CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

		d Local Candidate		CEIVED 5
1. DATE OF REPORT	2.a. NAME OF C	ANDIDATE OR COMMITTEE	ÜÇI	-5 ZUZU '3
9-30-20	Berus	e Ash	M	
2.b. IF COMMITTEE, NAME OF CANDIDATE Berni	_ *		3. ELECTION DATE TION 3. ELECTION DATE TO THE PROPERTY OF THE	ON COUNTY N COMMISSION
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route 726 Beachten St.	City Lebanon	State	Zip Code 37087 6/5	Phone
4.b. CANDIDATE'S HOME ADDRESS (if differe Street or Rural Route		State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, Mayor City of Labaver 7. CATEGORY OR REPORT (Check one)	if applicable) ノノブン	6. NAME OF POLITICAL.	FREASURER (may be can	didate)
FIRST SECOND THRD QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	FOURTH QUARTER	PRE- PRE- PRIMARY GENERAL 8.b. ENDING DATE OF REPOR	MID-YEAR SUPPLEMENTAL S	YEAR-END SUPPLEMENTAL
7-1-20		9-30;		
9. (Check one)		<u> </u>	<u> </u>	
tures total \$1,000 or less for this rep b. This campaign is required to file a de and/or expenditures total more than 10. I/we do solemnly swear or affirm that the i accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other no	etailed financial disclo \$1,000 for this reporting the state of the st	ing period. in this campaign financial disc s required to be reported by the	closure report is true and to candidate committee by to been expended for the p	hat this report is an
Davi ad	9 70-70	\mathcal{L}	()	0.76-23
signature of candidate	9. 30 - 20 date	signature of	political treasurer	date
11. WITNESS SIGNATURE				
Marcia Ash signature of witness	/6-5- 23 date	signatu	cc Muchy re of witness	10-5-20 date
12. SUMMARY				
a. BALANCE ON HAND LAST REPORT			4389,99	
b. TOTAL RECEIPTS THIS PERIOD			625.	
c. TOTAL DISBURSEMENTS THIS PERIOD	······		16145.	
d. BALANCE ON HAND (12.a. plus 12.b. n	ninus 12.c.)		\$	1130.82
e. TOTAL LOANS OUTSTANDING			\$ 4	000 9
f. TOTAL OBLIGATIONS OUTSTANDING			\$.0



ITEMIZED STATEMENT OF LOANS - CANDIDATE -5 2020

1. NAME OF CANDIDATE OF	R COMMITTEE		- \					2. REP	ORT CQV	₽¥\\\	SON COUNTY ON BUNNESK
Reason	De	i						FROM:	1 21	110	(- 30 - 20
Been: 3. COMPLETE THE APPROP	RIATE ITEMS	FOR EACH	ITEMIZ	ZED LOAN	(loans totaling r	more than \$	100 from any	source during	g the period)	_!_/	- 30 - 20
Complete the Following for the So										errene filosoficio	
First Name	Middle Na	,			Loan Balance of Period)	Loa Rece	ans eived	Loan Payments			ing Loan Balance d of Period)
Been it Last Name/Organization Name	<i></i>	oyd			00 =		- 1	-0	ı		ord Cr
Address				Loan Receiv		760	700		e of Loan	٥٤٧	
726 Berch Ten	_ S+.			Primar		☐ Gene	eral Election	Date	7-21	- 2	į
City Labourer	State	Zip Code 37027	,		(Local Elections				2-11	- 2	i
		rsers or Guar	antors fo	or Above Loa	an (If more spa	ice is need	ded please a	attach a pag	je)		
First Name	er en mer men jaar met skrive een met	Middle Nam	e	of the second stage.	First Name			erin annin i ne gasalaidh	Mide	ile Naor	E
Last Name/Organization Name			<u></u>		Last Name/Org	ganization N	Vame				
Address					Address						
City		State	Zip Co	ode	City				State	3	Zip Code
Amount Guaranteed Outstanding			Aa		Amount Guarar	nteed Outst	anding				
First Name		Middle Name	3		First Name Middle Name						
Last Name/Organization Name					Last Name/Org	artization N	lame			··- · · · · · · · · · · · · · · · · · ·	
Address					Address			······			
City		State	Zip Co	de	Crity				State		Zip Code
Amount Guaranteed Outstanding					Amount Guaran	teed Oulsta	anding				
First Name		Middle Name	/		First Name	Signification of the processing and the second			Midd	lle Name	2
Last Name/Organization Name				Last Name/Organization Name							
Address	-11				Address						
City		State	Zip Cod	le	City			*	State	:	Zip Code
Amount Guaranteed Outstanding		·			Amount Guarant	eed Outsta	nding				
First Name		Middle Name	Taxetare ex-		First Name		e (Caranean e e e e e e e e e e e e e e e e e		Middl	e Name	
Last Name/Organization Name					Last Name/Orga	nization Na	me				
Address					Address					··	
City		State	Zip Cod	e	City		- "- "		State		Zip Code
Amount Guaranteed Outstanding					Amount Guarante	eed Outstar	nding				
. Totals for all Loans (complete of (Total loans received should also be sho			15)		Outstanding Loar (Beginning of l		Loans Receive	- 1	Loan		anding Loan Balance
(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.)				ļ	\$ 17000		\$16000		ayments		End of Period)

