### **CAMPAIGN FINANCIAL DISCLOSURE STATE**

	DISCLOSURE STATEM	IENEIVED
	d Locai Candidates ndidate Committees	IAN Eggs 6
1. DATE OF REPORT 2.a. NAME OF C	CANDIDATE OR COMMITTEE  WALKER FOR MAYOR W	LSON COUNTY
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE ZO	ZO ZOMMISSION
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City  ADIB WEDD CREST CIRCLE MY	7 1	557-8293
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City	State Zip Code Ph	none
5. OFFICE SOUGHT (include district number, if applicable)  MY JULIET MAYES	6. NAME OF POLITICAL TREASURER (may be candid FRANK BUSH	late)
7. CATEGORY OR REPORT (Check one)  FIRST SECOND THIRD FOURTH QUARTER QUARTER QUARTER  8.a. BEGINNING DATE OF REPORTING PERIOD	PRIMARY GENERAL SUPPLEMENTAL SU  8.b. ENDING DATE OF REPORTING PERIOD	YEAR-END PPLEMENTAL
10 25 20 9. (Check one)	12/31/20 (FINAL	)
<ul> <li>a.  This campaign is exempt from detailed disclosure becautures total \$1,000 or less for this reporting period. (Comb. This campaign is required to file a detailed financial discland/or expenditures total more than \$1,000 for this report 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</li> </ul>	plete items 12d., 12e. and 12f.)  closure because contributions (including in-kind) received total rting period.  and in this campaign financial disclosure report is true and the es required to be reported by the candidate committee by the true campaign contributions have been expended for the per	at this report is an
benefit of the candidate or for any other nonpolitical purpose as signature of candidate date	signature of political treasurer	date/
11. WITNESS SIGNATURE  Signature of witness date	signature of witness	1/6/2  date
12. SUMMARY	2218 40	,
a. BALANCE ON HAND LAST REPORT	\$ <u>2219,49</u> \$ <u>14,714,</u> 22	
b. TOTAL RECEIPTS THIS PERIOD	,	
c. TOTAL DISBURSEMENTS THIS PERIOD		<i>d</i>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$	4
e. TOTAL LOANS OUTSTANDING	\$	<u> </u>
f. TOTAL OBLIGATIONS OUTSTANDING	\$ —	Φ



#### **SUMMARY PAGE - CANDIDATE**

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
BAH WALKER	FROM: 10 25 20 10: 12 31 20
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	. ,
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 250,00
b. Itemized Contributions (over \$100 from each source this period)	\$ 14,464,22
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ 14,714,22
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.)	\$ 14,714,22
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)
BOOK KHOCKING \$ 250	
WEB SITE \$ 30.	59
<b>\$</b>	_
<b>\$</b>	
<u></u> \$	
\$	
<b>\$</b>	
\$	
\$	
Total of Firmural Access (0400 as less continuous)	. 280.59
Total of Expenditures (\$100 or less each payee)	: 4653-12
b. Itemized Expenditures (Over \$100 each payee this period)	6933 70
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	10,135,11
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	
Unitemized Obligations Outstanding (\$100 or less each)      Itemized Obligations Outstanding (Over \$100 each)	\$
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	12.f.)\$



## ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE OUNTY ELECTION COMMISSION

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER	ING THE PERIOD	
T. TO WILL OF GO WELLS WELL STREET	MAH	WALKE	L	FROM; 0/25/20	TO: 12/3/20	
				7 /	Amount	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT					Ψ	
4. COMPLETE THE APPROPRIATE ITEMS FOR EA				\$100 from any contributor	Amount of Contribution	
First Name MARY	Middle Name		Contribution Received For:	<del>-</del>	Amount of Continuuton	
Last Name/Organization Name BEFBE			Primary Election	General Election	300,00	
Address 700 E AFLINDT	HE		Runoff (Local Election	ns Only)		
CITY CLEWISTON	State	Zip Code 33440	Date of Contribution	i	Aggregate This Election	
Occupation RETIREA			10/29/	20	600,00	
Employer			, ,			
First Name	Middle Nam	e	Contribution Received Fo	ori:	Amount of Contribution	
Last Name/Organization Name WALKER			Primary Election	General Election	14,164,22	46
		0115	Runoff (Local Election	ons Only)	11,111,11	"LP
City MT JULIET	State ,	Zip Coole 37127	Date of Contribution		Aggregate This Election	
City UT JULIET Occupation	TN	3/1/22	11/3/20	~		
CANDINATE			11/3/20			
Empoyer						
First Name	Middle Nam	Đ	Contribution Received Fo	or:	Amount of Contribution	
Last Name/Organization Name	1		Primary Election	General Election		
Address			Runoff (Local Electi	ons Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation						
Employer						
First Name	Middle Nan	ne	Contribution Received For	<b>2</b>	Amount of Contribution	
Last Name/Organization Name			Primary Election	General Election		
			Runoff (Local Electi	ions (Inly)		
Address	1.				Aggregate This Election	1
City	State	Zip Code	Date of Contribution		7555	
Occupation						
Employer						
TOTAL ITEMIZED CONTRIBUTIONS     (Carry forward to item 3. of next page if additional page					14,464,22	
to the formation is a few or a few and a conditional party						



#### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

**ELECTION COMMISSION** 1. NAME OF CANDIDATE OR COMMITTEE 2. REPORT COVERING THE PERIOD BAR WALKER TO: 12/31/20 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 Last Name/Business Name PRINTING SIGNS 2320,44 Zip Code First Name Middle Name Purpose of Expenditure Amount of Expenditure COMPUTER ENHANCEWENT Last Name/Business Name REV LOCAL 750,00 VERNON 43650 First Name Middle Name Purpose of Expenditure Amount of Expenditure Last Name/Business Name 51GH DESIGN GRAPHICS DESIGNER 1115,01 SOUTH Zip Code 75703 First Name Middle Name Purpose of Expenditure Amount of Expenditure Last Name/Business Name CUT OUT 349.57 Address City State Zip Code 37087 M First Name Middle Name Purpose of Expenditure Amount of Expenditure Last Name/Business Name INN EXPRESS ROOM RENTAL 194.63 MITJULIET Zip Code th 37/22 Middle Name Purpose of Expenditure Amount of Expenditure PARTY SUAPLIES LTHCH 428,47 Address Zip Code WY JULIET M 5. TOTAL ITEMIZED EXPENDITURES 5158.12 (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.)

