# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAME OF CANDIDATE OF	RCOMMITTEE			
October 9 2020		1 5 C			
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE		
			Aug.	6,2020	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	Ctata	J	Disease	
1 111	atdin Rd. Co	State	Zip Code	Phone 7648 615-415	1017
4.b. CANDIDATE'S HOME ADDRESS (if different	1011	Hon town	(, ,,- )	1048 A12 112	[ 3,3
Street or Rural Route	City	State	Zip Code	Рһопе	
5. OFFICE SOUGHT (include district number, if		OF POLITICAL T	REASURER (may be	candidate)	
	District8 7	>ebbic	Richard	dson	
7. CATEGORY OR REPORT (Check one)  FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH PRE-	PRE- GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD		GDATE OF REPO		OOT LEWENTAL	
July 28, 2020		ept.	30, 2020	<b>5</b>	
9. (Check one)		,			
a. This campaign is exempt from detailed tures total \$1,000 or less for this repor	d disclosure because contribution rting period. (Complete items 12	ns (including in-kir 2d., 12e. and 12f.)	nd) received total \$1,00	00 or less AND expendi-	
b. This campaign is required to file a deta and/or expenditures total more than \$	ailed financial disclosure becaus 1,000 for this reporting period.	e contributions (in	cluding in-kind) receive	ed total more than \$1,000	
I/we do solemnly swear or affirm that the interaction accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we shenefit of the candidate or for any other non	ins and expenditures required to swear or affirm that no campaign	be reported by the contributions hav	e candidate committee re been expended for t	by the Campaign	
	10/12/2020	Julha	Kulad	on 10/12/2021	•
signature of candidate	date	signature o	f political treasurer	date	
11. WITNESS SIGNATURE			<del></del>		
Augustuse of witness	<u>io/12/20</u> 20 date	<u>Jusa</u> signat	n Wiss ure of witness	10/12/20; date	<b>3</b> 0
12. SUMMARY			1 / h) -		
a. BALANCE ON HAND LAST REPORT		***************************************	\$ 1086.7	<b>!</b>	
b. TOTAL RECEIPTS THIS PERIOD	_ED PM		\$		
c. TOTAL DISBURSEMENTS THE PERIOD		***************************************	s 1586.7	1	
d. BALANCE ON HAND (12.a. plus <b>B.C.</b> m				<u>,                                    </u>	
e. TOTAL LOANS OUTSTANDING SUMN	HER COUNTY OM COMMISSION			; <i>K</i>	
f. TOTAL OBLIGATIONS OUTSTANDING				<u></u>	



### **SUMMARY PAGE - CANDIDATE**

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD							
Ted Wise	FROM: 7 128 20 20 TO: 9130 202							
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)	· 12							
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	s <u>Ø</u>							
16. LOANS RECEIVED THIS REPORTING PERIOD	s <u>Ø</u>							
7. INTEREST RECEIVED THIS REPORTING PERIOD								
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	s_ <i>b</i>							
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)							
\$								
\$								
\$ *								
\$								
\$								
<u> </u>								
<u></u> \$								
<u> </u>	<del>-</del>							
\$ <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.)	s <u>436.71</u>							
20. LOAN REPAYMENTS MADE THIS PERIOD	s <u>750.00</u>							
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	l.)\$							
23. OBLIGATIONS								
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u></u>							
b. Itemized Obligations Outstanding (Over \$100 each)	\$							
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i iten	n 12.f.)\$							

