CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

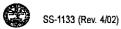
For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT (1. 2020		ANDIDATEORC			
	non	No Der	SOM	A ELECTION DATE	<u> </u>
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DATE 11-3-2	2020
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	nordand	State	Zip Code	Phone
3030 old Huy 31-E		nordand	TH	37/86	615-644-296
4.b. CANDIDATE'S HOME ADDRESS (if differen Street or Rural Route	t than 4.a.) City		State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if	applicable)	6. NAME C	FPOLITICAL	TREASURER (may be c	andidate)
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH QUARTER	PRE- PRIMARY	PRE- GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD 7/1/20 20		8.b. ENDING	1 30/ 20 2	ORTING PERIOD	
9. (Check one)			5 / 55		
 a. This campaign is exempt from detaile tures total \$1,000 or less for this report. b. This campaign is required to file a deand/or expenditures total more than \$1.000. 	orting period. (Comp tailed financial discl	olete items 12d. osure because o	, 12e. and 12f.)	
10. I/we do solernnly swear or affirm that the ir accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other nor accurate the candidate or for accur	ons and expenditure swear or affirm that	s required to be no campaign of defined by the	reported by the reported by th	ne candidate committee bove been expended for the	by the Campaign
signature of candidate	date		signature	of political treasurer	date
11. WITNESS SIGNATURE	10/11/200	υ _			
signature of witness	date		signa	ature of witness	date
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT	FILE	D PM	*****************	\$_ _	
b. TOTAL RECEIPTS THIS PERIOD	AM	3 5050	·	\$ 150.00	
c. TOTAL DISBURSEMENTS THIS PERIOD	061 1	OCUMTY		\$ 505,00	
c. TOTAL DISBURSEMENTS THIS PERIOD d. BALANCE ON HAND (12.a. plus 12.b. r	ninus 12.c.)	COMMISSION		\$	_6_
e. TOTAL LOANS OUTSTANDING	Ber - 1			\$.	_6_
f. TOTAL OBLIGATIONS OUTSTANDING				\$	_0_



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE F			
	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)	\$			
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)			
\$				
\$				
\$				
\$				
\$	***************************************			
\$				
				
				
\$				
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	***************************************			
a. Uniternized 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 2	2.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	tem 12.f.)\$			



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	•		2		RING THE PERIOD	
				FROM:	TO:	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTION	ONS FRO	M PRECEDING PA	GE (enter \$0 if first itemized p	page)	Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR EA					or)	
	liddle Name		Contribution Received For		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						
Employer			7		}	
First Name	Middle Nam	e	Contribution Received I	For:	Amount of Contribution	
Last Name/Organization Name	L		Primary Election	General Election		
Address			Runoff (Local Election	ons Only)		
City	State	Zip Code	Date of Contribution	Date of Contribution		
Occupation		1				
Employer			1			
l						
First Name	Middle Nam	e	Contribution Received	For:	Amount of Contribution	
First Name Last Name/Organization Name	Middle Nam	e		For: General Election	Amount of Contribution	
	Middle Nam	e		General Election	Amount of Contribution	
Last Name/Organization Name	Middle Nam	Zip Code	Primary Election	General Election	Amount of Contribution Aggregate This Election	
Last Name/Organization Name Address			Primary Election	General Election		
Last Name/Organization Name Address City			Primary Election	General Election		
Last Name/Organization Name Address City Occupation Employer		Zip Code	Primary Election	General Election		
Last Name/Organization Name Address City Occupation Employer	State	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For	General Election	Aggregate This Election	
Last Name/Organization Name Address City Occupation Employer First Name	State	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For	General Election ons Only) or: General Election	Aggregate This Election	
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name	State	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For	General Election ons Only) or: General Election	Aggregate This Election	
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address	State Middle Nam	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For Primary Election Runoff (Local Election	General Election ons Only) or: General Election	Aggregate This Election Amount of Contribution	
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address City	State Middle Nam	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For Primary Election Runoff (Local Election	General Election ons Only) or: General Election	Aggregate This Election Amount of Contribution	

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR (COMMITTEE		2		ING THE PERIOD			
				FROM:	TO:			
3. TOTAL ITEMIZED IN-KIND COI	ATRIBUTIONS EDO	M PRECEDING PAG	F (enter \$0 if first itemized page		Amount			
4. COMPLETE THE APPROPRIATE IT				·	ntighter during the period)			
	/iddle N		_		Value of In-Kind Contribution			
First Name	Vilagle N	ame		In-Kind Contribution Received For: ✓ In-Kind Contribution Received For: ✓ Primary Election General Election				
Last Name/Organization Name			Runoff (Local Election	Runoff (Local Elections Only)				
Address			Date of In-Kind Contribution	Date of In-Kind Contribution Aggregate this E				
ty State Zip Code			Description of In-Kind Contribution					
Occupation	Occupation Employer							
First Name	M iddle N	ame	In-Kind Contribution Received Primary Election		Value of In-Kind Contribution			
Last Name/Organization Name		· ·	Runoff (Local Election					
Address			Date of In-Kind Contribution	ns Only)	Aggregate this Election			
	lace	Tip Code						
City	State	Zip Code	Description of In-Kind Contribution	l				
Occupation	Employer							
	<u> </u>			- <u>,-</u>				
First Name	Middle N	ame	In-Kind Contribution Received Primary Election		Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Election					
Address			Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution	1				
Occupation Employer								
First Name	Middle N	ате	In-Kind Contribution Recei		Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Election					
Address			Date of In-Kind Contribution	ons Uniy)	Aggregate this Election			
		1			1,33,-3,-3,-3,-3,-3,-3,-3,-3,-3,-3,-3,-3,			
City	State	Zip Code	Description of Iπ-Kind Contribution	1				
Occupation	Employer							
First Name	Middle N	ame	In-Kind Contribution Rece	eived For:	Value of In-Kind Contribution			
Last Name/Organization Name	<u> </u>		Primary Election					
àdhaa			Runoff (Local Election	ns Only)	A			
Address			Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer							
5. TOTAL ITEMIZED IN-KIND CO	NTRIBUTIONS							
(Carry forward to item 3. of next page if (If this is the tast page of in-kind contribu			nmary.)					
SS-1128 (Rev. 2/06)				ne of	PDA 1150			

