

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

AM FILED
JUL 12 2021
PM

SUMNER COUNTY
ELECTION COMMISSION

1. DATE OF REPORT <u>7-8-21</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>David Kimbrough for Mayor</u>	
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route <u>109 Hazel Path, Ste. 2</u> City <u>Hendersonville</u> State <u>TN</u> Zip Code <u>37075</u> Phone <u>615-822-8332</u>			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route _____ City _____ State _____ Zip Code _____ Phone _____			
5. OFFICE SOUGHT (include district number, if applicable) <u>Mayor - Hendersonville</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>David Kimbrough</u>	
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input checked="" type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD <u>1-16-21</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>6-30-21</u>	
9. (Check one) a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. <input checked="" type="checkbox"/> This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.			
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.			
<u>[Signature]</u> signature of candidate		<u>7-8-21</u> date	
<u>[Signature]</u> signature of political treasurer		<u>7-8-21</u> date	
11. WITNESS SIGNATURE <u>[Signature]</u> signature of witness		<u>7-8-21</u> date	
<u>[Signature]</u> signature of witness		<u>7-8-21</u> date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT	\$ <u>9,883.29</u>		
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>—</u>		
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>5,115.00</u>		
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <u>4,768.29</u>		
e. TOTAL LOANS OUTSTANDING	\$ <u>—</u>		
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>—</u>		



JUL 19 2021

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

SUMNER COUNTY
ELECTION COMMISSION

1. NAME OF CANDIDATE OR COMMITTEE: David Kimbrough For Mayor

2. REPORT COVERING THE PERIOD FROM: 7-10-21 TO: 6-30-21

3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) Amount: 0

4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)

First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name: <u>Live Love Nashville</u>		<u>Hometown Jam.</u> <u>June 2021</u>	<u>5,000⁰⁰</u>
Address:			
City: <u>Hendersonville</u>	State: <u>TN</u> Zip Code: <u>37075</u>		

First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name: <u>Pinnacle Bank</u>		<u>Acct Fees</u>	<u>115⁰⁰</u>
Address: <u>Main St.</u>			
City: <u>Hendersonville</u>	State: <u>TN</u> Zip Code: <u>37075</u>		

First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State		

First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State		

First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State		

First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State		

5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.)
(If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)

5,115.00