CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

| 1. DATE OF REPORT | 2.a. NAME OF CANDIDATE OR | COMMITTEE | | |
|--|---|---|---|---------------------------------------|
| 10/27/20 | Cassie Cu | mmin 45 | | |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE | | J | 3. ELECTION DATE | |
| 4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route | City | State | Zip Code | |
| 117 Cloverfield Ct. | Hendersmuile | イン | 37075 | Phone 614-256-5650 |
| 4.b. CANDIDATE'S HOME ADDRESS (if differen | | 1 17 | 31013 | 017-256 3670 |
| Street or Rural Route | City | State | Zip Code | Phone |
| 5. OFFICE SOUGHT (include district number, i | f applicable) 6. NAME | OF POLITICAL | TREASURER (may be | candidate) |
| · · · · · · · · · · · · · · · · · · · | handersonville h | lilliam | Commings | |
| 7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER | FOURTH PRE- QUARTER PRIMARY | PRE- GENERAL | MID-YEAR SUPPLEMENTAL | YEAR-END SUPPLEMENTAL |
| 8.a. BEGINNING DATE OF REPORTING PERIOD | | DATE OF REPO | | SOFFLEWICINIAL |
| 10-1-26 | 10- | -24-2 | 20 | |
| 9. (Check one) | | | | · · · · · · · · · · · · · · · · · · · |
| a. This campaign is exempt from detaile tures total \$1,000 or less for this repo | ed disclosure because contributions orting period. (Complete items 12d | s (including in-ki L, 12e. and 12f.) | nd) received total \$1,00 | 0 or less AND expendi- |
| This campaign is required to file a de and/or expenditures total more than | | contributions (ir | ncluding in-kind) receive | ed total more than \$1,000 |
| I/we do solemnly swear or affirm that the in accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other not signature of candidate. | ons and expenditures required to b swear or affirm that no campaign (| e reported by the contributions have federal internal | e candidate committee ve been expended for the | by the Campaign |
| 11. WITNESS SIGNATURE | | | | |
| EAS Million Signature of witness | 10-27-20 E | A Signal | MSLD ture of witness | 10.27.20 date |
| 12. SUMMARY | | | £ 1 | |
| a. BALANCE ON HAND LAST REPORT | FILED | • | · \$ \$ 0.5 3 | |
| b. TOTAL RECEIPTS THIS PERIOD | AM I | 46 | . \$O. <i>O</i> O | |
| c. TOTAL DISBURSEMENTS THIS PERIOD | OCT 2 7 2020 | | \$ 0. 60 | |
| d. BALANCE ON HAND (12.a. plus 12.b. n | SUMNER COUNTY SUMNER COUNTY | N | \$ | \$0.53 |
| e. TOTAL LOANS OUTSTANDING | | | \$ | \$0.00 |
| f. TOTAL OBLIGATIONS OUTSTANDING | | | \$ | \$0.00 |

SUMMARY PAGE - CANDIDATE

| 13. NAME OF CANDIDATE OR COMMITTEE (In Full) | 14. REPORT COVERING THE PERIOD |
|--|--------------------------------------|
| | FROM: TO: |
| 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.) | \$ |
| 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> </u> | · |
| \$ | |
| <u> </u> | |
| | _ |
| 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 | |
| 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 CONTRIBUTIONS - CANDIDATE

