

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

RECEIVED
JAN 31 2020 9:28
WILSON COUNTY
ELECTION COMMISSION

1. DATE OF REPORT <u>01/31/2020</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>Committee to elect Rob Cesternino</u>	
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>Rob Cesternino</u>		3. ELECTION DATE <u>Nov. 3, 2020</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>225 University Ave. Lebanon TN 37087 615-927-5071</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>Mayor</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>Betty W. Springer</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 type="checkbox"/> MID-YEAR SUPPLEMENTAL <input checked="" type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD <u>9/30/19</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>1/15/20</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>[Signature]</u> signature of candidate		<u>1-30-2020</u> date	
<u>[Signature]</u> signature of political treasurer		<u>1/22/2020</u> date	
11. WITNESS SIGNATURE <u>[Signature]</u> signature of witness		<u>1/30/2020</u> date	
<u>[Signature]</u> signature of witness		<u>1/22/2020</u> date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ <u>0</u>	
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>7000RD</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>2030^{BL}</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>4969⁴⁹</u>	
e. TOTAL LOANS OUTSTANDING		\$ <u>100RD</u>	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>0</u>	



SUMMARY PAGE - CANDIDATE

WILSON COUNTY

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <u>Committee to elect Rob Costantino</u>	14. REPORT COVERING THE PERIOD FROM: <u>9/30/19</u> TO: <u>1/15/20</u>
--	---

RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ 0

b. Itemized Contributions (over \$100 from each source this period) \$ 6,900⁰⁰

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 6,900⁰⁰

16. LOANS RECEIVED THIS REPORTING PERIOD \$ 100⁰⁰

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ 0

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 7000⁰⁰

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>Website</u>	\$	<u>30.51</u>
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

Total of Expenditures (\$100 or less each payee) \$ 30⁵¹

b. Itemized Expenditures (Over \$100 each payee this period) \$ 2000⁰⁰

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 2030⁵¹

20. LOAN REPAYMENTS MADE THIS PERIOD \$ 0

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 2030⁵¹

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ 0

b. Itemized in-kind contributions (over \$100 from each source this period) \$ 0

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ 0

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ 0

b. Itemized Obligations Outstanding (Over \$100 each) \$ 0

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) \$ 0



JAN 31 2020

WILSON COUNTY COMMISSION

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Committee to elect Rob Cesternino		2. REPORT COVERING THE PERIOD FROM: 9/30/19 TO: 1/15/20	
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 Alexander	Middle Name	Contribution Received For:	
Last Name/Organization Name Sanyluk		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 1346 E. Old Maple Ct.		<input type="checkbox"/> Runoff (Local Elections Only)	
City Holladay	State UT	Date of Contribution 10/22/19	Amount of Contribution \$500 00
Occupation Executive	Zip Code 84117		Aggregate This Election \$500 00
Employer Bank of America			
First Name Alexander	Middle Name	Contribution Received For:	
Last Name/Organization Name Trakimas		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 13 Bermain Street		<input type="checkbox"/> Runoff (Local Elections Only)	
City Worcester	State MA	Date of Contribution 10/22/19	Amount of Contribution \$1600 00
Occupation Civil Engineer	Zip Code 01602		Aggregate This Election \$1600 00
Employer Self-Employed			
First Name Bobbi	Middle Name	Contribution Received For:	
Last Name/Organization Name Cesternino		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 13 Bermain Street		<input type="checkbox"/> Runoff (Local Elections Only)	
City Worcester	State MA	Date of Contribution 10/4/19	Amount of Contribution \$1600 00
Occupation retired	Zip Code 01602		Aggregate This Election \$1600 00
Employer NA			
First Name Robert	Middle Name Doyle	Contribution Received For:	
Last Name/Organization Name Springer		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 354 Chestnut Lane		<input type="checkbox"/> Runoff (Local Elections Only)	
City Lebanon	State TN	Date of Contribution 12/18/19	Amount of Contribution \$1600 00
Occupation CEO	Zip Code 37087		Aggregate This Election \$1600 00
Employer Kodak			
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.)			\$5300 00

JAN 31 2020

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <u>Committee to elect Rob Costernino</u>		2. REPORT COVERING THE PERIOD FROM: <u>9/30/19</u> TO: <u>1/15/20</u>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <u>\$5300⁰⁰</u> XX
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)			
First Name <u>Betty</u>	Middle Name <u>Wilson</u>	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution <u>\$1600⁰⁰</u>
Last Name/Organization Name <u>Springer</u>		Date of Contribution <u>12/18/19</u>	Aggregate This Election <u>\$1600⁰⁰</u> XX
Address <u>304 Chestnut Lane</u>			
City <u>Lebanon</u>	State <u>TN</u>	Zip Code <u>37087</u>	
Occupation <u>homemaker</u>			
Employer <u>NA</u>			
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			
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			
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.)			<u>6,900⁰⁰</u> XX

JAN 31 2020

WILSON COUNTY
COMMISSION

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Committee to elect Rob Besterman</i>				2. REPORT COVERING THE PERIOD FROM: <i>4/30/19</i> TO: <i>1/14/20</i>			
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <i>D</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		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City		State		Date of In-Kind Contribution		Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution			
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City		State		Date of In-Kind Contribution		Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution			
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City		State		Date of In-Kind Contribution		Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution			
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City		State		Date of In-Kind Contribution		Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution			
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City		State		Date of In-Kind Contribution		Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution			
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.)					<i>D</i>		

JAN 31 2020

WILSON COUNTY
ELECTION COMMISSION

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Committee to elect Rob Cesternino</i>		2. REPORT COVERING THE PERIOD FROM: <i>9/30/19</i> TO: <i>1/15/20</i>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>0</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>Committee to elect Boyd Clark</i>		<i>Contribution</i>	<i>\$1000⁰⁰</i>
Address <i>P.O. Box 2177</i>			
City <i>Lebanon</i>	State <i>TN</i>		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name <i>Lebanon Senior Center</i>		<i>Table Spononship</i>	<i>\$1000⁰⁰</i>
Address <i>1070 Coles Ferry Pike</i>			
City <i>Lebanon</i>	State <i>TN</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	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
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 expenditures, this amount must be shown in item 19b. of summary.)			<i>2,000⁰⁰</i>

JAN 31 2020

WILSON COUNTY ELECTION COMMISSION

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Committee to elect Rob Lester</i>	2. REPORT COVERING THE PERIOD FROM: <i>9/30/19</i> TO: <i>1/15/20</i>
---	--

3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)

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					
Address		Loan Received For:		Date of Loan	
City		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)			

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
Zip Code		Zip Code	
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
Zip Code		Zip Code	
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
Zip Code		Zip Code	
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
Zip Code		Zip Code	
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	Outstanding Loan Balance (End of Period)



RECEIVED

JAN 31 2020

WILSON COUNTY ELECTION COMMISSION

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD			
Committee to elect Rob Costantino			FROM: 9/30/19 TO: 1/15/20			
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	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
4. TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)						D