JAN 2 0 2021

FILED

CAMPAIGN FINANCIAL DISCLOSURE STATEMENTSION

For State and Local Candidates For Single-Candidate Committees

4 PATE OF DEPONT					
1. DATE OF REPORT	· ^. \		RCOMMITTEE	2	
01/20/2021	Chis	as	Nutwa	r Pacte	(
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DA	TE
				11103	2020
4.a. CAMPAIGN ADDRESS AND PHONE				11,03	12020
Street or Rural Route	City		State	Zip Code	Phone
LILL EWING DY T	DRTIAN	ี ก	+4/	37148	615 100 1000
4.b. CANDIDATE'S HOME ADDRESS (if different	than 4.a.)	<u> </u>	170	11140	615-403-1599
Street or Rural Route	City		State	Zip Code	Phone
				,	Thoma
5. OFFICE SOUGHT (include district number, if	applicable)	6. NAM	E OF BOLITICAL	TREASURER (may	
1 🔿	=		\circ	TREASURER (may	be candidate)
TORTLAND CITY Council	iman	<u> </u>	WID K	Oberson	
7. CATEGORY OR REPORT (Check one)	Εħ				
FIRST SECOND THIRD	ŞZ I FOÙRTH	LJI PRE-	L_ PRE-	L_I MID-YEAR	VEAR END
QUARTER QUARTER QUARTER	QUARTER	PRIMARY	GENERAL	SUPPLEMENTA	YEAR-END L SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD		8.b. ENDI	IGDATE OF REPO	ORTING PERIOD	35/122/11/12
_					
9. (Check one)					
a. 🏹 This campaign is exempt from detailer	l e i				
 This campaign is exempt from detailed tures total \$1,000 or less for this report 	disclosure becaus	e contributio	ns (including in-ki	ind) received total \$1	,000 or less AND expendi-
				•	
b. This campaign is required to file a deta	ailed financial disclo	sure becaus	e contributions (ii	noludina in-kind) rece	eived total more than \$1,000
and/or expenditures total more than \$	1,000 for this report	ing period.	•	J	or to tall more trial \$1,000
					
I/we do solemnly swear or affirm that the inf accurate accounting of campaign contribution	ormation contained	in this came	aion financial dis	sclasure report is tru	and that this are ti-
. manda bioologuic Nat. Additionally, I/We s	wear or animm that i	ממופת מתפים אם	COntributions by		or the personal financial
benefit of the candidate or for any other nonp	Joinical purpose as	defined by th	ie federal interna	revenue code.	
C.N. Patel	1 2	<	3		
signature of candidate	1-20.21	_		70	1-20-21
c Signature of Carididate	date		signature o	of political treasurer	date
		-			
11. WITNESS SIGNATURE		_			
c() 0 d 1				77	
Yarul (.)					1-20-21
signature of witness	date	_	signat	ture of witness	
	·			COL WILLIESS	date
12. SUMMARY	E	11			
	MM	LED			
 a. BALANCE ON HAND LAST REPORT 	***************************************	*****************	РМ	.\$	
	IAN 6	9			-
b. TOTAL RECEIPTS THIS PERIOD	UPIN 3	2 0 2021		\$	
				-	
c. TOTAL DISBURSEMENTS THIS PERIOD	·······ELECTION A	COUNTY	***************************************	\$	
d DALANOT CALLERY	-~0110/4/	OMMISSIC	N		_
d. BALANCE ON HAND (12.a. plus 12.b. min	ius 12.c.)			••••••	\$
·					
e. TOTAL LOANS OUTSTANDING	*************************				_
					\$ <u> </u>
f. TOTAL OBLIGATIONS OUTSTANDING				·	
f. TOTAL OBLIGATIONS OUTSTANDING		• • • • • • • • • • • • • • • • • • • •	***************************************		\$
					1

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, pos	tage, gasoline)
Atvertisement \$ 175	.00	
\$		
\$		
\$		
<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		
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.	·	\$
23. OBLIGATIONS		
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.)	\$



