

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>10-27-2020</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>SHAWN KENNEL</u>						
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE <u>Nov 3rd 2020</u>						
4.a. CAMPAIGN ADDRESS AND PHONE							
Street or Rural Route <u>819 Plantation Blvd</u>	City <u>Gallat</u>	State <u>IN</u>	Zip Code <u>37066</u>	Phone <u>615-426-2011</u>			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)							
Street or Rural Route <u>Same</u>		City <u>Same</u>					
5. OFFICE SOUGHT (include district number, if applicable) <u>Gallat City Council at large</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>HEATHER HEHN</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 checked="" type="checkbox"/> PRE-GENERAL	<input type="checkbox"/> MID-YEAR SUPPLEMENTAL	<input type="checkbox"/> YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD <u>October 1st 2020</u>			8.b. ENDING DATE OF REPORTING PERIOD <u>October 24, 2020</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 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>[Signature]</u> signature of candidate	<u>10-27-20</u> date	<u>[Signature]</u> signature of political treasurer	<u>10-27-2020</u> date				
11. WITNESS SIGNATURE							
<u>[Signature]</u> signature of witness	<u>10-27-20</u> date	<u>[Signature]</u> signature of witness	<u>10-27-20</u> date				
12. SUMMARY							
a. BALANCE ON HAND LAST REPORT	\$	<u>4946.00</u>					
b. TOTAL RECEIPTS THIS PERIOD	\$	<u>5300.00</u>					
c. TOTAL DISBURSEMENTS THIS PERIOD	\$	<u>4793.05</u>					
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$	<u>5452.95</u>					
e. TOTAL LOANS OUTSTANDING	\$	_____					
f. TOTAL OBLIGATIONS OUTSTANDING	\$	<u>7473.47</u>					



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <div style="text-align: center; font-size: 1.2em; font-family: cursive;">Shaw Small</div>	14. REPORT COVERING THE PERIOD FROM: 10.1.20 TO: 10.24.20
RECEIPTS	
15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>2400.00</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>2900.00</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>5300.00</u>
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>0</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>0</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>5300.00</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>STAMPS</u>	\$ <u>6.00</u>
H-GIFT CARDS CREDIT CARD	\$ <u>100.00</u>
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
.....	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ <u>0</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>4793.05</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>4793.05</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ _____
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>4793.05</u>
22. IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>161.00</u>
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>161.00</u>
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>0</u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u>7473.47</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.)	\$ <u>7473.47</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE SHAWN Tennell				2. REPORT COVERING THE PERIOD FROM: 10-1-20 TO: 10-24-20			
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)							
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		500.00	
Address		City		State		Zip Code	
315 Woodland St		Nashville		TN		37006	
Occupation		Employer		Date of Contribution		Aggregate This Election	
CIVIL ENGINEER				9-29-20			
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		500.00	
Address		City		State		Zip Code	
195 Ziegler Fork Rd		Gallat		TN		37066	
Occupation		Employer		Date of Contribution		Aggregate This Election	
PROPERTY MANAGEMENT DEVELOPMENT				9-22-20			
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		200.00	
Address		City		State		Zip Code	
293 Kick Lane		Gallat		TN		37066	
Occupation		Employer		Date of Contribution		Aggregate This Election	
TRUTH				9-25-20			
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		200.00	
Address		City		State		Zip Code	
126 Hollands Way		Portland		TN		37148	
Occupation		Employer		Date of Contribution		Aggregate This Election	
STACY Chad		Mark				9-22-20	
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.)					1400.00		

