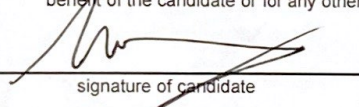
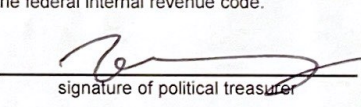
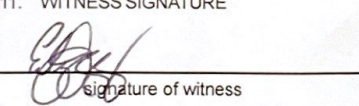
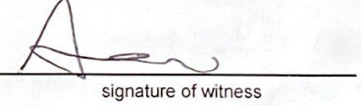


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 10/28/2020 10/18/20		2.a. NAME OF CANDIDATE OR COMMITTEE Dr. Berthene Nana-McKinney	
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE 11/3/2020	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 4344 Central Valley Dr. Hermitage TN 37076			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone			
5. OFFICE SOUGHT (include district number, if applicable) School Board, District 4		6. NAME OF POLITICAL TREASURER (may be candidate) Todd McKinney	
7. CATEGORY OR REPORT (Check one) ☐ FIRST QUARTER ☐ SECOND QUARTER ☒ THIRD QUARTER ☐ FOURTH QUARTER ☐ PRE-PRIMARY ☐ PRE-GENERAL ☐ MID-YEAR SUPPLEMENTAL ☐ YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD 7/1/20		8.b. ENDING DATE OF REPORTING PERIOD 9/30/20	
9. (Check one) a. ☐ This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. ☒ This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.			
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 benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.  signature of candidate 10/8/20 date  signature of political treasurer 10/8/20 date			
11. WITNESS SIGNATURE  signature of witness 10/18/20 date  signature of witness 10/18/20 date			
12. SUMMARY a. BALANCE ON HAND LAST REPORT \$ 0 b. TOTAL RECEIPTS THIS PERIOD \$ 20,836.00 c. TOTAL DISBURSEMENTS THIS PERIOD \$ 5079.46 d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) \$ 15756.54 e. TOTAL LOANS OUTSTANDING \$ 0 f. TOTAL OBLIGATIONS OUTSTANDING \$ 0			



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <u>Dr. Berthram Nakag-McKinney</u>	14. REPORT COVERING THE PERIOD FROM: <u>7/1/20</u> TO: <u>9/30/20</u>
---	---

RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ 4,685.00

b. Itemized Contributions (over \$100 from each source this period) \$ 16,151.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 20,836.00

16. LOANS RECEIVED THIS REPORTING PERIOD \$ 0

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ 0

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 20,836.00

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)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total of Expenditures (\$100 or less each payee) \$ 5079.46

b. Itemized Expenditures (Over \$100 each payee this period) \$ 5079.46

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 5079.46

20. LOAN REPAYMENTS MADE THIS PERIOD \$ 0

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 5079.46

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ 0

b. Itemized in-kind contributions (over \$100 from each source this period) \$ 0

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ 0

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ 0

b. Itemized Obligations Outstanding (Over \$100 each) \$ 0

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.) \$ 0



See Spreadsheet

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD	
				FROM:	TO:
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name		Middle Name		Contribution Received For:	
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		Middle Name		Contribution Received For:	
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		Middle Name		Contribution Received For:	
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		Middle Name		Contribution Received For:	
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					
5. TOTAL ITEMIZED CONTRIBUTIONS					
(Carry forward to item 3. of next page if additional pages of this form are used.)					
(If this is the last page of contributions, this amount must be shown in item 15b. of summary)					



Itemized Contributions

[illegible]

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD	
				FROM:	TO:
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount	
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		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution		Value of In-Kind Contribution	
City		State	Zip Code	Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution	
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution		Value of In-Kind Contribution	
City		State	Zip Code	Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution	
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution		Value of In-Kind Contribution	
City		State	Zip Code	Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution	
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution		Value of In-Kind Contribution	
City		State	Zip Code	Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution	
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution		Value of In-Kind Contribution	
City		State	Zip Code	Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution	
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution		Value of In-Kind Contribution	
City		State	Zip Code	Aggregate this Election	
Occupation		Employer		Description of In-Kind Contribution	
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS					
(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.)					



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

Itemized Expenditures

EXPORT-2

Date	Description	Purpose	Address	Amount
09/14/2020	Emily Gregg	Consulting Fee	2501 Barclay Drive, Nashville TN 37206	\$ 1,500.00
09/24/2020	Emily Gregg	Consulting Fee	2501 Barclay Drive, Nashville TN 37206	\$ 1,500.00
09/28/2020	Fedex	Printing	2800 Opryland Dr, Nashville, TN 37214	\$ 494.63
09/23/2020	Jared Dalton	Consulting Fee	2335 Benay Rd, Nashville, TN 37214	\$ 450.00
09/08/2020	Hustle	Peer to peer texting service	595 Market St, Suite 920, San Francisco, CA 94105	\$ 100.00
09/23/2020	Jared Dalton	Consulting Fee	2335 Benay Rd, Nashville, TN 37214	\$ 45.88
08/31/2020	Squarespace	Web Hosting	8 Clarkson St, New York, NY 10014	\$ 20.00
09/16/2020	Fifth Third Bank	Check Printing	5550 Old Hickory Blvd, Hermitage TN 37076	\$ 15.99
08/12/2020	Fifth Third Bank	Bank Fee	5550 Old Hickory Blvd, Hermitage TN 37076	\$ 3.00
09/30/2020	Donorbox	Processing Fees	5 Third Street Suite 900, San Francisco CA 94103	\$ 949.96
				<u>\$ 5,079.46</u>

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE					2. REPORT COVERING THE PERIOD		
					FROM:	TO:	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)							
Complete the Following for the Source of the Loan							
First Name		Middle Name		Outstanding Loan Balance (Beginning of Period)		Loans Received	
Last Name/Organization Name				Loan Payments		Outstanding Loan Balance (End of Period)	
Address				Loan Received For:		Date of Loan	
City				☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)			
State				Zip Code			
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)							
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State		City		State	
		Zip Code				Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State		City		State	
		Zip Code				Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State		City		State	
		Zip Code				Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State		City		State	
		Zip Code				Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
4. Totals for all Loans (complete on last page of itemized loans)				Outstanding Loan Balance (Beginning of Period)		Loans Received	
(Total loans received should also be shown in item 16, on summary page.) (Total loan payments should also be shown in item 20, on summary page.) (Total outstanding loan balance should also be shown in item 12 e, on front page.)				Loan Payments		Outstanding Loan Balance (End of Period)	



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
				FROM:		TO:	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)				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							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
4. TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)							