| | TTEE | | 4 | TICH OITH DOVE | *************************************** | | |
|--|---------------------|------------------|---|--|--|--|--|
| | | | | FROM: | TO: | | |
| 3. TOTAL ITEMIZED CAMPAIGN CONTR | IBUTIONS FR | OM PRECEDING | PAGE (enter \$0 if first itemized p | page) | Amount | | |
| 4. COMPLETE THE APPROPRIATE ITEMS FO | OR EACH ITEM | IZED CONTRIBUTIO | ON (contributions totaling more than | \$100 from any contribut | or) | | |
| First Name | Middle Nar | ne | Contribution Received For | | Amount of Contribution | | |
| Last Name/Organization Name | | | Primary Election | General Election | | | |
| Address | | | Runoff (Local Election | Runoff (Local Elections Only) | | | |
| City | State | Zip Code | Date of Contribution | Date of Contribution | | | |
| Occupation | | | | | | | |
| Employer | | | | | | | |
| First Name | Middle Na | nme | Contribution Received F | For: | Amount of Contribution | | |
| Last Name/Organization Name | .! | | Primary Election | General Election | | | |
| Address | | | Runoff (Local Election | ns Only) | | | |
| City | State | Zip Code | Date of Contribution | | Aggregate This Election | | |
| Occupation | • | | | | | | |
| Employer | | | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | | | |
| First Name | Middle Na | me | Contribution Received F | For: | Amount of Contribution | | |
| First Name Last Name/Organization Name | Middle Na | me | | or: | Amount of Contribution eral Election Amount of Contribution Amount of Contribution Aggregate This Election Aggregate This Election Aggregate This Election Amount of Contribution Amount of Contribution Amount of Contribution Aggregate This Election Amount of Contribution Aggregate This Election Amount of Contribution Amount of Contribution | | |
| | Middle Na | me | | General Election | Amount of Contribution | | |
| Last Name/Organization Name | Middle Na | Zip Code | Primary Election | General Election | | | |
| Last Name/Organization Name Address | | | ☐ Primary Election ☐ Runoff (Local Election | General Election | | | |
| Last Name/Organization Name Address City | | | ☐ Primary Election ☐ Runoff (Local Election | General Election | | | |
| Last Name/Organization Name Address City Occupation | | Zíp Code | ☐ Primary Election ☐ Runoff (Local Election | General Election | Aggregate This Election | | |
| Last Name/Organization Name Address City Occupation Employer | State | Zíp Code | Primary Election Runoff (Local Election Date of Contribution Contribution Received For | General Election | Aggregate This Election | | |
| Last Name/Organization Name Address City Occupation Employer First Name | State | Zíp Code | Primary Election Runoff (Local Election Date of Contribution Contribution Received For | General Election ons Only) r: General Election | Aggregate This Election | | |
| Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name | State | Zíp Code | Primary Election Runoff (Local Election Date of Contribution Contribution Received For | General Election ons Only) r: General Election | Aggregate This Election Amount of Contribution | | |
| Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address | State Middle Nai | Zip Code | Primary Election Runoff (Local Election Date of Contribution Contribution Received For Primary Election Runoff (Local Election | General Election ons Only) r: General Election | Aggregate This Election Amount of Contribution | | |
| Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address City | State Middle Nai | Zip Code | Primary Election Runoff (Local Election Date of Contribution Contribution Received For Primary Election Runoff (Local Election | General Election ons Only) r: General Election | Aggregate This Election Amount of Contribution | | |

