# Amended CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 2.a. NAME OF CANDIDATE OR COMMITTEE					
7-15-2021	I Коч "	Sonny	Wear	her tor d	,
2.b. IF COMMITTEE, NAME OF CANDIDATE	I	J		3. ELECTION DAT	ΓE .i. ~ .
4.a. CAMPAIGN ADDRESS AND PHONE	<del></del>			Lucus	+2022
Street or Rural Route	City		State	Zip Code	Phone
1654 B High Way 2315. 4.b. CANDIDATE'S HOME ADDRESS (If differen	Bethpas	e 7	$\overline{\mathcal{M}}$	37012 1	15) 841-4024
4.b. CANDIDATE'S HOME ADDRESS (if differen Street or Rural Route	t than 4.a.)		State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if	applicable)	6. NAME OF	POLITICAL	TREASURER (may I	be candidate)
Sheriff		Che		ollins	,
7. CATEGORY OR REPORT (Check one)				0 / 11.13	
FIRST SECOND THIRD	L.) FOURTH	□ PRE-	PRE-	MID-YEAR	YEAR-END
QUARTER QUARTER QUARTER  8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY 8.b. ENDING D	GENERAL	SUPPLEMENTA	L SUPPLEMENTAL
1-16-2021					
9. (Check one)		<u> </u>	o- 20	22.1	
<ul> <li>a.  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.)</li> <li>b.  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.</li> </ul>					
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 no projectical purpose as defined by the federal internal revenue code.    Compared to the personal financial benefit of the candidate or for any other no projectical purpose as defined by the federal internal revenue code.					
11. WITNESS SIGNATURE  Omeny Worther ord  signedure of witness	7-/5-21 date	\allandar	mony f	lather love ure of witness	7-15-21 date
12. SUMMARY					<b>a</b> s.
a. BALANCE ON HAND LAST REPORT	***************************************	••••••••••		· 15,267	- 18 - 18
b. TOTAL RECEIPTS THIS PERIOD					
c. TOTAL DISBURSEMENTS THIS PERIOD				• , •	
d. BALANCE ON HAND (12.a. plus 12.b. mi	nus 12.c.) .AM	FILED			\$ 13,878.32
e. TOTAL LOANS OUTSTANDING					
f. TOTAL OBLIGATIONS OUTSTANDING	sul	MNER COUNT	Y		- () -



# SUMMARY PAGE - CANDIDATE

	13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVE	RING THE PERIO		
$\vdash$	RECEPTS "Sonny" Weatherford	FROM: 1/16/21	TO: 6/30/21		
	15. CONTRIBUTIONS (other than loans and interest)	7	<del></del>		
	a. Unitemized Contributions (\$100 or less from each source this period)	s O			
	b. Itemized Contributions (over \$100 from each source this period)	\$ 0	-		
	c, TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)		• ^		
1	6. LOANS RECEIVED THIS REPORTING PERIOD	***************************************	s 0		
1	7. INTEREST RECEIVED THIS REPORTING PERIOD	•••••••••••••••••••••••••••••••••••••••	\$ <u>O</u>		
18	8. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		\$ <u>`</u>		
D	ISBURSEMENTS		<u> </u>		
19	EXPENDITURES (other than loan payments)				
1	a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g.	m_i_4;			
	Portland Chamber of Commerce Due \$ 90.	, printing, postage, ga ত	isoline)		
	Sharkle Tel 1 Fig. A 1	<del></del> >0	•		
	Shackle Island Fire Dept. Donation & 100.	<del>-</del> -			
	Harlan Checks offrer \$ 39.	26 _			
			ı		
	\$	<del></del>			
		-			
	\$	_	i		
	\$	-			
	<u> </u>	_			
	\$	_			
To	otal of Expenditures (\$100 or less each payee)\$	200 26			
b.	Itemized Expenditures (Over \$100 each payee this period)	227.	}		
C.	TOTAL EXPENDITURES (other than loan renowments) (add 40	1160.	26		
20.	TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	······\$	1389. —		
21.	LOAN REPAYMENTS MADE THIS PERIOD	······\$ .			
22.	TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$	1389.		
ь. I	Unitemized in-kind contributions (\$100 or less from each source this period)\$	<del> </del>			
c. 7	temized in-kind contributions (over \$100 from each source this period)\$				
23_0	FOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)  OBLIGATIONS	<u></u> \$ _	_ 0 -		
ъ. с h 'й	Unitermized Obligations Outstanding (\$100 or less each)\$ _				
υ. N	temized Obligations Outstanding (Over \$100 each)\$				
TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)\$					



## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	OVERING THE PERIOD				
1 '	Amount				
TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)      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			00		
Summer Food Bank	.0.4	Donation	120.		
1021 Woods Fern	State Zip Code	1000000			
Gallatin	Tov 37066				
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name	<u> </u>				
Address C	lub		170 =		
City P.O. Boy 912	State Zip Code	Dues	/ / / ·		
Gallatin	TV 37066				
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name	CII				
Hendersunville Rota	ny Chub		1750		
Address 550 E. Main S-	<i>L</i>	Dues	1 / / 4.		
Hemesouille	State Zip Code Tw 37075				
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Bysiness Name Chamber of Commence			50		
Address W Main St		Dues	222.		
City	State Zip Code				
Gallatin	TN 37066				
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name Hendersonville Rotar	y Club		10		
Address E. Mam St.		Dues	224.		
Hendersonville	State Zip Code 37075				
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Lasi Name/Business Name			6.3		
Gallatin Quarterback Club Address 501 F. Main St.		Donation	113.		
Gallon	State Zip Code 37066				
TOTAL ITEMIZED EXPENDITURES     (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this arrount must	of this form are used.)		1026.		

### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE 2. REPORT COVERIN				ING THE PERIOD	
Roy" Song" Weatherford FROM: 1/16/21				15/08/21	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount/ 2000
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name	Middle Na	fiddle Name Purpose of Expenditure			Amount of Expenditure
Last Name/Business Name  L. S. Post Office  Address		P. V. BOX		134 -	
Com a ple of	Loude	7:- 0-1-	P.U. Box Rental		, , ,
Gallotin	State 77	Zip Code 37066			
First Name	Middle Nar	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	1		1		
Address			-		
City	State	Zip Code	-		
First Name	Middle Nar	ne ·	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	<u>l</u>				
Address					
Ct.	Louis	L ** A .			
City	State	Zip Code			
First Name Middle Name		ne e	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zìp Code			
First Name	First Name Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address			1		
City	State	Zip Code			
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zìp Code			
TOTAL ITEMIZED EXPENDITURES  (Carry forward to item 3. of next page if additional pages of this form are used.)					1/60.00
(If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)				1,1 6 3.	