CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Candidate Committees

						29 /11/11
1.	DATE OF REPORT	2.a. NAME OF C	ANDIDATE OF	RCOMMITTEE		1/1
	10-2-7-20		Art	6,105	FIE	WILSON COUNTY
2.b	. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DAT	
					200	
4.a.	. CAMPAIGN ADDRESS AND PHONE					
	Street or Rural Route	City	. ,	State	Zip Code	Phone
	1502 Post Oak Point	Mr. Jul	et	TN	31113	615-723.7190
	CANDIDATE'S HOME ADDRESS (if different					CN 125 1170
	Street or Rural Route	City		State	Zip Code	Phone
5.	OFFICE SOUGHT (include district number, if	applicable)	6. NAME	OF POLITICAL 7	REASURER (may be	e candidate)
1	Mr. Juliet City Dist. 3 Com	missioner		Art 69	lec .	
7.	CATEGORY OR REPORT (Check one)	,,,,		1.10%		
	FIRST SECOND THIRD QUARTER QUARTER	FOURTH QUARTER	PRE- PRIMARY	PRE- GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
8.a.	BEGINNING DATE OF REPORTING PERIOD	QOTIVILIV		G DATE OF REPOR	RTINGPERIOD	SUPPLEINENTAL
	10-01-20			10-24-	27	
9. (0	Check one)					
	 This campaign is exempt from detailed tures total \$1,000 or less for this repor 	disclosure becaus	e contribution	s (including in-kin	d) received total \$1,0	00 or less AND expendi-
	. /			2		
	b. This campaign is required to file a deta	ailed financial disclo	sure because	contributions (inc	cluding in-kind) receiv	ved total more than \$1,000
	and/or expenditures total more than \$1	1,000 for this report	ng period.			
10.	I/we do solemnly swear or affirm that the infe	ormation contained	in this campa	aign financial disc	losure report is true	and that this report is an
	accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we s	is and expenditures wear or affirm that i	s required to to no campaign	be reported by the contributions have	candidate committee	by the Campaign
	benefit of the candidate or for any other nonp	olitical purpose as	defined by the	e federal internal r	evenue code.	tire personal ilitariciai
	170				2× 17	
	Med Ads	10-21-2 date	0	1	el Ville	3 10-29-20
	signature of candidate			signature of	political treasurer	date
	July Heler	10-27-3	20			
11.	WITNESS SIGNATURE					
	~ · M ·				·	
	July Delle	10-27-	20		11 D. 1.	10-27-20
	signature of witness	date		signatu	re of witness	date
12. 5	SUMMARY					
					7101	00
â	BALANCE ON HAND LAST REPORT TOTAL RECEIPTS THIS PERIOD TOTAL DISBURSEMENTS THIS PERIOD				3,200	.00
	TOTAL DEGELERACION				2055	06
b	5. TOTAL RECEIPTS THIS PERIOD				0,000	
	TOTAL DISPLIPSEMENTS THIS PEDIOD			3	3,608.5	53
C	TOTAL DISBURSEMENTS THIS PERIOD			\$		•
d	BALANCE ON HAND (12 a plus 12 h mir	nus 12 c)			r.	1933.35
	5. 1. 1102 Ott 17.110 (12.a. plus 12.b. IIIII	143 12.0.)			\$	11.00.00
	TOTAL LOANS SUITSTANS					ZIONA OR
е	: TOTAL LOANS OUTSTANDING				\$	5.700.00
						1.01602
f.	BALANCE ON HAND (12.a. plus 12.b. mir TOTAL LOANS OUTSTANDING TOTAL OBLIGATIONS OUTSTANDING				\$	1)016.80



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OCT 29 2020

SUMMARY PAGE - CANDIDATE

WILSON COUNTY 13. NAME OF CANDIDATE OR COMMITTEE (In Full) 14. REPORTION EDING SHENPERIOD Art 6,185 FROM: 10-01-20 TO: 10-24-20 RECEIPTS 15. CONTRIBUTIONS (other than loans and interest) a. Unitemized Contributions (\$100 or less from each source this period)\$ 505.00 b. Itemized Contributions (over \$100 from each source this period)......\$ 1530.00 16. LOANS RECEIVED THIS REPORTING PERIOD\$ 17. INTEREST RECEIVED THIS REPORTING PERIOD\$ DISBURSEMENTS 19. EXPENDITURES (other than loan payments) a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline) \$ 26.21 \$ 11.65 Banting Thunster Tees Suspline for truck w/sign s 45.01 c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 3,608.53 20. LOAN REPAYMENTS MADE THIS PERIOD\$ 22.IN-KIND CONTRIBUTIONS a. Unitemized in-kind contributions (\$100 or less from each source this period)......\$ = 258.00b. 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.)\$ 258.00 23. OBLIGATIONS a. Unitemized Obligations Outstanding (\$100 or less each)\$



