CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

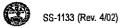
For State and Local Candidates For Single-Candidate Committees

| 1. DATE OF REPORT | 2.a. NAME OF CANDIDATE OF | COMMITTEE | | |
|---|---|---|--|---------------------------|
| 10/22/2020 | James To | neu | | |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE | • | J | 3. ELECTION DATE | |
| | | | 11-3-20 | 20 |
| 4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route | City | State | Zip Code | Phone |
| 1010 Edwards LN. | Portland | TN. | 37148 | 615-509-5460 |
| 4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route | ot than 4.a.) City | State | Zip Code | Phone |
| | | | | |
| 5. OFFICE SOUGHT (include district number, i | fapplicable) 6. NAME | OF POLITICAL | TREASURER (may be o | candidate) |
| 7. CATEGORY OR REPORT (Check one) | ortional Ma- | my Han | 3K 2 | |
| FIRST SECOND THIRD QUARTER QUARTER QUARTER | FOURTH PRE- QUARTER PRIMARY | PRE- GENERAL | MID-YEAR SUPPLEMENTAL | YEAR-END SUPPLEMENTAL |
| 8.a. BEGINNING DATE OF REPORTING PERIOD | | G DATE OF REPO | | SUPPLEMENTAL |
| 10/1/2020 | 101 | 24/2020 |) | |
| 9. (Check one) | 1 | | | |
| a. This campaign is exempt from detaile tures total \$1,000 or less for this repo | ed disclosure because contribution orting period. (Complete items 12 | ns (including in-ki d., 12e. and 12f.) | nd) received total \$1,000 | 0 or less AND expendi- |
| b. This campaign is required to file a de and/or expenditures total more than \$ | stailed financial disclosure becaus | e contributions (ir | ncluding in-kind) receive | d total more than \$1,000 |
| and/or expenditures total more than t | \$1,000 for this reporting period. | | | |
| I/we do solemnly swear or affirm that the in accurate accounting of campaign contributed Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other nor | ons and expenditures required to swear or affirm that no campaign | be reported by the contributions have | e candidate committee live been expended for the | by the Campainn |
| | | 17 | i c | |
| | 10/22/20 | Kaltur | 11-00/6 | _ 10-22-2020 |
| signature of carididate | 'date ' | signature | of political treasurer | date |
| 11. WITNESS SIGNATURE | | | | |
| 12 To | 1.110. | | | |
| 1 whose loney | 10/22/20 | | | |
| signature of witness | date/ | signat | ture of witness | date |
| 12. SUMMARY | FILED | | | |
| a. BALANCE ON HAND LAST REPORT | AM PN | | .\$ | |
| b. TOTAL RECEIPTS THIS PERIOD | OCT 2 6 2020 | | .\$ | |
| c. TOTAL DISBURSEMENTS THIS PERIOD . | SUMNER COUNTY ELECTION COMMISSION | | .\$ | |
| d. BALANCE ON HAND (12.a. plus 12.b. m | | | | 8460 |
| e. TOTAL LOANS OUTSTANDING | | | • | 8 |
| | | - | Ų . | |
| f. TOTAL OBLIGATIONS OUTSTANDING | | | \$ | |



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. 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 categor | y - e.g., printing, postage, gasoline) |
| \$ | |
| | |
| <u> </u> | |
| | |
| \$ | *************************************** |
| • | |
| \$ | |
| \$ | |
| \$ | |
| <u> </u> | |
| 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. 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 12.f.)\$ |



