CAMPAIGN FINANCIAL DISCLOSURI

For State and Local Candidates For Single-Candidate Committees

| e staten | AENT |
|--|------------------------------|
| | ALCEIVED |
|) (,2 | CT 122000 1 |
| ELECTION DATE WIL るのえばLECTI | |
| o Code Pr 37122 | none |
| | one |
| ASURER (may be candid | late) |
| | [] /EAR-END PPLEMENTAL |
| R스 | |
| eceived total \$1,000 or le | ss AND expendi- |
| ng in-kind) received total | more than \$1,000 |
| re report is true and that didate committee by the en expended for the pers nue code. | Campaign |
| ical treasurer | 10/12/2020 date |
| Yritu. | <u>*D/+2/262</u> 0 date |
| | |
| 335.00 X | |
| .335.00 | |
| ~ | |

| 1. DATE OF REPORT | 2.a. NAME OF CAND | DIDATE OR COMMITTEE | | ivi |
|---|--|---|------------------------------|-------------------------------------|
| 10/12/2020 | Jonathan | White | | OCT 132020 1 |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE | <u> </u> | | 3. ELECTION DATE | |
| NA | | | 3020 | WILSON COUNTY LECTION COMMISSION |
| 4.a. CAMPAIGN ADDRESS AND PHONE | | | | COMMISSION |
| Street or Rural Route | City | State | Zip Code | Phone |
| 204 Bryson Pl. | Mt. Juliet | TN | 37122 | |
| 4.b. CANDIDATE'S HOME ADDRESS (if differen Street or Rural Route | t than 4.a.) - City | Chala | | |
| Same as 4.a | City | State | Zip Code | Phone |
| 5. OFFICE SOUGHT (include district number, if | applicable) 6. | NAME OF BOUTSON | TOT A OLIDED | |
| Wilson County School Boxa | | | REASURER (may be | candidate) |
| 7. CATEGORY OR REPORT (Check one) | 1, DIST -31 | Rebecca Sorvi | cle | |
| | | | П | П |
| FIRST SECOND THRO QUARTER QUARTER QUARTER | _ | PRE- PRE- | MID-YEAR | YEAR-END |
| 8.a. BEGINNING DATE OF REPORTING PERIOD | | IMARY GENERAL D. ENDING DATE OF REPOR | SUPPLEMENTAL RTING PERIOD | SUPPLEMENTAL |
| 7-28-20 | | 9 30 | | |
| 9. (Check one) | | [| 90 | |
| a This compaign is exempt from details. | dianiana harana | | | |
| This campaign is exempt from detailed tures total \$1,000 or less for this report | ting period. (Complete: | ntributions (including in-kind items 12d., 12e, and 12f.) | d) received total \$1,00 | 0 or less AND expendi- |
| | | | | |
| b. This campaign is required to file a deta and/or expenditures total more than \$ | alled financial disclosure 1,000 for this reporting o | · because contributions (inc eriod. | luding in-kind) receive | d total more than \$1,000 |
| I/we do solemnly swear or affirm that the infaccurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we shenefit of the candidate or for any other none signature of candidate | ns and expenditures requivear or affirm that no ca | uired to be reported by the ampaign contributions have led by the federal internal re | candidate committee i | by the Compaign |
| 11. WITNESS SIGNATURE | | | | |
| 1 to 1 to 1 | | . 41 | | |
| Katelin White | 10/12/2020 | Letelyro" | Write | 10/00/2020 |
| signature of witness | date | , signatur | e of witness | date |
| 12. SUMMARY | | | | |
| 12. SUIVIIVIARY | | | | |
| a. BALANCE ON HAND LAST REPORT | | \$ | 1,335.00 | |
| b. TOTAL RECEIPTS THIS PERIOD | | | DY . | |
| S. VON ENESEN TO THOSE ENGOLUMNISM | *************************************** | | | |
| c. TOTAL DISBURSEMENTS THIS PERIOD | | \$ | 1,335.00 | |
| d. BALANCE ON HAND (12.a. plus 12.b. mir | mie 12 c.) | | | X |
| | 14.0.) | *************************************** | \$ <u>-</u> | |
| e. TOTAL LOANS OUTSTANDING | | | ¢. | × |
| | | | | |
| f. TOTAL OBLIGATIONS OUTSTANDING | | | ^ | D |
| | | | 5 - | |
| | | | | |