JUI - 5 2020

SUMMARY PAGE - CANDIDATE

12. NAME OF CANDIDATE OF COMMITTEE (IV. E. IV.	THE DEPOSIT OF	WILSON COUNTY
13. NAME OF CANDIDATE OR COMMITTEE (In Full)	FROM: 52 / 29	TO: 9- 10 -21
RECEIPTS	- J	1 1 1 1 2 2
15. CONTRIBUTIONS (other than loans and interest)		
Unitemized Contributions (\$100 or less from each source this period)		
b. Itemized Contributions (over \$100 from each source this period)	\$ 500 -	11-65
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.	.b.)	\$ 623
16. LOANS RECEIVED THIS REPORTING PERIOD		\$ /6000
17. INTEREST RECEIVED THIS REPORTING PERIOD		\$
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		\$ 16625.
DISBURSEMENTS		
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by categor	y - e.g., printing, postage	, gasoline)
\$		
\$	·	
\$		
\$		
\$		
\$		
\$		
\$		
\$		
Total of Expenditures (\$100 or less each payee)		2 2
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>16145.</u> 81	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \dots		\$ 16145 2
20. LOAN REPAYMENTS MADE THIS PERIOD		***************************************
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		\$ 16145 21
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 2	22.b.)	\$
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 it		\$

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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE WILSON COUNTY

1. NAME OF CANDIDATE OR COM	MITTEE	2 DEDODT OF	VERTE PERISSION	
Berris Ash	TO: 9-26-20			
	TO: 9-30-20 Amount			
TOTAL ITEMIZED CAMPAIGN EX COMPLETE THE APPROPRIATE ITE		PAGE (enter \$0 if first flemized page) RE (expenditures totaling more than \$100 to any payee during the		
First Name	Middle Name	Purpose of Expenditure		
	Wilder Hairle	Turpose of Experionare	Amount of Expenditure	
Last Name/Business Name	Chamben of Communica	.4.1	# ad	
Address	Mondoen & Commence	- Ad	\$ 55000	
City 🕴 ,	State Zip Code			
Lebasa	Th 37087			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Bysiness Name			da d	
Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Sign s	\$2432.33	
City ,	State Zip Code			
Lebann	TU 37087			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
		- Alpese of Experience	Amount of Expenditure	
Last Name/Business Name Better Lette.	a Printing			
Address	1410113	PRINTIN	\$1670,45	
City _	State Zip Code			
Lebnuss	Tu 370 27			
First Name	Middle Name	Purpose of Expenditure	Amount of Evpanditure	
· · · · · · · · · · · · · · · · · · ·	Principle Proble	- Turpose of Experiorate	Amount of Expenditure	
Last Name/Business Name Man St. Medic				
Address		& PRINT AN	\$11500	
City	State Zip Code			
Lebauiv	To 37027			
First Name	Middle Name	Purpose of Expenditure	A mount of Evacoditus	
	NIOUIC HONC	Tarpose of Experiumore	Amount of Expenditure	
ast Name/Bysiness Name Betten Letten	8.7.			
Address	122119	Postage Bulk Meil	#3381°°	
City , .	State Zip Code			
Lebawas	Tu 37087			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
ast Name/Business Name			·	
Lebou Loth	Baseball		K - 1 22	
ddress	7	Sign	6500 =	
Dity	State Zip Code	-		
A A A A A A A A A A A A A A A A A A A	Tu 37087			
5. TOTAL ITEMIZED EXPENDITURI	ES		401	
(Carry forward to item 3, of next page if addition (If this is the last page of expenditures, this are	onal pages of this form are used.) nount must be shown in item 19b. of summary.)		\$ 3648.78	
			i i	

