CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 1/31/2024 2.a. Candidate or Committee Name: Dr. Berthena Nabaa-McKinney

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/4/2022

4. Campaign Address: 4323 Stone Hall Blvd

City: Hermitage State: TN Zip Code: 37076 Phone: 615-475-8162

5. Candidate Home Address: Same as campaign address

City: _____ State: _____ Zip Code: _____ Phone: _____

Candidate Email Address: drberthena4metroschools@gmail.com

6. Office Sought: (include district number, if applicable) Schoool Board District 4

7. Name of Political Treasurer (may be candidate): Larry Shepherd

Political Treasurer Email Address: larry.shepherd@comcast.net

8. Category or Report: (check one)

☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☐ Pre-Primary ☐ Pre-General

☐ Mid-Year Supplemental ☑ Year-End Supplemental ☐ Runoff Election

9. Reporting Period: Start Date: 7/1/2023 End Date: 1/15/2024

10. Detailed Disclosure: (Check one)

☐ This campaign is exempt from detailed disclosures because contributions (including in-kind) received total $1,000 or less AND expenditures total $1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)

☑ 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.

11. 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.

Candidate Signature	Date	Political Treasurer Signature	Date
	1/31/2024	Larry Shepherd	1/31/2024
Witness Signature	Date	Witness Signature	Date
	1/31/24		

12. Summary:

a.	Balance On Hand Last Report	$ 977.16
b.	Total Receipts This Period	$ 2650.00
c.	Total Disbursements This Period	$ 3356.25
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 270.91
e.	Total Loans Outstanding	$ 1000.00
f.	Total Obligations Outstanding	$ 5171.10

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: _____

14. Reporting Period: Start Date: _____ End Date: _____

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 550.00
(Note: Effective January 16, 2023, Unitemized Contributions are capped at $2,000. See *Instructions* for more information.)

b. Itemized Contributions (over $100 from each source this period) ..... $ 2100.00

c. Loans Received This Reporting Period ..... $ 0

d. Interest Received This Reporting Period ..... $ 0

e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... $ 2650.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 3356.25
(Note: Effective January 16, 2023, all expenditures must be itemized.)

b. Loan Repayments Made This Period ..... $ 0

c. Total Obligation Payments Made This Period ..... $ 1000.00

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) ..... $ 3356.25

17. In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period ..... $ 0

b. Itemized In-Kind Contributions Received This Period ..... $ 0

c. Total In-Kind Contributions Received This Period ..... $ 0

18. Obligations:

a. Total Obligations Outstanding (must be shown in item 12.f.) ..... $ 5171.10

Please See Attached

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: ____________________

2. Reporting Period: Start Date: ____________ End Date: ____________

3. Total campaign contributions from preceding page (enter $0 if first page) $ ____________

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: ____________________ **OR**

First Name: ____________ Middle Name: ____________ Last Name: ____________

Address: ____________ City: ____________ State: ____ Zip Code: ____________

Occupation: ____________ Employer: ____________

Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

Amount of Contribution: $__________ Date of Contribution: ____________ Aggregate This Election: $ __________

Business or Organization Name: ____________________ **OR**

First Name: ____________ Middle Name: ____________ Last Name: ____________

Address: ____________ City: ____________ State: ____ Zip Code: ____________

Occupation: ____________ Employer: ____________

Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

Amount of Contribution: $__________ Date of Contribution:____________ Aggregate This Election: $ __________

Business or Organization Name: ____________________ **OR**

First Name: ____________ Middle Name: ____________ Last Name: ____________

Address: ____________ City: ____________ State: ____ Zip Code: ____________

Occupation: ____________ Employer: ____________

Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

Amount of Contribution: $__________ Date of Contribution:____________ Aggregate This Election: $ __________

Business or Organization Name: ____________________ **OR**

First Name: ____________ Middle Name: ____________ Last Name: ____________

Address: ____________ City: ____________ State: ____ Zip Code: ____________

Occupation: ____________ Employer: ____________

Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

Amount of Contribution: $__________ Date of Contribution:____________ Aggregate This Election: $ __________

Total Contributions: $____________________

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: ______________________________

2. Reporting Period: Start Date: ______________ End Date: ______________

3. Total in-kind contributions from preceding page (enter $0 if first page) $ ______________________________

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars ($100) from any contributor during the period must be reported.

