kind Contribution		<u> </u>		
City State Zip Code				Description of III-Kind Contribution				
Occupation	Employer							
				<u> </u>				
First Name	Aide	dle Name	;	In-Kind Contribution Receiv	ed For:	Value of	In-Kind Contribution	
				Primary Election	General Election			
Last Name/Organization Name				Runoff (Local Election	ns Only)			
Address				Date of In-Kind Contribution		Aggrega	le this Election	
						33 -5-		
City	Sta	ate	Zip Code	Description of In-Kind Contribution				
Occupation	Employer			1				
First Name	la a	dle Name		In-Kind Contribution Receiv	and For	Token of	In-Kind Contribution	
Filst Name	Pilot	UIE IVALIIE	•		General Election	Value (I	m-Kind Canababan	
Last Name/Organization Name	•			1 =	_			
				Runoff (Local Election	ns Uniy)	<del> </del>		
Address				Date of In-Kind Contribution		Aggrega	te this Election	
City	Sta	ate	Zip Code	Description of In-Kind Contribution				
Occupation	Employer	l		-				
333441011	``							
First Name	Mide	dle Name	•	In-Kind Contribution Receiv	•	Value of	In-Kind Contribution	
Last Name/Organization Name				Primary Election	General Election			
				Runoff (Local Election	ns Only)	<u> </u>		
Address				Date of In-Kind Contribution		Aggrega	le this Election	
City	Sts	ate	Zip Code	Description of In-Kind Contribution		1		
-		·-	<del>-</del>					
Occupation	Employer							
First Name	Mid	ddle Name	•	In-Kind Contribution Recei		Value o	f In-Kind Contribution	
Last Name/Organization Name				Primary Election	_ General Election			
				Runoff (Local Election	ns Only)			
Address			Date of In-Kind Contribution		Aggregat	e this Election		
City	Stal	nte I	Zip Code	Description of In-Kind Contribution			<u> </u>	
				2 223 PROPOS OF INFINITION CONTRIBUTION				
Occupation	Employer						ı	
5. TOTAL ITEMIZED IN-KIND COM		la fa	. Jones N					
(Carry forward to item 3, of next page if an (If this is the last page of in-kind contributi				۸.)				
207-24			<del> </del>					

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMM	AITTEE	<b>,</b> 人	FROM:	OVERING THE PERIOD TO:			
<u> </u>				ngo\	Amount		
TOTAL ITEMIZED CAMPAIGN EX	PENDITURES FRO	M PRECEDING PA	AGE (enter \$0 if first itemized pa	age) It to any pavee during	the period)		
COMPLETE THE APPROPRIATE ITE	<u>-</u>		expenditures totaling more trial \$10	o to any payee ourn	Amount of Expenditure		
irst Name	Middle Nan	ne	Purpose of Expenditure		7 anodin di Enpariente		
ast Name/Business Name	· · · · · · · · · · · · · · · · · · ·						
ddress							
City	State Zip Code						
irst Name	rst Name Middle Name				Amount of Expenditure		
ast Name/Business Name	h						
Address							
City	State	Zip Code					
First Name	Name Middle Name				Amount of Expenditure		
ast Name/Business Name							
Address				٠			
City	State	Zip Code					
First Name	Middle Na	me	Purpose of Expenditure	Purpose of Expenditure			
Last Name/Business Name							
Address							
City	Stale	Zip Code					
First Name	Middle Na	nme	Purpose of Expenditure	Purpose of Expenditure			
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle N	ame	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Last Name/Business Name Address		Zip Code					

