

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                   |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------|--|--|
| 1. DATE OF REPORT<br><u>7-8-19</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 2.a. NAME OF CANDIDATE OR COMMITTEE<br><u>Friends of Mike Cortese</u>                                                             |  |  |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE<br><u>Mike Cortese</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 3. ELECTION DATE                                                                                                                  |  |  |
| 4.a. CAMPAIGN ADDRESS AND PHONE<br>Street or Rural Route      City      State      Zip Code      Phone<br><u>5204 Whispering Valley Dr.</u> <u>Nashville</u> <u>TN</u> <u>37211</u> <u>412-716-8804</u>                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                   |  |  |
| 4.b. CANDIDATE'S HOME ADDRESS (if differed than 4.a.)<br>Street or Rural Route      City      State      Zip Code      Phone                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                   |  |  |
| 5. OFFICE SOUGHT (include district number, if applicable)<br><u>Metro Council District 4</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 6. NAME OF POLITICAL TREASURER (may be candidate)<br><u>Amy Gardner</u>                                                           |  |  |
| 7. CATEGORY OR REPORT (Check one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                   |  |  |
| <input type="checkbox"/> FIRST QUARTER <input checked="" type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL                                                                                                                                                                                                |  |                                                                                                                                   |  |  |
| 8.a. BEGINNING DATE OF REPORTING PERIOD<br><u>April 1, 2019</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 8.b. ENDING DATE OF REPORTING PERIOD<br><u>June 30, 2019</u>                                                                      |  |  |
| 9. (Check one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                   |  |  |
| 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.)<br>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.                      |  |                                                                                                                                   |  |  |
| 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>_____<br>signature of candidate                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <br>_____<br>signature of political treasurer |  |  |
| <br>_____<br>signature of witness                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <br>_____<br>signature of witness             |  |  |
| 11. WITNESS SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                   |  |  |
| <br>_____<br>signature of witness                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <br>_____<br>signature of witness             |  |  |
| 12. SUMMARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                   |  |  |
| a. BALANCE ON HAND LAST REPORT .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | \$ <u>0</u>                                                                                                                       |  |  |
| b. TOTAL RECEIPTS THIS PERIOD .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | \$ <u>18090</u>                                                                                                                   |  |  |
| c. TOTAL DISBURSEMENTS THIS PERIOD .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | \$ <u>5248.85</u>                                                                                                                 |  |  |
| d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | \$ <u>12841.15</u>                                                                                                                |  |  |
| e. TOTAL LOANS OUTSTANDING .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | \$ <u>0</u>                                                                                                                       |  |  |
| f. TOTAL OBLIGATIONS OUTSTANDING .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | \$ <u>0</u>                                                                                                                       |  |  |



# SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)

Friends of Mike Cortese

14. REPORT COVERING THE PERIOD

FROM: 4-1-19 TO: 6-30-19

## RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ 2740 *Spreadsheet Attached*  
 b. Itemized Contributions (over \$100 from each source this period) ..... \$ 15350  
 c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) ..... \$ 18090

16. LOANS RECEIVED THIS REPORTING PERIOD ..... \$ Ø

17. INTEREST RECEIVED THIS REPORTING PERIOD ..... \$ Ø

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) ..... \$ 18090

## 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)

Vote Builder ..... \$ 50  
Website ..... \$ 52.02  
Intern Lunch ..... \$ 90.00  
Young Democratic Meeting ..... \$ 25  
Campaign Kickoff food ..... \$ 9.36  
Intern Gas - Kaitlyn Morris ..... \$ 50  
Intern Gas - Isabella Kaufman ..... \$ 50  
Intern Gas - Julian Brock ..... \$ 50  
 ..... \$           