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE SHAWN KENNELL		2. REPORT COVERING THE PERIOD FROM: 10-1-20 TO: 10-24-2020	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 1400.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)			
First Name Nicholas Middle Name Heather		Contribution Received For:	
Last Name/Organization Name DEFRACCI		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address 1710 Sandersville Rd		<input type="checkbox"/> Runoff (Local Elections Only)	
City Sandersville State GA Zip Code 30055		Date of Contribution 9/24/20	Amount of Contribution \$200.00
Occupation		Aggregate This Election	
Employer			
First Name Keith Middle Name Elaine		Contribution Received For:	
Last Name/Organization Name JOHNSON		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address 101 Ligon Place		<input type="checkbox"/> Runoff (Local Elections Only)	
City Sadlettsville State GA Zip Code 30072		Date of Contribution 9.30.20	Amount of Contribution \$200.00
Occupation		Aggregate This Election	
Employer			
First Name Kimberly Middle Name DAVID		Contribution Received For:	
Last Name/Organization Name AUDY		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address 110 Charendon Place		<input type="checkbox"/> Runoff (Local Elections Only)	
City Hendersonville State GA Zip Code 30075		Date of Contribution 9/25/20	Amount of Contribution \$200.00
Occupation		Aggregate This Election	
Employer			
First Name Shawn Middle Name Julie Anne		Contribution Received For:	
Last Name/Organization Name DOMERAY		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address 103 KEENE VALLEY DR		<input type="checkbox"/> Runoff (Local Elections Only)	
City Hendersonville State GA Zip Code 37005		Date of Contribution 9-9-20	Amount of Contribution \$200.00
Occupation		Aggregate This Election	
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.)			2200.00

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE SHAWN KIMMEL		2. REPORT COVERING THE PERIOD FROM: 10.1.2020 TO: 10.24.2020	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 2200.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)			
First Name Charles	Middle Name Rose	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution \$200.00
Last Name/Organization Name Gentry		Date of Contribution 9-11-20	Aggregate This Election
Address 112 KEENE Vly St.			
City Hendersonville	State TN	Zip Code 37075	
Occupation	Employer		
First Name Henry	Middle Name Jeffrey	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution 200.00
Last Name/Organization Name Johnson		Date of Contribution 9-17-20	Aggregate This Election
Address 113 Vaughan Street			
City Galat	State TN	Zip Code 37066	
Occupation	Employer		
First Name Paul	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution 6300.00
Last Name/Organization Name Paul Jones Construction		Date of Contribution 10.3.2020	Aggregate This Election
Address 503 BECH PLACE			
City Galat	State TN	Zip Code 37066	
Occupation Contractor	Employer		
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name		Date of Contribution	Aggregate This Election
Address			
City	State	Zip Code	
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.)			\$2900.00

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE SHAWN FENNELL		2. REPORT COVERING THE PERIOD FROM 10-1-20 TO: 10-24-20	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 0
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 Vicki		Middle Name	
Last Name/Organization Name Fennell		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address 819 Plantation Blvd		Value of In-Kind Contribution 61.00	
City Jalal		Date of In-Kind Contribution	
State IN		Aggregate this Election	
Zip Code 39066		Description of In-Kind Contribution STAMPS	
Occupation OWNER	Employer Four W MMS LLC		
First Name Vicki		Middle Name	
Last Name/Organization Name Fennell		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address 819 Plantation Blvd		Value of In-Kind Contribution 100.00	
City Jalal		Date of In-Kind Contribution	
State IN		Aggregate this Election	
Zip Code 39066		Description of In-Kind Contribution 4 GIFT CARDS STARR RANCH ICE CREAM SOCIAL Pence PIZZA Filling	
Occupation Wife	Employer Four W MMS LLC		
First Name		Middle Name	
Last Name/Organization Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Value of In-Kind Contribution	
City		Date of In-Kind Contribution	
State		Aggregate this Election	
Zip Code		Description of In-Kind Contribution	
Occupation	Employer		
First Name		Middle Name	
Last Name/Organization Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Value of In-Kind Contribution	
City		Date of In-Kind Contribution	
State		Aggregate this Election	
Zip Code		Description of In-Kind Contribution	
Occupation	Employer		
First Name		Middle Name	
Last Name/Organization Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address		Value of In-Kind Contribution	
City		Date of In-Kind Contribution	
State		Aggregate this Election	
Zip Code		Description of In-Kind Contribution	
Occupation	Employer		
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.)			161.00

