

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>7-12-19</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>Roy "Sonny" Weatherford</u>			
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE		
4.a. CAMPAIGN ADDRESS AND PHONE					
Street or Rural Route <u>1654 B Hwy 2315</u>		City <u>Bethpage</u>	State <u>TN</u>	Zip Code <u>37022</u>	Phone <u>(615) 841-4024</u>
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) <u>Sheriff</u>			6. NAME OF POLITICAL TREASURER (may be candidate) <u>Cheryl Collins</u>		
7. CATEGORY OR REPORT (Check one)					
<input 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 checked="" type="checkbox"/> MID-YEAR SUPPLEMENTAL		<input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD <u>1-16-19</u>			8.b. ENDING DATE OF REPORTING PERIOD <u>6-30-19</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>Roy "Sonny" Weatherford</u> signature of candidate		<u>07-12-19</u> date		<u>Cheryl Collins</u> signature of political treasurer	
				<u>7-12-19</u> date	
11. WITNESS SIGNATURE					
<u>Tammara P. Weatherford</u> signature of witness		<u>7-12-19</u> date		<u>Tammara P. Weatherford</u> signature of witness	
				<u>7-12-19</u> date	
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT		FILED		\$ <u>25,610.⁸⁹</u>	
b. TOTAL RECEIPTS THIS PERIOD		AM PM		\$ _____	
c. TOTAL DISBURSEMENTS THIS PERIOD		JUL 12 2019		\$ <u>2153.⁵⁰</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		SUMNER COUNTY ELECTION COMMISSION		\$ <u>23,457.⁵⁹</u>	
e. TOTAL LOANS OUTSTANDING		\$ <u>0</u>			
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>0</u>			



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <u>Ray Sonny Weatherford</u>	14. REPORT COVERING THE PERIOD FROM: <u>1/16/19</u> TO: <u>6/30/19</u>
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.b.)	\$ _____
16. LOANS RECEIVED THIS REPORTING PERIOD	
17. INTEREST RECEIVED THIS REPORTING PERIOD	
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	
\$ <u>- 0 -</u>	
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>Lions Club membership</u>	\$ <u>75.⁰⁰</u>
<u>Lions Club membership</u>	\$ <u>85.⁰⁰</u>
<u>Gallatin Day Care Donation</u>	\$ <u>100.⁰⁰</u>
<u>Gallatin Day Care Donation</u>	\$ <u>55.⁰⁰</u>
<u>U.S. Postal Service Box Rental</u>	\$ <u>92.⁰⁰</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total of Expenditures (\$100 or less each payee)	
\$ <u>407.⁰⁰</u>	
b. Itemized Expenditures (Over \$100 each payee this period)	
\$ <u>1746.³⁰</u>	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	
\$ <u>2153.³⁰</u>	
20. LOAN REPAYMENTS MADE THIS PERIOD	
\$ <u>0</u>	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	
\$ <u>2153.³⁰</u>	
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.)	
\$ <u>- 0 -</u>	
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.)	
\$ <u>- 0 -</u>	



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Roy "Sonny" Weatherford			2. REPORT COVERING THE PERIOD	
			FROM: 1/16/19	TO: 6/30/19
			Amount 0	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				
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 Hendersonville Rotary		Membership Due	150.⁰⁰	
Address 550 E Main St.				
City Hendersonville	State TN			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name Rotary International Foundation		Donation	128.³⁰	
Address 1560 Sherman Ave.				
City Evans ton	State IL			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name Gallatin Shalom Zone		Donation	350.⁰⁰	
Address 600 Small St. Unit 107A				
City Gallatin	State TN			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name Sumner C. CASA		Donation	150.⁰⁰	
Address 182 W Franklin St.				
City Gallatin	State TN			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name Shackle Island Fire Dept.		Donation	250.⁰⁰	
Address 3199 Long Hollow Pike #B				
City Hendersonville	State TN			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name Rotary International Foundation		Donation	261.⁰⁰	
Address 1560 Sherman Ave.				
City Evans ton	State IL			
5. TOTAL ITEMIZED EXPENDITURES			1289.³⁰	
(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.)				

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Roy "Sonny" Weatherford</i>			2. REPORT COVERING THE PERIOD		
			FROM: <i>1/16/19</i>	TO: <i>6/30/19</i>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>1289.³⁰ -</i>		
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>Sumner C. Anti Drug Coalition</i>		<i>Donation</i>	<i>150.⁰⁰ -</i>		
Address <i>102 Public Square</i>					
City <i>Gallatin</i>	State <i>TN</i>				Zip Code <i>37066</i>
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name <i>Hendersonville Rotary</i>		<i>membership Dues</i>	<i>192.⁰⁰ -</i>		
Address <i>550 E. Main St.</i>					
City <i>Hendersonville</i>	State <i>TN</i>				Zip Code <i>37075</i>
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name <i>Gallatin Quarterback Club</i>		<i>Donation</i>	<i>115.⁰⁰ -</i>		
Address <i>P.O. Box 1731</i>					
City <i>Gallatin</i>	State <i>TN</i>				Zip Code <i>37066</i>
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
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name					
Address					
City	State				Zip Code
5. TOTAL ITEMIZED EXPENDITURES			<i>1746.³⁰ -</i>		
<small>(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.)</small>					