## CAMPAIGN FINANCIAL DISCLOSURE STATEMENTO

	or State an r Single-Ca				The state of the s	7 2020
1. DATE OF REPORT	2.a. NAME OF (			ees		
07-01-2020	BeR		34		WILSON ( ELECTION CO	COUNTY
2.b. IF COMMITTEE, NAME OF CANDIDATE		,		3. ELECTION D	DATE	NOISSIMING
	Bervie	Ash		202		
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route		<u> </u>			<u></u>	
726 Brockter St.	City Lebis NOW		State	Zip Code	Phone	
4.b. CANDIDATE'S HOME ADDRESS (if differen	t than 4 a)		10	37087	615-804	-4153
Street or Rural Route	City		State	Zip Code	Phone	
5. OFFICE SOUGHT (include district number, in		6. NAME	OF POLITICAL	TREASUŖER (ma	v he candidate)	
MAYOR City of Leban	cv		Berwie	Ach	y bo banaloato,	
7. CATEGORY OR REPORT (Check one)	F			1/37		
FIRST SECOND THIRD	L_J FOURTH	PRE-	PRE-	MID-YEAR	VEAS	□ R-END
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER T	PRIMARY	GENERAL	SUPPLEMENT		
4-1-20		O.D. EINDANG	EDATE OF REPOR			
9. (Check one)		Ų	ي پي مر	7		
b. This campaign is required to file a deta and/or expenditures total more than \$	Troop for this report	ing penou.				
<ol> <li>I/we do solemnly swear or affirm that the inf accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we s benefit of the candidate or for any other nonp</li> </ol>	swear or affirm that r	on campains or	reported by the	candidate commit		
Obernie ask	6-30-20 date	j	The	. · Go	6-	71-71
signature of candidate	date		signature of	political treasurer		30-20 date
11. WITNESS SIGNATURE						
Marin Ash	1.20.20	(_	Pulls 1	-11 1	/	1
signature of witness	6:30:20 date			re of witness		8/20
2. SUMMARY				E OI WHITCOS	λ	date
				10 an 3	2_	
a. BALANCE ON HAND LAST REPORT	***************************************	******************	•	1870 -	T C	
b. TOTAL RECEIPTS THIS PERIOD			\$	6000	<del></del>	
c. TOTAL DISBURSEMENTS THIS PERIOD			\$	3500 3	- ¥	
d. BALANCE ON HAND (12.a. plus 12.b. min	ius 12.c.)	***************************************			s <u>4389</u>	99
e. TOTAL LOANS OUTSTANDING					\$ 1700U	

TOTAL OBLIGATIONS OUTSTANDING.....



## SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIO
Bernie Ash	FROM: 4-1-20 TO:6-30-20
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	RECEIVED
a. Unitemized Contributions (\$100 or less from each source this period)	\$JUL -7 2020
b. Itemized Contributions (over \$100 from each source this period)	\$ WILSON COUNTY
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	ELECTION COMMISSION
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ 6000 at
17. INTEREST RECEIVED THIS REPORTING PERIOD	·····\$
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ 600000
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g	J., printing, postage, gasoline)
Printing \$ 168 00	3 / 3 / 1
Adventising \$ 600 °C	
	<del></del>
Dowalions \$ 300°	
\$	
	<del></del>
	<del></del>
\$	
<u> </u>	_
Total of Expenditures (\$100 or less each payee)	3500 34
b. Itemized Expenditures (Over \$100 each payee this period)	/
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	1
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ A
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ 3500 35
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	