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Shawn Pennell		2. REPORT COVERING THE PERIOD	
		FROM: 10-1-2020	TO: 10-24-2020
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 CONCEPT One		Signs	282.96
Address Locust Street			
City Gallat	State/Zip Code IN 37066		
First Name	Middle Name		
Last Name/Business Name QUALITY PRINTING CO		Door hangers + AD in GREENWAVE	798.95
Address 111 EAST EASTLAND			
City Gallat	State/Zip Code IN 37066		
First Name	Middle Name		
Last Name/Business Name Sasquatch Design Society		T SHIRTS	262.20
Address 1050 glenbrook W STE 480			
City HENDERSONVILLE	State/Zip Code IN 37075		
First Name	Middle Name		
Last Name/Business Name PERF FT Image Apparel Inc		T shirts	550.62
Address P.O. BOX 5480			
City GALLAT	State/Zip Code IN 37066		
First Name	Middle Name		
Last Name/Business Name FAST Signs		Signs	2557.18
Address 220 B Katag Central Drive			
City Cokeville	State/Zip Code IN 38501		
First Name	Middle Name		
Last Name/Business Name DELUXE		Ballons	341.14
Address PO BOX 64468			
City ST. PAUL	State/Zip Code MN 55164		
First Name	Middle Name		
5. TOTAL ITEMIZED EXPENDITURES <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>			4793.05

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <div style="font-size: 1.5em; font-family: cursive;">SHAWN Tennell</div>	2. REPORT COVERING THE PERIOD FROM: 10-1-20 TO: 10-24-20
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3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period) ①

Complete the Following for the Source of the Loan					
First Name	Middle Name	Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)
Last Name/Organization Name		Loan Received For:			Date of Loan
Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)			
City	State	Zip Code			

List All Endorsers or Guarantors for Above Loan (if more space is needed please attach a page)

First Name	Middle Name	First Name	Middle Name
Last Name/Organization Name		Last Name/Organization Name	
Address		Address	
City	State	City	State
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	

First Name	Middle Name	First Name	Middle Name
Last Name/Organization Name		Last Name/Organization Name	
Address		Address	
City	State	City	State
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	

First Name	Middle Name	First Name	Middle Name
Last Name/Organization Name		Last Name/Organization Name	
Address		Address	
City	State	City	State
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	

First Name	Middle Name	First Name	Middle Name
Last Name/Organization Name		Last Name/Organization Name	
Address		Address	
City	State	City	State
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)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)
	①	①	①	①



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVERING THE PERIOD			
SHAWN KENNELL		FROM: 10-1-20		TO: 10-24-2020	
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)
First Name	Middle Name				
Last Name/Business Name					
Address					
City	State				
Gallat Chamber of Commerce			500.00		500.00
Gallat		TN	37066		
Description of Obligation					
STATE of the Union Table					
First Name	Middle Name				
Last Name/Business Name					
Address					
City	State				
DUDY BEE			5350.97		5350.97
NENDERSONVILLE		TN	37075		
Description of Obligation					
MAILERS					
First Name	Middle Name				
Last Name/Business Name					
Address					
City	State				
Gallat Welding Supply			125.00		125.00
Gallat		TN	37066		
Description of Obligation					
TANK					
First Name	Middle Name				
Last Name/Business Name					
Address					
City	State				
Quality Dring Co			240.00		240.00
Gallat		TN	37066		
Description of Obligation					
Tobacco / ENVELOPES /					
First Name	Middle Name				
Last Name/Business Name					
Address					
City	State				
Fast Signs			1097.50		1097.50
2206 Rotary Centennial Drive		TN	38501		
COOKVILLE					
Description of Obligation					
Signs					
4. TOTALS					
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)			7473.47		7473.47