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

| 1. NAME OF CANDIDATE OR C | COMMITTER | E | | 2 | REPORT COVERI | NG THE PERIOD | | | |
|---|-------------------|-----------------|---------------------------|--|---|--|--|--|--|
| | | | | | FROM: | TO: | | | |
| | | | | | | Amount | | | |
| 3. TOTAL ITEMIZED IN-KIND CON | ITRIBUTION | IS FROM I | PRECEDING PAGE (| enter \$0 if first itemized page |) | | | | |
| 4. COMPLETE THE APPROPRIATE IT | EMS FOR EA | CH ITEMIZI | ED IN-KIND CONTRIBU | TION (in-kind contributions totaling r | more than \$100 from any cor | ntributor during the period) | | | |
| First Name | | /liddle Nam | e | In-Kind Contribution Receive | | Value of In-Kind Contribution | | | |
| Last Name/Organization Name | | | | Runoff (Local Election | Amount Alue of In-Kind Contribution Aggregate this Election Aggregate this Election | | | | |
| Address | | | | Date of In-Kind Contribution | | Aggregate this Election | | | |
| City State Zip Code | | | | Description of In-Kind Contribution | | | | | |
| Occupation | Employer | | | | | | | | |
| | | | | | | | | | |
| First Name | | Middle Nam | | In-Kind Contribution Receive | ad For | Value of In Kind Contribution | | | |
| rirst Name | | Middle Nami | е | 1 _ | _ | Value of III-King Continguigni | | | |
| Last Name/Organization Name | | | | 1 = ' | | | | | |
| | | | | ☐ Runoff (Local Election Date of In-Kind Contribution | is Offiy) | TO: Amount ibutor during the period) /alue of In-Kind Contribution Aggregate this Election Aggregate this Election /alue of In-Kind Contribution /aggregate this Election | | | |
| Address | | 15 | T | | | TO: Amount Inhutor during the period) /alue of In-Kind Contribution Aggregate this Election | | | |
| City | | State | Zip Code | Description of In-Kind Contribution | | | | | |
| Occupation | Employer | | | 1 | | | | | |
| | : | | | | | | | | |
| First Name | | Aiddle Nam | ee | In-Kind Contribution Receiv | ed For: | Value of In-Kind Contribution | | | |
| | | <u> </u> | | Primary Election | General Election | | | | |
| Last Name/Organization Name | | | | Runoff (Local Election | ns Only) | O: Infount Infount Infount Infount Infount Infound Infount Infount | | | |
| Address | | | | Date of In-Kind Contribution | | TO: Amount / contributor during the period) / alue of In-Kind Contribution | | | |
| City | | State | Zip Code | Description of In-Kind Contribution | | | | | |
| Occupation Employer | | | | | | | | | |
| | | | | | | | | | |
| First Name | | Middle Nam | ie | In-Kind Contribution Receiv | ed For: | Value of In-Kind Contribution | | | |
| | | | | Primary Election | General Election | | | | |
| Last Name/Organization Name | | | | Runoff (Local Election | ns Only) | | | | |
| Address | | | | Date of In-Kind Contribution | | Value of In-Kind Contribution Aggregate this Election Value of In-Kind Contribution Value of In-Kind Contribution | | | |
| City | | State | Zip Code | Description of In-Kind Contribution | | 1 | | | |
| Occupation | Employer | i | <u> </u> | 4 | | | | | |
| | | | | | | | | | |
| | | , | | <u> </u> | | 1 | | | |
| First Name | | Middle Nam | 9 | In-Kind Contribution Recei | | Value of In-Kind Contribution | | | |
| Last Name/Organization Name | | | |] | | | | | |
| | | | | Runoff (Local Election | is Only) | <u> </u> | | | |
| Address | | | | Date of In-Kind Contribution | | Aggregate this Election | | | |
| City | | State | Zip Code | Description of In-Kind Contribution | | | | | |
| Occupation | Employer | L | . | 1 | | | | | |
| | | | | <u></u> | | | | | |
| TOTAL ITEMIZED IN-KIND CO (Carry forward to item 3. of next page if a (If this is the last page of in-kind contribut) | dditional pages (| of this form ar | | <i>(</i>) | 7 | | | | |
| (it this is the test bade of the wind continuor | and diffeon | muat ub SIIC | II: ROM ZZD. VI SURBIIdI) | | | | | | |

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMITTEE | | | | 2. REPOR | RT COVERING THE PERIOD | | |
|--|-------------|------------------|-----------------------------------|------------------------------|------------------------|--|--|
| | | | | FROM: | TO: | | |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDITU | IRES FRO | M PRECEDING PAGE | E (enter \$0 if first itemized pa | ge) | Amount | | |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR E | | | · · | | Suring the period) | | |
| First Name | Middle Nan | ne | Purpose of Expenditure | | Amount of Expenditure | | |
| | <u> </u> | | | | , | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| First Name | Middle Nan | ne | Purpose of Expenditure | | Amount of Expenditure | | |
| Last Name/Business Name | <u> </u> | | | | | | |
| Address | | · | | | | | |
| City | State | Zip Code | | | | | |
| First Name | Middle Nar | ne | Purpose of Expenditure | | Amount of Expenditure | | |
| Last Name/Business Name | | | | of Expenditure A | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| First Name | Middle Name | | | Purpose of Expenditure Amour | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| First Name | Middle Nam | ne | Purpose of Expenditure | Amount of Expenditure | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| First Name | Middle Nan | ne . | Purpose of Expenditure | | Amount of Expenditure | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | <u>.</u> | | | |
| TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional page: (If this is the last page of expenditures, this amount must | | | | | | | |

