## CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

FOI	Single-Car	ididate coi	Ullittee2	JAN	1000				
1. DATE OF REPORT	2.a. NAME OF C	ANDIDATE OR COM	MITTEE	37.014	19 2021				
1-17-2021	DEM	OUR FOR	MAYOR	WILSON	COUNT				
2.b. IF COMMITTEE, NAME OF CANDIDATE	-	•	3. ELEC	TION BATEN	COMMISSION				
Ronald "John" DEMOOR	2		ő	3020	MOSION				
4.a. CAMPAIGN ADDRESS AND PHONE									
Street or Rural Route	City	St	ate Zip Cod		Phone				
100 616600140010 216	asimon	72	3708	37	415-417-9839				
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	t than 4.a.) City	St	ate Zip Code	e	Phone				
5. OFFICE SOUGHT (include district number, if	applicable)	6. NAME OF P	OLITICAL TREASUR	ER (may be car	ndidate)				
mayor of hals anon		Reneld "John" DEMOOR							
7. CATEGORY OR REPORT (Check one)	2.	19014							
	FOLIBITA	PRE-	PRE- Mi	ID-YEAR	YEAR-END				
FIRST SECOND THIRD QUARTER QUARTER QUARTER	FQURTH QUARTER	PRIMARY C	SENERAL SUPP	PLEMENTAL	SUPPLEMENTAL				
8.a. BEGINNING DATE OF REPORTING PERIOD		8.b. ENDINGDAT	E OF REPORTING PER	RIOD					
10.25.20		1 -	15.21						
9. (Check one)									
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 in accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we shenefit of the candidate or for any other non Certain Communication.	ns and expenditure swear or affirm that	s required to be rep no campaign contri defined by the fede	orted by the candidat butions have been ex	te committee by spended for the poode.	the Campaign				
11. WITNESS SIGNATURE  AMUL WWA  Signature of witness	1-/ <b>9</b> · 21	<del></del>	Mulh 1		1-19-21 date				
12. SUMMARY			1/						
a. BALANCE ON HAND LAST REPORT		•••••	s 26	.75					
b. TOTAL RECEIPTS THIS PERIOD									
c. TOTAL DISBURSEMENTS THIS PERIOD		•••••	\$ 26	-75					
d. BALANCE ON HAND (12.a. plus 12.b. m	ninus 12.c.)			\$	<del>0</del>				
e. TOTAL LOANS OUTSTANDING.	ated to C	empargy		Ø \$ _	3034.99				
f. TOTAL OBLIGATIONS OUTSTANDING				\$ —	0				





JAN 19 2021

## ITEMIZED STATEMENT OF LOANS - CANDIDATECOUNTY

										OMMISSION		
NAME OF CANDIDATE OR COMMITTEE							2. REPORT COVERING THE PERIOD					
Renald John Womon						FROM: TO:						
Jeneser John Willion												
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)												
Complete the Following for the Source of the Loan												
First Name // Middle Nam	Loan Balance Loans Loan Outstanding Loan Balan						g Loan Balance					
Renedd LEE		(Beginning	f Period) Received		red F	Payments		(End of Period)				
Last Name/Organization Name									3034.73			
Address			Loan Receive	Loan Received For: Date of Loan								
[20 CARENTAND DR.			☐ Primary Election ☐ General Election									
City State Zip Code TW 37887			☐ Runoff	Runoff (Local Elections Only)								
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)												
First Name Middle Name				First Name   Middle Name								
	action in induction in inductio			1 Not were								
Last Name/Organization Name				Last Name/Organization Name								
Address					Address							
City	State	Zip Co	de	City						Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding								
First Name	Middle Name			First Name Middle Name								
I list Name				Wilder Name								
Last Name/Organization Name			Last Name/Organization Name									
Address				Address								
City	State Zip Code			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 Coo	de	City			State		Zip Code			
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding								
				3								
First Name Middle Name				First Name Middle Name								
Last Name/Organization Name			Last Name/Organization Name									
ess realistry ganization ratio			Lawring State Chort Hallie									
Address			Address									
City	State	Zip Coo	le	City			State .			Zip Code		
Amount Guaranteed Outstanding			Amount Guaranteed Outstanding									
4. Totals for all Loans (complete on last page of itemized loans)			Outstanding Loan Balance Loans Lo.			Loai	n Outstanding Loan Balance					
(Total loans received should also be shown in item 16, on summary page.)			(Beginning of		Received	Paymo	ents		End of Period)			
(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.)							3839	189				