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMITTEE | = | | 2 | | ING THE PERIOD |
|--|--------------|----------------------|--|----------------------|---|
| | | | | FROM: | TO: |
| | \ | Amount | | | |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT | | | | | |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EA | | | | | |
| First Name | /liddle Name | 9 | Contribution Received For: | | Amount of Contribution |
| Last Name/Organization Name | l | | Primary Election | General Election | |
| Address | | | Runoff (Local Election | ns Only) | |
| City | Zip Code | Date of Contribution | Aggregate This Election | | |
| Occupation | | | | | |
| Employer | | | | | |
| First Name | Middle Nam | ne | Contribution Received F | or: | Amount of Contribution |
| Last Name/Organization Name | L | | Primary Election | General Election | |
| Address | | | Runoff (Local Electio | ns Only) | |
| City | Zip Code | Date of Contribution | Aggregate This Election | | |
| Occupation | <u> </u> | | | | |
| Employer | | , .= | 1 | | |
| First Name | Middle Nam | e | Contribution Received F | 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 | <u> </u> | | - | | |
| Employer | | | | | |
| 1 | | | | | |
| | Jan | | | | 4 |
| First Name | Middle Nam | ee | Contribution Received Fo | _ | Amount of Contribution |
| | Middle Nam | e | | r: General Election | Amount of Contribution |
| First Name | Middle Nam | e | ☐ Primary Election ☐ ☐ Runoff (Local Electio | General Election | |
| First Name Last Name/Organization Name | Middle Nam | Zip Code | Primary Election | General Election | Amount of Contribution Aggregate This Election |
| First Name Last Name/Organization Name Address | | | ☐ Primary Election ☐ ☐ Runoff (Local Electio | General Election | |
| First Name Last Name/Organization Name Address City | | | ☐ Primary Election ☐ ☐ Runoff (Local Electio | General Election | |

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

| 1. NAME OF CANDIDAT | E OR COMMITT | EE | | 2 REPORT COVERING THE PERIOD | | | | |
|--|-------------------------|----------------|--|--|---------------------------------|--|--|--|
| | | | | FROM: | TO: | | | |
| 3. TOTAL ITEMIZED IN-KII | ND CONTRIBUTION | ONS FRO | M PRECEDING P | AGE (enter \$0 if first itemized page) | | | | |
| 4. COMPLETE THE APPROP | RIATE ITEMS FOR I | EACH ITEM | MIZED IN-KIND CON | ITRIBUTION (in-kind contributions totaling more than \$100 from any | contributor during the period) | | | |
| First Name Middle Name | | | | In-Kind Contribution Received For: ☐ Primary Election ☐ General Election | Value of In-Kind Contribution | | | |
| Last Name/Organization Name | | | | Runoff (Local Elections Only) | | | | |
| Address | | | | Date of In-Kind Contribution | Aggregate this Election | | | |
| City | State Zip Code | | | Description of In-Kind Contribution | | | | |
| Occupation | Employer | - I | · | | | | | |
| First Name | <u>I</u> | diddle Na | ame | In-Kind Contribution Received For: | Value of In-Kind Contribution | | | |
| Last Name/Organization Name | | ! | | Primary Election General Election | | | | |
| Address | | - · | | Date of In-Kind Contribution | Aggregate this Election | | | |
| City | | State | Zip Code | Description of In-Kind Contribution | | | | |
| Occupation | Employer | | _1 | | | | | |
| First Name | | Jiddie Na | ame | In-Kind Contribution Received For: | | | | |
| Last Name/Organization Name | | olidale Ma | ante | Primary Election General Election | Value of In-Kind Contribution | | | |
| Edit (dino) Organization (14am) | <u> </u> | | | Runoff (Local Elections Only) | | | | |
| Address | | | | Date of In-Kind Contribution | Aggregate this Election | | | |
| City | | State | Zip Code | Description of In-Kind Contribution | | | | |
| Occupation | Employer | | - 1 | | | | | |
| First Name | | Middle Na | ime | In-Kind Contribution Received For: | Value of the Visit Contribution | | | |
| Last Name/Organization Name | | | | Primary Election General Election | Value of In-Kind Contribution | | | |
| | | | | Runoff (Local Elections Only) | | | | |
| Address | | | | Date of In-Kind Contribution | Aggregate this Election | | | |
| City | | State | Zip Code | Description of In-Kind Contribution | L | | | |
| Occupation | Employer | | | | | | | |
| irst Name | | Middle Nar | ne | In-Kind Contribution Received For: | Value of In-Kind Contribution | | | |
| ast Name/Organization Name | | 1 | | Primary Election General Election Runoff (Local Elections Only) | | | | |
| Address | · | | | Date of In-Kind Contribution | Aggregate this Election | | | |
| ity | · | State | Zip Code | Description of In-Kind Contribution | | | | |
| Occupation | Employer | I | - | | | | | |
| 5. TOTAL ITEMIZED IN-KIN | D CONTRIBUTIO | NS | | | | | | |
| (Carry forward to item 3. of next p (If this is the last page of in-kind of | age if additional pages | of this form a | ere used.) nown in item 22b. of sun | nmary.) | | | | |
| SS-1128 (Rev. 2/06) | | | | Page of | DDA 4450 | | | |

