CAMPAIGN FINANCIAL DISCLOSURE STATEWENTED

Fo:	or State an r Single-Ca	d Local	Candida	tes	AUG -4 2020
DATE OF REPORT	Single-Ca			tees	
7-30-20	2.a. NAME OF	CANDIDATE OF	<i>:</i> 1		WILSON COUNTY
2.b. IF COMMITTEE, NAME OF CANDIDATE	I Glenn	Dentin	1 Campa		ELECTION COMMISSION
Glenn Denton			•	3. ELECTION DA	
4.a. CAMPAIGN ADDRESS AND PHONE				200	<u> </u>
Street or Rural Route	City		State	Zip Code	Phone
421 Kome Pite	Lelxinon		TN	37087	615-202-1134
CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	than 4.a.) City			<u>) 105 1</u>	<u>013 000 1139</u>
Same as above	City		State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if	applicable)	6. NAME	OF DOLUTION		
Office School Brook Tone 5	5			TREASURER (may I	oe candidate)
7. CATEGORY OR REPORT (Check one)	<i>)</i>	1 17/10	'nn Uar	1ton	
FIRST SECOND THIRD	FOURTH	A			
QUARTER QUARTER QUARTER	QUARTER	PRE- PRIMARY	PRE- GENERAL	MID-YEAR SUPPLEMENTAI	YEAR-END
8.a. BEGINNING DATE OF REPORTING PERIOD		8.b. ENDING	DATE OF REPO	ORTING PERIOD	SUPPLEMENTAL
9. (Check one)		7	-27 -	20	
 a. This campaign is exempt from detailed tures total \$1,000 or less for this report b. This campaign is required to file a detail and/or expenditures total more than \$1,000 or less for this report b. I/we do solemnly swear or affirm that the info accurate accounting of campaign contributions Financial Disclosure Act. Additionally, I/we sw benefit of the candidate or for any other noncontributions. 	iled financial disclo	sure because on period. in this campaid required to be	contributions (ir gn financial dis reported by the	ncluding in-kind) received in cluding in-kind) received in closure report is true e candidate committee	ved total more than \$1,000 and that this report is an
Signature of candidate	olitical purpose as of the determinant of the deter	ucinied by the f	federal internal	revenue code.	the personal financial
11. WITNESS SIGNATURE					
Signature of witness	7-30-20 date	SI	LL LUG 1 signatu	Lonto ure of witness	7-30-21 date
2. SUMMARY					
a. BALANCE ON HAND LAST REPORT		***************************************		<u> 1,753. "/xy</u>	
b. TOTAL RECEIPTS THIS PERIOD				410.a/	
c. TOTAL DISBURSEMENTS THIS PERIOD		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	109.59/	
d. BALANCE ON HAND (12.a. plus 12.b. minus	s 12.c.)			······\$	1,453,52/4
e. TOTAL LOANS OUTSTANDING				\$	1,800.00)
f TOTAL ORLIGATIONS OF ITSTANDING					A /



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	1	41G - 4 2020
Glenn Denton Campaign Find	14. REPORT C FROM: 01/11	OVERING THE PERI
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)		· LSTAY CONVICTOR
a. Unitemized Contributions (\$100 or less from each source this period)	. 50	
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		\$ <u>7707</u>
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g		
SDinby - Mintry exprise! \$ 269.59	g., printing, postag	e, gasoline)
WANT Radio 5 440.00		
\$ 470.		
\$		
<u> </u>		
\$		
\$		
\$		
\$	<u> </u>	
Total of Expenditures (\$100 or less each payee)	\$ 709.59	
b. Itemized Expenditures (Over \$100 each payee this period)	\$	<u> </u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		
20. LOAN REPAYMENTS MADE THIS PERIOD	*****	s <i>&</i>
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)\$	D	Í
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 &
23. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)\$		71.61.61.61.61.61.61.61.61.61.61.61.61.61
b. Itemized Obligations Outstanding (Over \$100 each)\$		_ /
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12		

