# CAMPAIGN FINANCIAL DISCLOSURE STATEMENTED Tot State and Local Candidates OCT -5 2020

For State and Local Candidates OCT	
For State and Local Candidates For Single-Candidate Committees	2020
1. DATE OF REPORT 2.a. NAME OF CANDIDATE OR COMMITTEE	
1. DATE OF REPORT    10 - 5 - 2020   2.a. NAME OF CANDIDATE OR COMMITTEE    2.a. NAME OF CANDIDATE   2.a. NAME OF CANDIDATE   2.a. NAME OF CANDIDATE   3. ELECTION COMMITTEE, NAME OF CANDIDATE   3. ELECTION DATE	UNTY
2.b. IF COMMITTEE, NAME OF CANDIDATE  3. ELECTION DATE	MISSION
Konald "John" DEMOOR 11-3-2015	
4.a. CAMPAIGN ADDRESS AND PHONE	
Street or Rural Route City State Zip Code Phone	
P.O. Box 664 Lebanon TN 37088 615-41	7-983
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)  Street or Rural Route	,,,,
120 GREEN AWN DR LEBANON TO STATE 27087 (15)	1700
OFFICE SOUGHT (include district number, if applicable)     NAME OF POLITICAL TREASURER (may be candidate)	11-205
MAYON OF LEGISLON   Ronald 1 Dh. 1 1 SMARD	
7. CATEGORY OR REPORT (Check one)	
FIRST SECOND THIRD FOURTH PRE- PRE- MID-YEAR VEAR	
QUARTER QUARTER QUARTER PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL SUPPLEMENTAL	
8.b. ENDING DATE OF REPORTING PERIOD	
9. (Check one) 5-30 - 20	
,	
<ul> <li>This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND tures total \$1,000 or less for this reporting period. (Complete Items 12d., 12e. and 12f.)</li> </ul>	expendi-
b. This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 for this reporting period.	han \$1,000
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this re accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campa Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal fin benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.    Consolidate	
11. WITNESS SIGNATURE	
( )21	. /
NSD AND	la la
signature of witness date signature of witness	date
Jake Sign of Southern Bark of TN Signature of Williams	
12. SUMMARY	
8. BALANCE ON HAND LAST REPORT	
b. TOTAL RECEIPTS THIS PERIOD	
c. TOTAL DISBURSEMENTS THIS PERIOD	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	
e. TOTAL LOANS OUTSTANDING	991



#### SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14 REPORT COVERING THE REPLOT
DEMOON For mayor	FROM: TO: 9-30-30
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 90.00 CARH
b. Itemized Contributions (over \$100 from each source this period)	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 19	
16. LOANS RECEIVED THIS REPORTING PERIOD	
17. INTEREST RECEIVED THIS REPORTING PERIOD	s
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
<ul> <li>Expenditures (\$100 or less each payee this period) (must be listed by catego</li> </ul>	ory - e.g., printing, postage, gasoline)
\$	
*	
\$	
\$	
\$	
<b></b> \$	
Total of Expenditures (\$100 or less each payee)	s
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 2.	2.b.)\$
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	
b. Itemized Obligations Outstanding (Over \$100 each)	
<li>c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i it</li>	tem 12.f.)