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

| T. NAME OF CANDIDATE OR COMMITTE | E | | | | RT COVERING THE PERIOD | | | |
|--|------------------------|------------------------|-------------------------------------|------------------------|------------------------|--|--|--|
| | | | | FROM: | TO: Amount | | | |
| 3. TOTAL ITEMIZED CAMPAIGN EXPEND | ITURES FR | OM PRECEDING | PAGE (enter \$0 if first itemized p | age) | Amount | | | |
| 4. COMPLETE THE APPROPRIATE ITEMS FO | | | | | uring the period) | | | |
| First Name | Middle Name | | | | Amount of Expenditure | | | |
| Last Name/Business Name | | | | | · | | | |
| <u> </u> | | | | | | | | |
| Address | | | | | | | | |
| City | State | Zip Code | | 7 | | | | |
| First Name | | <u> </u> | | | | | | |
| First Name | Middle Na | me | Purpose of Expenditure | | Amount of Expenditure | | | |
| Last Name/Business Name | | | | | | | | |
| Address | | | | | | | | |
| 01 | 1 = | 1 | | | | | | |
| City | State | Zip Code | | | | | | |
| First Name | Middle Ma | | Purpose of Expenditure | - | | | | |
| | First Name Middle Name | | | | Amount of Expenditure | | | |
| Last Name/Business Name | | | | | | | | |
| Address | | | | | | | | |
| City | State | Zip Code | | | | | | |
| | Cidio | 21p 0000 | | | | | | |
| st Name Middle Name | | | Purpose of Expenditure | | Amount of Expenditure | | | |
| Last Name/Business Name | | | | | · | | | |
| | <u> </u> | | | | | | | |
| Address | | | | | | | | |
| City | State | Zip Code | | | | | | |
| | | | | | | | | |
| First Name | Middle Nar | ne | Purpose of Expenditure | Purpose of Expenditure | | | | |
| Last Name/Business Name | | | | | | | | |
| Address | | | | | | | | |
| O'll. | 12 | T | | | | | | |
| City | State | Zip Code | | | | | | |
| First Name | Middle Nan | ne | Purpose of Expenditure | - | Amount of Expenditure | | | |
| Last Name/Business Name | | | | | | | | |
| | | | | | | | | |
| Address | | | | | | | | |
| City | State | Zip Code | | | | | | |
| F YOTH ITEMS | <u> </u> | <u> </u> | | · | | | | |
| TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional page) | ies of this form s | re used) | | | | | | |
| (if this is the last page of expenditures, this amount m | ust be shown in | item 19b. of summary.) | | | | | | |

