

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

12:30

For State and Local Candidates For Single-Candidate Committees

JAN 30 2020

1. DATE OF REPORT	2.a. NAME OF CANDIDATE OR COMMITTEE <i>Charles Leeman</i> WILSON COUNTY ELECTION COMMISSION
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE <i>2020</i>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <i>1339 Cairo Bend, Lebanon TN 37067 615 884 9088</i>	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone	
5. OFFICE SOUGHT (include district number, if applicable) <i>Assessor of Property</i>	6. NAME OF POLITICAL TREASURER (may be candidate) <i>Patricia Leeman</i>
7. CATEGORY OR REPORT (Check one) <input checked="" type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input 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 checked="" type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD <i>11-16-19</i>	8.b. ENDING DATE OF REPORTING PERIOD <i>1-15-20</i>
9. (Check one) a. <input checked="" 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 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. <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"><i>Charles Leeman</i> signature of candidate <i>1-30-20</i> date</div> <div style="text-align: center;"><i>Patricia Leeman</i> signature of political treasurer <i>1/30/20</i> date</div> </div>	
11. WITNESS SIGNATURE <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"><i>Terry J. Frankle</i> signature of witness <i>1-30-20</i> date</div> <div style="text-align: center;"><i>Terry J. Frankle</i> signature of witness <i>1-30-20</i> date</div> </div>	
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ 0
b. TOTAL RECEIPTS THIS PERIOD	\$ <i>what we paid + 1,000.00</i>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <i>701.95</i>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <i>285.05</i>
e. TOTAL LOANS OUTSTANDING	<i>self</i> 1000.00
f. TOTAL OBLIGATIONS OUTSTANDING	<i>self</i> 1000.00



JAN 30 2020

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <u>Charles Lee man</u>	14. REPORT COVERING THE PERIOD FROM: <u>11-16-19</u> TO: <u>ELECTION COMMISSION</u>
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RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ 0

b. Itemized Contributions (over \$100 from each source this period) \$ 0

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 0

16. LOANS RECEIVED THIS REPORTING PERIOD SELF \$ 1000

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ 0

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 1000

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)

<u>W&T CHECKS</u>	\$ <u>15,20</u>
<u>CREATIVE GRAPHICS CARDS</u>	\$ <u>97,23</u>
<u>ADVANCED SIGNS MAGNETIC SIGN</u>	\$ <u>68,83</u>
<u>W&T service charge</u>	\$ <u>12,00</u>
<u>MR. KEN ARNOLD - ROAD SIGNS</u>	\$ <u>436,45</u>
<u>ADVANCED SIGNS - KIG SIGN</u>	\$ <u>172,24</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total of Expenditures (\$100 or less each payee) \$ 269,90

b. Itemized Expenditures (Over \$100 each payee this period) \$ 436,45

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 706,95

20. LOAN REPAYMENTS MADE THIS PERIOD \$ 0

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 706,95

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ 0

b. Itemized in-kind contributions (over \$100 from each source this period) \$ 0

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ 0

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ 0

b. Itemized Obligations Outstanding (Over \$100 each) \$ 0

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) \$ 0



JAN 30 2020

WILSON COUNTY
COMMISSION

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				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		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	Zip Code		Date of Contribution	Aggregate This Election
Occupation					
Employer					
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	Zip Code		Date of Contribution	Aggregate This Election
Occupation					
Employer					
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	Zip Code		Date of Contribution	Aggregate This Election
Occupation					
Employer					
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	Zip Code		Date of Contribution	Aggregate This Election
Occupation					
Employer					
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.)					

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ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

WISCONSIN COUNTY
ELECTION COMMISSION

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD	
				FROM:	TO:
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)					
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	Value of In-Kind Contribution
City	State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer		Aggregate this Election		
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	Value of In-Kind Contribution
City	State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer		Aggregate this Election		
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	Value of In-Kind Contribution
City	State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer		Aggregate this Election		
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	Value of In-Kind Contribution
City	State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer		Aggregate this Election		
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	Value of In-Kind Contribution
City	State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer		Aggregate this Election		
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS					
(Carry forward to item 3. of next page if additional pages of this form are used.)					
(If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)					

JAN 30 2020

WILSON COUNTY
 ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Charles Leeman</i>			2. REPORT COVERING THE PERIOD FROM: <i>11-6-19</i> TO: <i>1-15-20</i>	
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 <i>WILSON BANK & TRUST</i>		<i>CHEQUES</i>		<i>15.20</i>
Address <i>WEST MAIN ST</i>				
City <i>LEBANON</i>	State <i>TN</i>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>CREATIVE GRAPHICS</i>		<i>CARDS</i>		<i>97.23</i>
Address <i>WEST MAIN ST</i>				
City <i>LEBANON</i>	State <i>TN</i>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>Advanced Signs</i>		<i>MAGNET SIGNS FOR TRUCK</i>		<i>68.83</i>
Address <i>West Main St</i>				
City <i>Lebanon</i>	State <i>TN</i>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>WILSON BANK & TRUST</i>		<i>SERVICE CHARGE</i>		<i>12.00</i>
Address <i>WEST MAIN ST</i>				
City <i>LEBANON</i>	State <i>TN</i>			
First Name <i>KEN</i>	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>ARNOLD</i>		<i>YARD SIGNS</i>		<i>436.45</i>
Address <i>OFF COLES FERRY</i>				
City <i>LEBANON</i>	State <i>TN</i>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>ADVANCED SIGNS</i>		<i>BIG SIGN</i>		<i>72.24</i>
Address <i>WEST MAIN ST</i>				
City <i>LEBANON</i>	State <i>TN</i>			
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.)				<i>701.95</i>

RECEIVED
RECEIVED
JAN 30 2020

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Charles Leeman</i>				2. REPORT COVERING THE PERIOD FROM: <i>11-6-19</i> TO: <i>1-15-20</i>							
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 <i>SELF</i>		Middle Name		Outstanding Loan Balance (Beginning of Period) <i>0</i>		Loans Received <input checked="" type="checkbox"/>	Loan Payments <i>0</i>	Outstanding Loan Balance (End of Period) <i>1300</i>			
Last Name/Organization Name				Address				Date of Loan <i>11-19-19</i>			
City		State		Zip Code		<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)					
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)											
First Name SELF		Middle Name		First Name		Middle Name					
Last Name/Organization Name				Address				City		State Zip Code	
Amount Guaranteed Outstanding <i>0</i>				Amount Guaranteed Outstanding <i>0</i>							
First Name <i>Charles</i>		Middle Name <i>HOWARD</i>		First Name		Middle Name					
Last Name/Organization Name <i>LEEMAN</i>				Address <i>1339 CAIRO BEND RD</i>				City <i>LEBANON</i>		State <i>TN</i> Zip Code <i>37057</i>	
Amount Guaranteed Outstanding <i>\$1,000</i>				Amount Guaranteed Outstanding							
First Name		Middle Name		First Name		Middle Name					
Last Name/Organization Name				Address				City		State Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding							
First Name		Middle Name		First Name		Middle Name					
Last Name/Organization Name				Address				City		State Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding							
First Name		Middle Name		First Name		Middle Name					
Last Name/Organization Name				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.e, on front page.)				Outstanding Loan Balance (Beginning of Period) <i>0</i>		Loans Received <i>1600</i>		Loan Payments <i>0</i>		Outstanding Loan Balance (End of Period) <i>1,000.00</i>	



JAN 30 2020

ESSEX COUNTY COMMISSION

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
				FROM:		TO:	
First Name	Middle Name						
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Middle Name						
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Middle Name						
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Middle Name						
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Middle Name						
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
4. TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)							