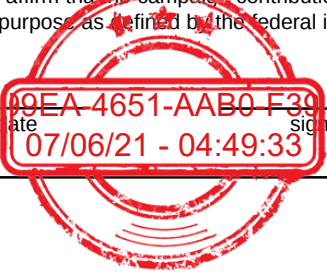


# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                                                                                                                                                        |                                            |                                                                                 |                                            |                                                              |                                                   |                                          |                                          |                                                              |                                                   |              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------|---------------------------------------------------|------------------------------------------|------------------------------------------|--------------------------------------------------------------|---------------------------------------------------|--------------|--|
| 1. DATE OF REPORT<br><b>7/6/2021</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            | 2.a. NAME OF CANDIDATE OR COMMITTEE                                                                                                                                    |                                            |                                                                                 |                                            |                                                              |                                                   |                                          |                                          |                                                              |                                                   |              |  |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            | 3. ELECTION DATE                                                                                                                                                       |                                            |                                                                                 |                                            |                                                              |                                                   |                                          |                                          |                                                              |                                                   |              |  |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 35%; border: none;">4.a. CAMPAIGN ADDRESS AND PHONE<br/>Street or Rural Route</td> <td style="width: 15%; border: none;">City</td> <td style="width: 10%; border: none;">State</td> <td style="width: 15%; border: none;">Zip Code</td> <td style="width: 25%; border: none;">Phone</td> </tr> <tr> <td style="border: none;"><b>8987 Enterprise Road</b></td> <td style="border: none;"><b>Mt. Pleasant</b></td> <td style="border: none;"><b>TN</b></td> <td style="border: none;"><b>38474</b></td> <td style="border: none;"></td> </tr> </table>                                                                                                                                                                                      |                                            |                                                                                                                                                                        |                                            | 4.a. CAMPAIGN ADDRESS AND PHONE<br>Street or Rural Route                        | City                                       | State                                                        | Zip Code                                          | Phone                                    | <b>8987 Enterprise Road</b>              | <b>Mt. Pleasant</b>                                          | <b>TN</b>                                         | <b>38474</b> |  |
| 4.a. CAMPAIGN ADDRESS AND PHONE<br>Street or Rural Route                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City                                       | State                                                                                                                                                                  | Zip Code                                   | Phone                                                                           |                                            |                                                              |                                                   |                                          |                                          |                                                              |                                                   |              |  |
| <b>8987 Enterprise Road</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Mt. Pleasant</b>                        | <b>TN</b>                                                                                                                                                              | <b>38474</b>                               |                                                                                 |                                            |                                                              |                                                   |                                          |                                          |                                                              |                                                   |              |  |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 35%; border: none;">4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)<br/>Street or Rural Route</td> <td style="width: 15%; border: none;">City</td> <td style="width: 10%; border: none;">State</td> <td style="width: 15%; border: none;">Zip Code</td> <td style="width: 25%; border: none;">Phone</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>                                                                                                                                                                                                                                  |                                            |                                                                                                                                                                        |                                            | 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)<br>Street or Rural Route | City                                       | State                                                        | Zip Code                                          | Phone                                    |                                          |                                                              |                                                   |              |  |
| 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)<br>Street or Rural Route                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | City                                       | State                                                                                                                                                                  | Zip Code                                   | Phone                                                                           |                                            |                                                              |                                                   |                                          |                                          |                                                              |                                                   |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                                                                                                                                                        |                                            |                                                                                 |                                            |                                                              |                                                   |                                          |                                          |                                                              |                                                   |              |  |
| 5. OFFICE SOUGHT (include district number, if applicable)<br><b>Trustee</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            | 6. NAME OF POLITICAL TREASURER (may be candidate)                                                                                                                      |                                            |                                                                                 |                                            |                                                              |                                                   |                                          |                                          |                                                              |                                                   |              |  |
| 7. CATEGORY OR REPORT (Check one) <table style="width: 100%; border: none; margin-top: 5px;"> <tr> <td style="text-align: center;"><input type="checkbox"/> FIRST<br/>QUARTER</td> <td style="text-align: center;"><input type="checkbox"/> SECOND<br/>QUARTER</td> <td style="text-align: center;"><input type="checkbox"/> THIRD<br/>QUARTER</td> <td style="text-align: center;"><input type="checkbox"/> FOURTH<br/>QUARTER</td> <td style="text-align: center;"><input type="checkbox"/> PRE-<br/>PRIMARY</td> <td style="text-align: center;"><input type="checkbox"/> PRE-<br/>GENERAL</td> <td style="text-align: center;"><input checked="" type="checkbox"/> MID-YEAR<br/>SUPPLEMENTAL</td> <td style="text-align: center;"><input type="checkbox"/> YEAR-END<br/>SUPPLEMENTAL</td> </tr> </table> |                                            |                                                                                                                                                                        |                                            | <input type="checkbox"/> FIRST<br>QUARTER                                       | <input type="checkbox"/> SECOND<br>QUARTER | <input type="checkbox"/> THIRD<br>QUARTER                    | <input type="checkbox"/> FOURTH<br>QUARTER        | <input type="checkbox"/> PRE-<br>PRIMARY | <input type="checkbox"/> PRE-<br>GENERAL | <input checked="" type="checkbox"/> MID-YEAR<br>SUPPLEMENTAL | <input type="checkbox"/> YEAR-END<br>SUPPLEMENTAL |              |  |
| <input type="checkbox"/> FIRST<br>QUARTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> SECOND<br>QUARTER | <input type="checkbox"/> THIRD<br>QUARTER                                                                                                                              | <input type="checkbox"/> FOURTH<br>QUARTER | <input type="checkbox"/> PRE-<br>PRIMARY                                        | <input type="checkbox"/> PRE-<br>GENERAL   | <input checked="" type="checkbox"/> MID-YEAR<br>SUPPLEMENTAL | <input type="checkbox"/> YEAR-END<br>SUPPLEMENTAL |                                          |                                          |                                                              |                                                   |              |  |
