

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT, For Single-Measure Committees (SMC) ELECTION COMMISSION

For Single-Measure Committees (SMC) 1. DATE OF REPORT NAME OF COMMITTEE 3-23-3020 | SHORT NAME OF COMMITTEE (IFAPPLICABLE) ADDRESS AND PHONE Street or Rural Route City State Phone Ca59307960 Salor! Use Tax 7-6-50 30 FIRST SECOND FOURTH THIRD MID-YEAR YEAR-END QUARTER QUARTER QUARTER QUARTER PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL 7.A. BEGINNING DATE OF REPORTING PERIOD 7.B. ENDING DATE OF REPORTING PERIOD 8. (Check one) A. This committee is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. I do solemnly swear or affirm that the information contained in this statement is true and that the committee has complied with all applicable provisions of the Campaign Financial Disclosure Act. (Items 10d., 10e. and 10f must also be completed.) B. This committee 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. I do solemnly swear or affirm that the information contained in this statement is true and that the following page(s) are a complete and accurate accounting of all contributions and expenditures requried to be reported by political campaign committees by the Campaign Financial Disclosure Act. signature of political treasurer 9. WITNESS SIGNATURE signature of witness 10. SUMMARY BALANCE ON HAND LAST REPORT ..... TOTAL RECEIPTS THIS PERIOD ..... BALANCE ON HAND (10.a. plus 10.b. minus 10.c.) d. TOTAL LOANS OUTSTANDING ..... TOTAL OBLIGATIONS OUTSTANDING.....





#### **SUMMARY PAGE - SMC**

	OIIIIIIIIIIIIII			14.00	
11	NAME OF COMMITTEE (In Full)	12	REPORT COV	RING THE PER	RIOD
	Voters For Education	FRO	OM: HU-2020	TO: 2-22-2	)Z()
	ECEIPTS . CONTRIBUTIONS (other than loans and interest)			)	
	a. Unitemized Contributions (\$100 or less from each source this period)	\$.	1040	•	
	b. Itemized Contributions (over \$100 from each source this period)	\$ -	050		
	c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)			\$ 1690.	(0
14.	LOANS RECEIVED THIS REPORTING PERIOD			\$ 4700°	
15.	INTEREST RECEIVED THIS REPORTING PERIOD			.\$	<u>.02</u>
16.	TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)			\$ 6390	_
DI	SBURSEMENTS			- 10 ACM	
17.	EXPENDITURES (other than loan payments)				
029	a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed by soline)	cate	gory - e.g., printi	ng, postage,	
ya	Paypal fées \$ 15,1	6			
	\$				
	\$ s				
	\$				
			11		
	otal of Expenditures (\$100 or less each payee)				
	Itemized Expenditures (Over \$100 each payee this period)			And the second second second second	
C.	TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b)			\$ 5794.	67
	LOAN REPAYMENTS MADE THIS PERIOD				_
	TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)			\$ 5799,0	67
20	.IN-KIND CONTRIBUTIONS				
a.	Unitemized in-kind contributions (\$100 or less from each source this period)	. \$	0		
b.	Itemized in-kind contributions (over \$100 from each source this period)	. \$ _	U		
	TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.)			\$	
21	LOANS			110	0
	LOANS OUTSTANDING (must be shown in item 10.e.)			\$ 4700° CC	
22	OBLIGATIONS		2		
a.	Unitemized Obligations Outstanding (\$100 or less each)	\$ <u></u>	0		
b.	Itemized Obligations Outstanding (Over \$100 each)	. \$	U	4	
C.	TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i item	10.f.)	)	\$ <u></u>	
					- 1



#### ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

			WILS	ON COLINTY		
1. NAME OF COMMITTEE	f31	Education		ERING THE PERIOD		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)						
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during						
			) from any contributor	during the period)		
First Name Diane	M.I.	Last Name/Organization Name		Amount of Contribution		
Address		weathers		_		
7800 Cen	Ara	1 Pike				
City A	State	Zip Code		200,00		
Mt. Sulvet	TN			900,00		
	710	37122				
Occupation						
Employer						
				İ		
First Name	M.I.	Last Name/Organization Name		Amount of Contribution		
Mati		Smith		Tandari or contributori		
Address 2 1 2				1		
34 Bailey's T	)c.					
City	State	Zip Code		250 10		
Mt. Tuliet	TW	37137		250.00		
Occupation		31.00		0,0		
Employer						
First Name Wike	M.I.	Last Name/Organization Name		Amount of Contribution		
Address		Mos coccle 11				
410 Glenw	CALL	Carre				
City 1	State	Zip Code		15-9		
Lebanon	+ 1	37087		200.00		
	LVU	51001		aw.w		
Occupation						
Employer						
FirstName	M.I.	Last Name/Organization Name		Amount of Contribution		
				3		
Address						
City	State	Zip Code		8		
Occupation						
Employer						
First Name	144	Last Name (Occasion) and the Company of the Company				
riistindille	M.i.	Last Name/Organization Name		Amount of Contribution		
Address						
City	State	Zip Code	-			
330.00		1 (254 th (257) (255) (257)				
Occupation						
Occupation						
Employer						
5.TOTAL ITEMIZED CONTRIBUTIONS						
O. TO TAL TIENNIZED CONTRIBUTIONS						
(Carry forward to item 3. of next page if	additional p	pages of this form are used.)				
(If this is the last page of contributions, the			1	1		
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#### ITEMIZED STATEMENT OF EXPENDITURES - SMC

			VVI SUNGER LINES				
NAME OF COMMITTEE	ERS CO	Churchia	2. REPORTICO VERING THE REPLIOD				
UOTERS FOR Education FROM:1/10/20							
<ol> <li>TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)</li> <li>COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (any expenditures totaling more than \$100 to a sigle payee during the page)</li> </ol>							
<ol> <li>COMPLETE THE APPROPRIATE must be itemized.)</li> </ol>	TIEMS FOR EACH ITEM	ZED EXPENDITURE (any expenditures totaling mo	re than \$100 to a sigle payee during the period,				
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure				
Last Name/Business Name	. \	Vard signs	,				
Address Address	ategra LL		2189.51				
718 S. Church S.			3.0.31				
Murtress buro	State Zip Code	30					
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure				
Last Name/Business Name	2) -( 1]-(	mailers					
Grifth Strate			3500.00				
City 2 S. Church	St. Suite	15					
Mustress puro	TN 37	130					
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure				
ast Name/Business Name  Magnolia In	K	Cally signs	1				
Address	1) ( )	, ,	1090.00				
718 5. Church =	State Zip Code	15					
Murties burg		30					
nst raing	Middle Name	Purpose of Expenditure	Amount of Expenditure				
ast Name/Business Name							
Address							
ity	State Zip Code						
irst Name							
irst Name	Middle Name	Purpose of Expenditure	Amount of Expenditure				
ast Name/Business Name							
ddress							
ity	State Zip Code						
irst Name	Middle Name	Purpose of Expenditure	Amount of Expenditure				
ast Name/Business Name			, another Exponditure				
Per manual Driving 29 Manua							
ddress							
ity	State Zip Code						
5. TOTAL ITEMIZED EXPENDITURES	3						
(Carry forward to item 3. of next page	if additional pages of this fo		5779.51				
(If this is the last page of campaign ex	penditures, this amount mus	t be shown in item 17b. of summary.)	J('1.)(				



## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMCTION COUNTY

1. NAME OF COMMITTEE	ducation		2. REPORT COVER	RING PERIOD	
Voters	FROM: 1-16/2020	TO:2/22/2020			
	Amount				
TOTAL ITEMIZED IN-KIND CONTRIBL     COMPLETE THE APPROPRIATE ITEM	RECEDING PAGE	(enter \$0 if first itemized page)	a totaling mare than \$100 from a	au contributor during the coried)	
		TEINIZED INTAIND	AT THE RESERVE OF THE PERSON O	s totaling more than \$ 100 from a	ny contributor during trie period)
First Name Middle Name			Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name					
Address					
City	City State Zip Code				
Occupation		1	-		
Employer			-		
FirstName	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name	<u> </u>		-		
Address	F-V				
City	State	Zip Code			
S.ly	State	Zip Code			
Occupation	.5.15.7.2.2				
Employer		Employer			
					1
FirstName	Middle Name		Description of In Kind Contribution		Value of la Viad Contribution
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
First Name  Last Name/Organization Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name Address			Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name	Middle Name	Zip Code	Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name Address		Zip Code	Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name  Address  City		Zip Code	Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name  Address  City  Occupation  Employer	State	Zip Code			
Last Name/Organization Name  Address  City  Occupation		Zip Code	Description of In-Kind Contribution  Description of In-Kind Contribution		Value of In-Kind Contribution  Value of In-Kind Contribution
Last Name/Organization Name  Address  City  Occupation  Employer	State	Zip Code			
Last Name/Organization Name  Address  City  Occupation  Employer  First Name	State	Zip Code			
Last Name/Organization Name  Address  City  Occupation  Employer  First Name  Last Name/Organization Name	State				
Last Name/Organization Name  Address  City  Occupation  Employer  First Name  Last Name/Organization Name  Address  City	State  Middle Name	Zip Code			
Last Name/Organization Name  Address  City  Occupation  Employer  First Name  Last Name/Organization Name	State  Middle Name				
Last Name/Organization Name  Address  City  Occupation  Employer  First Name  Last Name/Organization Name  Address  City	State  Middle Name				
Last Name/Organization Name  Address  City  Occupation  Employer  First Name  Last Name/Organization Name  Address  City  Occupation  Employer	State  Middle Name				
Last Name/Organization Name  Address  City  Occupation  Employer  First Name  Last Name/Organization Name  Address  City  Occupation  Employer	State  Middle Name  State  BUTIONS  ge if additional po	Zip Code	Description of In-Kind Contribution		

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#### ITEMIZED STATEMENT OF LOANS - SMC

NAME OF COMMITTEE		2			WILSON	
	<	wation				RING SHEPERIOD
Joters tor			FROM: 1-16-2020	9-000		
3. COMPLETE THE APPROPRIATE ITEMS			Outstanding Balance	Loans	Loan Payments	Outstanding Balance
LOAN (loans totaling more than \$100 owed to the reporting period)	any pers	on/business at the end of	(Beginning of Period)	Received This Period	This Period	(End of Period)
			or renod)	Triis Feriod	reliod	or Period)
First Name	Middle Na	ime				
Tom		F		,		
		_	_	H. 1_ 100		
Last Name/Business Name				THIN	O	1170010
SOFTEK				1100		9/00
Address						274 10
1451 Basse Clark	11.	21				
1456 Beren Chi		Tra Code				
City	State	Zip Code	Date of Loan	11 200		
Lebanon	TIN	21000	d	-17-909	0	
First Name	Middle Na	ma				
Thothano	WIGGETAG	iiic				
Last Name/Business Name						
Address						
Und 699						
City	State	Zip Code	Date of Loan			-
			Date of Loan			
First Name	Middle Na	me				Harry to the second
	1			Į.		
Last Name/Business Name						
Last Indilie/Busilless Indilie						
Address	-					
		•				
City	State	Zip Code	Date of Loan			
						Ì
First Name	Middahla				1	
riistivanie	Middle Na	me				
Last Name/Business Name						i
Address						
· come world						
City	State	Zip Code	Date of Loan			
			Daily Of Louis			
First Name	Middle Na	me				
Look Nama (Dusingso N)						
Last Name/Business Name				1		
	in a					
Address						
Oib.	Chat-	To Code				
City	State	Zip Code	Date of Loan			
- 1						
4. TOTALS				500 mm (500 561 51 75 75)		
(Total from "Outstanding Balance - (End of Period	)" column	must also be shown				
in item 21 on summary page.)						





ITEMIZED STATEMENT OF OBLIGATIONS - SMC WILSON COUNTY ELECTION COMMISSION 1. NAME OF COMMITTEE REPORT COVERING THE PERIOD Votes for Education FROM: 1-16-802 JO: 2-22-202 COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED Outstanding Balance Outstanding Balance Debt Payments OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at (Beginning Incurred This (End the end of the reporting period) of Period) This Period Period of Period) First Name Middle Name Last Name/Business Name Address State Zip Code Description of Obligation Middle Name Last Name/Business Name Address City State Zip Code Description of Obligation First Name Middle Name Last Name/Business Name Address City State Zip Code Description of Obligation First Name Middle Name Last Name/Business Name Address City State Zip Code Description of Obligation First Name Middle Name Last Name/Business Name Address State Zip Code Description of Obligation 4. TOTALS (Total from "Outstanding Balance - (End of Period)" column must also be shown in item 22.b on summary page.)

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