CAMPAIGN FINANCIAL DISCLOSURE STATEMENT DE For State and Local Candidates

JAN 25 2021

1. DATE OF REPORT	10- 1444	AIDID AMP CO		JAN 25 2021					
	1 .	NDIDATE OR COMMITTEE		2021					
January 25,2021	Lisa	Noble		WILSON COUNTY					
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. FLECTION DATE	ECTION COMMISSION					
			1						
4.a. CAMPAIGN ADDRESS AND PHONE			202	0					
Street or Rural Route	City	0	-						
	Y. A.	State	Zip Code	Phone					
466 Lovers Lane	Lebanoi	TN.	37087 1	015-568-8979					
4.b. CANDIDATE'S HOME ADDRESS (if differen				10000					
Street or Rural Route	City	State	Zip Code	Phone					
41010 LOVERS Lane	Lebanon	TN	37087 6	15-568-8979					
5. OFFICE SOUGHT (include district number, if		6. NAME OF POLITICAL							
Λ ι Λ	0		100	candidate)					
	7	Juler W	aitaker						
7. CATEGORY OR REPORT (Check one)	V			Α.					
FIRST SECOND THIRD	FOURTH	PRE- PRF-	LID VEAD						
QUARTER QUARTER QUARTER	/	PRIMARY GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL					
8.a. BEGINNING DATE OF REPORTING PERIOD		8.b. ENDING DATE OF REPO	RTING PERIOD	SUFFLEINENTAL					
October 25, 2021									
9. (Check one)		January	15, 202	2.					
3. (Glieck Olle)		~							
a. This campaign is exempt from detailed	disclosure because	contributions (including in-kir	nd) received total \$1.00	O or loce AND avpandi					
tures total \$1,000 or less for this repor	ting period. (Comple	te items 12d., 12e. and 12f.)	id) received total \$1,00	DO OF less AND expendi-					
		·							
b. This campaign is required to file a deta	iled financial disclosu	ire because contributions (in	cluding in-kind) receive	ed total more than \$1,000					
and/or expenditures total more than \$1	,000 for this reporting	репоd.							
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									
ripencial Disclosure Act. Additionally, I/we si	wear or attirm that no	campaign contributions have	e heen evnended for ti	ne personal financial					
benefit of the candidate or for any other nonp	olitical purpose as de	fined by the federal internal	revenue code.	1					
XX	Mikele	1 1	1 1 -	1 . 1					
A III	0/25/21	A. Tulei	Writake	01/25/21					
signature of candidate	date	signature of	political treasurer	date					
		V							
11. WITNESS SIGNATURE									
1/ - 11		11	1.1.1						
Iday P. M. Lay, 11	T-1 222	41. 1	Miller ld						
10 min it 1 m sured	January 25 20	Chan 19.	/ WY KORUM	January 25,200					
signature of witness	date	signatu	re of witness	date					
12. SUMMARY									
			1, 6,85						
a. BALANCE ON HAND LAST REPORT			\$ 1,621.						
			w w . 00						
b. TOTAL RECEIPTS THIS PERIOD			550-						
			24						
c. TOTAL DISBURSEMENTS THIS PERIOD	************************		1141 21	.1					
				_1					
d. BALANCE ON HAND (12.a. plus 12.b. min	us 12.c.)		¢	1,03051					
d. BALANCE ON HAND (12.a. plus 12.b. min e. TOTAL LOANS OUTSTANDING	,		Þ	7000					
TOTAL LOANIO COMPANY				2 15731					
e. TOTAL LOANS OUTSTANDING			\$.	2121-					
f. TOTAL OBLIGATIONS OUTSTANDING			•	B					
			······ 🌣 +						





JAN 25 2021

SUMMARY PAGE - CANDIDATE

WILSON COUNTY

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
Lisa Nobel	FROM:10/24/20 TO:01/15/2/
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	.\$ 400°°
b. Itemized Contributions (over \$100 from each source this period)	\$ 15000
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$_550°°
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, postage, gasoline)
Banking Service Fee \$ 24.00	
\$	
\$	
\$	_
*	_
	-
\$	-
Ψ	-
Total of Expenditures (\$100 or less each payee)	24,00
b. Itemized Expenditures (Over \$100 each payee this period)	74
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$_1,141
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u>Ø</u>
20. LOAN REPAYMENTS MADE THIS PERIOD21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 1,141 34
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	
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 12	



