## CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

		noloate Co		RF	Cru.			
1. DATE OF REPORT	2.a. NAME OF (	CANDIDATE OR COM	MITTEE	• ( )	CEINED			
October 8, 2020	Jim	Bradsh	Aul	f)ray-				
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECT	ION DATE	<del>-1 3 202</del> 0			
			1 3	CAC WILSO				
4.a. CAMPAIGN ADDRESS AND PHONE			<u> </u>	CAC WILSO,	Y COUNTY			
Street or Rural Route	City	S	tate Zip Code	Phon	E <sup>OMMISSION</sup>			
1305 Kolling/Negocio CT	, Mt Jul	iet Ti	N 37/22	615-54	5-7784			
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	than 4.a.) City	Si	tate Zip Code	Phon	<del></del>			
5. OFFICE SOUGHT (include district number, if	applicable)	6. NAME OF P	OLITICAL TREASURE	R (may be candidate				
Mt Juliet City Commissione			Brodshaw		7)			
7. CATEGORY OR REPORT (Check one),	2 DISTRETT	01/11	1/ gay nau					
FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH QUARTER	PRE- PRIMARY G			AR-END			
8.a. BEGINNING DATE OF REPORTING PERIOD	GONTEST	The second secon	E OF REPORTING PERIO	EMENTAL SUPPL DD	EMENTAL			
2 - 14 - 20			93030					
9. (Check one)	<u> </u>							
<ul> <li>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.)</li> <li>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.</li> </ul>								
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.								
Dim Brodelices	11-8-2020	$\Delta \iota$	un Prandal	(44)	ሌ-Q- ግሎባለ			
signature of candidate	date	15	signature of political trea	surer	date			
O	·	<u> </u>						
11. WITNESS SIGNATURE								
Chri Dica	10-8-2020	ь (	h. ().	. 0	6 07 0 40			
signature of witness		-4	M FU		2-8-2024			
and an arrangement of withess	date		signature of witness	<b>3</b>	date			
12. SUMMARY			·					
			110					
a. BALANCE ON HAND LAST REPORT			s <u>- 119</u>	,52				
b. TOTAL RECEIPTS THIS PERIOD			\$ 100	1,00	-			
c. TOTAL DISBURSEMENTS THIS PERIOD			s <u></u>					
d. BALANCE ON HAND (12.a. plus 12.b. min	us 12.c.)			s <u>219</u>	52			
e. TOTAL LOANS OUTSTANDING				s <u>1,47</u>	7.85			
f. TOTAL OBLIGATIONS OUTSTANDING				s <del>-0</del>				
					1			



OCT 13 2020

## SUMMARY PAGE - CANDIDATE

WILSON COUNTY

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORTECTIVE RIPOMMIAS INDERIO
Sim Bradshaw	FROM:9-14-20 TO:9-30-20
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$
b. Itemized Contributions (over \$100 from each source this period)	\$
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15	i.b.)\$
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ 100.00
17. INTEREST RECEIVED THIS REPORTING PERIOD	•
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>/00,00</u>
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by categor	ry - e.g., printing, postage, gasoline)
	CONTRACTOR OF THE CONTRACTOR O
<u> </u>	<del></del>
\$	
\$	
\$	
\$	
\$	
	The second secon
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 2	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 i	item 12.f.)\$

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## ITEMIZED STATEMENT OF LOANS - CANDIDATE

							···		WILS	ON COUNTY	
1. NAME OF CANDIDATE OR COMMITTEE					_	2. REPORT COLUMNONICOMMISSIO					
T(a, banka)						FROM: TO:					
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)								<u> 30-7030</u>			
3. COMPLETE THE APPROPRIATE ITEMS	FOR EACH	IIEMI2	CED LOAN	(loans totaling n	nore than \$1	100 from any soi	urce during the p	eriod)	en German		
Complete the Following for the Source of the Loar						······································					
First Name Middle Na 5; M	slie		Outstanding Loan Balance Loans (Beginning of Period) Received				Loan Payments		Outstanding Loan Balance (End of Period)		
Last Name/Organization Name	3110		121	12000			A 1147		70.		
Bradshaw			1 /	1,710					7.85		
Address D (C) AA (L) A (L) Loan Received			Loan Receiv	000000000000000000000000000000000000000							
City State	Zip Code		Primar	rry Election PGeneral Election 8-28-2020					1020		
Mt Juliet To	3718	12	☐ Runoff	.ocal Elections Only)							
List All Endo	rsers or Gua	rantors fo	or Above Loa	ın (If more spa	ce is need	ed please atta	ach a page)				
First Name	Middle Nam	e	Management of the second	First Name	First Name				Middle Name		
Last Name/Organization Name				Last Name/Organization Name							
Address				Address				<del></del>	<del></del>		
7.007633	Address										
City	State	Zip Co	ode	City				State		Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding							
First Name	First Name Middle Name			First Name Middle Name							
Last Name/Organization Name				Last Name/Organization Name							
Address			Address								
City	State	Zip Co	de	City				State		Zip Code	
Amount Guaranteed Outstanding		······································		Amount Guaran	teed Outsta	nding		· I			
First Name Middle Name				First Name Middle Name							
				Nadic Name							
Last Name/Organization Name			Last Name/Organization Name								
Address			Address								
City	State	Zip Cor	de	City			State		Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding							
		Water Company	elle Karton av storike til der er va stori		and standards o	enorgii norrosso isingrasso.	errendigi ader permed	museomystema	HI (All the de	Approximate the Management course	
irst Name Middle Name			First Name Middle Name								
Last Name/Organization Name			Last Name/Organization Name								
Address			Address								
City	State	Zip Coo	ie	City				State Zi		Zip Code	
Amount Guaranteed Outstanding			Amount Guaranteed Outstanding								
1 T. A. I. C. T. M. T.								economico.			
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.)				Outstanding Loa (Beginning of		Loans Received	Loar Payme		Outstanding Loan Balance (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.)				1377		100,00				77.85	
( rocal outstanding loan barance should also be shown in item 12.e. on front page.)			· ~ 1 6		ساسيار ب سار	- 1 "0"		17.1	11.00		