### WILSON COUNTY ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATEION

1. NAME OF CANDIDATE OR COMMITTEE				A DEDODE ON FE	NIA THE DEDICE
1. NAME OF CANDIDATE OR COMMITTEE	FROM: 10/25/2	TO: 12/31/20			
3. TOTAL ITEMIZED CAMPAIGN EXPENDITE	JRES FRO	OM PRECEDING PAG	E (enter \$0 if first itemized pa	ge)	Amount 5158 . 12
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name  LENG  Last Name/Business Name	те	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name RUSSOMANNO			CHMPAIG	1100000	
Address 525 LAKES HO		RIVE	MAN	495,00	
City Mt JULIEN	State	Zip Code 37122			
First Name FRAHK	Middle Nar	me	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name					
Address 1804 LAKE WIS	EADOU	W tre	FINANCI	-	1000,00
CIN MT JULIET	State 170	Zip Code 37)22			
First Name	Middle Nan		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	1				
Address					40 A1
City	State	Zip Code			
First Name Middle Name		ė	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City State Zip Code		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	
Last Name/Business Name					
Address					
City	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				6653,12	



## ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATED COUNTY COMMISSION

1. NAME OF CANDIDATE OR COMMITTEE		1660	2. REPORT COVERING THE PERIOD		RIOD	
1. NAME OF CANDIDATE OR COMMITTEE DAN WALL				FROM: 10/25		2/31/20
COMPLETE THE APPROPRIATE ITEMS			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  R + W RINTING  Address		2320,44	ø	2320.44	\$	
City  W-T  JVLIET  Description of Obligation	State	Zip Code				
First Name	Middle Na	me				
Lost Nama/Dusiness Nama				,		
Last Name/Business Name			750,00	9	750 FO	Ø
Address P.O. BOX 51)				,		
City MY VERHON	State	Zip Code H3150				
Description of Obligation					71	
First Name	Middle Nar	me				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation				1.		
First Name	Middle Nar	ne				
Last Name/Business Name	Last Name/Business Name					
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Nan	ne				
Last Name/Business Name	l'					
Address						
City	State	Zip Code				
Description of Obligation						
TOTALS     (Total from Outstanding Balance - (End of Period) c in item 23b. on summary page.)	olumn must	also be shown	3070,44	Ø	3070,44	do



# ITEMIZED STATEMENT OF LOANS - CANDIDATE

						LSON COUNTY
NAME OF CANDIDATE OR COMMITTEE	. А.			2. REPORT (	COVERNO TO	TONECOMMISSIO
MAN WALKER 10/25/20 12/3,/20						
3. COMPLETE THE APPROPRIATE ITEMS F	OR EACH I	TEMIZED LOAN (	loans totaling more than \$100 from any	y source during the pe	riod)	
Complete the Following for the Source of the Loan						
First Name Middle Nam	e	Outstanding L (Beginning of		Loan Payments		ng Loan Balance d of Period)
Last Name/Organization Name				10,000 00	`	do '
SHELA  Last Name/Organization Name  WALKER			20.00	-		Ψ
Address 2013 WOODCREST	CIRLI	Loan Receive	g	Date of Loa		
City WT JUHET State	Zip Code 37 12	2 Runoff (	Local Elections Only)	7/2	19/2	D
			n (If more space is needed please	attach a page)		
First Name	Middle Name		First Name		Middle Nam	e
Last Name/Organization Name			Last Name/Organization Name	-	1	
Address			Address			
City .	State	Zip Code	City		State	Zip Code
Amount Guaranteed Outstanding			Amount Guaranteed Outstanding			
First Name	Middle Name		First Name		Middle Name	е
Last Name/Organization Name			Last Name/Organization Name			
Address	Address					
City	State	Zip Code	Cibe		Ctoto	Tin Code
City	State	Zip Code	City State Zip Cod			Zip Code
Amount Guaranteed Outstanding			Amount Guaranteed Outstanding			
First Name	Middle Name		First Name		Middle Nam	ne
Last Name/Organization Name			Last Name/Organization Name			
Address			Address			
City	State	Zip Code	City State Zip 0			Zip Code
Amount Guaranteed Outstanding		1	Amount Guaranteed Outstanding			
First Name Middle Name			First Name Middle Name			
Last Name/Organization Name			Last Name/Organization Name		<u> </u>	
Address			Address			
City	State	Zip Code	City		State	Zip Code
Amount Guaranteed Outstanding			Amount Guaranteed Outstanding			
4. Totals for all Loans (complete on last page of it		ns)	Outstanding Loan Balance Loa (Beginning of Period) Rece		1	standing Loan Balance (End of Period)
(Total loans received should also be shown in item 16, on st (Total loan payments should also be shown in item 20, on st (Total outstanding loan balance should also be shown in item	ummary page.)	ane )	(Beginning of Period) Received	eived Payme		(End of Period)