CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT: 10/26/2020

2.a. NAME OF CANDIDATE OR COMMITTEE: Dr. Berthena Nabaa-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 Drive	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: 10/1/2020

8.b. ENDING DATE OF REPORTING PERIOD: 10/24/2020

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 — 10/26/20 date — signature of political treasurer — 10/26/20 date

10/24/20

11. WITNESS SIGNATURE

signature of witness — 10/26/20 date — signature of witness — 10/26/20 date

12. SUMMARY

a.	BALANCE ON HAND LAST REPORT	$ 15,756.54
b.	TOTAL RECEIPTS THIS PERIOD	$ 7,390.00
c.	TOTAL DISBURSEMENTS THIS PERIOD	$ 13,756.20
d.	BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	$ 9390.34
e.	TOTAL LOANS OUTSTANDING	$ 0
f.	TOTAL OBLIGATIONS OUTSTANDING	$ 0

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD	
Dr. Berthena Nabaa-McKinney	FROM: 10/1/2020	TO: 10/24/2020

RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 1940.00

b. Itemized Contributions (over $100 from each source this period) ..... $ 5450.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) ..... $ 7390.00

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.) ..... $ 7390.00

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) ..... $ 0

b. Itemized Expenditures (Over $100 each payee this period) ..... $ 13,756.20

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) ..... $ 13,756.20

20. LOAN REPAYMENTS MADE THIS PERIOD ..... $ 0

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) ..... $ 13,756.20

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

Please See Attachment

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: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name				
Address				
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation				
Employer				
First Name	Middle Name		Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name				
Address				
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation				
Employer				
First Name	Middle Name		Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name				
Address				
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation				
Employer				
First Name	Middle Name		Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name				
Address				
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 Donations									
Donor First Name	Donor Last Name	Donated At	Address	City	State / Province	Postal Code	Employer	Occupation	Amount
Rasheed	Zaimah	10/08/2020 06:57:15	1509 Constitution ave.	Nashville	TN	37207	unemployed	unemployed	$ 150.00
Harold	Love	10/09/2020 10:52:49	2516 Buchanan St	Nashville	TN	37208	TN General Assembly	State Representative	$ 150.00
Friends of	Colby Sledge	10/10/2020 16:10:29	614 Moore Ave	Nashville	TN	37203-5020	Metro Nashville	Councilmember	$ 200.00
Joyanna	Guss	10/18/2020 22:02:39	2910 Knobdale Rd	Nashville	TN	37214	MNPS	Equity & Diversity Coach	$ 200.00
Hala	Alammuri	10/06/2020 22:18:10	5524 Traceside dr	Nashville	TN	37221	unemployed	unemployed	$ 250.00
Gini	Pupo-Walker	10/07/2020 11:24:25	2309 Bernard Ave	Nashville	TN	37212	Education Trust	State Director	$ 250.00
Code Blue	PAC	10/01/2020	PO Box 21189	Chattanooga	TN	37424			$ 250.00
Kathy	Nevill	10/02/2020 15:25:12	4989 John Hager Rd	Hermitage	TN	37076	unemployed	unemployed	$ 500.00
Todd	McKinney	10/06/2020 10:55:38	4344 Central Valley Drive	Nashville	TN	37076	TN DHS	Auditor	$ 1,000.00
SEIU	Local 205	10/06/2020	521 Central Ave	Nashville	TN	37211			$ 2,500.00
									$ 5,450.00

Unitemized Donations:

31 Count

$ 1,940.00 Total

Total Donations:

$ 7,390.00

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: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	Value of In-Kind Contribution
Last Name/Organization Name				
Address			Date of In-Kind Contribution	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer			

First Name	Middle Name		In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	Value of In-Kind Contribution
Last Name/Organization Name				
Address			Date of In-Kind Contribution	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer			

First Name	Middle Name		In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	Value of In-Kind Contribution
Last Name/Organization Name				
Address			Date of In-Kind Contribution	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer			

First Name	Middle Name		In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	Value of In-Kind Contribution
Last Name/Organization Name				
Address			Date of In-Kind Contribution	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer			

First Name	Middle Name		In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	Value of In-Kind Contribution
Last Name/Organization Name				
Address			Date of In-Kind Contribution	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer			

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.)	

Please See Attachments

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD FROM:	TO:

3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter $0 if first itemized page)	Amount

4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than $100 to any payee during the period)

First Name	Middle Name	Last Name/Business Name	Address	City	State	Zip Code	Purpose of Expenditure	Amount of Expenditure

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.)	

Itemized Expenses				
Date	**Description**	**Purpose**	**Address**	**Amount**
10/23/2020	Greenlight Media Strategies	Campaign Materials	5016 Centennial Blvd, Suite 200, Nashville TN 37209	$ 8,784.01
10/13/2020	Printing Ect.	Campaign Materials	1100 Mensler Rd, Nashville TN 37210	$ 1,592.32
10/19/2020	Emily Gregg	Consulting Fee	2501 Barclay Drive, Nashville TN 37206	$ 1,500.00
10/07/2020	Brand Lamb	Campaign Materials	624 Jefferson St, Nashville TN 37208	$ 680.00
10/06/2020	Jared Dalton	Consulting Fee	2335 Benay Rd, Nashville TN 37214	$ 450.00
10/14/2020	Facebook	Advertising Fee	1 Hacker Way, Menlo Park CA 94025	$ 250.00
10/13/2020	Printing Ect.	Campaign Materials	1100 Mensler Rd, Nashville TN 37210	$ 185.73
10/13/2020	Jared Dalton	Consulting Fee	2335 Benay Rd, Nashville TN 37214	$ 90.00
10/01/2020	Facebook	Advertising Fee	1 Hacker Way, Menlo Park CA 94025	$ 12.90
10/24/20	Donorbox	Processing Fees	5 Third Street Suite 900, San Francisco CA 94103	$ 211.24
				$ 13,756.20

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	Loan Payments	Outstanding Loan Balance (End of Period)
Last Name/Organization Name					
Address		Loan Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)		Date of Loan	
City	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 / Zip Code	City	State / 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 / Zip Code	City	State / 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 / Zip Code	City	State / 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 / Zip Code	City	State / Zip Code
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	

4. **Totals for all Loans (complete on last page of itemized loans)** (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.)	Outstanding Loan Balance (Beginning of Period)	Loans Received	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.)				