- 121 - 5 2020

ITEMIZED STATEMENT OF EXPENDITURES - WCANDADATE

1. NAME OF CANDIDATE OR COI	ELECTION COMMISSION REPORT COVERING THE PERIOD			
Beense A	OM: 7-1-27 TO: 9-30-20			
			PAGE (enter \$0 if first itemized page)	Amount 18147,78
and the appropriate the second control of th	EMS FOR EACH ITEM	IIZED EXPENDITUR	RE (expenditures totaling more than \$100 to any	payee during the period)
First Name	Middle Na	me	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		· · · · · · · · · · · · · · · · · · ·		
Address St. Meder			Ad Ad	\$1350 4
City , ,	Laut	1 7 0		
Leby	State Tw	Zip Code 37627		
First Name	Middle Nar		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				
Waryht Permiting				st.
Address			Bunger Stick	149 BB
City	State	Zip Code		
Lebane	Ju.	37027		
First Name	Middle Nan	ne	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				
	PRINTING		\mathcal{D}	\$1256.64
Address			PRINTING	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
City / /	State	Zip Code		
Lehawar	Ti l	37087		
irst Name	Middle Name	• 	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name				
Address 7 SCITS of A	Merice		Doveton	\$ 200
ity	State	Zin Code		
Lubano	Tu	77087		
irst Name	Middle Name	Need witcher geragen ein der der der eine gege	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name			- arpooc or experience	Amount of Expenditure
WANT Re-	Jp			// **
ddress			- AI	\$400 00
ity , ,	State	Zip Code		
Lebavor	Tu	37087		
irst Name	Middle Name		Purpose of Expenditure	Amount of Expenditure
st Name/Business Name				A- 00
Marw ST Melic			- AL	P 730
	· · · · · · · · · · · · · · · · · · ·			
Lebanon		Zip Code 3 7027		
. TOTAL ITEMIZED EXPENDITUR		i de la companya de		
(Carry forward to item 3, of next page if additi	ional pages of this form are	used.)		#12995 30
(If this is the last page of expenditures, this a	mount must be shown in ite	m 19b. of summary.)		1" (2/1)

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ITEMIZED STATEMENT OF EXESTABLITURES - CANDIDATE

TA HALIE OF CALVED TE OF CO.		ELECTION COMMISSION		
1. NAME OF CANDIDATE OR COM	VERING THE PERIOD			
Bennis A	TO: 9-30-20			
3. TOTAL ITEMIZED CAMPAIGN EX	XPENDITURES FROM PRECEDING F	PAGE (enter \$0 if first Itemized page)	\$12995 30	
		E (expenditures totaling more than \$100 to any payee during the	e period)	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
			randant of experience	
Last Name/Business Name LAMON Signs	·	<i>b</i> /9	(3	
Address		\$1851.8)	1856.63	
		1 '	ļ ,	
City Nashalla	State Zip Code	Brllboan		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				
chinese 360 Sign			B 17	
Address		Fleg	\$ 164.63	
City	State Zip Code			
Lebaur	Tw 37087			
First Name	Middle Name	Purpose of Expenditure	Amount of Europelitus	
		- Alpose of Experioriore	Amount of Expenditure	
Last Name/Business Name Sachtait	0+		4 02	
Address	Rolany	Donatan	\$25000	
		,		
City /	State Zip Coge	***************************************		
Lebavan	Tu 37082			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
ast Name/Business Name				
Claybour Bear	Leave	11 + -	Ú	
Address /	/	Alventising To	\$ 329 25	
Dity ,	State Zip Code	- Serin Conten	,	
Lebavar	人 37/87			
irst Name	Middle Name	Purpose of Expenditure	A	
	Wildertaine	Topose of Experionare	Amount of Expenditure	
ast Name/Business Name L/SPS				
ddress		STAMPS	\$ 550 00	
lebaron	State Zip Code To 37027			
irst Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
ist Name/Business Name				
		\bot		
ddress			\perp	
ly	State Zip Code			
. TOTAL ITEMIZED EXPENDITURI	ES			
(Carry forward to item 3, of next page if addition	onal pages of this form are used.)		11 11 1 21	
(If this is the last page of expenditures, this an	nount must be shown in item 19b. of summary.)		16145 81	