### ITEMIZED STATEMENT OF LOANS - CANDIDATE

				<u></u>		<u> </u>	2. F	EPORT C	OVERING	THE PERIOD
. NAME OF CANDIDATE OR CO	MMITTEE			20						
Chirag	No	twa	6	ta	ter_		1 14	2 0 12	a 10	24/20
COMPLETE THE APPROPRIAT	EITEMS FO	OR EACH IT	EMIZ	ED LOAN (10	ans totaling m	nore than \$100 from	any source	ouring the pen	ouj	
Complete the Following for the Source	of the Loan		_			<del>,</del>	<del></del>		Dutstandin	g Loan Balance
irst Name	Middle Name	е		Outstanding Lo (Beginning of	an Balance Period)	Loans Received		ments		of Period)
ast Name/Organization Name	ļ			{ ` `						'
ast Name/Organization Name				 		<u> </u>	┵	Date of Loa	n.	
Address				Loan Receive		☐ General Elect	tion	2010 4		
City	State	Zip Code		Runoff (						
-		<u> </u>					ase attach	a nade)		
	List All Endor			tor Above Loai	First Name	ace is needed ple	OC BUILD		Middle Nan	ıė
First Name		Middle Name	• 						<u> </u>	
Last Name/Organization Name					Last Name/C	organization Name				
Address					Address					
City		State	Zip	Code	City				State	Zip Code
Amount Guaranteed Outstanding		1		<del>_</del>	Amount Guaranteed Outstanding					
		Middle Nam	ne		First Name				Middle Na	me
First Name										
Last Name/Organization Name					Last Name/	Organization Name				
Address					Address					
City		State	Zip	Code	City				State	Zip Code
Amount Guaranteed Outstanding			_'_		Amount Gu	aranteed Outstandin	ng			
		Middle Na	me		First Name	<del></del>			Middle !	Name
First Name		(MIOOSE 149)						<del> </del>	<u>.                                    </u>	
Last Name/Organization Name					Last Name	d/Organization Name				
Address					Address					
City		State	Z	ip Code	City				State	Zip Code
Amount Guaranteed Outstanding		L	L		Amount G	uaranleed Outstandi	ing			
					First Nam				Middle	Name
First Name		Middle Na	ame		Ì			<u> </u>		
Last Name/Organization Name					Last Nam	e/Organization Nam	e			
Address	<u> </u>				Address		_			
City		State	Z	Zip Code	City				Stale	Zip Code
Amount Guaranteed Outstanding			1		Amount (	Guaranteed Outstand	ding			
Totals for all Loans (complete     Total loans received should also be si     Total loan payments should also be si	nown in item 16 nown in item 20	. on summary p I. on summary p	iage.) iage.)			fing Loan Balance nning of Period)	Loans Receiv		Loan Payments	Outstanding Loan Bala (End of Period)
4. Totals for all Loans (complete (Total loans received should also be si (Total loan payments should also be si (Total outstanding loan balance should	nown in item 16 nown in item 20	. on summary p I. on summary p	iage.) iage.)							

#### **ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE**

NAME OF CANDIDATE OR COMMITTEE      NAME OF CANDIDATE OR COMMITTEE  3. COMPLETE THE APPROPRIATE ITEMS F	2. REPORT COVERING THE PERIOD					
Chiray Ru	twon	- tat	<u>a</u>		70:\	
COMPLETE THE APPROPRIATE ITEMS F     OBLIGATION (obligations totaling more than     person/vendor at the end of the reporting person.)	I ITEMIZED ed to any	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)	
First Name	Middle Nar	me				
Last Name/Business Name	<u> </u>					
Address	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
City	State	Zip Code			-	
Description of Obligation	L	1,	<b>.</b>	<u> </u>	<u>i</u>	L
First Name	Middle Nar	me				
Last Name/Business Name	<u>I</u>		-			
Address			7			
City	State	Zip Code				
Description of Obligation	ļ <u></u> -	<u>.</u>	<u>. I</u>	<u> </u>	<u> </u>	<b>L</b>
First Name	Middle Nar	me				
Last Name/Business Name	L					
Address						
City	State	Zip Code				
Description of Obligation		·••		<u>'</u>		<u> </u>
First Name	Middle Nar	ne				
Last Name/Business Name	l	-			İ	
Address		•	-			!
City	State	Zip Code	-			
Description of Obligation	<u> </u>	<u> </u>		<u>                                     </u>	<u>                                     </u>	<u></u>
First Name	Middle Nan	ne				· · · · · · · · · · · · · · · · · · ·
Last Name/Business Name		*******				
Address			1			
City	State	Zip Code	1			
Description of Obligation		<u> </u>		<u> </u>	<u> </u>	
4. TOTALS		<del></del>		75.		
(Total from Outstanding Balance - (End of Period) or in item 23b. on summary page.)	olumn must	also be shown				

(*)	SS-1127	(Rev.	4/02
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