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

1. NAME OF CANDIDATE OR COMMITTEE	FROM: 7 Z & Z					
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTI		Amount				
TOTAL TEMIZED CAMPAIGN CONTRIBUTE     COMPLETE THE APPROPRIATE ITEMS FOR EA					<u> </u>	
	liddle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name			Primary Election	General Election		
Address			Runoff (Local Election			
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation						
Employer						
First Name	Middle Nam	e	Contribution Received F	or:	Amount of Contribution	
Last Name/Organization Name	<u></u>		Primary Election	General Election		
Address	<u>-</u>		Runoff (Local Electio	ns Only)		
City	State Zip Code			Date of Contribution		
Occupation	<u> </u>	<u> </u>	1		<u> </u>	
Employer	•					
First Name Middle Name			Contribution Received F	or:	Amount of Contribution	
		e	Continuation (Coccined)	Oi.	Automit of Control	
	IVIOUIC INZIIK	e		General Election	Automic of Sociologism	
Last Name/Organization Name	IVIIGOIE (NATIK	e	Primary Election	General Election	, and the second second	
			Primary Election	General Election		
Last Name/Organization Name	State	Zip Code	Primary Election	General Election	Aggregate This Election	
Last Name/Organization Name  Address  City  Occupation			Primary Election	General Election		
Last Name/Organization Name  Address  City  Occupation			Primary Election	General Election		
Last Name/Organization Name  Address  City  Occupation		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 Fo	☐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 Fo	General Election ons Only) r. 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 Fo	General Election ons Only) r. 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 Fo	General Election ons Only) r. 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 Fo	General Election ons Only) r. General Election	Aggregate This Election  Amount of Contribution	

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

1. NAME OF CANDIDATE OF			2						
Ted	Wise			FROM: 7 12/21	TO: 9 30) 202				
3. TOTAL ITEMIZED IN-KIND C	∍)	Zinouiii.							
4. COMPLETE THE APPROPRIATE	ITEMS FOR EACH ITEM	IZED IN-KIND CONT	RIBUTION (in-kind contributions totaling	more than \$100 from any cor	ntributor during the period)				
First Name	Middle Na	ime	In-Kind Contribution Receiv	ed For:	Value of In-Kind Contribution				
				General Election					
Last Name/Organization Name			Runoff (Local Election	ns Only)					
Address			Date of In-Kind Contribution	Date of In-Kind Contribution Aggregate this Election					
City State Zip Code			Description of In-Kind Contribution	Description of In-Kind Contribution					
Occupation	Employer								
First Name	Middle Na	ame	In-Kind Contribution Receiv		Value of In-Kind Contribution				
Last Name/Organization Name			Runoff (Local Electio						
Address			Date of In-Kind Contribution		Aggregate this Election				
City	State	Zip Code	Description of In-Kind Contribution	1					
Occupation	Employer								
First Name	Viiddle N	ame	in-Kind Contribution Receiv	ved For:	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	1					
Occupation	Empłoyer								
First Name Middle Name				In-Kind Contribution Received For:  ✓ In-Kind Contribution Received For:  ✓ Value of In-Kind Contribution					
Last Name/Organization Name	1		_	Runoff (Local Elections Only)					
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	ame	In-Kind Contribution Rece		Value of In-Kind Contribution				
Last Name/Organization Name	I		Runoff (Local Election	_					
Address	· · · · · · · · · · · · · · · · · · ·	-11,1,11	Date of In-Kind Contribution		Aggregate this Election				
City	State	Zip Code	Description of In-Kind Contribution	1	<u> </u>				
Occupation	Employer								
TOTAL ITEMIZED IN-KIND (     (Carry forward to item 3. of next page (If this is the last page of in-kind cont	if additional pages of this form		imman/)		Ø				
SS-1128 (Rev. 2/06)	moderne, una amodett tijust De	90.590 III IIGHI 220, UI SU		ige 4 of 1	RDA 1159				

#### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	TO: 9 30 20						
	Amount						
TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)  4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)							
First Name	Middle Nam	· · · · · · · · · · · · · · · · · · ·	Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name	<u> </u>						
l	F RZ	Maile	\$696-84				
1993 Old Lebanon Dirt Rd  TV Stale TN 37076			inane				
First Name	Middle Nam		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name			, cipaco di Zinpononicio				
Sumner Co. Schools	Far	nily Resou	re Ctr.		4		
695 E Main	St	-	Contrib	oution	\$139.87		
Gallatin	State	Zip Code	Contrib to Family	Resource			
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	<u> </u>						
Address		·· · ·					
City	State	Zip Code					
First Name Middle Name			Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	City State Zip Code			-!   			
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	<u> </u>						
Address							
City	State	Zip Code					
First Name	Middle Name				Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code	•				
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		·		836.71			

