

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT OUNTY STATE AND LOCAL CANDIDATE STATEMENT OUNTY STATE AND LOCAL CANDIDATE STATEMENT OUNTY STATEMENT OU

For Single-Candidate Committees

1.	DATE OF REPORT 2a. NAME OF C	ANDIDATE OR C	OMMITTEE	ect Pot	(esterning
2.6	IF COMMITTEE, NAME OF CANDIDATE		,	3. ELECTION DA	TE TE
1	Roh. Cesternino			INDV.3	2020
4.a	CAMPAIGN ADDRESS AND PHONE Street or Rural Route City		State	Zip Code	Phone
2	25 University Que, Leb	andn	TN.	37087 B	015-927-5071
4.b	CANDIDATE'S HOME ADDRESS of different than 4.a.) Street or Rural Route City		State	Zip Code	Phone
5.	OFFICE SOUGHT (include district number, if applicable)	6. NAME C	F POLITICAL	TREASURER (may	be candidate)
	Mayor	bet	U Wo	Springe	<u></u>
7.	CATEGORY OF REPORT (Check one)	PRE-	PRE- GENERAL	MID-YEAR SUPPLEMENTA	YEAR-END L SUPPLEMENTAL
8.a	BEGINNING DATE OF REPORTING PERIOD			ORTING PERIOD	
	10 24 2020	1/15	1202	1	
9. (Check one)		1		
	a. This campaign is exempt from detailed disclosure becautures total \$1,000 or less for this reporting period. (Com	se contributions plete items 12d.	(including in- 12e. and 12	kind) received total \$1 f.)	,000 or less AND expendi-
	b. This campaign is required to file a detailed financial discland/or expenditures total more than \$1,000 for this report	osure because of ting period.	contributions	(including in-kind) rece	eived total more than \$1,000
10.	I/we do solemnly swear or affirm that the information containe accurate accounting of campaign contributions and expenditure Financial Disclosure Act. Additionally, I/we swear or affirm that benefit of the candidate or for any other nonpolitical purpose as	es required to be t no campaign c	reported by ontributions h	the candidate committ ave been expended fo	ee by the Campaign
-	signature of candidate date	R	signature	of political treasure	1/25/21 daye
11.	witness signature signature of witness 1-25-2 date	<i>></i>	Obes	nature of witness	Sev 1/25/2021
12.	SUMMARY				
	a. BALANCE ON HAND LAST REPORT			* 188.6	<u>5</u>
	b. TOTAL RECEIPTS THIS PERIOD			\$ 250,C	1938.45
	c. TOTAL DISBURSEMENTS THIS PERIOD			s Prop	DI PROC
	d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)				\$ 10a'(.15
	e. TOTAL LOANS OUTSTANDING	ated 1	CA)	mpayan Re	\$10,500.00
	f. TOTAL OBLIGATIONS OUTSTANDING				\$



