CAMPAIGN FINANCIAL DISCLOSURE STATEMENT Constitution of the Canal Canal

		animiaest f			
1. DATE OF REPORT	2.a. NAMEO	E-ÇANDIDATE OR (COMMITTEE		MW 30 2020
1-29-2020		loome	A. l		~ <i>4020</i>
2.b. IF COMMITTEE, NAME OF CANDI	DATE -	<u>ernie</u>	HS4	<u> </u>	WILSON COUNTY 2 COMMISSION
Zib. ii Consist File, MANIE OF CANDI	DATE			3. ELECTION DA	REMON COUNTY
				20	2 2 0 UMMISSION
4.a. CAMPAIGN ADDRESS AND PHON	F			20	Z C TOTON
Street or Rural, Route	City		State	Zin Cada	D.L.
1	/ i		State	Zip Code	Phone
726 BrockTen St.	Lebaron	/u	<i>.</i> ,	37087	615-804-4133
4.b. CANDIDATE'S HOME ADDRESS (if	different than 4.a.)	·		17001	27 827 1133
Street or Rural Route	City		State	Zip Code	Phone
***************************************				Zip Oodo	1 Hone
5. OFFICE SOUGHT (include district no	umber, if applicable)	6. NAME C	F POLITICAL T	REASURER (may	be candidate)
Mayon City &	1 Lebaum, TW	,		Λ	1
7 017 000 100	L LEGADA /IW		BERNT.	e As	7
7. CATEGORY OR REPORT (Check one	a)				
					[7]/
0114 55	THIRD FOURTH	PRE-	PRE-	MID-YEAR	YEAR-END
QUARTER QUARTER QL	JARTER QUARTER	PRIMARY	GENERAL	SUPPLEMENTA	L SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PE	RIOD	8.b. ENDING	DATE OF REPOR	RTING PERIOD	
7-1-19			1-15-	4.0.	
9. (Check one)			1 10	2020	
o. (Olieck Olie)					
a. This campaign is exempt from					
	his sanding disclosure beca	use contributions ((including in-kind	d) received total \$1	,000 or less AND expendi-
tures total \$1,000 or less for t	nis reporting period. (Cor	mpiete items 12d.,	12e. and 12f.)		
b. This campaign is required to f	File a detailed for a life to				
p. ITS Tue combailing reduied for			antributions (incl	fuding in kind) race	eived total more than \$1,000
and/or expenditures total more	o then \$1 000 for this res	ciosure pecause c	one battons (mo	idding in-kind) tece	ATOM TOTAL INDICATION OF THE PARTY OF THE
and/or expenditures total more	e than \$1,000 for this rep	orting period.		idding in-kind) tece	Troca total more than \$1,000
and/or expenditures total more	e than \$1,000 for this rep	orting period.		idding in-kind) rece	wood total more than \$1,000
and experiences total mon	e than \$1,000 for this repo	orling period.			
10. I/we do solemnly swear or affirm the	at the information contain	ed in this campain	an financial discl	osure report is true	a and that this repeat is a
I/we do solemnly swear or affirm the accurate accounting of campaign co	at the information contain	ed in this campaig	in financial discl	osure report is true	a and that this report is an
I/we do solemnly swear or affirm the accurate accounting of campaign co Financial Disclosure Act. Additional	at the information contain intributions and expenditure.	ed in this campaigres required to be	In financial disclusions the particular to the p	osure report is true	a and that this report is an
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SUMMARY PAGE - CANDIDATE

AN 30 2020 Wii

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT CO THE	PERIO
Derwie Ash	FROM: 7-1-15 TO:1-15	
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)		
a. Unitemized Contributions (\$100 or less from each source this period) .	\$	
b. Itemized Contributions (over \$100 from each source this period)	\$ <u></u>	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. an	od 15.b.)\$	-
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ 5000	<i>a</i> -
17. INTEREST RECEIVED THIS REPORTING PERIOD	s <u>-</u>	
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.	\$ <u>5-000</u>	01
DISBURSEMENTS	÷	-
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by cat	tegory - e.g., printing, postage, gasoline)	
- ROTARY Fist Fey \$ 10		
Pichett Chapel \$ 10	X -	
Concenned Citizens for Vets \$ K	00	
Wilson Warejons * \$ 10	c =	
\$	<u>.</u>	
\$ <u></u>		
<u></u> \$	6.n	
 \$		
Total of Expenditures (\$100 or less each payee)		
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 875	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b		· · · · · · · · · · · · · · · · · · ·
20. LOAN REPAYMENTS MADE THIS PERIOD		
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.	c.)	
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. a	and 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 show	wn i item 12.f.)\$	