Total of Expenditures (\$100 or less each payee) ..... \$ 376.44

b. Itemized Expenditures (Over \$100 each payee this period) ..... \$ 4872.41

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) ..... \$ 5248.85

20. LOAN REPAYMENTS MADE THIS PERIOD ..... \$ Ø

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) ..... \$ 5248.85

## 22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) ..... \$ 81

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.) ..... \$ 81

## 23. OBLIGATIONS

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

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

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



# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

|                                                                                                                                                                                                                        |  |                                             |  |                                                                                  |                         |                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|--|----------------------------------------------------------------------------------|-------------------------|-----------------------|
| 1. NAME OF CANDIDATE OR COMMITTEE<br><u>Friends of Mike Cortese</u>                                                                                                                                                    |  |                                             |  | 2. REPORT COVERING THE PERIOD<br>FROM: <u>4-1-19</u> TO: <u>10-30-19</u>         |                         |                       |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)                                                                                                                         |  |                                             |  |                                                                                  | Amount<br><u>\$2640</u> |                       |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)                                                                                 |  |                                             |  |                                                                                  |                         |                       |
| First Name<br><u>Ben</u>                                                                                                                                                                                               |  | Middle Name                                 |  | Purpose of Expenditure                                                           |                         | Amount of Expenditure |
| Last Name/Business Name<br><u>Jones</u>                                                                                                                                                                                |  |                                             |  | April<br>Campaign<br>manager                                                     |                         | \$1500 <sup>00</sup>  |
| Address<br><u>2817 Stacey St.</u>                                                                                                                                                                                      |  |                                             |  |                                                                                  |                         |                       |
| City<br><u>Thompson's Station</u>                                                                                                                                                                                      |  | State<br><u>TN</u> Zip Code<br><u>37179</u> |  |                                                                                  |                         |                       |
| First Name<br><u>Mike</u>                                                                                                                                                                                              |  | Middle Name                                 |  | Purpose of Expenditure (Catalog Kings)<br>Campaign vendor T-shirts               |                         | Amount of Expenditure |
| Last Name/Business Name<br><u>Cortese</u>                                                                                                                                                                              |  |                                             |  | Reimbursement                                                                    |                         | \$155.57              |
| Address<br><u>5204 Whispering Valley Dr.</u>                                                                                                                                                                           |  |                                             |  |                                                                                  |                         |                       |
| City<br><u>Nashville</u>                                                                                                                                                                                               |  | State<br><u>TN</u> Zip Code<br><u>37211</u> |  |                                                                                  |                         |                       |
| First Name<br><u>Mike</u>                                                                                                                                                                                              |  | Middle Name                                 |  | Purpose of Expenditure<br>Campaign T-shirts screen printing                      |                         | Amount of Expenditure |
| Last Name/Business Name<br><u>Cortese</u>                                                                                                                                                                              |  |                                             |  | Reimbursement (Vendor: Socratesz)                                                |                         | \$160 <sup>00</sup>   |
| Address<br><u>5204 Whispering Valley Dr.</u>                                                                                                                                                                           |  |                                             |  |                                                                                  |                         |                       |
| City<br><u>Nashville</u>                                                                                                                                                                                               |  | State<br><u>TN</u> Zip Code<br><u>37211</u> |  |                                                                                  |                         |                       |
| First Name<br><u>Mike</u>                                                                                                                                                                                              |  | Middle Name                                 |  | Purpose of Expenditure<br>Reimbursement for NGP Service April                    |                         | Amount of Expenditure |
| Last Name/Business Name<br><u>Cortese</u>                                                                                                                                                                              |  |                                             |  | \$150 <sup>00</sup>                                                              |                         |                       |
| Address<br><u>5204 Whispering Valley Dr.</u>                                                                                                                                                                           |  |                                             |  |                                                                                  |                         |                       |
| City<br><u>Nashville</u>                                                                                                                                                                                               |  | State<br><u>TN</u> Zip Code<br><u>37211</u> |  |                                                                                  |                         |                       |
| First Name<br><u>Mike</u>                                                                                                                                                                                              |  | Middle Name                                 |  | Purpose of Expenditure<br>Reimbursement for NGP Service May                      |                         | Amount of Expenditure |
| Last Name/Business Name<br><u>Cortese</u>                                                                                                                                                                              |  |                                             |  | \$150 <sup>00</sup>                                                              |                         |                       |
| Address<br><u>5204 Whispering Valley Dr.</u>                                                                                                                                                                           |  |                                             |  |                                                                                  |                         |                       |
| City<br><u>Nashville</u>                                                                                                                                                                                               |  | State<br><u>TN</u> Zip Code<br><u>37211</u> |  |                                                                                  |                         |                       |
| First Name<br><u>Mike</u>                                                                                                                                                                                              |  | Middle Name                                 |  | Purpose of Expenditure<br>Food Reimbursement for Campaign Party (Vendor: Kroger) |                         | Amount of Expenditure |
| Last Name/Business Name<br><u>Cortese</u>                                                                                                                                                                              |  |                                             |  | \$116 <sup>84</sup>                                                              |                         |                       |
| Address<br><u>5204 Whispering Valley Dr.</u>                                                                                                                                                                           |  |                                             |  |                                                                                  |                         |                       |
| City<br><u>Nashville</u>                                                                                                                                                                                               |  | State<br><u>TN</u> Zip Code<br><u>37211</u> |  |                                                                                  |                         |                       |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of expenditures, this amount must be shown in item 19b. of summary.) |  |                                             |  |                                                                                  | \$4872.41               |                       |



# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

|                                                                                                                                                                                                                        |                    |                                                                         |                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------|
| 1. NAME OF CANDIDATE OR COMMITTEE<br><u>Friends of Mike Cortese</u>                                                                                                                                                    |                    | 2. REPORT COVERING THE PERIOD<br>FROM: <u>4-1-19</u> TO: <u>6-30-19</u> |                                                                 |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)                                                                                                                         |                    |                                                                         | Amount<br><u>0</u>                                              |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)                                                                                 |                    |                                                                         |                                                                 |
| First Name<br><u>Kaitlyn</u>                                                                                                                                                                                           |                    | Middle Name                                                             | Purpose of Expenditure                                          |
| Last Name/Business Name<br><u>Manis</u>                                                                                                                                                                                |                    |                                                                         | Intern Gas<br>stipend month<br>of June                          |
| Address<br><u>2040 Burnard Circle</u>                                                                                                                                                                                  |                    |                                                                         |                                                                 |
| City<br><u>Nashville</u>                                                                                                                                                                                               | State<br><u>TN</u> | Zip Code<br><u>37212</u>                                                |                                                                 |
| Amount of Expenditure<br><u>\$ 300</u>                                                                                                                                                                                 |                    |                                                                         |                                                                 |
| First Name<br><u>Mike</u>                                                                                                                                                                                              |                    | Middle Name                                                             | Purpose of Expenditure                                          |
| Last Name/Business Name<br><u>Cortese</u>                                                                                                                                                                              |                    |                                                                         | Campaign T-shirts<br>Reimbursements<br>(Catalog Kings - vendor) |
| Address<br><u>5204 Whispering Valley Dr.</u>                                                                                                                                                                           |                    |                                                                         |                                                                 |
| City<br><u>Nashville</u>                                                                                                                                                                                               | State<br><u>TN</u> | Zip Code<br><u>37211</u>                                                |                                                                 |
| Amount of Expenditure<br><u>\$ 390</u>                                                                                                                                                                                 |                    |                                                                         |                                                                 |
| First Name<br><u>Ben</u>                                                                                                                                                                                               |                    | Middle Name                                                             | Purpose of Expenditure                                          |
| Last Name/Business Name<br><u>Jones</u>                                                                                                                                                                                |                    |                                                                         | Campaign<br>manager month of<br>May                             |
| Address<br><u>2817 Stacey St.</u>                                                                                                                                                                                      |                    |                                                                         |                                                                 |
| City<br><u>Thompson Station</u>                                                                                                                                                                                        | State<br><u>TN</u> | Zip Code<br><u>37179</u>                                                |                                                                 |
| Amount of Expenditure<br><u>\$1,500</u>                                                                                                                                                                                |                    |                                                                         |                                                                 |
| First Name<br><u>Mike</u>                                                                                                                                                                                              |                    | Middle Name                                                             | Purpose of Expenditure                                          |
| Last Name/Business Name<br><u>Cortese</u>                                                                                                                                                                              |                    |                                                                         | Reimbursement<br>for NGP<br>Services June                       |
| Address<br><u>5204 Whispering Valley Dr.</u>                                                                                                                                                                           |                    |                                                                         |                                                                 |
| City<br><u>Nashville</u>                                                                                                                                                                                               | State<br><u>TN</u> | Zip Code<br><u>37211</u>                                                |                                                                 |
| Amount of Expenditure<br><u>\$ 150</u>                                                                                                                                                                                 |                    |                                                                         |                                                                 |
| First Name<br><u>Isabella</u>                                                                                                                                                                                          |                    | Middle Name                                                             | Purpose of Expenditure                                          |
| Last Name/Business Name<br><u>Kaufman</u>                                                                                                                                                                              |                    |                                                                         | Intern Gas<br>stipend<br>month of June                          |
| Address<br><u>815 Timber Lane</u>                                                                                                                                                                                      |                    |                                                                         |                                                                 |
| City<br><u>Nashville</u>                                                                                                                                                                                               | State<br><u>TN</u> | Zip Code<br><u>37215</u>                                                |                                                                 |
| Amount of Expenditure<br><u>\$ 300</u>                                                                                                                                                                                 |                    |                                                                         |                                                                 |
| First Name                                                                                                                                                                                                             |                    | Middle Name                                                             | Purpose of Expenditure                                          |
| Last Name/Business Name                                                                                                                                                                                                |                    |                                                                         |                                                                 |
| Address                                                                                                                                                                                                                |                    |                                                                         |                                                                 |
| City                                                                                                                                                                                                                   | State              | Zip Code                                                                |                                                                 |
| Amount of Expenditure                                                                                                                                                                                                  |                    |                                                                         |                                                                 |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of expenditures, this amount must be shown in item 19b. of summary.) |                    |                                                                         | <u>\$ 2640</u>                                                  |