#### **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITT	EE						0 0500	27.00		
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN					2. REPORT COVERING THE PER FROM: TO:					
3 COMPLETE THE APPROPRIATE OF	44	ON C			7-1.	-20	-   '	9-30-20		
3. COMPLETE THE APPROPRIATE ITEM	S FOR EAC	CH ITEMIZ	ZED LOAN	(loans totaling m	nore tha	an \$100 from any sou	urce during th	e period)		1 30 20
Complete the Following for the Source of the Lo	an	-1700 - W-400-11W-10					ACTURAL NAME OF	Vaccinativi in		
First Name Renald Solus Middle	Name			g Loan Balance		Loans	Loan	1	Outstan	ding Loan Balance
Last Name/Organization Name			(Beginnin	g of Period)	R	eceived 99	Payments	- 1	(Er	nd of Period)
DEMOOR			-6	>	24	194		3	248	94 99
P. O. Box 664			Loan Rece		_	/	Date of	Loan		
LEBANON State	Zip Code	88		ry Election f (Local Elections O		eneral Election	9	-/	-0	2020
List All Enc						eded please attac	<u> </u>			
First Name John	Middle Na		A MODVE EQ	First Name	e is fie	eueo piease attac	ch a page)	Colonia de la co	of the same of	
Last Name/Organization Name								Mide	dle Nam	ne
DEMOOR				Last Name/Organ	nization	Name				
PO Box 664				Address						
City LEbAN on	State	Zip Coo	988	City	-	7,00		State	د	Zip Code
Amount Guaranteed Outstanding 2464	99			Amount Guarante	ed Outs	standing				
First Name	Middle Nan	ne		First Name				Middi	le Name	
Last Name/Organization Name				Last Name/Organi	ization l	Name	-			
Address				Address						
City	1000	T71.0.1								
	State	Zip Code	,	City				State		Zip Code
Amount Guaranteed Outstanding				Amount Guarantee	d Outet	anding				
First Name	Middle Name	0		First Name				Middle	e Name	
Last Name/Organization Name				Läst Name/Organiza	ation N	ame				
Address			,	^ddress			-			
City	Ctata	17.01			-					
	State	Zip Code		City				State	T	Zip Code
Amount Gueranteed Outstanding			^	mount Guaranteed	Outsta	nding				
First Name	Middle Name		F	irst Name				Middle I	Name	
ast Name/Organization Name			Li	ast Name/Organiza	lion Na	me				
Address			A	ddress						
City	State	Zip Gode	C	ity				State	Ţ.	Zip Code
mount Gueranteed Outstanding			An	nount Guaranteed C	Dutstan	dina		emile		ap oode
Table	SONOT CONTRACTOR					***************************************				
Totals for all Loans (complete on last page of it (Total loans received should also be shown in item 16, on su (Total loan payments should also be shown in item 20, on su	mman, page 1	is)	OL	utstanding Loan Bal (Beginning of Perio		Loans Received	Loan Paymer			nding Loan Balance
notes concranging lean palance chould also be shown in item.	mmary page.) 12.c. on front pa	ge)		0		2404.99	, 4,11101			64.99 J
SS-1132 (PAV 4/02)						2 10-1-1/1			97	07. 17 V

### ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTI	EE .	. 2 .		2 REPORT COV	/ERING THE PERIOD
1. NAME OF CANDIDATE OR COMMITTED  SEMBOR FO	nm	ayon		FROM:	TO:
3. TOTAL ITEMIZED CAMPAIGN CONTRI	BUTIONS	ROM PRECEDING	3 PAGE (enter \$0 if first itemized page	ane)	Amount
4. COMPLETE THE APPROPRIATE ITEMS FO	R EACH ITE	MIZED CONTRIBUT	ION (contributions totaling more than \$	100 from any contribu	utor)
First Name  MSIVW	Middle	Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			☐ Primary Election ☑	General Election	- n
Address					90 Civer
1235 Hay 23	1		Runoff (Local Elections	Only)	OVARA
Lebanon	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation Retires					
Employer					
First Name					
	Middle N	ате	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
Address			Runoff (Local Elections	Only)	4
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					Aggregate This Election
Employer					
First Name	Middle Nar	ne	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			☐ Primary Election ☐ G	General Election	
Address					
			Runoff (Local Elections O	nly)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation			-		
Employer			-		
First Name	Middle Nam	e	Contribution Received For:		Amount of Contribution
ast Name/Organization Name			Primary Election Ge	eneral Election	
Address			Runoff (Local Elections On	(IV)	
Sity	State	Zip Code	Date of Contribution		Account This Et al.
Coupation					Aggregate This Election
mployer			]		
. TOTAL ITEMIZED CONTRIBUTIONS					- 1
(Cerry torward to item 3, of next page if additional pages (if this is the last page of contributions, this amount must	of this form are	ucod.)			9002
ISBUILTING HIS AND	ne anown in ite	m 100. of summary.)		1	/

## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE Ronald "John" SE	EE	7		2. REPORT, CO	VERING THE PERIOD
				FROM: 7/12	10: 10-1-213
TOTAL ITEMIZED CAMPAIGN EXPENS     COMPLETE THE APPROPRIATE ITEMS FOR	R EACH ITEM	OM PRECEDING PA	AGE (enter \$0 if first itemized pa	ge)	
First Name	Middle Na			to any payee during the	
Last Name/Business Name			Purpose of Expenditure	fon	Amount of Expenditure
OFFICE M	nx		08-901-9	000	1295
Address			- Copy flien Signistune	Gorma	2.
City / Ebonon	State	Zip Code	- into fon s		
First Name	Middle Nan	ne	Purpose of Expenditure	0	Amount of Expenditure
Last Name/Business Name OFFICE M	AX		dippina	as fon	10 96
Address			Signatur	ng	
LEBANON	State	Zip Code	Signistun	ピー	
First Name	Middle Nam	e	Purpose of Expenditure	<	Amount of Expenditure
Last Name/Business Name  OTFLCE M	14		magnetic S	/	120 40
Address			Business 6	MANOS	78.0
city Lebanion	State	Zip Code	+		
First Name					
	Middle Name		Purpose of Expenditure	×1	Amount of Expenditure
ast Name/Business Name	24		Copy machin	INK	161 38
ddress			AND PAPER		161
Leb Adon	State 'T	Zip Code			
rst Name	Middle Name	index to Apple control.	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name	mn	X	MAQUETER CHOST tron	Signs	92/6
ddress			CHOST from	al)	
Lebadon	State 2	Cip Code			
rst Name	Middle Name		Purpose of Expenditure	,	Amount of Expenditure
t Name/Business Name 600400 U	Jeb Has	*	Optimize Co Wlosite- How	Ampaign	120914
dress			W/2021/2- 14000	con!	
/	State Zi	p Code		. 30//	
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount must	of this form are us	sed.)			60699
		volumbujij			

#### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE	E				RING THE PERIOD	
				FROM: 7-1-20	TO: 9-30-20	)
3. TOTAL ITEMIZED CAMPAIGN EXPEND	ITURES F	ROM PRECEDING PA	AGE (enter \$0 if first itemized page	e)	Amount 609 99	
4. COMPLETE THE APPROPRIATE ITEMS FO	R EACH IT	EMIZED EXPENDITURE	(expenditures totaling more than \$100 to	any payee during the pe	eriod)	
First Name VI Chil	Middle		Purpose of Expenditure		Amount of Expenditure	Dette.
Last Name/Business Name  WASHVIIIE CITY  Address	Dans	4. 9.1	- fostaga mail ovet	-,	01	
Address	TRON	sucrons	+ MAI OVA	+	2780	
City			Prin	ling	1	
Oly	State	Zip Code		1		
First Name	Middle I	Name	Purpose of Expenditure		A - aut of Fun ou d'a	
Last Name/Rusiness Name				i 1.	Amount of Expenditure	
Last Nagna/Business Name  Carry Graph  Address	is do		Printing Sig	Hont	766 92	
Address 100 Orale St			Printine SI	SNS	160	
City	State	Zip Code	- · · · · · · · · · · · · · · · · · · ·			
LEBANON,	12	37087				
First Name	Middle N	ame	Purpose of Expenditure	Per Andrewskie I Total America	Amount of Expenditure	
Last Name/Business Name			-			
BANK of AMERICA	/		Byth Acet	Tees	6133	
1416 mmia 8	,		(set-us)		0/	
LEBASON	Stale )	Zip Code				
irst Name	TN	37487				
	Middle Na	me	Purpose of Expenditure	1	Amount of Expenditure	
ast Name/Business Name LED ADOM DEMOCRYA	4		ADV.		- 20	
ddress					77500	
îty	State	Zip Code			•	
rst Name	Middle Nan	ne	Purpose of Expenditure	T.	Amount of Expenditure	-
st Name/Business Name					- Experience	1
ddress						-
uuress						
ly	State	Zip Code				
rst Name	Middle Nam		Dumono of Europa <sup>1</sup>			
t Name (During Al			Purpose of Expenditure	A	mount of Expenditure	
st Name/Business Name						
dress						
1	State	Zip Code				
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages	of this fr					1
(If this is the last page of expenditures, this amount must	be shown in it	e usea.) em 19b. of cummary.)			248824	
Α,					- 100	1