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE	Έ			RING THE PERIOD
			FROM:	TO:
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	TIONS FR	OM PRECEDING	PAGE (enter \$0 if first itemized page)	Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEM	ZED CONTRIBUTIO	N (contributions totaling more than \$100 from any contrib	utor)
First Name	Middle Nam	ne	Contribution Received For:	Amount of Contribution
Last Name/Organization Name	J	····	Primary Election General Election	
Address		2	Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation				
Employer		· · · ·		
	- _T :			
First Name	Middle Nar	me	Contribution Received For:	Amount of Contribution
Last Name/Organization Name			☐ Primary Election ☐ General Election	
Address			Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation		·		
Employer	·····			
First Name	Middle Narr	ne	Contribution Received For:	Amount of Contribution
First Name Last Name/Organization Name	Middle Narr	ne	Contribution Received For: Primary Election General Election	Amount of Contribution
	Middle Narr			Amount of Contribution
Last Name/Organization Name	Middle Narr	Zip Code	Primary Election General Election	Amount of Contribution Aggregate This Election
Last Name/Organization Name Address			Primary Election General Election Runoff (Local Elections Only)	
Last Name/Organization Name Address City Occupation			Primary Election General Election Runoff (Local Elections Only)	
Last Name/Organization Name Address City Occupation Employer	State	Zip Code	Primary Election General Election Runoff (Local Elections Only) Date of Contribution	
Last Name/Organization Name Address City Occupation Employer First Name		Zip Code	Primary Election General Election Runoff (Local Elections Only)	
Last Name/Organization Name Address City Occupation Employer	State	Zip Code	Primary Election General Election Runoff (Local Elections Only) Date of Contribution	Aggregate This Election
Last Name/Organization Name Address City Occupation Employer First Name	State	Zip Code	Primary Election General Election Runoff (Local Elections Only) Date of Contribution Contribution Received For:	Aggregate This Election
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name	State	Zip Code	Primary Election General Election Runoff (Local Elections Only) Date of Contribution Contribution Received For:	Aggregate This Election
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address	State Aiddle Nam	Zip Code	Primary Election	Aggregate This Election Amount of Contribution
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address City	State Aiddle Nam	Zip Code	Primary Election	Aggregate This Election Amount of Contribution
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address City Occupation	State Aiddle Nam. State	Zip Code Zip Code	Primary Election	Aggregate This Election Amount of Contribution

SS-1131(Rev. 2/06)

Page _____ of ____

RDA 1159

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE	OR COMMITTE	E		2		RING THE PERIOD		
					FROM:	TO: Amount		
3. TOTAL ITEMIZED IN-KIND	CONTRIBUTION	IS FROM	PRECEDING PAC	GE (enter \$0 if first itemized page)	Allouik		
4. COMPLETE THE APPROPRIA	ATE ITEMS FOR EA	CH ITEMIZ	ZED IN-KIND CONTR	RIBUTION (in-kind contributions totaling r	more than \$100 from any o	ontributor during the period)		
First Name		∕liddle Nan	me	In-Kind Contribution Receive		Value of In-Kind Contribution		
Last Name/Organization Name				Runoff (Local Election				
Address	······································			Date of In-Kind Contribution		Aggregate this Election		
City		State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer							
First Name		⁄liddle Nan	ne	In-Kind Contribution Receive		Value of In-Kind Contribution		
ast Name/Organization Name				☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)				
Address				Date of In-Kind Contribution	э Отну)	Aggregate this Election		
City		State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer		<u></u>					
First Name		/liddle Narr	18	In-Kind Contribution Receive	d For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name			-1	Runoff (Local Elections				
Address				Date of In-Kind Contribution		Aggregate this Election		
City		State	Zip Code	Description of In-Kind Contribution		<u> </u>		
Occupation	Employer		<u> </u>	_				
·····								
First Name	i/	liddle Nam	e	In-Kind Contribution Receive		Value of in-Kind Contribution		
Last Name/Organization Name				☐ Primary Election ☐ Runoff (Local Elections				
Address				Date of In-Kind Contribution	(Only)	Aggregate this Election		
City		State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer							
First Name	N	liddle Name		In-Kind Contribution Receive		Value of In-Kind Contribution		
ast Name/Organization Name				☐ Primary Election ☐ ☐ Runoff (Local Elections				
Address				Date of In-Kind Contribution	Only)	Aggregate this Election		
Dity	St	late	Zip Code	Description of In-Kind Contribution				
Occupation	Employer			-				
5. TOTAL ITEMIZED IN-KIND (CONTRIBUTIONS	· · · · · · · · · · · · · · · · · · ·						
(Carry forward to item 3. of next page (If this is the last page of in-kind contr	if additional pages of th	nis form are	used.) m in item 22b. of summa	rv.)				
SS-1128 (Rev. 2/06)				Page	of .			