SUMMARY PAGE - CANDIDATE

OCT 13 2020

| 13. NAME OF CANDIDATE OR COMMITTEE (In Full) | 14. REPORT COVERING THE PERIOD |
|--|-----------------------------------|
| Jonathan White | FROM 7/28/20 ELECTION EDAMISERON |
| 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) | \$ |
| c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) | \$ <u>D</u> |
| 16. LOANS RECEIVED THIS REPORTING PERIOD | \$ <u>&</u> |
| 17. INTEREST RECEIVED THIS REPORTING PERIOD | \$ 2 |
| 18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) | \$ 2 |
| DISBURSEMENTS | |
| 19. EXPENDITURES (other than loan payments) | i |
| a. Expenditures (\$100 or less each payee this period) (must be listed by category - e | .g., printing, postage, gasoline) |
| <u> </u> | · |
| \$ | |
| \$ | |
| <u> </u> | |
| \$ | |
| \$ | |
| Table 4 Fig. 19 (040) | |
| Total of Expenditures (\$100 or less each payee) | |
| b. Itemized Expenditures (Over \$100 each payee this period) | |
| 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.) | \$ <u>1,335.00</u> |
| 22.IN-KIND CONTRIBUTIONS | |
| 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 22.b.) | \$ \$\mu_{ |
| 23. OBLIGATIONS | |
| a. Unitemized Obligations Outstanding (\$100 or less each) | |
| b. Itemized Obligations Outstanding (Over \$100 each) | |
| c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item | 12.f.) |

ITEMIZED STATEMENT OF LOANS - CANDIDATE MISSION

| NAME OF CANDIDATE OR COMMITTEE | | | | | | | 2. REPORT COVERING THE PERIOD | | | | | | |
|---|--|------------------|---|---|---|---------------|-------------------------------|---|-----------------------------------|--|--------------------|----------|--|
| Jonathan Wite | | | | | | | | FROM: TO: 172/202 | | | | | |
| 3. COMPLETE THE APPROPRIAT | TE ITEMS | FOR EACH | ITEMIZ | ED LOAN | (loans totaling r | nore than \$1 | 100 from an | | | eriod) | | 139200 | |
| Complete the Following for the Source | of the Loan | | er en | | Processor Common Com | | | einas Arterio | | PARTITION OF THE PARTIT | gardon at Libraria | | |
| First Name Middle Name Or | | | Outstanding Loan Balance Loans (Beginning of Period) Received | | | i e | Loan yments | Outstanding Lean Balance (End of Period) | | | | | |
| Last Name/Organization Name | Jona than Last Name/Organization Name | | 1 | | | | | • | | | | | |
| | | | *7.6de | ' Ø | | 77, | 661.65 | <u> </u> | | | | | |
| 204 Bruson Pl | | | | Total Classical Control Contr | | | | | | | | | |
| 204 Bryson Pl | State TN | Zip Code 3712 | 2 | Runoff (Local Elections Only) | | | | | 6 12/20 | ?い !こ | 187 | 12.1C | |
| MI JAMET | | | | L | | | ed olease | attach | l (<i>ol 20 12</i> na page) | | 2 | 094.78 | |
| First Name Middle Name | | | | .oan (If more space is needed please attach a page) First Name Middle Name | | | | | | | | | |
| Last Name/Organization Name | Last Name:Organization Name | | | | Last Name/Org | janization N | ame | | | <u> </u> | | | |
| Address | | ····· | | | Address | | | | | | | | |
| | | | | * | Address | | | | | | | | |
| City | | State | Zip Co | de | City | | | | | State | | Zip Code | |
| Amount Guaranteed Outstanding | | | Amount Guaranteed Outstanding | | | | | | | | | | |
| First Name Middle Name | | | | First Name Middle Name | | | | | | | | | |
| Last Name/Organization Name | | | Last Name/Organization Name | | | | | | | | | | |
| Address | | | Address | | | | | | | | | | |
| City State Zip Code | | | | de | City | | | | | | | Zip Code | |
| Amount Guaranteed Outstanding | | | | Amount Guaranteed Outstanding | | | | | | | | | |
| First Name Middle Name | | | | First Name Middle Name | | | | | | | | | |
| Last Name/Organization Name | | | Last Name/Organization Name | | | | | | | | | | |
| Address | | | | Address | | | | | | | | | |
| City | | State | Zip Cod | le | City State | | | | | | | Zip Code | |
| Amount Guaranteed Outstanding | | | 4 | | Amount Guarant | leed Outstan | ding | | | | | | |
| First Name | rst Name Middle Name | | | | First Name Middle Name | | | | | | | | |
| Last Name/Organization Name | | | Last Name/Organization Name | | | | | | | | | | |
| Address | | | Address | | | | | | | | | | |
| City | | State | Zip Cod | e | City State Zip Code | | | | | | Zip Code | | |
| Amount Guaranteed Outstanding | | | | | Amount Guaranteed Outstanding | | | | | | | | |
| i. Totals for all Loans (complete on la: | Totals for all Loans (complete on last page of itemized loans) | | | | | | | | anding Loan Balance | | | | |
| (Total loans received should also be shown in item 16, on summary page.) (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.) | | | | | (Beginning of | | Receiv | /60 | Paymer 17, 1001 | | | | |
| protot obuscending room parastice amount also be shown in restricted. Off from page, j | | | | | 1 (542-1. | <u> </u> | | | L | | | | |