AUG - 4 2020

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

	Campaign Fund	FROM: 7/ / /	20 TO: 7/21/20
3. TOTAL ITEMIZED CAMPAIGN C	ONTRIBUTIONS FROM PRECEDING	PAGE (enter \$0 if first its	Amount 12
TOOMINEETE THE AFFROPRIATE IT	EMS FOR EACH ITEMIZED CONTRIBUTION	DN (contributions totaling more than \$100 from any cont	
First Name Kick	Middle Name	Contribution Received For:	Amount of Contribution
ast Name/Organization Name			1
Porter		Primary Election General Election	50.00/
Address		Runoff (Local Elections Only)	
1010000	State Zip Code 7	Date of Contribution	
<u>Lebanon</u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Aggregate This Election
retired Nav	¥	7/1/20	
mployer		7 7720	
AHACNU	Middle Name	Contribution Received For:	Amount of Contribution
V Striather Organization Name		Primary Election Deneral Election	
<u>Urange</u>			100-00/
		Runoff (Local Elections Only)	1,00
Lebanon	State Zip Code 37087	Date of Contribution	Aggregate This Election
cupation	TN 37087		y agredate this Election
ployer		7/11/20	
ployer		7 111/20	
LVame ,	Middle Name		
Cander	would Marile	Contribution Received For:	Amount of Contribution
Name/Organization Name		Primary Election General Election	11. 5
ress		Runoff (Long) Flority Co. (1)	\$100.00
		Runoff (Local Elections Only)	
ébanon	State Zip Code 37087	Date of Contribution	Aggregate This Election
retired	1 1 1 1 1 1 1 1	-1 1	
oyer Oyer		7/18/20	
		, , , , , ,	
Name Crocklew	Middle Name	Contribution Received For:	
lame/Organization Name		m., XA	Amount of Contribution
insky		Primary Election General Election	\$160.00
ss W Main St		Runoff (Local Elections Only)	14160.7
A	State , Zip Code	Date of Contribution	
-EDCIDEN	TN 37087	•	Aggregate This Election
attorner		7/24/20	
rer		10-1100	
OTAL ITEMIZED CONTRIBUTIONS arry forward to item 3. of next page if additional			5.1

AUG -4 2020

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS LSCANDIDATE

 NAME OF CANDIDATE O 	R COMMITTE	E				31/50/100
					FROM:	OVERING THE PERIOD TO:
3. TOTAL ITEMIZED INSKIND	CONTRIBUT	JONE EDO	M DDECEDING DAG	25.7		Amount
COMPLETE THE APPROPRIA	TE ITEMS FOR	REACH ITEM	MIZED IN KIND CONTE	SE (enter \$0 if first itemized page RIBUTION (in-kind contributions totaling	9)	
First Name					and the commence of the commen	ny contributor during the period)
		Middle N	lame	In-Kind Contribution Received Primary Election	d For: / General Election	Value of In-Kind Contribu
Last Name/Organization Name				1 _ /	1	
Address				Runoff (Local Election Date of In-Kind Contribution	is Ghly)	
City		State	7:- 0:-1-		/	Aggregate this Election
Occupation	Jr.,		Zip Code	Description of In-Kind Contribution	· · · · · · · · · · · · · · · · · · ·	
5505ptito(1	Employer					
First Name	See Street Control of the Control of					
		Middle Na	ame	In-Kind Contribution Received		Value of In-Kind Contribut
ast Name/Organization Name					General Election	
Address				Runoff (Local Elections	Only)	
Na.		· · · · · · · · · · · · · · · · · · ·		Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer			1 /		
		- See Constitution and the see		\perp /		
rst Name		Middle Nar	ne	In-Kind Contribution Received I		Value of In-Kind Contribution
is! Name/Organization Name	***************************************			J.	General Election	
ddress			<u> </u>	Runoff (Local Elections	Only)	
				Date of In-Kind Contribution		Aggregate this Election
ly		State	Zip Code	Description of In-Kind Contribution		
ccupation	Employer		<u> </u>	1		
			, in the second			
st Name	and the second second second second	Middle Nam	e /	In-Kind Contribution Received F	ОГ:	Value of In-Kind Contribution
t Name/Organization Name		<u> </u>	 	Primary Election	General Election	Value of m-Adia Continuotio
,		/		Runoff (Local Elections (Only)	
dress				Date of In-Kind Contribution		Aggregate this Election
1		State	Zip Code	Description of In-Kind Contribution		
upation	Employer	//				
Name		Middle Name	garantan maga santan santan kata kasayan santa	In-Kind Contribution Received F	OC:	Vatarative
Name/Organization Name					eneral Election	Value of In-Kind Contribution
				Runoff (Local Elections Or	nly)	
958				Date of In-Kind Contribution		Aggregate this Election
		State	Zip Code	Description of In-Kind Contribution		
pation	Employer			, Santabanon		
	1 -7-					
TOTAL ITEMIZED IN-KIND CO						
Carry forward to item 3. of next page if a If this is the last page of in-kind contribu	additional pages of	f this form are t	ised.)			
Pego or allouid collision	cono, una amount	HIDS DE SHOW	ти кет 220. of summary.)		ا مد ا	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATEY

1. NAME OF CANDIDATE OR COMMITTE	E	- V 1		2. REPORT COV	ELECTION COMMISSIC FERING THE PERIOD		
Glenn Denton Ca	FROM 1/01	TO: 0 1/2 7/20					
3. TOTAL ITEMIZED CAMPAIGN EXPEND	ITURES F	ROM PRECEDING P	AGE (enter \$0 if first itemized page)	age)	1 0		
4. COMPLETE THE APPROPRIATE ITEMS FO			Color control of the Color of t	0 to any payee during the	period)		
Sherian Den	Middle	Name	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name			20.01.0	,			
Address Vesta Rd		- printing e	xpenses	\$269.59			
Chy Lebanon	State	Zip Code 37090					
First Name ANT Radio	Middle		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name			Tradio				
Address			" i	• •	\$ 440.00/x		
city	State	Zip Code 37087	- advertisi	()	170.7		
First Name	Middle N	and a second	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name					Amount of Experiantife		
Address							
City	State	Zip Code					
irst Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure		
ast Name/Business Name	······································						
ddress							
ity	State	Zip Code	_				
rst Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
ist Name/Business Name	<u> </u>		-				
ddress			1				
ly	Chair						
	State	Zip Code					
rst Name	Middle Nan	ne	Purpose of Expenditure	Amount of Expenditure			
st Name/Business Name							
dress							
Y	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	of this form a be shown in	re used.) ttem 19b. of summary.)			709.59		