JAN 25 2021

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

				ELFC	TION COMMO			
1. NAME OF CANDIDATE OR COMMITTE	L. REPORT COV	TION COMMISSION ERING THE PERIOD						
Lisa Nobe	FROM: 10/24/2	Amount						
3. TOTAL ITEMIZED CAMPAIGN EXPEND	age)	1 5UN00						
4. COMPLETE THE APPROPRIATE ITEMS FO	T			0 to any payee during the p	period)			
	Middle Name		Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name Want FM		Canada	S . 1 .					
Address		- Commerci	11015	54000				
City	State	Zip Code						
First Name	Middle I	Name	Purpose of Expenditure	Amount of Expenditure				
Last Name/Business Name Creative Grapi Address LOD Oak Street	Creative Graphics		Brochur	Brochures				
Lebanon	State	Zip Code 37087						
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name			7					
Address			1					
City	State	Zip Code						
-irst Name	Middle Name		Purpose of Expenditure	Amount of Expenditure				
ast Name/Business Name								
ity	State	Zip Code						
rst Name	Middle Name		Purpose of Expenditure		Amount of Expenditure			
st Name/Business Name			1					
ddress								
ty	State	Zip Code						
rst Name	Middle Name		Purpose of Expenditure		Amount of Expenditure			
t Name/Business Name								
ress								
+	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 are be shown in it	e used.) em 19b. of summary.)			1,117 34			



ITEMIZED STATEMENT OF LOANS - CANDIDATEON COUNTY

4 MANE OF CAMPIE											JION	COLUNTY
NAME OF CANDIDATE OR COMMITTEE								2.	REPORT	COVE	RING T	HE PERIODIC
1 1 5 - N		FROM: 10/2.5 (loans totaling more than \$100 from any source during the					TO:					
M 501 1	TODIE							+ 11	1251	20	01	115/21
3. COMPLETE THE AF	PROPRIATE ITEMS	S FOR EAC	H ITEMIZ	ZED LOAN	(loans totaling r	nore than	\$100 from an	y source	during the p	eriod)		
Complete the Following for									151			
First Name	er				Loan Balance	L	oans		оал	Out	standing	Loan Balance
				(Beginning	(Beginning of Period) Received				Payments (End of Period			
Last Name/Organization Name				1	-					1		
										-		
Address				Loan Recei	Received For: Date of Loan							
City	Cib			☐ Primary Election ☐ General Election								
City	State	Zip Code		☐ Rupof	(Local Elections	Onto		- 1				
	Lint All Ford											
F: (1)	LIST All End			or Above Lo	an (If more spa	ce is ne	eded please	attach	a page)			
First Name		Middle Nar	ne		First Name Middle Name							
Last Name/Organization Name					Last Name/Org	anization	Mana			1		
					Last Namerorg	anization	iName					
Address					Address							
					1							
City		State	Zip Co	de	City					State	Tz	ip Code
Amount Connector (Col. 1)												
Amount Guaranteed Outstanding]				Amount Guaranteed Outstanding							
First Name		Middle Nam			Circl Name	-						
		INITIONIE INGLI	ic .		First Name					Middle	Name	
Last Name/Organization Name												
Lost Warner Organization Name					Last Name/Organization Name							
Address					Address							
City	State Zip Code				City State Zip Co							p Code
Amount Guaranteed Outstanding		1	1									
Arnount Guaranteed Outstanding					Amount Guarante	eed Outst	tanding					
First Name		Middle Name			First Manager							
		I WILLIAM TO THE TAIL THE	,		First Name Middle Name							
ast Name/Organization Name					£ast Name/Organization Name							
Address					Address							
City		104.4	T-2: 0 :		-							
Ony		State	Zip Code	,	City					State	Zi	p Code
Amount Guaranteed Outstanding					Amount Guarante	eri Outsta	anding					
				- 1								
First Name		Middle Name			First Name			-	P	Middle M	-	
Madoritality			1	Mildel (Val) IE								
st Name/Organization Name			Į.	Last Name/Organization Name								
Address												
IMMI COO				1	ddress							
City		State	Zip Code		City	_				21-1-	1 -	
		J. 12.13	~,p 0000		ny				1	State	Zip	Code
mount Guaranteed Outstanding				A	mount Guarantee	d Outstar	nding					
Totale for all / come /c-	lete on light					W. Tool	THE REAL PROPERTY.					
Totals for all Loans (complete on last page of itemized loans) Total loans received should also be shown in item 16. on summary page.)			C					ng Loan Balance				
Total loan payments should also I	e shown in item 20, on su	mmary page)		-		731	Receiver	$\overline{}$	Payments			of Period)
Total outstanding loan balance should also be shown in item 12.e. on front page.)					3,157	1=	Ø		B		3,1	5731