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			ELE	CTION COMMISSION		
_ Art Giles			FROM -1-20	TO: 10-24-20		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU	ITIONS FROM PRECEDING PA	OF (optor CO if East its a land		Amount		
4. COMPLETE THE APPROPRIATE ITEMS FOR	EACH ITEMIZED CONTRIBUTION	(contributions totaling more than	(enter \$0 if first itemized page)			
First Name	Middle Name	Contribution Received For:	\$ 100 from any contributo	Amount of Contribution		
Louis				500.00		
Last Name/Organization Name Navchett		Primary Election	General Election			
Address 2908 Poston Ave	nue	Runoff (Local Election	ns Only)			
City Nashv:11e	State Zip Code 31303	Date of Contribution	30	Aggregate This Election		
Occupation ATTOVINEY		7		500.00		
Employer + pm b law						
First Name Sherri	Middle Name	Contribution Received For:		Amount of Contribution		
Last Name/Organization Name/		Primary Election	General Election	150.00		
Address 1218 Woodra	le Orrul	Runoff (Local Elections	s Only)			
City Mb-Juliet	State Zip Code 31120	Date of Contribution	٥	Aggregate This Election		
Occupation Marketry				730.00		
Employer Meshvill finish	ref					
First Name Patricia	Middle Name	Contribution Received For:		Amount of Contribution		
Last Name/Organization Name Howell	10,	Primary Election	General Election	150.00		
Address 2014 Woodcres	st Civele	Runoff (Local Elections	Only)			
City Mount Juliet	State Zip Code 31122	Date of Contribution	10	Aggregate This Election		
Occupation Refired		700-0		130.00		
Tretivel						
First Name	Middle Name	Contribution Received For:		Amount of Contribution		
Last Name/Organization Name		Primary Election	General Election	500.00		
Address 1420 Shannon 6	Voce	☐ Runoff (Local Elections	Only)			
Old Hickory	State Zip Code 32/38	Date of Contribution		Aggregate This Election		
	ment/Attery	10 00000		500.00		
Self Employed						
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of				1,300		



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

				FLECTIC	ON COMMISSION
NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVE	ERING THE PERIOD			
- Hri	- G	iles		FROM: 16-01-20	TO: 10-24-20
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU		Amount 1,300			
4. COMPLETE THE APPROPRIATE ITEMS FOR E	1,000				
First Name	Middle Na		Contribution Received For:	Too Iron any contributor	Amount of Contribution
Last Name/Organization Name					250.00
Ghodasara			Primary Election	General Election	0.50
Address 753 Cedar Cre	st.	Drive	Runoff (Local Election	s Only)	
City Nashville	State	Zip Code 32309	Date of Contribution	3-20	Aggregate This Election
Occupation Business Ocon) ب	Hospitality)			250.00
Self Englo year	2	·			
First Name	Middle Na	me	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
Address			Runoff (Local Elections	s Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation	I				
Employer					
			ALL DELIVERS OF THE COLUMN COL		
First Name	Middle Nam	e	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
Address			Runoff (Local Elections	Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer	····				
First Name	Middle Name		Contribution Received For:	1	Amount of Contribution
_ast Name/Organization Name			☐ Primary Election ☐	General Election	
Address			Runoff (Local Elections	Only)	
City	State	Zip Code	Date of Contribution	,	Aggregate This Election
Occupation					
imployer					
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of (If this is the last page of contributions, this amount must be	this form are	used.) em 15b. of summary.)			1,550