# ITEMIZED STATEMENT OF LOANS - CANDIDATE

|                                                                                                                                                                                                                                                                                                                |  |             |          |                                                                                                                                               |                                                                                                                                             |                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| 1. NAME OF CANDIDATE OR COMMITTEE<br><div style="font-family: cursive; font-size: 1.2em;">Friends of Mike Centese</div>                                                                                                                                                                                        |  |             |          |                                                                                                                                               | 2. REPORT COVERING THE PERIOD<br>FROM: <div style="font-family: cursive;">4-1-19</div> TO: <div style="font-family: cursive;">6-30-19</div> |                                                               |
| 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<br>(Beginning of Period)                                                                                             | Loans<br>Received                                                                                                                           | Loan<br>Payments                                              |
| Last Name/Organization Name                                                                                                                                                                                                                                                                                    |  |             |          |                                                                                                                                               |                                                                                                                                             | Outstanding Loan Balance<br>(End of Period)                   |
| Address                                                                                                                                                                                                                                                                                                        |  |             |          | Loan Received For:                                                                                                                            |                                                                                                                                             | Date of Loan                                                  |
| City                                                                                                                                                                                                                                                                                                           |  | State       | Zip Code | <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election<br><input type="checkbox"/> Runoff (Local Elections Only) |                                                                                                                                             |                                                               |
| 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)<br>(Total loans received should also be shown in item 16, on summary page.)<br>(Total loan payments should also be shown in item 20, on summary page.)<br>(Total outstanding loan balance should also be shown in item 12.e, on front page.) |  |             |          | Outstanding Loan Balance<br>(Beginning of Period)                                                                                             | Loans<br>Received                                                                                                                           | Loan<br>Payments                                              |
|                                                                                                                                                                                                                                                                                                                |  |             |          | Outstanding Loan Balance<br>(End of Period)                                                                                                   |                                                                                                                                             |                                                               |
|                                                                                                                                                                                                                                                                                                                |  |             |          | <div style="font-family: cursive; font-size: 1.5em;">\$</div>                                                                                 | <div style="font-family: cursive; font-size: 1.5em;">\$</div>                                                                               | <div style="font-family: cursive; font-size: 1.5em;">\$</div> |



# ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMITTEE                                                                                                                                  |       |             |  | 2. REPORT COVERING THE PERIOD                |                              |                         |                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|--|----------------------------------------------|------------------------------|-------------------------|----------------------------------------|
|                                                                                                                                                                    |       |             |  | FROM: 4-1-19                                 |                              | TO: 6-30-19             |                                        |
| 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<br>(Beginning of Period) | Debt Incurred<br>This Period | Payments<br>This Period | Outstanding Balance<br>(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<br>(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)                                            |       |             |  | \$                                           | \$                           | \$                      | \$                                     |