### **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE									NG THE PERIOD TO:	
Ted Wi						7	OM:  28 201	20 6	7130 2020	
3. COMPLETE THE APPROPRIATE ITEMS FO	OR EACH I	remiz	ED LOAN (	cans totaling n	nore than \$100	from any source	during the per	iod)	Ø	
Complete the Following for the Source of the Loan			12		<del>,</del>					
First Name Outstanding L (Beginning of					Loans Received		Loan Outstanding Loan Balance Payments (End of Period)			
Last Name/Organization Name 150					Ø	7	750.60			
140 Claude Harlin Rd Primary					General I	Election	Date of Loai	,		
City State Zip Code				Local Elections	Only)		7	(1	2020	
List All Endors	sers or Guara	ntors fo	or Above Loa	ı (If more spa	ice is needed	please attach	a page)			
First Name	Middle Name			First Name				Middle I	Name	
Last Name/Organization Name	,			Last Name/Or	ganization Nam	ne			:	
Address				Address						
City	State	Zip Ca	ode	City				State	Zip Code	
Amount Guaranteed Outstanding				Amount Guara	inteed Outstand	ding				
First Name Middle Name				First Name Middle Name						
Last Name/Organization Name				Last Name/Organization Name						
Address				Address						
City	State	Zip Ca	ode	City State Zip Code				Zip Code		
Amount Guaranteed Outstanding	•			Amount Guara	anteed Outstand	ding	"			
First Name	Middle Name	!		First Name				Middle	Name	
Last Name/Organization Name	•	•	. , .	Last Name/Or	ganization Nam	пе				
Address	······································		<u> </u>	Address						
City	State	Zip C	ode	City			State	Zip Code		
Amount Guaranteed Outstanding	•	<u> </u>		Amount Guara	anteed Outstand	ding			•	
First Name	First Name Middle Name				First Name Middle Name					
Last Name/Organization Name	<u> </u>			Last Name/Or	ganization Nam	ne		<u> </u>		
Address				Address		*****				
City	State	Zip C	ode	City				State	Zip Code	
Amount Guaranteed Outstanding	<u> </u>			Amount Guara	anteed Outstand	ding			• • • • • • • • • • • • • • • • • • •	
4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.)				Outstanding L (Beginning		Loans Received	Loa Paym		Outstanding Loan Balance (End of Period)	
(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.)					10.W	K	<del></del>	0.W	Ø	

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

11 - 1	1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
				UZU TO: 9				
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)			Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)			
Middle Na	me							
Last Name/Business Name								
Address								
State	Zip Code							
	<u> </u>		<del></del>					
Middle Na	me							
<u> </u>	<del>-</del>	-						
		-						
State	Zip Code							
<u> </u>	L				:			
Middle Na	me							
Last Name/Business Name								
		-						
State	Zip Code							
.1	<u> </u>		<u> </u>					
Middle Na	me		-					
Name/Business Name		-		,				
		-						
State	Zip Code							
1	<u>L_,_,</u>	<u> </u>	<u> </u>		·			
Middle Na	пе			-				
Last Name/Business Name								
Address		-  ·						
State	Zip Code	_						
<u> </u>			<u></u> .					
			··· - 1					
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)					6			
	FOR EACH 190 ow eriod)  Middle Na  State  Middle Na  State  Middle Na  State  Middle Na  State  Middle Na  State	FOR EACH ITEMIZED in \$100 owed to any seriod)  Middle Name  State Zip Code  Middle Name  State Zip Code  Middle Name  State Zip Code  Middle Name	FOR EACH ITEMIZED outstanding Balance (Beginning of Period) (Begin	FOR EACH ITEMIZED (Dustanding Balance (Beginning of Period)    Middle Name	FOR EACH ITEMIZED in \$100 owed to any errord or			