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

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 an First Name Middle Name Purpose of Expenditure Last Name/Business Name Address City State Zip Code First Name Middle Name Purpose of Expenditure Last Name/Business Name Address City State Zip Code First Name Middle Name Purpose of Expenditure Last Name/Business Name Address City State Zip Code First Name Meddle Name Purpose of Expenditure Last Name/Business Name Address City State Zip Code Purpose of Expenditure Last Name/Business Name Address City State Zip Code Purpose of Expenditure Purpose of Expenditure Last Name/Business Name Address City State Zip Code Purpose of Expenditure	Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to an first Name	Amount of Expenditure Amount of Expenditure
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to an First Name	Amount of Expenditure Amount of Expenditure
First Name Last Name/Business Name Address City State Zip Code Purpose of Expenditure Address City State Zip Code Purpose of Expenditure Address State Address State Address State Address State Address State Address State Address Add	Amount of Expenditure Amount of Expenditure
Address City State Middle Name Purpose of Expenditure Address City State Zip Code Purpose of Expenditure Purpose of Expenditure Address City State Zip Code Purpose of Expenditure Purpose of Expenditure Address Address Address City State Zip Code Purpose of Expenditure Address Address	Amount of Expenditure
Address City Slate Zip Code First Name Middle Name Purpose of Expenditure Last Name/Business Name Address City State Zip Code First Name Middle Name Purpose of Expenditure Address City State Zip Code First Name Middle Name Purpose of Expenditure Address City Slate Zip Code First Name Address City Slate Zip Code First Name Middle Name Purpose of Expenditure Address City Slate Zip Code First Name Middle Name Purpose of Expenditure Address Middle Name Purpose of Expenditure Furpose of Expenditure	
City State Zip Code First Name Middle Name Purpose of Expenditure Address City State Zip Code First Name Middle Name Purpose of Expenditure Address City State Zip Code First Name Middle Name Purpose of Expenditure Address City State Zip Code Purpose of Expenditure Address City State Zip Code First Name Middle Name Purpose of Expenditure Address City State Zip Code First Name Middle Name Purpose of Expenditure Address Address Address City State Zip Code Furpose of Expenditure	
First Name Middle Name Purpose of Expenditure Address City State Zip Code Purpose of Expenditure Address State Zip Code Purpose of Expenditure Purpose of Expenditure Purpose of Expenditure Address State Zip Code State Zip Code Purpose of Expenditure Purpose of Expenditure Address Middle Name Purpose of Expenditure	
Last Name/Business Name Address City State Zip Code Purpose of Expenditure Address Dity State Zip Code Purpose of Expenditure Address Dity State Zip Code Middle Name Purpose of Expenditure Address State Zip Code First Name Middle Name Purpose of Expenditure Address Middle Name Purpose of Expenditure Address Middle Name Purpose of Expenditure Middle Name Purpose of Expenditure Address Middle Name Purpose of Expenditure	
Address City State Zip Code First Name Middle Name Purpose of Expenditure Address Sity State Zip Code First Name Middle Name Purpose of Expenditure Address State Zip Code First Name Middle Name Purpose of Expenditure Address Address Middle Name Purpose of Expenditure Furpose of Expenditure Fixt Name Middle Name Purpose of Expenditure	Amount of Expenditure
City State Zip Code First Name Middle Name Purpose of Expenditure Address State Zip Code Address State Zip Code First Name Middle Name Purpose of Expenditure State Zip Code First Name Middle Name Purpose of Expenditure State Zip Code First Name Middle Name Purpose of Expenditure Fixt Name Middle Name Purpose of Expenditure	Amount of Expenditure
First Name Middle Name Purpose of Expenditure Address City State Zip Code First Name Middle Name Purpose of Expenditure Purpose of Expenditure State Zip Code First Name Address Middle Name Purpose of Expenditure Purpose of Expenditure 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 ast Name/Business Name State Zip Code Purpose of Expenditure Address Middle Name Purpose of Expenditure Middle Name Purpose of Expenditure	Amount of Expenditure
Address City State Zip Code First Name Middle Name Purpose of Expenditure ast Name/Business Name State Zip Code First Name Middle Name Purpose of Expenditure	
State Zip Code Purpose of Expenditure ast Name/Business Name address State Zip Code Purpose of Expenditure Purpose of Expenditure Middle Name Purpose of Expenditure	
irst Name Middle Name Purpose of Expenditure ast Name/Business Name ddress ity State Zip Code Furpose of Expenditure Purpose of Expenditure	
ast Name/Business Name Address State Zip Code Burpose of Expenditure Purpose of Expenditure Middle Name Purpose of Expenditure	
irst Name Middle Name Purpose of Expenditure	Amount of Expenditure
rst Name State Zip Code Middle Name Purpose of Expenditure	
rst Name Middle Name Purpose of Expenditure	
Purpose of Expenditure	
st Name/Business Name	Amount of Expenditure
ddress	
ty State Zip Code	
rst Name Middle Name Purpose of Expenditure	Amount of Expenditure
st Name/Business Name	
dress	
State Zip Code	
. 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.)	

