# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAMEOFC	ANDIDATE OF	COMMITTEE			
10/26/2020	BRIA		WOOD			
2.b. IF COMMITTEE, NAME OF CANDIDATE			<u> </u>	3. ELECTIO	N DATE	
				//	13/2020	
4.a. CAMPAIGN ADDRESS AND PHONE	· · · · · · · · · · · · · · · · · · ·				10100	
Street or Rural Route	City		State	Zip Code	Phone	
206A DRAFE WOOD DR	PORTLA	12/2	TN	37148	615-636-72	96
4.b. CANDIDATE'S HOME ADDRESS (if differer Street or Rural Route	it than 4.a.) City	•	State	7in ()-1-		
	Ony		State	Zip Code	Phone	
5. OFFICE SOUGHT (include district number, i	f annlicable)	6. NAME	OF BOUTIO	AL TREACURER		
l		_			may be candidate)	
7. CATEGORY OR REPORT (Check one)	LDGZMAN	<u> </u>	ever 1	BOLES	<del></del>	
					П	
FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH QUARTER	PRE-	PRE-	MID-YE		
8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY 8.b. ENDIN	<u>GENERA</u> G DATE OF RE	L SUPPLEM PORTING PERIOD	ENTAL SUPPLEMENTAL	
9. (Check one)			·			
a. This campaign is exempt from details						
<ul> <li>a.  This campaign is exempt from detailed</li> <li>tures total \$1,000 or less for this report</li> </ul>	orting period. (Comp	se contribution plete items 12d	s (including in 3., 12e, and 13	-kind) received tot 2f.)	al \$1,000 or less AND expen	ıdi-
				•		
<ul> <li>b.  This campaign is required to file a de and/or expenditures total more than \$\frac{1}{2}\$</li> </ul>	talled financial discit \$1,000 for this report	osure pecause ting period.	contributions	(including in-kind	received total more than \$1,	,000
10. I/we do solemnly swear or affirm that the in	nformation contained	in this camp	aion financial	disclosure report i	s true and that this rapart is	
accorate accomming or campaign continoung	ons and expenditure	s required to t	ie renorted by	the condidate on	amittaa huutha C	an
Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other nor	swear or affirm that	no campaign	contributions t	iake heen evnend	ed for the personal financial	
	, and a parpose as	40111100 by 1111	o roderar mitem	iai revenue code.		
<u>sel</u>	10/26/202	٥	Roma	· El-	- 10/20/2	
signature of candidate	date	_	signature	e of political treasu	rer date	***
11. WITNESS SIGNATURE						
m. 1.7 160 1-11			1	2 1 01		
Mary W. Hamley	10/26/20	20 _	mule	Lule 1	10/24/20	<b>*</b> O
signature of witness	date		sigr	nature of witness	date	
40.00040004			<del></del> -			
12. SUMMARY				•		
a. BALANCE ON HAND LAST REPORT		РM		<u> 166</u>	36	İ
	EILEU	<b>bw</b>		^	<del></del>	
b. TOTAL RECEIPTS THIS PERIOD	FILED	Δ		\$0		
c. TOTAL DISBURSEMENTS THIS PERIOD	2 8 50g	Į <b>u</b>		52.	00	
	001	υTV		\$		
d. BALANCE ON HAND (12.a. plus 12.b. m	inus 12.c.) ER.COU	uission			. 1/4.36	}
d. BALANCE ON HAND (12.a. plus 12.b. m	- SUMINGOM				Ψ	
e. TOTAL LOANS OUTSTANDING	inus 12 CNER COU SUMBER COM ELECTION COM		*******		, 0	
					Ψ	
f. TOTAL OBLIGATIONS OUTSTANDING		*****************			0	İ
				~	Ф ————	·



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#### SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)		COVERING THE PERIOD
BRAN P. WOODALL	FROM: 10   2	D TO: 10 24 20
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)		
a. Unitemized Contributions (\$100 or less from each source this period)	\$0	
b. Itemized Contributions (over \$100 from each source this period)	\$ <b>O</b> _	****
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)		s <u>D</u>
16. LOANS RECEIVED THIS REPORTING PERIOD		\$ <u>O</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	·····	\$ <u>O</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	,	\$_ <b>_</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, post	age, gasoline)
FACEBOOK AD \$ 50.00	0	
BANK FEE \$ 2.00	2	
\$		
\$		
\$		
<u> </u>		
\$		
\$	<del></del>	
\$	<del></del>	
Total of Expenditures (\$100 or less each payee)	\$ 52.0	>0
b. Itemized Expenditures (Over \$100 each payee this period)	.\$	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		\$ 52.00
20. LOAN REPAYMENTS MADE THIS PERIOD	***************************************	\$ <b>O</b>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	·····	\$ <b>52.00</b>
22.IN-KIND CONTRIBUTIONS		
a. Unitemized in-kind contributions (\$100 or less from each source this period)	.\$ <b>O</b>	<del></del>
b. Itemized in-kind contributions (over \$100 from each source this period)	.\$ <i>O</i> _	·
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	<i>O</i>	\$
23. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	.\$ <b>O</b> _	
b. Itemized Obligations Outstanding (Over \$100 each)	. \$ <b>O</b>	
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	12.f.) O	\$_ <b></b>

## ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTE		ERING THE PERIOD				
BRIAN D. WOODAL	<u> </u>			FROM: 10 1/20		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	Amount					
4. COMPLETE THE APPROPRIATE ITEMS FOR E						
	Middle Nam		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name	<u> </u>	· . <u>-</u>	Primary Election	•		
Address		Runoff (Local Election				
City	State Zip Code		Date of Contribution	Date of Contribution		
Occupation	I					
Employer	<del></del>		-			
First Name	Middle Nan	ne	Contribution Received Fo	or:	Amount of Contribution	
Last Name/Organization Name	<u> </u>		Primary Election	General Election	_	
Zuck Harris of gar izzadot i vario			Filmary Election E	d General Election		
Address		_	Runoff (Local Election	s Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation						
Employer						
First Name	e	Contribution Received Fo	οτ:	Amount of Contribution		
Last Name/Organization Name	<u> </u>		Primary Election	General Election		
Address		<del></del>	Runoff (Local Election:	s Only)		
City	State	Zip Code	Date of Contribution	Aggregate This Election		
Occupation		-l				
Employer		· · · · · · · · · · · · · · · · · · ·				
First Name	fiddle Name	e	Contribution Received For.		Amount of Contribution	
Last Name/Organization Name			☐ Primary Election ☐	General Election		
Address	······································	Runoff (Local Elections	s Only)			
City	State Zip Code		Date of Contribution	Aggregate This Election		
Occupation						
Employer		· · · · · · · · · · · · · · · · · · ·				
TOTAL ITEMIZED CONTRIBUTIONS  (Carry forward to item 3. of next page if additional pages of additiona						

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

1. NAME OF CANDIDATE OF				2	REPORT COVER				
BRIAN D.	Noobau	<u> </u>			FROM: 10/1/20	TO:   D 24 20			
3. TOTAL ITEMIZED IN-KIND C	ONTRIBUTIONS	S FROM	PRECEDING PAGE	(enter \$0 if first itemized page	e)	D			
4. COMPLETE THE APPROPRIATE	ITEMS FOR EAC	HITEMIZ	ZED IN-KIND CONTRI	BUTION (in-kind contributions totaling	more than \$100 from any co	ntributor during the period)			
First Name	<u> </u>	liddle Nan	ne	In-Kind Contribution Received For:    Primary Election					
Last Name/Organization Name				Runoff (Local Elections Only)					
Address				Date of In-Kind Contribution	Date of In-Kind Contribution				
City State Zip Code			Description of In-Kind Contribution	-					
Occupation	Employer								
First Name	First Name Middle Name				ed For:	Value of In-Kind Contribution			
Last Name/Organization Name				☐ Runoff (Local Election	Primary Election General Election				
Address				Date of In-Kind Contribution	is Only)	Aggregate this Election			
City	1	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer			<u> </u>					
First Name	First Name Middle Name			In-Kind Contribution Receive	Value of in-Kind Contributio				
Last Name/Organization Name			☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)						
Address	Address					Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution		<u> </u>			
Occupation	Employer		1						
	1.					<u> </u>			
First Name	M	iddle Nan	ne 	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		<u> </u>			
Occupation	Employer		<u></u>						
First Name		diddle Name	e	in-Kind Contribution Receive		Value of In-Kind Contribution			
Last Name/Organization Name			, ui	Primary Election	-				
Address				Date of In-Kind Contribution	s Only)	Aggregate this Election			
City	Te	Hate	Zip Code						
Occupation	Employer	, M310	Σφ codβ	Description of In-Kind Contribution					
- July Stories	проуст								
<ol> <li>TOTAL ITEMIZED IN-KIND C (Carry forward to item 3. of next page i (If this is the last page of in-kind contrib</li> </ol>	f additional pages of t	this form an	e used.)	irv)		0			
SS-1128 (Rev. 2/06)					4 17				

#### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE		<ol><li>REPORT COVER</li></ol>	ERING THE PERIOD				
BRIAN D. WOODAL	FROMPILEO	TO:10 24 20					
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	IRES ERC	IM PRECEDING P	AGE (enter \$0 if first itemized no	(anı	Amount 52.00		
4. COMPLETE THE APPROPRIATE ITEMS FOR E	***			<del></del>	I		
First Name	Middle Nar		Purpose of Expenditure	to any payee daming the per			
T II ST TYGING	THE COLOR OF THE C				Amount of Expenditure		
Last Name/Business Name					:		
Address							
City	State	Zip Code					
First Name	Middle Nor	70	Purpose of Expenditure		Amount of Four and Pt.		
I IIST Name	First Name Middle Name				Amount of Expenditure		
Last Name/Business Name	<del></del>						
Address			<del></del>				
Tudi OSO							
City	State	Zip Code					
	ļ						
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	<u> </u>			-			
Address							
City	Stale	Zip Code	_				
First Name	Middle Nam	ė	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Last Name/business Name							
Address							
City	Stale	Zip Code					
<u> </u>							
First Name	Middle Nam	е	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
·					;		
Address							
City	State	Zip Code		1			
5. TOTAL ITEMIZED EXPENDITURES					_		
(Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount mus	of this form a	relused.) item 19b. of summanut			52.00		
1					L		

