

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Multicandidate Committees (PACs)

AM FILED
APR 09 2020
SUMNER COUNTY
ELECTION COMMISSION
PM

1. DATE OF REPORT 4/6/2020	2. NAME OF COMMITTEE Sumner County Democratic Party
2.A. SHORT NAME OF COMMITTEE (IF APPLICABLE) SCDP	
3. ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 333 W. Main St., Ste. F, Gallatin, TN, 37066 6154426556	
4. TYPE OF CANDIDATES SUPPORTED STATE PUBLIC OFFICE <input type="checkbox"/> LOCAL PUBLIC OFFICE <input checked="" type="checkbox"/> BOTH <input type="checkbox"/>	
5.A. NAME OF POLITICAL TREASURER Ryan Servey	5.B. DATE APPOINTED 2/11/2020
6. 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 type="checkbox"/> YEAR-END SUPPLEMENTAL	
7.A. BEGINNING DATE OF REPORTING PERIOD 01/16/2020	7.B. ENDING DATE OF REPORTING PERIOD 03/31/2020
8. (Check one) A. <input type="checkbox"/> This committee is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. I do solemnly swear or affirm that the information contained in this statement is true and that the committee has complied with all applicable provisions of the Campaign Financial Disclosure Act. (Items 10d., 10e. and 10f must also be completed.) B. <input checked="" type="checkbox"/> This committee 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. I do solemnly swear or affirm that the information contained in this statement is true and that the following page(s) are a complete and accurate accounting of all contributions and expenditures required to be reported by political campaign committees by the Campaign Financial Disclosure Act.	
_____ signature of political treasurer 4/6/2020 date	
9. WITNESS SIGNATURE _____ signature of witness 4/6/2020 date	
10. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ 10,083.87
b. TOTAL RECEIPTS THIS PERIOD	\$ 10,083.87 2,032.05
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ 330.50
d. BALANCE ON HAND (10.a. plus 10.b. minus 10.c.)	\$ 11,785.42
e. TOTAL LOANS OUTSTANDING	\$ 0
f. TOTAL OBLIGATIONS OUTSTANDING	\$ 0



SUMMARY PAGE - PAC

11. NAME OF COMMITTEE (In Full) <div style="font-size: 1.2em; font-family: cursive;">Summer County Democratic Party</div>	12. REPORT COVERING THE PERIOD FROM <u>11/16/2020</u> TO: <u>3/31/2020</u>
RECEIPTS	
13. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>1,532.05</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>500</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	\$ <u>2,032.05</u>
14. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>0</u>
15. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>0</u>
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)	\$ <u>2,032.05</u>
DISBURSEMENTS	
17. EXPENDITURES (other than loan payments)	
a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)	
<u>Utilities</u>	\$ <u>119.50</u>
Phone <u>Refund (Software)</u>	\$ <u>-49</u>
.....	\$ _____
.....	\$ _____
<u>Org. Memberships / Dues</u>	\$ <u>90</u>
Postage	\$
Total of Expenditures (\$100 or less each payee)	\$ <u>160.50</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>170.00</u>
c. Independent Expenditures	\$ _____
d. TOTAL EXPENDITURES (other than loan repayments)(add 17.a., 17.b. and 17.c.)	\$ <u>330.50</u>
18. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u>0</u>
19. TOTAL DISBURSEMENTS (add 17.d. and 18.) (must be shown in item 10.c.)	\$ <u>330.50</u>
20. IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>0</u>
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ <u>106</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.)	\$ <u>106</u>
21. LOANS	
LOANS OUTSTANDING (must be shown in item 10.e.)	\$ <u>0</u>
22. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>0</u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u>0</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown in item 10.f.)	\$ <u>0</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE Sumner County Democratic Party			2. REPORT COVERING THE PERIOD	
			FROM: 1/16/20	TO: 3/31/20
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 0
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)				
First Name Charles	M.I. W	Last Name/Organization Name Bone	Amount of Contribution	
Address 105 River Chase			500	
City Hendersonville	State TN	Zip Code 37075	Date of Contribution	
Occupation		Employer	3/19/2020	
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code	Date of Contribution	
Occupation		Employer		
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code	Date of Contribution	
Occupation		Employer		
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code	Date of Contribution	
Occupation		Employer		
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code	Date of Contribution	
Occupation		Employer		
First Name	M.I.	Last Name/Organization Name	Amount of Contribution	
Address				
City	State	Zip Code	Date of Contribution	
Occupation		Employer		
5. TOTAL ITEMIZED CONTRIBUTIONS				500
(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 13b. of summary.)				



ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. NAME OF COMMITTEE <i>Sumner County Democratic Party</i>		2. REPORT COVERING THE PERIOD	
		FROM: <i>1/16/20</i>	TO: <i>3/31/20</i>
3. TOTAL ITEMIZED EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)		Amount 0	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period). If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g. postage, printing) along with the candidate's name in the purpose of expenditure section.			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <i>Gallatin Chamber of Commerce</i>		<i>Annual Membership</i>	170
Address <i>118 West Main St.</i>			Date of Expenditure
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			Date of Expenditure
City	State	Zip Code	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			Date of Expenditure
City	State	Zip Code	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			Date of Expenditure
City	State	Zip Code	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			Date of Expenditure
City	State	Zip Code	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			Date of Expenditure
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 campaign expenditures, this amount must be shown in item 17b. of summary.)		170	



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE <i>Sumner County Democratic Party</i>			2. REPORT COVERING PERIOD FROM: <i>1/16/2020</i> TO: <i>3/31/2020</i>	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <i>0</i>
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 <i>Len</i>		Middle Name <i>Assante</i>		Description of In-Kind Contribution
Last Name/Organization Name		Address <i>825 S. Brown Ln., #601</i>		Value of In-Kind Contribution <i>106</i>
City <i>Gallatin</i>		State <i>TN</i>	Zip Code <i>37066</i>	Date of In-Kind Contribution <i>2/29/2020</i>
Occupation <i>Professor</i>		Employer <i>Volunteer State Community College</i>		
First Name		Middle Name		Description of In-Kind Contribution
Last Name/Organization Name		Address		Value of In-Kind Contribution
City		State	Zip Code	Date of In-Kind Contribution
Occupation		Employer		
First Name		Middle Name		Description of In-Kind Contribution
Last Name/Organization Name		Address		Value of In-Kind Contribution
City		State	Zip Code	Date of In-Kind Contribution
Occupation		Employer		
First Name		Middle Name		Description of In-Kind Contribution
Last Name/Organization Name		Address		Value of In-Kind Contribution
City		State	Zip Code	Date of In-Kind Contribution
Occupation		Employer		
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS (Carry forward to item 3 of next page if additional pgs of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 20.b. of summary.)				<i>106</i>