JAN 26 2021

ITEMIZED STATEMENT OF LOANS - CANDIDATEVILSON COUNTY

						LLCTION COMMISS
NAME OF CANDIDATE OR COMMITTEE			0 .			RING THE PERIOD
Asmi Heada	7/9/5	+ Rnh	Postpani	FRO		TO: July Jan
2 COMPLETE THE ADDRODUATE ITEMS			Uall III	1010	25/20	1115121
3. COMPLETE THE APPROPRIATE ITEMS	FUR EAUP	THEMIZED LOAN	(loans totaling more than \$10	JU from any source du	uring the period)	
Complete the Following for the Source of the Loan						
First Name Middle Na	me	Outstanding (Beginning				standing Loan Balance (End of Period)
KODEST C		(Degaming	or chou)	l rayin	cinto	(Line of 1 chos)
Last Name/Organization Name		10.50	D.DD D	\mathcal{I}	710	500.00
Address	1.10	Loan Receiv			Date of Loan (24)	inmary of Pos
225 UNIVERSIYU C	TIC	Primar	y Election 👿 Genera	al Election	5/20/20	hap
City Company State	Zip Code	D M D Bunoff	(Local Elections Only)	C	114/20	and the second s
repund 1110	1370				012/20	2
	150		n (If more space is neede	ed please attach a		****
First Name	Middle Nar	ne	First Name		Middle	Name
Last Name/Organization Name	40		Last Name/Organization Na	ame		
Addrona			Addman			
Address			Address			
City	State	Zip Code	City		State	Zip Code
Amount Guaranteed Outstanding	1		Amount Guaranteed Outsta	ndina		
Amount Guaranteed Outstanding			Amount Guaranteed Outsta	uang		
First Name	Middle Nar	ne	First Name		Middle	Name
	1					
Last Name/Organization Name		/ /	Jast Name/Organization Na	ame		
Address	V,		Address			
Pudicos		0	No.			
City	State	Zip Code	gity	7	State	Zip Code
Amount Currenteed Outstanding			1 (Comment of Ohio	estina .		
Amount Guaranteed Outstanding)		Amount Guaranteed Outsta	namg		
First Name	Middle Nan	ne	First Name		Middl	e Name
1 111 10 1 5 11	1	(10 1 3 11			
Last Name/Organization Name			Last Name/Organization Na	ame		
Address		1	Address			
City	State	Zip Code	City	20	State	Zip Code
Amount Guaranteed Outstanding	1	1	Amount Guaranteed Outsta	nding		
			/		7	
First Name	Middle Nan	те	First Name //		Middle	Name
	1				-3)	
Last Name/Organization Name			Last Name/Organization Na	ame) /	
Address			Address			1
City	State	Zip Code	City		State	Zip Code
Amount Guaranteed Outstanding	1		Amount Guaranteed Outsta	nding		
4. Totals for all Loans (complete on last page o			Outstanding Loan Balance	Loans	Loan	Outstanding Loan Balance
(Total loans received should also be shown in item 16. on (Total loan payments should also be shown in item 20. on			(Beginning of Period)	Received	Payments	(End of Period)
(Total outstanding loan balance should also be shown in ite			10,300,00			*10,500.00



SUMMARY PAGE - CANDIDATE

JAN 26 2021

	14.00
13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD FROM: 10 125 27 TO: 10 SOMMISSION
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	injeja ijijerini
,	
a. Unitemized Contributions (\$100 or less from each source this period)	
b. Itemized Contributions (over \$100 from each source this period)	A COLOR OF THE COL
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.)	\$ <u>250.00</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)
Internet Charge for Contribution \$ 10.31	2_
\$	
\$	
\$	
\$	
\$	
\$	
\$	
Total of Expenditures (\$100 or less each payee)	\$ <u> D.3D</u>
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	.)s <u> </u>
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	



JAN 26 2021

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATERY

			2 REPORT COVE	CIOIA				
NAME OF CANDIDATE OR COMMITTEE	TO: 1/15/2/							
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	IONS FRO	M PRECEDING PAG	GE (enter \$0 if first itemized page)	Amount				
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)								
	liddle Name		Contribution Received For:	Amount of Contribution				
Last Name/Organization Name			Primary Election General Election	250 00				
Address Horror (+	0110.	Dr	Runoff (Local Elections Only)					
CHYNOShVILLE	State	Zip 69138	Date of Contribution	Aggregate This Election				
Occupation								
ADVAMEN SDER	lal	tu Prod	OS					
First Name	Middle Nam	e /	Contribution Received For:	Amount of Contribution				
Last Name/Organization Name	L		Primary Election General Election					
Address			Runoff (Local Elections Only)					
City	State	Zip Code	Date of Contribution	Aggregate This Election				
Occupation								
Employer								
First Name	Middle Nam	9	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	/liddle Nam	e	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								
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages (If this is the last page of explaining this property page)				\$25D.0D				
(If this is the last page of contributions, this amount must	DE SINOWI IN	nem 100. or summary.)		1.000,00				