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

3. TOTAL TIEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period) First Name Address Accord Address American Am	G THE PERIOD O: 10 2 4 20
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period) First Name Last Name/Business Name Address 3. O. Pleasant Gnove Roccol City Mt Juliet State Tip Code Tip Code State Tip Code Tip Code Tip State Tip State Tip Code Tip State Tip S	0: 10-24-20
3. TOTAL TIEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period) First Name Last Name/Business Name Address 3. O. Pleasant Grove Rock City Mt Juliet State ZipCode Tirst Name Address 6.30 Murfreesbovo Road City Nashville State Zip Code 3.72 Code 3.72 Code Trist Name With Signs Middle Name Purpose of Expenditure Amaginesiness Name Address 3. O. Middle Name Purpose of Expenditure Amaginesiness Name Address 3. O. Middle Name Purpose of Expenditure Amaginesiness Name Address 3. O. Middle Name Purpose of Expenditure Amaginesiness Name Address 3. O. Middle Name Purpose of Expenditure Amaginesiness Name Address 3. O. Middle Name Purpose of Expenditure Amaginesiness Name Address 3. O. Middle Name Purpose of Expenditure Amaginesiness Name Address 3. O. Middle Name Purpose of Expenditure Amaginesiness Name Address 3. O. Middle Name Purpose of Expenditure Amaginesiness Name Address 3. O. Middle Name Purpose of Expenditure Amaginesiness Name Amaginesiness Name Address 3. O. Middle Name Purpose of Expenditure Amaginesiness Name Amaginesiness Name Amaginesiness Name Address 3. O. Middle Name Purpose of Expenditure Amaginesiness Name Amaginess Name Amag	mount
First Name Last Name/Business Name Address Bolifical Sign Purpose of Expenditure Amazina Name/Business Name Address 304 McCoun Dr. State Zip Code	1
Last Name/Business Name Address 3 00 Pleasant Gnove Rocad City Mt Juliet First Name Last Name/Business Name Address 6 30 Murfrees bovo Road City Nashville First Name Last Name/Business Name Address 6 30 Murfrees bovo Road City Nashville First Name Unit Signs Middle Name Purpose of Expenditure 5 9 1 1 0 2 1	
Last Name/Business Name Address 3 OO Pleasant Grove Rocad City Mt Juliet First Name Joslin Signs Middle Name Last Name/Business Name Address 630 Murfreesbovo Road City Nashville State Zip Code TN 37210 Purpose of Expenditure 5.905 4 supplies (H Framed) First Name List Name/Business Name Amount of Expenditure Amount of Expenditure Amount of Expenditure Amount of Expenditure Aighted Sign Address 304 McCoun Dr. City Lebanon State State Zip Code TN 37087	mount of Expenditure
Address 300 Pleasant Grove Rock City Mt Juliet State Zip Code 37 122 First Name Joslin Sign 3 Middle Name Purpose of Expenditure Last Name/Business Name Address 630 Mur Freesboro Read City Nashville State Zip Code 70 37210 First Name Witt Signs Middle Name Purpose of Expenditure Last Name/Business Name Address 304 McCoun Dr. City Lebanon State Zip Code 37087	115.00
City Mt Juliet State Zip Code Zip Code First Name Joslin Sign 3 Middle Name Last Name/Business Name Address City Nashville First Name With Signs Middle Name Purpose of Expenditure Signs Signs Signs State Zip Code Tw 37210 Purpose of Expenditure Amount of State Zip Code First Name With Signs Middle Name Purpose of Expenditure Andress 304 McCown Dr. City Lebanon State Zip Code Address 304 McCown Dr. City Lebanon State Zip Code Tw 37087	//-
First Name Signs Middle Name Purpose of Expenditure Last Name/Business Name Signs Address G30 Murfreesboro Read City Nashville State Zip Code The Signs Middle Name First Name Wiff Signs Last Name/Business Name Address 30 McCown Dr. City Lebanon State Zip Code Address 30 McCown Dr. City Lebanon State Zip Code Address 30 McCown Dr. City Lebanon State Zip Code 3 7087 Tip Code 4 Tip Code 5 Tip Code 6 Tip Code 7 Tip Code 8 Tip Cod	
Last Name/Business Name Address Addre	
City Nashville State Zip Code TN 31210 First Name Witt Signs Middle Name Purpose of Expenditure Last Name/Business Name Lighted Sign Address 306 McCown Dr. City Lebanon State Zip Code 37087	nount of Expenditure
City Nashville State Zip Code TN 31210 First Name Witt Signs Middle Name Purpose of Expenditure Last Name/Business Name Lighted Sign Address 306 McCown Dr. City Lebanon State Zip Code 37087	506.92
First Name With Signs Middle Name Purpose of Expenditure Last Name/Business Name Address 306 McCown Dr. City Lebanon State Zip Code 37087	
Last Name/Business Name Address 306 McCown Dr. City Lebanon State Zip Code 70 37087	
Address 306 McCown Dr. City Lebanon State Zip Code 37087	ount of Expenditure
Address 306 McCown Dr. City Lebanon State Zip Code 37087	548.75
Lebanon State Zip Code 37087	
First Name Fox Printing Middle Name Purpose of Expenditure Amo	
	ount of Expenditure
ast Name/Business Name Mailer	574.19
Address 931 Old Lebanon Dirt Road	,
Hermitage TN 37076	
	unt of Expenditure
not Name (Duning and M.)	590.00
The street of th	
Mustreeshoro TN 37138	
irst Name Middle Name Purpose of Expenditure Amount	unt of Expenditure
st Name/Business Name	
dress	
State Zip Code	
. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)	

-- LIVLU

WILSON COUNTY ELECTION COMMISSION ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD		
			Io	FROM: 10-1	10-24-20	
COMPLETE THE APPROPRIATE ITEMS OBLIGATION (obligations totaling more the person/vendor at the end of the reporting)	an \$100 ov		Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name Enterprise	Middle Na	ame	-0	10-13-20	-6	1,016.83
Last Name/Business Name		11-11-11-11-11-11-11-11-11-11-11-11-11-				
Address 10945 Lebanon Road						
Address 10945 Lebanor City Mount Juliet Description of Obligation Truck Rented for	State	Zip Code 3 1122				
Description of Obligation Truck Render for	Sign	L		at dates		
First Name	Middle Na					
Last Name/Business Name		300 F				
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Nar	ne				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation				1		
First Name	Middle Nan	ne				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
				at wheel 2-of the insulation		
FIrst Name	Middle Nam	ne				
ast Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation			L			
1. TOTALS	No. of the last of					
(Total from Outstanding Balance - (End of Period) of in item 23b. on summary page.)	olumn must	also be shown				1,016.83