CAMPAIGN FINANCIAL DISCLOSURE STATEMENT PLED

For State and Local Candidates

For State and Local Candidates					
For State and Local Candidates For Single-Candidate Committees 1. DATE OF REPORT. 1. DATE OF CANDIDATE OF CA					
LIASIAC XDINING FOR FUNCTION OF ECHONOCOUNTY					
2.b. IF COMMITTEE, NAME OF CANDIDATE 2.b. IF COMMITTEE, NAME OF CANDIDATE 3. ELECTION DATE 4.a. CAMPAIGN ADDRESS AND PHONE 4.a. CAMPAIGN ADDRESS AND PHONE					
Street or Rural Route State State Zip Coda Phone 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Phone 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)					
Street or Rural Route City State Zip Code Phone					
5. OFFICE SOUGHT (include district number, if applicable) 6. NAME OF POLITICAL TREASURER (may be candidate) 7. CATEGORY OR REPORT (Check one)					
FIRST SECOND THIRD FOURTH PAE- PRE- MID-YEAR YEAR-END QUARTER QUARTER QUARTER PRIMARY GENERAL SUPPLEMENTAL S					
9. (Check one) 8.b. ENDING DATE OF REPORTING PERIOD 1 1 2 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7					
 a. This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. This campaign 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. 					
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code. 3. **Signature of candidate** **Signature of candidate** **Signature of political treasurer** **True and that this report is an accurate accounting of campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code. **Signature of candidate** **Signature of political treasurer** **True and that this report is an accurate accounting of campaign contributions have been expended for the personal financial benefit accurate. **True and that this report is an accurate accounting of campaign contributions have been expended for the personal financial benefit accurate. **True and that this report is an accurate accounting of campaign contributions have been expended for the personal financial benefit accurate. **True and that this report is an accurate accounting of campaign contributions have been expended for the personal financial benefit accurate. **True and that this report is an accurate accounting of campaign contributions have been expended for the personal financial benefit accurate. **True and that this report is an accurate accounting of campaign contributions have been expended for the personal financial benefit accurate. **True and the personal financial benefit accurate					
HI. WITNESS SIGNATURE 7/24/20 Adate Signature of witness Adate Adate Signature of witness Adate					
2. SUMMARY					
a. BALANCE ON HAND LAST REPORT					
b. TOTAL RECEIPTS THIS PERIOD \$ 550.47					
c. TOTAL DISBURSEMENTS THIS PERIOD					
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)					
e. TOTAL LOANS OUTSTANDING\$					
f. TOTAL OBLIGATIONS OUTSTANDING					



-- CLIVED

SUMMARY PAGE - CANDIDATE

JUL 29 2020

13 NAME OF CANDIDATE OF COMMITTEE #	WILSON COUNTY
13. NAME OF CANDIDATE OR COMMITTEE (IN FOIL) OMNIHO + O FOCH (OYCLE PLEATER)	14. REPORT COVERING MALE SPERIO
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	1 110m 11/20 1 10: 1/27/20
a. Unitemized Contributions (\$100 or less from each source this period)	550.47
b. Itemized Contributions (over \$100 from each source this period)	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	550 4
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ JUG / /
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	552 11-1
DISBURSEMENTS	D0.41
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e - e - e - e - e - e - e - e - e -	
Total of Expenditures (\$100 or less each payee)	
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 444.74
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>989.49</u>
0. LOAN REPAYMENTS MADE THIS PERIOD	\$
1. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 989.49
2.IN-KIND CONTRIBUTIONS	
Uniternized in-kind contributions (\$100 or less from each source this period)	\$
D. Itemized in-kind contributions (\$100 or less from each source this period) D. 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	
Unitemized Obligations Outstanding (\$100 or less each) Itemized Obligations Outstanding (Over \$100 peak)	<u> </u>
. Itemized Obligations Outstanding (Over \$100 each)	
. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 1	2.5)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	Jec.	A Carrie	Pleiffer	2. REPORT COVE	RING THE PERIOD		
3. TOTAL ITEMIZED CAMPAIGN EXPENDIT	Amount 14 74						
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)							
First Name	Middle N		Purpose of Expenditure		est est a consideration de la constant de la consta		
-	7		i dipose oi Experididie		Amount of Expenditure		
Last Name/Business Name Last Name/Business Name OUSTON Address		Campaign Shirts		\$153.98			
CHY Mashville	State	Zip Code 16	, ,				
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name. Last Name/Business Name. Last Name/Business Name. Address 4880 A1D15 City (City	State	COM 24m (+, Zip Code 32P22	campaigr.	signs	\$47,50		
First Name	Middle Na	and the second s	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name Address 14 Leeville City Lekanon	State	SSIONS Le Zip Code 37087	Campaigi	shirt	#543,26		
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this is the last page of expenditures, this amount must					#944.74		