## CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

R ROE	CELLE LES LES CONTRACTOR	urice commit	ees.	0012-00	۶4
1. DATE OF REPORT	2.a. NAME OF	CANDIDATE OR COMMITTEE	**************************************	27 2021	7
October 26, 2020	Lisa	Noble		WILSON COUNTY	
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DA	FETION COUNTY	
			202	20 TOMMISSIC	DΝ
4.a. CAMPAIGN ADDRESS AND PHONE					
Street or Rural Route	City	State	Zip Code	Phone	
4 4 lele Lovers Lane	Lebano	IN.	37087 1	615-568-89	79
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	than 4.a.) City	04-4	•		
4ldo Lovers Lane	Lebano	State	Zip Code	Phone	
5. OFFICE SOUGHT (include district number, if	applicable)		37087 1	<u>1015-568-89</u>	<u> 79                                    </u>
City Coursel Ward	1	1		be candidate)	
7. CATEGORY OR REPORT (Check one)	<u> </u>	1 lyler Wr	utaker		
			П		
FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH QUARTER	PRE- PRE- PRIMARY GENERAL	MID-YEAR	YEAR-END	
8.a. BEGINNING DATE OF REPORTING PERIOD	COARTER	PRIMARY GENERAL  8.b. ENDING DATE OF REPO	SUPPLEMENTA RTING PERIOD	L SUPPLEMENTAL	
October 1, 2020			4,2020		
9. (Check one)		OGODET Z	7,4040		
a. This campaign is exempt from detailed	disclosure hecaus	e contributions (instuding in Li			
tures total \$1,000 or less for this report	ing period. (Comp	lete items 12d., 12e. and 12f.)	nd) received total \$1,	000 or less AND expen	:di-
b.  This campaign is required to file a detail		•			
and/or expenditures total more than \$1,	,000 for this reporti	ing period.	cluding in-kind) recei	ved total more than \$1,	,000
/					
10. I/we do solemnly swear or affirm that the info	rmation contained	in this campaign financial disc	losure report is true	and that this report is	ลก
adcurate accounting of campaign contributions Financial Disclosure Act. Additionally, I/we say					
benefit of the candidate or for any other nonpo	olitical purpose as	defined by the federal internal	e been expended for revenue code.	the personal financial	
Kin () Wha		- 11.	1 79 1	,	
cignoture of an distant	10-26-2		The take 17	Treasurer 10/2	6/3/
signature of candidate	date	signature of	political treasurer	date	7
11. WITNESS SIGNATURE		<u>-</u>			
A		Z) .	() 0		
Christy M (mlo. 1	0/24/202	D / horse	M ( alla	. 11/01/10	
signature of witness	date	Sinnetu	ro of witness	4 10/26/20	229
		Signatu	e or williess	odate date	1
12. SUMMARY		•			
a. BALANCE ON HAND LAST REPORT			102142		
a. BALANCE ON HAND LAST REPORT	***************************************		1031-		
b. TOTAL RECEIPTS THIS PERIOD			657, 31		- 1
		·	66. <u>88</u>		
c. TOTAL DISBURSEMENTS THIS PERIOD		\$	66.		
d. BALANCE ON HAND (12 a plus 12 h minu	- 40 - 1			1,1021 85	l
d. BALANCE ON HAND (12.a. plus 12.b. minu	s 12.c.)		\$	1,1821	
e. TOTAL LOANS OUTSTANDING				3,15731	
e. TOTAL LOANS OUTSTANDING			\$	3,15731	
f. TOTALOBLIGATIONS OUTSTANDING				rsk	
f. TOTAL OBLIGATIONS OUTSTANDING		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	<u> </u>	