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

1. NAME OF CANDIDATE OR CO	00MU	_		75D   0 AN			FI	ROM:	`	RING THE PERIOD
3. COMPLETE THE APPROPRIA	_	UR EACH	HEMIZ	ED LOAN	loans totaling n	nore than \$10	00 from any source	e during the p	eriod)	
Complete the Following for the Source First Name	of the Loan Middle Nar	ne .		LOutstanding	Loan Balance	Loans		1	1 0	
The state of the s				(Beginning		Receiv		Loan syments	Out	tstanding Loan Balance (End of Period)
Last Name/Organization Name				1			İ			
Address		<u></u>		Loan Receiv	ed For:	<u> </u>		Date of Lo	an	
City	State	Primary			/ Election	☐ Genera	al Election			
	Sidle	Zip Code		☐ Runoff	Runoff (Local Elections Only)					
	List All Endo	rsers or Guar	antors fo	or Above Loa	n (If more spa	ice is neede	ed please attac	h a page)		
First Name	,	Middle Name	e		First Name				Middl	e Name
Last Name/Organization Name					Last Name/On	ganization Na	me	<del></del>	<u>-l</u> .	
Address	<del></del>				Address		<del></del>			
City		State	Zip Co	ode	City		<del></del>		State	Zip Code
Amount Guaranteed Outstanding	nount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name	First Name Middle Name				First Name Middle Name					
Last Name/Organization Name					Last Name/Organization Name					
Address					Address			<del></del>		
City		State	Zip Co	ode	City State Zip Cor					Zip Code
Amount Guaranteed Outstanding	···	<u>. , , , , , , , , , , , , , , , , , , ,</u>			Amount Guarai	nteed Outstar	nding		<u> </u>	
First Name		Middle Name	;		First Name				Middl	le Name
Last Name/Organization Name	-	<u> </u>	-		Last Name/Org	anization Nar	me	·	J	<del> </del>
Address	·				Address					
City	<del></del>	State	Zip Co	de	City		<del> </del>	··	State	Zip Code
Amount Guaranteed Outstanding		L	<u>.</u>		Amount Guaran	iteed Outstan	ding			<del></del>
First Name		Middle Name			First Name Middle Name					
Last Name/Organization Name				Last Name/Organization Name						
Address		··			Address			···		
City		State	Zip Coo	de	City				State	Zip Code
Amount Guaranteed Outstanding					Arnount Guaran	teed Outstand	ding	·· <u>-</u> ···		<del></del>
. Totals for all Loans (complete on I (Total loans received should also be shown	in item 16, on si	ummery page.)	•						Outstanding Loan Balan (End of Period)	
(Total loan payments should also be shown (Total outstanding loan balance should also b	in item 20. on si e shown in item	ummary page.) 12.e. on front p	age.)		(	)	0	C		0

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

1. NAME OF CANDIDATE OR COM		2. REPORT COVERING THE PERIOD						
BRIAN D.	NOOPALL		FROM: (0/1/20 TO: /0/24/20					
<ol> <li>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)</li> </ol>			Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)		
First Name	Middle N	larne			<u> </u>			
Last Name/Business Name			<del>-</del>	<u> </u>				
Address								
City	State	Zip Code						
Description of Obligation	<u> </u>				<u> </u>			
First Name	Middle N	arne			<del></del>	<del></del>		
Last Name/Business Name								
Address								
City	State	Zip Code						
Description of Obligation				<u>.                                    </u>	<u></u>	<u> </u>		
First Name	Middle N	ame						
Last Name/Business Name			_			į		
Address			_					
City	State	Zip Code	<del>-</del>		:			
Description of Obligation	<u> </u>	<del></del>	· <del>- · · · · · · · · · · · · · · · · · ·</del>	<u> </u>				
First Name	me Middle Name							
Last Name/Business Name			-[					
Address			<b>-</b>					
City	State	Zip Code	_					
Description of Obligation								
Description of obligation								
First Name	Middle Na	ime		·				
Last Name/Business Name	<u>.                                 </u>			į				
Address						,		
City	State	Zip Code	1					
Description of Obligation		1		<u>-</u>				
4. TOTALS	4							
(Total from Outstanding Balance - (End o in item 23b. on summary page.)	t Period) column mus	t also be shown	0	0	. 0	O		