ITEMIZED STATEMENT OF LOANS - CANDIDATE

| NAME OF CANDIDATE OR CO. | OMMITTEE | | | | | | | REPORT (| OVER | ING T | HE PERIOD | |
|---|--|---------------------------------------|--|-------------------------------|-------------------------------|------------------|-------------------|---------------|----------|---|---|--|
| 3. COMPLETE THE APPROPRIA | ITEMS F | OR EACH IT | EMIZ | ED LOAN (I | oans totaling r | nore than \$100 |) from any source | during the pe | riod) | | | |
| Complete the Following for the Source | e of the Loan | | | | | | | | | | | |
| | | | | Outstanding L (Beginning o | | Loans Receive | | oan yments | Outs | Outstanding Loan Balance (End of Period) | | |
| Last Name/Organization Name | | | | | | | | | | | | |
| Address Loan Receiv | | | | | | | Date of Loa | חו | | | | |
| City | State | Zip Code | Cade Primary Election Gene Cade Runoff (Local Elections Only) | | | | l Election | | | | | |
| | List All Endor | sers or Guara | ntors fo | or Above Loa | n (If more spa | ce is neede | d please attack | n a page) | | | | |
| First Name | | Middle Name | | | First Name | | | | Middle | Name | | |
| Last Name/Organization Name | | <u></u> | | | Last Name/Or | ganization Na | me | *** | 1 | | | |
| Address | | · · · · · · · · · · · · · · · · · · · | | , | Address | | | | | | | |
| City | <u>, , , , ,</u> | State | Zip C | ode | City | | | | State | | Zip Code | |
| Amount Guaranteed Outstanding | | · | L | | Amount Guara | anteed Outstar | nding | | 1 | | | |
| First Name | | Middle Name | | | First Name | | | | Middle | Name | | |
| Last Name/Organization Name | | | | · · | Last Name/Or | ganization Na | me | | <u> </u> | | | |
| Address | | | | | Address | | | <u> </u> | | | | |
| City | <u> </u> | State | Zip C | ode | City | | | , | State | | Zip Code | |
| Amount Guaranteed Outstanding | | 1 | <u>l</u> | | Amount Guaranteed Outstanding | | | | | | | |
| First Name | | Middle Name | | | First Name | • | | | Middl | e Name | | |
| Last Name/Organization Name | | <u>J</u> | | | Last Name/Or | ganization Na | me | | <u></u> | | · | |
| Address | | | | | Address | | · | | | | | |
| City | | State | Zip Ci | ode | City | | ', ' | | State | | Zip Code | |
| Amount Guaranteed Outstanding | | | <u> </u> | | Amount Guara | inteed Outstar | ıding | | <u> </u> | | | |
| | | | | | L | | | | | | | |
| First Name | | Middle Name | | | First Name | | | | Middle | e Name | | |
| Last Name/Organization Name | 7 | | | | Last Name/Or | ganization Na | me | | • | | | |
| Address | | | | | Address | | | | | | | |
| City | | State | Zip Co | ode | City | | | | State | | Zip Code | |
| Amount Guaranteed Outstanding | | | | | Amount Guara | nteed Outstar | ding | | | | | |
| Totals for all Loans (complete or (Total loans received should also be show (Total loan payments should also be show (Total cutstanding loan balance should also | n in item 16, on s n in item 20, on s | ummary page.) summary page.) | · | | Outstanding L (Beginning | | Loans Received | Loa Paym | | | landing Loan Balance (End of Period) | |



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Page _____ of ____

RDA 1159

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

| 1. NAME OF CANDIDATE OR COM | 2. REPORT COVERING THE PERIOD | | | | | |
|---|--|------------------|----------|--|-------------------------|--|
| | | | | FROM: | TO: | |
| OBLIGATION (obligations totaling | THE APPROPRIATE ITEMS FOR EACH ITEMIZED N (obligations totaling more than \$100 owed to any dor at the end of the reporting period) | | | Debt Incurred This Period | Payments This Period | Outstanding Balance (End of Period) |
| First Name | Middle Na | ame | | | | |
| Last Name/Business Name | | | | | | |
| Address | | | | | | |
| City | State | Zip Code | | | | |
| Description of Obligation | | 1 | <u>.</u> | <u> </u> | <u></u> | <u> </u> |
| First Name | Middle Na | ame | | | | |
| Last Name/Business Name | | | | | | |
| Address | | | | | | |
| City | State | Zip Code | | | | |
| Description of Obligation | | <u> </u> | | <u> </u> | 1 | |
| First Name | Middle Na | ame | | | | |
| Last Name/Business Name | | | | | | |
| Address | | | | | 1 | |
| City | State | Zip Code | | | | |
| Description of Obligation | | . 1 | | | | |
| First Name | Middle Na | Middle Name | | | <u> </u> | |
| Last Name/Business Name | | | _ | | | |
| Address | | | _ | | | |
| City | Stale | Zip Code | _ | | | |
| Description of Obligation | <u>_</u> | | | <u> </u> | I | <u> </u> |
| First Name | Middle Na | eme | | | | |
| Last Name/Business Name | 1 | | | | | |
| Address | | | _ | | | |
| City | State | Zip Code | | · | | |
| Description of Obligation | L | i | | | <u> </u> | <u>, ,</u> |
| 4. TOTALS | | | | · | | |
| (Total from Outstanding Balance - (End in item 23b. on summary page.) | of Period) column mus | st also be shown | | | | |