ITEMIZED STATEMENT OF LOANS - CANDIDATE

| 1. NAME OF CANDID | DATE OR COMMITTE | | · , <u>-</u> . | | | | | 2. RI FROI | EPORT CO | | G THE PERIOD O: |
|--|------------------------------|------------------|----------------|--|---|--------------|-------------------|------------------|------------------|--|---|
| 2 COMPLETE THE A | DDD ODDUZE (TELLO | | | | | | | | | | O. |
| 3. COMPLETE THE A | | | TITEMIZ | ZED LOAN | (loans totaling n | nore than \$ | 100 from any s | source du | ıring the perio | d) | |
| Complete the Following for First Name | | | | | | | | | | | |
| 1 12 (Idalik | First Name Middle Name | | | | Outstanding Loan Balance Loans (Beginning of Period) Received | | | Loan Payments | | | ding Loan Balance nd of Period) |
| Last Name/Organization Nam | ne | | | 1 | | | } | ., | | , | our silou) |
| Address | | | | Loan Receiv | | | | | | ······································ | |
| | | | 1 | Date of Loan | | | | | - | | |
| City | State | Zip Code | | Primary Election General Election Runoff (Local Elections Only) | | | erar Election | | | | |
| ··· | List All Endr | orsers or Gua | rantors fo | <u> </u> | in (If more spar | | | | | | |
| First Name | 2-007 11 21100 | Middle Nar | | Of ADOVE LOS | First Name | ce is nee | ded please a | ttach a p | | ean N | |
| Last Norma/Organization Norma | | | | | | | | | _ | vliddle Nar | ne |
| Last Name/Organization Nam | е | | _ | | Last Name/Org | anization N | Name | | | | |
| Address | _ | | · | | Address | | | | | | |
| City | | State | Zip Co | ode | City | | | | 8 | State | Zip Code |
| Amount Guaranteed Outstand | ing | _L | | · · · · · · | Amount Guaranteed Cutstanding | | | | | | <u> </u> |
| First Name Middle Name | | | ii. | First Name Middle Name | | | | | 18 | | |
| Last Name/Organization Name | | | <u> </u> | Last Name/Orga | anization N | ame | | | | | |
| Address | | | | | Address | | | | | | |
| City | <u> </u> | Total | 17.0 | | ļ <u>.</u> | | | | | | |
| | | | | ode | City | | | | S | tate | Zip Code |
| Amount Guaranteed Outstandi | ng | | | | Amount Guarant | leed Outsta | anding | | | | |
| First Name | | Middle Nam | e | | First Name | | | | , A | liddle Nan | ne |
| ast Name/Organization Name | | | _ | | Last Name/Orga | nization Na | ame | | | | |
| Address | | | | | Address | | | | · | | |
| City | | State | Zip Cod | de | City | | <u> </u> | · | S | late | Zip Code |
| mount Guaranteed Outstandin | g | <u> </u> | .L | | Amount Guarante | eed Outsta | nding | | | | |
| rst Name | | Middle Name | | | First Name | | | | 1.4 | ddle Name | |
| ast Name/Organization Name | · | | | | ast Name/Organ | ization Na | me | | | TOTAL MAINE | <u>-</u> |
| ddress | | | | | Address | | | | | | |
| ily | | State | Zip Code | e li | City | | | | C4. | to. | 7:- 0-4 |
| nount Guaranteed Outstanding |] | <u> </u> | L | | mount Guarante | ed Outstan | ding | _ | Sta | <u>-</u> | Zip Code |
| Totale for all | | | | | | | | | | | |
| Totals for all Loans (complete on last page of itemized loans) Total loans received should also be shown in item 16. on summary page.) Total loan payments should also be shown in item 20. on summary page.) Total outstanding loan balance should also be shown in item 12.e. on front page.) | | | | | Outstanding Loan (Beginning of P | | Loans Received | - | Loan Payments | Outs | tanding Loan Balance (End of Period) |
| colar obstanting loan balance | anound also be snown in item | iz.e. on front p | age.) | | · · · · · · · · · · · · · · · · · · · | | | | | | |



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

| NAME OF CANDIDATE OR CO | OMMITTEE | 2. REPORT COVERING THE PERIOD | | | | |
|--|--|-------------------------------|-------------|---------------------------------|----------------------|--|
| OBLIGATION (obligations totali | DMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED BLIGATION (obligations totaling more than \$100 owed to any erson/vendor at the end of the reporting period) | | | FROM: Debt Incurred This Period | Payments This Period | Outstanding Balance (End of Period) |
| First Name | Middle N | ame | | | | |
| Last Name/Business Name | | | | | | |
| Address | | · · · | _ | | | |
| City | State | Zip Code | | | | |
| Description of Obligation | L | <u> </u> | | | | <u> </u> |
| First Name | Middle N | ame | | · | | <u> </u> |
| Last Name/Business Name | | | | | | |
| Address | | | | | | |
| City | State | Zip Code | | | | |
| Description of Obligation | ···· | <u>-1</u> | | | | |
| First Name | Middle Na | me | | | | |
| Last Name/Business Name | | | | | | |
| Address | | | | | | |
| City | State | Zip Code | 1 | | | |
| Description of Obligation | · · · · · · · · · · · · · · · · · · · | _L | | | - | |
| First Name | Middle Na | me | | | | |
| Last Name/Business Name | | | _ | | ! | |
| Address | | - | - | | | |
| City | State | Zip Code | - | | | |
| Description of Obligation | <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> | | | |
| TOTALS (Total from Outstanding Balance - (End in item 23b. on summary page.) | of Period) column must | also be showп | | | | |