Business or Organization Name: ______________________________ **OR**

First Name: ______________ Middle Name: ______________ Last Name: ______________

Address: ______________________ City: ______________ State: ____ Zip Code: ________

Occupation: ______________________ Employer: ______________________

In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

In-Kind Contribution Value: $________ In-Kind Contribution Date: ________ Aggregate This Election: $ ________

Description of In-Kind Contribution: ______________________________

Business or Organization Name: ______________________________ **OR**

First Name: ______________ Middle Name: ______________ Last Name: ______________

Address: ______________________ City: ______________ State: ____ Zip Code: ________

Occupation: ______________________ Employer: ______________________

In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

In-Kind Contribution Value: $________ In-Kind Contribution Date: ________ Aggregate This Election: $ ________

Description of In-Kind Contribution: ______________________________

Business or Organization Name: ______________________________ **OR**

First Name: ______________ Middle Name: ______________ Last Name: ______________

Address: ______________________ City: ______________ State: ____ Zip Code: ________

Occupation: ______________________ Employer: ______________________

In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

In-Kind Contribution Value: $________ In-Kind Contribution Date: ________ Aggregate This Election: $ ________

Description of In-Kind Contribution: ______________________________

Business or Organization Name: ______________________________ **OR**

First Name: ______________ Middle Name: ______________ Last Name: ______________

Address: ______________________ City: ______________ State: ____ Zip Code: ________

Occupation: ______________________ Employer: ______________________

In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

In-Kind Contribution Value: $________ In-Kind Contribution Date: ________ Aggregate This Election: $ ________

Description of In-Kind Contribution: ______________________________

Total In-Kind Contributions: $ ______________________

(Carry forward to the 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 the summary on first page.)

Please See Attached

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: ______________________

2. Reporting Period: Start Date: ____________ End Date: ____________

3. Total campaign expenditures from preceding page (enter $0 if first page) $ ______________

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: ______________________ **OR**
First Name: ____________ Middle Name: ____________ Last Name: ____________
Address: ______________ City: ____________ State: ____ Zip Code: ________
Purpose of Expenditure: ______________________
Amount of Expenditure: $ ____________ Date of Expenditure: $ ____________

Business or Organization Name: ______________________ **OR**
First Name: ____________ Middle Name: ____________ Last Name: ____________
Address: ______________ City: ____________ State: ____ Zip Code: ________
Purpose of Expenditure: ______________________
Amount of Expenditure: $ ____________ Date of Expenditure: $ ____________

Business or Organization Name: ______________________ **OR**
First Name: ____________ Middle Name: ____________ Last Name: ____________
Address: ______________ City: ____________ State: ____ Zip Code: ________
Purpose of Expenditure: ______________________
Amount of Expenditure: $ ____________ Date of Expenditure: $ ____________

Business or Organization Name: ______________________ **OR**
First Name: ____________ Middle Name: ____________ Last Name: ____________
Address: ______________ City: ____________ State: ____ Zip Code: ________
Purpose of Expenditure: ______________________
Amount of Expenditure: $ ____________ Date of Expenditure: $ ____________

Business or Organization Name: ______________________ **OR**
First Name: ____________ Middle Name: ____________ Last Name: ____________
Address: ______________ City: ____________ State: ____ Zip Code: ________
Purpose of Expenditure: ______________________
Amount of Expenditure: $ ____________ Date of Expenditure: $ ____________

Total Expenditures: $ ______________
(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: ______________________________

2. Reporting Period: Start Date: ______________ End Date: ______________

3. Complete the appropriate items for each loan totaling more than one hundred dollars ($100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: ______________________________ **OR**

First Name: ______________ Middle Name: ______________ Last Name: ______________

Address: ______________ City: ______________ State: ____ Zip Code: ________

Outstanding Loan Balance (Beginning) .... $ ______________

Loans Received .... $ ______________

Loan Payments .... $ ______________

Outstanding Loan (End) .... $ ______________

Loan Received For: Primary Election General Election Runoff (Local Elections Only)

Date of Loan: ______________

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: ______________________________ **OR**

First Name: ______________ Middle Name: ______________ Last Name: ______________

Address: ______________ City: ______________ State: ____ Zip Code: ________

Amount Guaranteed Outstanding: $ ______________

Business or Organization Name: ______________________________ **OR**

First Name: ______________ Middle Name: ______________ Last Name: ______________

Address: ______________ City: ______________ State: ____ Zip Code: ________

Amount Guaranteed Outstanding: $ ______________

Business or Organization Name: ______________________________ **OR**

First Name: ______________ Middle Name: ______________ Last Name: ______________

Address: ______________ City: ______________ State: ____ Zip Code: ________

Amount Guaranteed Outstanding: $ ______________

Business or Organization Name: ______________________________ **OR**

First Name: ______________ Middle Name: ______________ Last Name: ______________

Address: ______________ City: ______________ State: ____ Zip Code: ________

Amount Guaranteed Outstanding: $ ______________

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) .... $ ______________

Loans Received .... $ ______________

Loan Payments .... $ ______________

Outstanding Loan (End) .... $ ______________

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ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: ______________________________