**RECEIVED** 

## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE WILSON COUNTY

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 any payee during the period)  First Name  Middle Name  Purpose of Expenditure  Amount of Expenditure  Address  City  Leby:  State  Top Code  37087  First Name  Middle Name  Purpose of Expenditure  Amount of Expenditure  Address  Advantismy
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 any payee during the period)  First Name  Middle Name  Purpose of Expenditure  Amount of Expenditure  Address  City  Lebawn  State  Zip Code  37087  First Name  Middle Name  Purpose of Expenditure  Amount of Expenditure  Last Name/Business Name  WANT  RAJO  Adventism  Adventism  Adventism
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  Address  City  Lebraur  State  Zip Code  370B7  First Name  Middle Name  Purpose of Expenditure  Amount of Expenditure  Last Name/Business Name  Amount of Expenditure  Amount of Expenditure
First Name  Last Name/Business Name  Retten Letten Rintry  Address  City Lebawn  First Name  Middle Name  Middle Name  Purpose of Expenditure  Amount of Expenditure  ### ### ############################
Last Name/Business Name  Retten Letten Rintry  Address  City Lebnium State Zip Code 37087  First Name Middle Name Purpose of Expenditure  Last Name/Business Name  WANT RAJO  Adventismy  Amount of Expenditure
Address  City Lebaur State Zip Code 77087  First Name Middle Name Purpose of Expenditure Amount of Expenditure  Last Name/Business Name  WANT RAJO  Adventismy  Adventismy  Adventismy
Address  City Lebnur State Zip Code TE 37087  First Name Middle Name Purpose of Expenditure Amount of Expenditure  Last Name/Business Name  WANT RAJO  Adventisms
First Name  Middle Name  Purpose of Expenditure  Amount of Expenditure  Last Name/Business Name  UANT  Radio  Advantismy  BOC
First Name  Middle Name  Purpose of Expenditure  Amount of Expenditure  Last Name/Business Name  UANT  RAJO  Advantismy  BOC
Last Name/Business Name  WANT RAJO  Advantismy  600
Last Name/Business Name WANT RAJO Address  Advantising
Address Advantising 600
Address
City , j State Zip Code
Lebann Ta 37087
First Name Middle Name Purpose of Expenditure Amount of Expenditure
Last Name/Business Name  Last Name/Business Name  Ray 310
Address Signs \$2432 ]
Lebawar Zip Code Jaro 27087
Aniotist of Expenditure Aniotist of Expenditure
Last Name/Business Name  Black Wistory Commetter  8720
Address Black Nistony Commetter Donation \$200
City Lebitinor State Zip Code The 37027
1/2  3/01/
First Name Middle Name Purpose of Expenditure Amount of Expenditure
ast Name/Business Name / enders hip Wilsow
Address Dowation \$100
City Lebourn Ton 37077
First Name Middle Name Purpose of Expenditure Amount of Expenditure
ast Name/Business Name
address
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.)
(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.)

JUL -7 2020

ITEMIZED STATEMENT OF LOANS - CANDIDATION OF

1. NAME OF CAN	IDIDATE OR COM	MITTEE		······································	· · · · · · · · · · · · · · · · · · ·					LECTION COUNT RING THE PERIODS	
		Beruie		Ach							
2 COMPLETE TH	F 4 DDD 0 DD1475	JERUIE	/	757				FROM: 4-1- 2	20	6-30-20	
3. COMPLETE TH	EAPPROPRIATE	TIEMS FOR EAC	JH I I EMIZ	CEU LOAN	(loans totaling n	ore than S	\$100 from any s	ource during the	period)		
Complete the Followin	<del></del>										
First Name  Bernie  Middle Name  L.		Outstanding Loan Balance Loans (Beginning of Period) Received		eived	Loan Outstanding Loan Balance Payments (End of Period)						
Last Name/Organization Name			1100000 \$60000				O \$17000 00				
Address 726 Roseliter Sit					Loan Received For: Date of Loan						
City Lebitivon State Zip Code 7 37087				Primary Election Seneral Election  Runoff (Local Elections Only)  3-20-20							
	List	All Endorsers or G	uarantors fo	or Above Loa	n (if more space	e is nee	ded please at	tach a page)			
First Name		Middle N	nanie i deligio politici program		First Name Middle Name					e Name	
_ast Name/Organization f	Name				Last Name/Organization Name						
Address				Address				$\overline{}$			
City		State	Zip Co	de	City				State	Zip Code	
mount Guaranteed Outst	tanding		J		Amount Guarant	eed Oulst	anding	/	_ <u></u>		
irst Name	st Name Middle Name				First Name Middle Name						
ast Name/Organization N	lame				Last Name/Orga	nization N	ame		1		
Address			<del>1                                     </del>		Address	/					
City		Støle	Zip Coo	ie	City	······································			State	Zip Code	
nount Guaranteed Outsta	anding		· · · · · · · · · · · · · · · · · · ·		Amount Guarante	eed Outsta	anding		<u> </u>		
irst Name		Middle Na	me		First Name	9-9-4-4		New York Control of the Control of t	Middle	Name	
ast Name/Organization Name				Last Name: Organization Name							
ddress	<del>"" " " " " " " " " " " " " " " " " " "</del>		/		Address		· · · · · · · · · · · · · · · · · · ·	<u> </u>	· ······ · · · · · · · · · · · · · · ·		
ity		State	Zip Cod	e	City			······································	State	Zip Code	
nount Guaranteed Outsta	nding	/			Amount Guarante	ed Outsta	nding		1		
st Name Middle Name				First Name Middle Name							
ist Name/Organization Name			ļ.	Last Name/Organization Name							
idress				· · · · · · · · · · · · · · · · · · ·	Address						
ty _		State	Zip Code		City				State	Zip Code	
ount Guaranteed Outstar	nding			A	mount Guarantee	ed Outstan	nding		<u> </u>		
rotals for all Loans (	complete on last r	age of itemized lo	ans)		Outstanding Loan	Balance	Loans	Loar	**************************************	Outstanding Loan Balance	
otal loans received shoul otal loan payments shoul	ld also be shown in iter	n 16, on summary page	e.)		(Beginning of P		Received	Payme	ents	(End of Period)	
payments onvu	ance should also be cho	wn in item 12.e. on fron	or, at page.)		"   000 °C		6000°	1 6	2_  -	\$ 17000 00	