Afr Page P of 4

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE				T 0 55505 00 00 00	MOSION
TO TAKE OF OATOBATE OR CONTINUED TO	" Rac	enie Ast	í N	Z. REPORT COVE	RING THE PERIOD
	() (1	CW / C / 1> /		FROM: 7-1-19	TO: /- 15 - 2020
3. TOTAL ITEMIZED CAMPAIGN EXPEND	ITURES FR	OM PRECEDING PA	GE (enter \$0 if first itemized n	ane)	Amount 85 cc
4. COMPLETE THE APPROPRIATE ITEMS FO					oriod)
First Name				oo to any payee during the p	
First Name .	Middle N	iame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Cumberlan Address	1 V	wives: ty	Donat	70~	\$ 11000
City Lebour	State Tw	Zip Code	orgk.		
First Name	Middle N	ame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Better Le Address 1951 Colos Ferny 1 City LeGaras		Printing Zip Code	- CREATE W.	eb Site	\$575 00
Leyavas	/w	37087	41		
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Babe Roth Beselon Address City	State	Zip Code	- Dowa	Tic w	\$200
Lebana	The				
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			e20.2		
Address	***************************************		-		100
City	State	Zip Code			
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address	***.1.		1		
City	State	Zip eode	=		anj:
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name	.1	THE R. L.	#	:	
Address	 				19 51
ity	State	Zip Code	-		
 TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional page (If this is the last page of expenditures, this amount mu 	es of this form ar	re used.) item 19b, of summary.)	被		£ 385 °°
5			,		

PETTYEE JAN 30 2020

ITEMIZED STATEMENT OF LOANS - CANDIDATE COUNTY

1. NAME OF CANDIDATE OR COM		4						ROM.		110	THE PERIODISS
3. COMPLETE THE APPROPRIATE	E ITEMS F	OR EACH	ITEMIZ	ED LOAN	(loans totaling	more than \$1	00 from any soเ			<u> </u>	
Complete the Following for the Source o	f the Loan				4 %						
First Name	Middle Nan	- /		Outstanding (Beginning	Loan Balance of Period)	Loan Receiv		Loan Payments	Ou		ng Loan Balance of Period)
Bervie Grantzation Name		7<		\$60	00 00	\$500	۔ '' 0	-0	\$	110	00 00
Address 726 Bruch Tem	5+			Loan Receiv	49,	Gener	al Election	Date of Lo	an		
726 Broch Ten	State Tu	Zip Code 了708	7]	(Local Elections		ai Liection	9-	27	7	19
Lis	st All Endor	sers or Guai	rantors fo	or Above Loa	ıл (If more spa	ace is neede	ed please atta	ich a page)			
First Name		Middle Nam	ie		First Name				Middi	e Name	9
Last Name/Organization Name		· · · · · · · · · · · · · · · · · · ·			Last Name/Or	ganization Na	ime			_	
Address				· · · · · · · · · · · · · · · · · · ·	Address						
City		State	Zip Co	ode	City				State		Zip Code
Amount Guaranteed Outstanding					Amount Guara	inteed Outstai	nding		. 	÷	
First Name	st Name Middle Name				First Name Middle Name						
Last Name/Organization Name					Last Name/On	ganization Na	me		<u></u>		
Address					Address						
City		State	Zip Co	de	City				State		Zip Code
Amount Guaranteed Outstanding					Amount Goara	nteed Outstar	nding				
First Name		Middle Name	e /	, 	First Name			-	Middl	le Nam	e
Last Name/Organization Name					Last Name/Org	janization Na	me				**************************************
Address		$\overline{}$			Address						
City		State	Zip Co	de	City				State	N _p	Zip Code
Amount Guaranteed Outstanding		<u> </u>	. •		Amount Guara	nteed Outstan	ding		.4		
First Name		Middle Name	9		First Name				Middle	Name	
Last Name/Organization Name		<u> </u>	····		Last Name/Org	anization Nar	ne		1		
Address	*				Address						
City		State	Zip Cod	de	City				State		Zip Code
Amount Guaranteed Outstanding	n		1.		Amount Guarar	iteed Outstan	ding		1		<u> </u>
4. Totals for all Loans (complete on las (Total loans received should also be shown in i					Outstanding Lo		Loans . Received	Loa Paym		Outs	standing Loan Balance (End of Period)
(Total loan payments should also be shown in i (Total outstanding loan balance should also be s	item 20. on s	ummary page.)	-4	6000		//	is G	h 1	110	OU O