2. Reporting Period: Start Date: ______________ End Date: ______________

3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: ______________________________

First Name: ______________ Middle Name: ______________

Last Name: ______________________________

Address: ______________________________

City: ______________________________

State: ________ Zip Code: ______________

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: ______________________________

First Name: ______________ Middle Name: ______________

Last Name: ______________________________

Address: ______________________________

City: ______________________________

State: ________ Zip Code: ______________

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: ______________________________

First Name: ______________ Middle Name: ______________

Last Name: ______________________________

Address: ______________________________

City: ______________________________

State: ________ Zip Code: ______________

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: ______________________________

First Name: ______________ Middle Name: ______________

Last Name: ______________________________

Address: ______________________________

City: ______________________________

State: ________ Zip Code: ______________

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

TOTALS

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Dr. Berthena McKinney Contributions 7/1/23-1/15/24									
Donor First Name	**Donor Last Name**	**Donated At**	**Amount**	**Address**	**City**	**State / Province**	**Postal Code**	**Employer**	**Occupation**
Jeff	Gregg	08/01/2023	$ 500.00	126 Dellrose Drive	Nashville	TN	37214	LLF	Therapist
Kyonzte	Toombs	08/07/2023	$ 500.00	3383 William Bailey Drive	Nashville	TN	37207	Metro Nashville	City Council
Jeff	Syracuse	07/12/2023	$ 300.00	222 Graeme Dr	Nashville	TN	37214	BMI	Licensing
Erin	Evans	07/31/2023	$ 300.00	5109 Vineyard Point	Hermitage	TN	37076	NXG	Account Manager
Jordan	Huffman	08/01/2023	$ 250.00	1048 Riverwood Village Boulevard	Hermitage	TN	37076	I2I Population Health	Product Manager
Chris Cheng for Metro Council	Campaign Committee	08/01/2023	$ 250.00	2600 Lakeshore Drive	Old Hickory	TN	37138	unemployed	unemployed
			$ 2,100.00						

Dr. Berthena McKinney Expenses 7/1/23-1/15/24			
Processed Date	**Description**	**Amount**	**Payee**
1/4/24	POS DEB 1020 01/04/24 10017196 PAYPAL *TAMIKAWHITE PAYPAL *TAMIKAWHIT SAN JOSE CA C#2709	$ 1,000.00	Tamika White
1/4/24	POS DEB 1715 01/03/24 05393124 PAYPAL *ACTBLUE PAYPAL *ACTBLUE SAN JOSE CA C#2709	$ 100.00	Rep Vincent Dixie
12/28/23	TRANSFER FROM X7872 TO X1845	$ 55.00	US Postal Service
12/22/23	DBT CRD 0801 12/20/23 DBRFMFWJ EMERGE AMERICA 202-9214100 CA C#2709	$ 100.00	Emerge TN
12/13/23	DBT CRD 0241 12/13/23 DBYIPPNX MAILCHIMP ATLANTA GA C#2709	$ 14.20	Mailchimp
11/14/23	DBT CRD 0532 11/13/23 DBJVZL51 MAILCHIMP ATLANTA GA C#2709	$ 14.20	Mailchimp
10/16/23	DBT CRD 0545 10/13/23 DBIKLKHY MAILCHIMP ATLANTA GA C#2709	$ 14.20	Mailchimp
10/12/23	TRANSFER FROM X7872 TO X1845	$ 150.00	Donelson-Hermitage Chamber
9/13/23	DBT CRD 0338 09/13/23 DBZR5VGK MAILCHIMP ATLANTA GA C#2709	$ 14.20	Mailchimp
8/14/23	DBT CRD 0353 08/13/23 DBF7A8YM MAILCHIMP ATLANTA GA C#2709	$ 14.20	Mailchimp
8/11/23	CHECK 1107	$ 350.00	Charles Black B2School Bash
8/7/23	CHECK 1106	$ 1,400.00	Pencil B2S Bash - School Supplies
7/24/23	POS DEB 1555 07/23/23 03593372 PAYPAL *ACTBLUE PAYPAL *ACTBLUE SAN JOSE CA C#2709	$ 15.00	DCDW Breakfast
7/13/23	DBT CRD 0000 07/13/23 DBY8S09Y MAILCHIMP ATLANTA GA C#2709	$ 14.20	Mailchimp
7/10/23	POS DEB 0145 07/10/23 01928339 PAYPAL *OHCHAMBER OHCHAMB PAYPAL *OHCHAMBER SAN JOSE CA C#270	$ 20.00	Old Hickory Chamber
		$ 3,275.20	
	Donorbox Fees	$ 81.05	
		$ 3,356.25	