## CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Multicandidate Committees (PACs)

		<u> </u>		
1. DATE OF REPORT	2. NAME OF COMMITTEE			
2.A. SHORT NAME OF COMMITTEE (IF APPLI	CABLE)			
2.7 (	5. 42.2.7			
ADDRESS AND PHONE     Street or Rural Route	City _ State Zi	p Code Phone		
12:54 Wavecrest C	ircle Gallation TN	37044		
4. TYPE OF CANDIDATES SUPPORTED	STATE PUBLIC OFFICE LOCAL PUBLIC	OFFICE DOTH D		
	STATE FOR DELICATION TO THE COURT OF THE COU			
5.A. NAME OF POLITICAL TREASURER		5.B. DATE APPOINTED		
Dand L Blue	k. PhD.	2013		
6, CATEGORY OR REPORT (Check one)				
FIRST SECOND THIRD QUARTER QUARTER	FOURTH PRE- PRE- QUARTER PRIMARY GENERAL	MID-YEAR YEAR-END SUPPLEMENTAL SUPPLEMENTAL		
QUARTER QUARTER QUARTER 7.A.BEGINNING DATE OF REPORTING PERIOD	7.B.ENDING DATE OF REPORT	TING PERIOD		
July 28,700	50+30.	, 2020		
8. (Check one)				
A. This committee is exempt from detail	led disclosures because contributions (including in-kind	d) received total \$1,000 or less AND		
expenditures total \$1,000 or less for this reporting period. I do solemly swear or affirm that the information contained in this statement is true and that the committee has complied with all applicable provisions of the Campaign Financial Disclosure Act. (Items 10d., 10e.				
and 10f must also be completed.)				
B. This committee is required to file a d	etailed financial disclosure because contributions (inclu	uding in-kind) received total more than		
\$1,000 and/or expenditures total more than \$1,000 for this reporting period. I do solemly swear or affirm that the information contained in this statement is true and that the following page(s) are a complete and accurate accounting of all contributions and expenditures				
required to be reported by political ca	ampaign committees by the Campaign Financial Disclo	sure Act.		
	Donel M.			
_	to but to cer / M	10-1-2020		
	signature of political treasurer	date		
9. WITNESS SIGNATURE				
	DAIRSIANS	1		
	Puyo au	10-1-10W		
	U signature of witness	date		
10. SUMMARY		00.1		
a. BALANCE ON HAND LAST REPORT	\$	884W.24		
b. TOTALRECEIPTSTHISPERIOD	ENLED PM S	$\mathcal{P}$		
c. TOTAL DISBURSEMENTS THIS PERIOD	<b>19.</b> s	<u>2500 vo</u>		
d. BALANCE ON HAND (10.a. plus 10.b. i	minus OCJ 1 3 2020	s 424w.24		
		~		
e. TOTAL LOANS OUTSTANDING	SUM COMMISSION	\$		
		$\mathcal{L}$		
f. TOTAL OBLIGATIONS OUTSTANDING	3	\$ <u>P</u>		

## **ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC**

1. NAME OF COMMITTEE 2. REPORT COV		ORT COVERING THE PERIOD		
SHE PHI		FROM:	TO: 9-30: W	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name AMIL	M.I.	Last Name Constitution Name Co	Amount of Contribution	
Address	<del></del>	Civil Coy 10 magor	\$2,500-	
Hendersoulle	State	ZipCode	Date of Contribution	
Occupation	100	Employer	- 9.8 WO	
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address	1	<u> </u>		
City	State	Zip Code	Date of Contribution	
Occupation		Employer		
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address	<u> </u>			
City	State	Zip Code	Date of Contribution	
Occupation		Employer	Date of Contradition	
Occupation		Enpoyer		
First Name	M.i.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code	Date of Contribution	
Occupation	<u> </u>	Employer		
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address	<u> </u>			
City	State	ZipCode	Date of Contribution	
Occupation		Employer		
First Name	M.J.	Last Name/Organization Name	Amount of Contribution	
Address	1			
City	State	ZipCode	Date of Contribution	
Occupation		Employer		
5.TOTAL ITEMIZED CONTRIBUTIONS				
(Carry forward to item 3, of next page if additional pages of this form are used.)				
(If this is the last page of contributions, this amount must be shown in item 13b. of summary.)				