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE	1. NAME OF CANDIDATE OR COMMITTEE					
	FROM:	TO:				
2 TOTAL ITEMIZED CAMPAIGN EVERNOTTI	DEC EDO	M DDECEDING DAG	E (antor \$0 if first its minst	an)	Amount	
TOTAL ITEMIZED CAMPAIGN EXPENDITU COMPLETE THE APPROPRIATE ITEMS FOR E					I	
				to any payee ouring the per		
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			-			
Address						
City	State	Zip Code				
First Name	First Name Middle Name				Amount of Expenditure	
Last Name/Business Name	l		†			
		- 12 - 21 - 21 - 11 - 1 - 11 - 11 - 11	_			
Address						
City	State	Zip Code	-			
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	<u> </u>		1			
Address			-			
Address						
City	State	Zip Code				
First Name Middle Name			Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		,	7			
Address			1			
City	State	Zip Code				
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	1					
Address			1			
City	State	Zip Code				
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	Last Name/Business Name					
Address						
City	State	Zip Code				
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional page)	s of this form	are used)				
(If this is the last page of expenditures, this amount must	<u> </u>					

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ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE								2. REPORT COVERING THE PERIOD FROM: TO:			HE PERIOD
3. COMPLETE THE AP	PROPRIATE ITEMS F	OR EACH I	TEMIZ	ED LOAN (cans totaling r	nore than \$100	from any source	during the peri	od)		
Complete the Following for	the Source of the Loan										
First Name Middle Name Outstand (Beginn					oan Balance of Period)	Loans Received		oan ments			Loan Balance Period)
Last Name/Organization Name	1			1							
Address				Loan Receive	ed For:	<u> </u>		Date of Loar	١.		<u>.</u>
Cit	State	☐ Primary			Election	☐ General	Election				
City	State	Zip Code Runoff (Loca				Only)					
	List All Endo	rsers or Guara	intors f	or Above Loa	n (If more spa	ace is needed	l please attach	a page)			
First Name		Middle Name	1		First Name				Middle I	Varne	
Last Name/Organization Name		•			Last Name/Or	ganization Nan	ne		•		
Address					Address						
City		State	Zìp C	Code	City				State		Zip Code
Amount Guaranteed Outstandin	ng		<u>. </u>		Amount Guara	anteed Outstan	ding		L		
First Name Middle Name					First Name Middle Name						
Last Name/Organization Name					Last Name/Organization Name						
Address					Address						
City		State	Zip C	Code	City				State		Zip Code
Amount Guaranteed Outstandin	ng	•			Amount Guar	anteed Outstan	ding				
First Name		Middle Name	2		First Name				Middle	Name	1
Last Name/Organization Name		•		1.1.1.1	Last Name/O	rganization Nar	пе	.,	<u>.</u>	-	
Address					Address				~~~		
City	······································	State	Zip C	Code	City				State		Zip Code
Amount Guaranteed Outstandi	ng		<u>, </u>		Amount Guar	anteed Outstan	ding		<u> </u>		
First Name		Middle Name	9		First Name				Middle	Name	
Last Name/Organization Name	3	.1			Last Name/O	rganization Nar	ne		Щ.		
Address					Address						
City		State	Zip C	Code	City				State		Zip Code
Amount Guaranteed Outstandi	ng				Amount Guar	anteed Outstan	ding				
4. Totals for all Loans (co (Total loans received should a	also be shown in item 16. or	summary page	.)			Loan Balance of Period)	Loans Received	Loa Paym			tanding Loan Baland (End of Period)
(Total loan payments should a (Total outstanding loan balance											



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
				FROM:		
COMPLETE THE APPROPRIATE ITEMS F OBLIGATION (obligations totaling more that person/vendor at the end of the reporting pr	\$100 ow		Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	те				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation	L	<u></u>	1			1
First Name	Middle Na	me	1			
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation	·/·	•	•		<u> </u>	<u> </u>
First Name	Middle Na	ne				
Last Name/Business Name			-			
Address		···	 			
City	State	Zip Code	7			
Description of Obligation			•	<u> </u>		
First Name	Middle Na	ne				
Last Name/Business Name	<u> </u>				,	
Address			_			
City	State	Zip Code	7			
Description of Obligation	ı	<u> </u>	,	1	<u> </u>	<u>I </u>
First Name	Middle Na	пе				
Last Name/Business Name	I		-			
Address			<u> </u>			
City	State	Zip Code	1			
Description of Obligation	<u> </u>	.1	1	L	L	<u> </u>
4. TOTALS		·				
(Total from Outstanding Balance - (End of Period) of in item 23b. on summary page.)	olumn mus	t also be shown				