JAN 26 2021

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS CANDIDATE

1 NAME OF CANDIDATE OR COMMITTEE ROD (ESTERNIA) 2 REPORT COVERING THE PERIOD FROM: 10 STORY TO: 1 STORY TO: 1							
Committee At	מון באן סו	Amount					
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)							
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 Viiddle Name			In-Kind Contribution Received For: Primary Election Gener	ral Election	/alue of In-Kind Contribution		
Last Name/Organization Name				Runoff (Local Elections Only))		
Address				Date of In-Kind Contribution		Aggregate this Election	
City State Zip Code			Description of In-Kind Contribution				
Occupation	Employer						
First Name	Midd	ldle Name		In-Kind Contribution Received For:	ral Election	/alue of In-Kind Contribution	
Last Name/Organization Name				Runoff (Local Elections Only)			
Address				Date of In-Kind Contribution		Aggregate this Election	
City	Sta	ate	Zip Code	Description of In-Kind Contribution			
Occupation	Employer						
First Name	Midd	ldle Name		In-Kind Contribution Received For: Primary Election Genel	ral Election	/alue of In-Kind Contribution	
Last Name/Organization Name				Runoff (Local Elections Only))		
Address				Date of In-Kind Contribution		Aggregate this Election	
City State Zip Code		Zip Code	Description of In-Kind Contribution				
Occupation Employer							
	100						
First Name	Mide	idle Name	•	In-Kind Contribution Received For: Primary Election Gene	ral Election	/alue of In-Kind Contribution	
Last Name/Organization Name				☐ Runoff (Local Elections Only))		
Address				Date of In-Kind Contribution		Aggregate this Election	
City		ate	Zip Code	Description of In-Kind Contribution			
Occupation	Employer						
First Name Middle Name			In-Kind Contribution Received Fo		Value of In-Kind Contribution		
Last Name/Organization Name			Runoff (Local Elections Only)				
Address			Date of In-Kind Contribution		Aggregate this Election		
City State Zip Code			Description of In-Kind Contribution				
Occupation Employer							
5. TOTAL ITEMIZED IN-KIND CON							
(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.)						D .	



JAN 26 2021 ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE		10 197 110		2. REPORT COVER	RING THE PERIODION
Committee to Elen	+ Br	ob Cristo	ornino I	FROM: 10 25 21	TO: 1/15/21
3. TOTAL ITEMIZED CAMPAIGN EXPENDITE				ie)	Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR E					riod)
First Name	Middle Na	E Warmer and the Control of the Cont	Purpose of Expenditure	THE RESIDENCE	Amount of Expenditure
Last Name/Business Name	J				
Address					
City	State	Zip Code			•
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle Nam	e	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
Løst Name/Business Name Address					
City	State	Zip Code			
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount must					0



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE 2021

					FLEOT	ON COURS
1 NAME OF CANDIDATE OR COMMITTEE		D_ b /1	esternint	2. REPORT CO	VERING THE PE	N COUNTY RIGOMMISSION)
3. COMPLETE THE APPROPRIATE ITEMS		LIKOWI. 10	1/2010	111121		
OBLIGATION (obligations totaling more that	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance		
person/vendor at the end of the reporting p	period)	ica to arry	(Degining of a chod)	This Fellou	This Fellou	(End of Period)
First Name	Middle N	ame				
Last Name/Business Name						
Address						
City	State	Zip Code	_			
,	0.000		1			
Description of Obligation						·
First Name	Middle Na	ame				
Last Name/Business Name			-			
Address						
O'th.	Tour	17: 0 :	_	ľ		
City	State	Zíp Code	1			ſ
Description of Obligation	1					
First Name	Middle Na	me		A DECEMBER OF THE PARTY OF THE		
		,,,,,				
Last Name/Business Name			1			
Address			- 1			
Aduless						
City	State	Zip Code	1 1			
Description of Obligation						
TORK TOWNS THE BUY SWIFT STAN	-	Trailer of the	4			
First Name	Middle Na	me				
Last Name/Business Name			-	4		
				4		
Address			1	1		
City	Lotata	75-0-4-	1	1		
City	State	Zip Code				
Description of Obligation						
First Name	Middle Nar	ne				
Last Name/Business Name				ĺ		
Address			-l 1			
				1		
City	State	Zip Code	7			
Describes & Olfred						
Description of Obligation						
4. TOTALS	-		T			
4. TOTALS (Total from Outstanding Balance - (End of Period) c	olumn must	talen ha chaum				
in item 23b. on summary page.)	OWNER HISS	וואאטווב או ספויט אוו				7