## UCI 27 2020

## SUMMARY PAGE - CANDIDATE

1.33 NAME OF CANDIDATE OF COMMITTEE (IN E.III)	WILSO	ON COUNTY
13. NAME OF CANDIDATE OR COMMITTEE (In Full)	FROM: 12 Jan	EBING TSE DERIO
RECEIPTS  15. CONTRIBUTIONS (other than loans and interest)	FROM: 10/01/20	TO: 10/24/20
a. Unitemized 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 category - e.g	1. printing postage (	rasolina)
Printing \$ 54 88		guodinicy
Banking Service Fee \$ 1200		
\$	<del></del>	
	<del>''</del>	
\$	<del></del>	
\$	<del></del>	
	<del></del>	
	<del></del>	
Total of Expenditures (\$100 or less each payee)	66, <u>88</u>	
b. Itemized Expenditures (Over \$100 each payee this period)		
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		lolo .88
20. LOAN REPAYMENTS MADE THIS PERIOD		8
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		0.00
22.IN-KIND CONTRIBUTIONS		
a. Unitemized in-kind contributions (\$100 or less from each source this period)\$	Ø	
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.)	\$	
3. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)\$	Ø	
b. Itemized Obligations Outstanding (Over \$100 each)\$		
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.	<i>'</i>	_ Ø

									"ECE"
									OCT 2 / 2026 SON COUNTY W COMMISSION
								un.	27 202
							EZ	ECTIC	SON COLL
ITEMIZE	ed st	ATEN	1EN	TOFLO	ANS-	CAND	ID.	ATI	COMMISSIO
1. NAME OF CANDIDATE OR COMMITTE	E		···			2. REPOR	RT CO'	VERIN	S THE PERIOD
Lisa Noble				FROM: TO:					
3. COMPLETE THE APPROPRIATE ITEM	S FOR EAC	H ITEMIZEC	LOAN	(loans totaling more than	n \$100 from any	source during the	e period)	<u>U 1 1</u> )	0/24/2020
Complete the Following for the Source of the Los	in								
First Name Middle N	lame				oans eceived	Loan Payments	T		ling Loan Balance d of Period)
Last Name/Organization Name	·		\$ 2	2,50000 865731		Ø \$3,157			
Address	······································		an Receiv			Date of I		7,1	<u> </u>
City State	Zip Code		] Primar	party Election					
Lebarion TN	370	<del></del>		(Local Elections Only)		- 1	101	120	20
List All End First Name		TO SELECT OF THE PARTY OF THE P	oove Loa	n (If more space is ne	eded please a	ttach a page)	kingan 200		
	Middle Na	me		First Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Mic	ddle Nam	е
Last Name/Organization Name				Last Name/Organization	Name				
Address				Address					
City	State	Zip Code		City			Stat	te	Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outs	tondina.			···········	
First Name			Same and Same		standing		in o o o o o o o o o o o o o o o o o o o	Robert de la companyone d	
First Name	Middle Nam	iė		First Name Middle Name					
Last Name/Organization Name				Last Name/Organization I	Name		<u> </u>		
Address				Address					
City	State	Zip Code		City			1	· · · · · · · · ·	
Amount Guaranteed Outstanding		L. 7 0000					State	;	Zip Code
Amount Guaranteed Outstanding	haanomoreno.			Amount Guaranteed Outst	anding				
First Name	Middle Name		-	irst Name	er of the factors and the fact		Midd	lie Name	
Last Name/Organization Name	<u></u>		Ł	Last Name/Organization Name					
Address			Ā	Address					
City	State	T Zin Codo		31					
Sp code			City				State Zip Code		
Amount Guaranteed Outstanding			Aı	mount Guaranteed Outsta	ending				
First Name	Middle Name		Fi	rst Name	en e	(Significant section section)	Middle	Name	
.ast Name/Organization Name			La	Last Name/Organization Name					
Address				idress	···				
				rurcos					
City	State	Zip Code	Ci				State		Zip Code
mount Guaranteed Outstanding			Am	Amount Guaranteed Outstanding					
. Totals for all Loans (complete on last page of it. (Total loans received should also be shown in item 16. on su	emized loan	s)	1	tstanding Loan Balance	Loans	Loan			nding Loan Balance
(Total loan payments should also be shown in item 20, on su (Total loan payments should also be shown in item 20, on su (Total outstanding loan balance should also be shown in item 3	mmary page )	ne l	-	(Beginning of Period)	Received	Paymer	nts	(E	nd of Period)
The state of the s	оп пон ра	34./						·	