SS-1129 (Rev. 4/02)

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDAT	E OR COMMITTE	E						2.	REPORT (NG THE PERIO
2 0040 575 718 450								FRO		- 1	TO:
3. COMPLETE THE APP			HITEMIZ	ZED LOAN	(loans totaling m	ore than	\$100 from any	y source	during the pe	riod)	
Complete the Following for th First Name						_					.,
	Middle Na	Middle Name O			standing Loan Balance Loans Beginning of Period) Received			Loan Payments			anding Loan Balance End of Period)
Last Name/Organization Name										,	,
Address				Loan Rece	ived For:			T	Date of Loar	n	
Dity	State	State Zip Code			Primary Election						
	List All Endo	orsers or Gua	arantors fo		an (If more space		dod places				
irst Name		Middle Nar		or ribove Eo	First Name	e is nee	ueu piease	attach a	a page)	Middle N	2me
Last Name/Organization Name					Last Name/Organization Name						
Address					Address		-	. .			<u> </u>
City		State	Zip Co	ode	City		<u> </u>			State	Zip Code
amount Guaranteed Outstanding					Amount Guaranteed Outstanding						
irst Name	Name Middle Name				First Name Middle Name						ime
ast Name/Organization Name				-	Last Name/Organization Name						
Address					Address						
Sity		State	7:- 0:-	· · · · · · · · · · · · · · · · · · ·							
ty State Zip Code ount Guaranteed Outstanding			oe	City					State	Zip Code	
ionit obtained obtaining					Amount Guarante	ed Outst	anding		- <u> ,</u>		<u>t</u> _
rst Name	me Middle Name				First Name					Middle Na	me
t Name/Organization Name	- , _ , , , , , , , , , , , , , , , ,	<u> </u>			Last Name/Organ	ization N	ame				
dress			-		Address						
y		State	Zip Code	e	City					D) 1	<u> </u>
ount Guaranteed Outstanding	<u>.</u>		<u> </u>			10.11		 ,		State	Zip Code
					Amount Guarantee	o Outstai	nding				
t Name		Middle Name			First Name Middle Name						
Name/Organization Name	···			<u>-</u>	Last Name/Organiz	ation Na	me			· , <u>.</u>	
ress					Address						
		State	Zip Code		City			-	Si	tate	Zip Code
unt Guaranteed Outstanding	· · · · · · · · · · · · · · · · · · ·	<u> </u>		Ā	rmount Guaranteed	Outstan	ding			- -	
tals for all Loans (complet	e on last page of ite	mized loan	s)		No.						1
tal loans received should also be s tal loan payments should also be s al outstanding loan balance should	shown in item 16, on sun	nmary page.)		-	Outstanding Loan B (Beginning of Per	alance iod)	Loans Received	d	Loan Payments	Outs	standing Loan Baland (End of Period)
SS-1132 (Rev. 4/02)	and be shown in IGM 1.	z.e. on front pa	ge.)								



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR (OMINIT LEE			2. REPORT COV	ERING THE PE	RIOD	
3. COMPLETE THE APPROPRI	ATE ITEMS FOR FAC	VIIITELUS -		FROM: TO:			
OBLIGATION (obligations total person/vendor at the end of the	ling more than \$100 o	Wed to any	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Baland (End of Period)	
First Name	Middle N	lame					
Last Name/Business Name	<u>.</u>	 .					
Address			_				
City	State	Zip Code					
Description of Obligation				· · · · · · · · · · · · · · · · · · ·			
First Name	Middle Na						
	MIROR M	arne 					
Last Name/Business Name							
Address	· · · · · · · · · · · · · · · · · · ·						
City	State	Zip Code					
Description of Obligation		<u>. J</u>					
First Name	Middle Na						
Last Name/Business Name	Wilding Na		_		-	-	
Address							
City		T					
	State	Zip Code				I	
Description of Obligation				<u></u>			
Irst Name	Middle Nan	ne					
ast Name/Business Name			-		1		
ddress					į		
ity	State	Zip Code			1		
escription of Obligation	Otolic	Zip Code					
- Conguent			· · · · · · · · · · · · · · · · · · ·	<u></u>			
rst Name	Middle Name						
st Name/Business Name							
dress	-						
у	State	Zip Code					
scription of Obligation							
TOTALS					<u></u> -		
otal from Outstanding Balance - /End o	of Period) column must al	So be shown					
in item 23b. on summary page.)	, obtaini must di	SO DE SHOWIT	i	l			