

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

RECEIVED
OCT - 5 2020

WILSON COUNTY
ELECTION COMMISSION

1. DATE OF REPORT <u>10-5-2020</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>DEMOCR FOR MAYOR</u>	
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>Ronald "John" DeMoor</u>		3. ELECTION DATE <u>11-3-2020</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>P.O. Box 664 Lebanon TN 37088 615-417-9839</u>			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone <u>120 Greenlawn Dr Lebanon TN 37087 615-417-9839</u>			
5. OFFICE SOUGHT (include district number, if applicable) <u>MAYOR OF Lebanon</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>Ronald "John" DeMoor</u>	
7. CATEGORY OR REPORT (Check one)			
<input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input checked="" type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD <u>7-31-20</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>9-30-20</u>	
9. (Check one)			
a. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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 Financial Disclosure Act. Additionally, I/we swear or affirm that no 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.			
<u>Ronald John DeMoor</u> signature of candidate		<u>Ronald John DeMoor</u> signature of political treasurer	
<u>10/5/20</u> date		<u>10/5/20</u> date	
11. WITNESS SIGNATURE			
<u>[Signature]</u> signature of witness <u>Jackie Slone of Southern Bank of TN</u>		<u>[Signature]</u> signature of witness <u>10/5/20</u> date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ <u>0</u>	
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>2494.99</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>2488.24</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>6.75</u>	
e. TOTAL LOANS OUTSTANDING		\$ <u>2404.99</u>	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ _____	



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)

DEMMEON FOR MAYOR

14. REPORT COVERING THE PERIOD

FROM:

TO: 9-30-20

RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ 90.00 CASH

b. Itemized Contributions (over \$100 from each source this period) \$ _____

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 90.00

16. LOANS RECEIVED THIS REPORTING PERIOD \$ 2404.99

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ _____

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 2494.99

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)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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.) \$ _____

22. IN-KIND CONTRIBUTIONS

a. 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.) \$ _____

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 in item 12.f.) \$ _____



ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE

DEMOOR FOR MAYOR

2. REPORT COVERING THE PERIOD

FROM:

7-1-20

TO:

9-30-20

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 Rene "John"	Middle Name	Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)
Last Name/Organization Name DEMOOR		⊖	2404.99		2404.99
Address P.O. Box 664		Loan Received For:		Date of Loan	
City Lebanon	State TN	Zip Code 37088	<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	9-1-2020	

List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)

First Name John	Middle Name	First Name	Middle Name
Last Name/Organization Name DEMOOR		Last Name/Organization Name	
Address PO Box 664		Address	
City Lebanon	State TN	Zip Code 37088	
Amount Guaranteed Outstanding 2404.99		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	
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	
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	
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	
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	

4. Totals for all Loans (complete on last page of Itemized Loans)

(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.c, on front page.)

Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)
⊖	2404.99		2404.99 ✓



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ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE DEMOCRAT FOR MAYOR				2. REPORT COVERING THE PERIOD FROM: _____ TO: _____	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name McGIVIN		Middle Name		Contribution Received For:	
Last Name/Organization Name SLOAN				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 1235 Hwy 231				<input type="checkbox"/> Runoff (Local Elections Only)	
City Lebanon		State TN		Date of Contribution	
Occupation Retired				Amount of Contribution 90⁰⁰	
Employer				Aggregate This Election 0486	
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City		State		Date of Contribution	
Occupation				Amount of Contribution	
Employer				Aggregate This Election	
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City		State		Date of Contribution	
Occupation				Amount of Contribution	
Employer				Aggregate This Election	
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City		State		Date of Contribution	
Occupation				Amount of Contribution	
Employer				Aggregate This Election	
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					90⁰⁰



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Ronald "John" DEMOORE				2. REPORT COVERING THE PERIOD FROM: 7/1/22 TO: 10-1-2020		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount —	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)						
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name OFFICE MAX				Copy given for signature forms		12 ⁹⁵ —
Address				- into for SIGNED		
City Lebanon	State TN	Zip Code				
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name OFFICE MAX				Clipboard for qualifying signatures		10 ⁹⁶ —
Address						
City Lebanon	State TN	Zip Code				
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name OFFICE MAX				magnetic signs business cards		120 ⁴⁰ —
Address						
City Lebanon	State TN	Zip Code				
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name OFFICE MAX				copy machine ink AND PAPER		161 ³⁸ —
Address						
City Lebanon	State TN	Zip Code				
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name OFFICE MAX				magnetic signs (additional)		92 ¹⁶ —
Address						
City Lebanon	State TN	Zip Code				
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name GOSADAY Web Host				optimize campaign website - howtheyvoted.com		\$ 209 ¹⁴ —
Address						
City	State	Zip Code				
5. 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 10b. of summary.)						606 ⁹⁹ —



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVERING THE PERIOD FROM: 7-1-20 TO: 9-30-20	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 609.99
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)			
First Name Vickie	Middle Name	Purpose of Expenditure Postage mail out + Printing	Amount of Expenditure 278.00
Last Name/Business Name Nashville City Productions			
Address			
City	State	Zip Code	
First Name	Middle Name	Purpose of Expenditure Postage mail out Printing Signs	Amount of Expenditure 766.92
Last Name/Business Name Creative Graphics Co			
Address 100 Oak St			
City Lebanon	State TN	Zip Code 37087	
First Name	Middle Name	Purpose of Expenditure Book Ad Fees (set-up)	Amount of Expenditure 61.33
Last Name/Business Name Bank of America			
Address 1416 main St.			
City Lebanon	State TN	Zip Code 37087	
First Name	Middle Name	Purpose of Expenditure Adv.	Amount of Expenditure 775.00
Last Name/Business Name Lebanon Democrat			
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 Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State	Zip Code	
5. 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.)			2498.24