ITEMIZED STATEMENT OF LOANS - CANDIDATEN COUNTY

1. NAME OF CANDIDATE OR COMMITTI	EE		····		· · · · · · · · · · · · · · · · · · ·		2 5	PEDORT C	LECT	ON COMMISSIONS THE PERIOD	
3. COMPLETE THE APPROPRIATE ITEM	MM	IGI)	Funa ZEDLOAN	/			FRC 07	101		TO: 07/37/21	
Complete the Following factly Comment	OTOREA	OFFIT LIVII.	ZED LOAN	(loans totaling r	nore than	\$100 from an	y source c	luring the perio	od)		
Complete the Following for the Source of the Lo First Name Middle I Last Name/Organization Name				g Loan Balance g of Period)		oans ceived	Loa Paym		(nding Loan Balance End of Period)	
Address	······································	····	Loan Recei	ved For:		<u></u>		Date of Loan		1300	
City State TW List All End	Zip Coo 310 dorsers or G	87		ry Election f (Local Elections o an (If more space	Only)	neral Election	attach a	0200)	······································		
First Name	Middle N			First Name	oc io nec	ocu picase	attacii a	Marin de la proprie de la composition della comp	viiddle Na	ime	
Last Name/Organization Name				Last Name/Org.	anization	Name					
Address				Address				· · · · · · · · · · · · · · · · · · ·			
City	State	Zip Co	ode	City				S	tate	Zip Code	
Amount Guaranteed Outstanding		- I		Amount Guarant	teed Outs	landing					
First Name	irst Name Middle Name					First Name Middle Name					
Last Name/Organization Name		Last Name/Orga	nization N	lame		<u>_</u>	<u> </u>				
Address			7	Address							
City	State	Zip Coc	le	Cily			St	ate	Zip Code		
Amount Guaranteed Outstanding				Amount Guarante	ed Outsta	anding		L			
First Name	Middle Na	me		First Name	1000-4		Testeries accessors	М	iddle Nar	ne	
Last Name/Organization Name				Last Name/Organ	ization Na	ame					
Address				Address	***************************************						
City	State	Zip Code	9	City				Sta	ate	Zip Code	
Amount Guaranteed Outstanding		· · · · · · · · · · · · · · · · · · ·		Amount Guarantee	ed Outstar	nding			t <u>-</u>	<u> </u>	
First Name	Middle Name First Name					esta esta esta esta esta esta esta esta	Middle Name				
ast Name/Organization Name				Last Name/Organization Name							
Address				Address							
City	Stale	Zip Code		City	•			Stat	e	Zip Code	
mount Guaranteed Outstanding		1	A	mount Guarantee	d Outstan	ding			· · · · · · · · · · · · · · · · · · ·		
. Totals for all Loans (complete on last page of (Total loans received should also be shown in item 10, on s (Total loan payments should also be shown in item 20, on s (Total outstanding loan balance should also be shown in item	ummary page	e.)	C	Outstanding Loan E (Beginning of Pe	eriod)	Loans Received	d	Loan Payments		tanding Loan Balance (End of Period)	

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATEOUNTY

					FEEGIR	DI COMMISSION	
1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
				FROM:	TO:	14100	
COMPLETE THE APPROPRIAT OBLIGATION (obligations totaling person/vendor at the end of the recommendation).	more than \$100 owed to any		Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)	
First Name	Middle N	ame				es annoquation de la contraction de la contracti	
Last Name/Business Name							
Address		· · · · · · · · · · · · · · · · · · ·					
City		-T					
	State	Zip Code					
Description of Obligation		····· ^k ·······························				I	
First Name	Middle Na	me			- Albert - A	water of the father and the control of the	
Last Name/Business Name			_				
Address		· · · · · · · · · · · · · · · · · · ·					
City	01-1-	13: 0	_				
	State	Zip Code					
Description of Obligation							
First Name	Middle Nar	ne		Walker and the Manager of the Section of the Sectio	and the first of the second	Programme and the second second	
Last Name/Business Name			_				
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Middle Nam	Δ		and the second s	West data and a second		
.ast Name/Business Name	Middle Nair						
Address]				
City	State	Zip Code					
Description of Obligation							
	in saatiiniin oo ah						
First Name	Middle Name)					
ast Name/Business Name	<u> </u>						
ddress							
City	State	Zip Code					
escription of Obligation		······································					
				Markey and the second s			
. TOTALS (Total from Outstanding Balance - (End of P in item 23b. on summary page.)	² eriod) column must a	lso be shown					
39.							