| 8.a. BEGINNING DATE OF REPORTING PERIOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            | 8.b. ENDING DATE OF REPORTING PERIOD                                                                                                                                   |                                            |                                                                                 |                                            |                                                              |                                                   |                                          |                                          |                                                              |                                                   |              |  |
| 9. (Check one) <p>a. <input type="checkbox"/> 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.)</p> <p>b. <input checked="" type="checkbox"/> 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.</p>                                                                                                                                                                                                                                                         |                                            |                                                                                                                                                                        |                                            |                                                                                 |                                            |                                                              |                                                   |                                          |                                          |                                                              |                                                   |              |  |
| 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.                                                                                                                                                                                                                                                              |                                            |                                                                                                                                                                        |                                            |                                                                                 |                                            |                                                              |                                                   |                                          |                                          |                                                              |                                                   |              |  |
| _____<br>signature of candidate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            | <div style="text-align: center;">  </div> _____<br>signature of political treasurer |                                            |                                                                                 |                                            |                                                              |                                                   |                                          |                                          |                                                              |                                                   |              |  |
| 11. WITNESS SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                                                                                                                                                                        |                                            |                                                                                 |                                            |                                                              |                                                   |                                          |                                          |                                                              |                                                   |              |  |
| _____<br>signature of witness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | _____<br>signature of witness                                                                                                                                          |                                            |                                                                                 |                                            |                                                              |                                                   |                                          |                                          |                                                              |                                                   |              |  |
| 12. SUMMARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                                                                                                                                                        |                                            |                                                                                 |                                            |                                                              |                                                   |                                          |                                          |                                                              |                                                   |              |  |
| a. BALANCE ON HAND LAST REPORT .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            | \$ <u>562.24</u>                                                                                                                                                       |                                            |                                                                                 |                                            |                                                              |                                                   |                                          |                                          |                                                              |                                                   |              |  |
| b. TOTAL RECEIPTS THIS PERIOD .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            | \$ <u>0.00</u>                                                                                                                                                         |                                            |                                                                                 |                                            |                                                              |                                                   |                                          |                                          |                                                              |                                                   |              |  |
| c. TOTAL DISBURSEMENTS THIS PERIOD .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            | \$ <u>0.00</u>                                                                                                                                                         |                                            |                                                                                 |                                            |                                                              |                                                   |                                          |                                          |                                                              |                                                   |              |  |
| d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            | \$ <u>562.24</u>                                                                                                                                                       |                                            |                                                                                 |                                            |                                                              |                                                   |                                          |                                          |                                                              |                                                   |              |  |
| e. TOTAL LOANS OUTSTANDING .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            | \$ <u>0.00</u>                                                                                                                                                         |                                            |                                                                                 |                                            |                                                              |                                                   |                                          |                                          |                                                              |                                                   |              |  |
| f. TOTAL OBLIGATIONS OUTSTANDING .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            | \$ <u>0.00</u>                                                                                                                                                         |                                            |                                                                                 |                                            |                                                              |                                                   |                                          |                                          |                                                              |                                                   |              |  |



# SUMMARY PAGE - CANDIDATE

|                                                                      |                                                         |  |
|----------------------------------------------------------------------|---------------------------------------------------------|--|
| 13. NAME OF CANDIDATE OR COMMITTEE (In Full)<br><b>Randy McNeece</b> | 14. REPORT COVERING THE PERIOD<br>FROM: _____ TO: _____ |  |
|----------------------------------------------------------------------|---------------------------------------------------------|--|

**RECEIPTS**

15. CONTRIBUTIONS (other than loans and interest)

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

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**

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) ..... \$ \_\_\_\_\_

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

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

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**

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 in item 12.f.) ..... \$ \_\_\_\_\_