Itemized Statement of Contributions

From: 4/1/19  
To: 6/30/19

| First Name    | Last Name                                       | Address                     | City        | State | Zip   | Employer                      | Occupation                   | Date      | Amount      | Aggregate  | Period  | Cycle |
|---------------|-------------------------------------------------|-----------------------------|-------------|-------|-------|-------------------------------|------------------------------|-----------|-------------|------------|---------|-------|
| Ryan          | Corbett                                         | 13966 Clifton Blvd          | Lakewood    | OH    | 44107 | Kindred                       | Vp of recruitment            | 4/10/2019 | \$500.00    | \$500.00   | General | 2019  |
| Henry         | Cortese                                         | 3251 Wainbell Ave           | Pittsburgh  | PA    | 15216 | bny mellon                    | product manager              | 4/12/2019 | \$200.00    | \$500.00   | General | 2019  |
| Henry         | Cortese                                         | 3251 Wainbell Ave           | Pittsburgh  | PA    | 15216 | bny mellon                    | product manager              | 4/15/2019 | \$200.00    | \$500.00   | General | 2019  |
| Henry         | Cortese                                         | 3251 Wainbell Ave           | Pittsburgh  | PA    | 15216 | bny mellon                    | product manager              | 4/18/2019 | \$100.00    | \$500.00   | General | 2019  |
| Alan          | Chavis                                          | 1100 3rd Ave N Apt 630      | Nashville   | TN    | 37208 | Viacom                        | Executive                    | 4/15/2019 | \$250.00    | \$250.00   | General | 2019  |
| Kevin         | Baldes                                          | 1038 E Bastanchury Rd # 216 | Fullerton   | CA    | 92835 | Martini Bros.                 | Musician                     | 4/18/2019 | \$250.00    | \$250.00   | General | 2019  |
| Curtis        | Child                                           | 1600 Division St Ste 225    | Nashville   | TN    | 37203 | N/A                           | N/A                          | 4/19/2019 | \$500.00    | \$500.00   | General | 2019  |
| Kathleen      | O'Toole                                         | 9470 Dalton Ct              | Lemont      | PA    | 16851 | Pennsylvania State University | Professor                    | 4/19/2019 | \$1,000.00  | \$1,000.00 | General | 2019  |
| Jason         | Linder                                          | 5543 Edmondson Pike # 8A    | Brentwood   | TN    | 37027 | Onlife Health                 | Finance manager              | 4/19/2019 | \$1,000.00  | \$1,000.00 | General | 2019  |
| James M.      | Smith                                           | 7550 Jalmia Way             | Nashville   | TN    | 37211 | Caterpillar                   | Enterprise Systems Architect | 4/22/2019 | \$500.00    | \$500.00   | General | 2019  |
| Jonathan      | Watkins                                         | 205 Scotsman Ln             | Los Angeles | CA    | 90046 | Ernest Entertainment          | Music supervisor             | 4/24/2019 | \$150.00    | \$150.00   | General | 2019  |
| Danilon       | Gralman                                         | 922 Old Fairway Rd          | Franklin    | TN    | 37064 | 800 Pound Gorilla Records     | Owner                        | 5/9/2019  | \$250.00    | \$250.00   | General | 2019  |
| Robert        | Morford                                         | 928 Old Hickory Rd          | Huntsville  | AL    | 35806 | Gray Media Group              | Manager                      | 5/10/2019 | \$500.00    | \$500.00   | General | 2019  |
| Tom           | Lamb                                            | 521 Central Ave             | Pittsburgh  | PA    | 15243 | PNC Financial Services Group  | Banker                       | 5/17/2019 | \$200.00    | \$200.00   | General | 2019  |
|               | Service Employees International Union Local 205 |                             | Nashville   | TN    | 37211 |                               |                              | 6/18/2019 | \$500.00    | \$500.00   | General | 2019  |
|               | Davidson County Democratic Party                |                             | Nashville   | TN    | 37203 |                               |                              | 6/27/2019 | \$500.00    | \$500.00   | General | 2019  |
| Ermit Jackson | Sprocket Tours LLC                              | PO Box 330877               | Nashville   | TN    | 37203 |                               |                              | 6/27/2019 | \$1,600.00  | \$1,600.00 | General | 2019  |
|               | Martin                                          | PO Box 22359                | Nashville   | TN    | 37202 |                               |                              | 6/28/2019 | \$400.00    | \$1,600.00 | General | 2019  |
|               | KMG Properties Inc                              | 600 B Fatherland St         | Nashville   | TN    | 37206 |                               |                              | 6/27/2019 | \$400.00    | \$400.00   | General | 2019  |
|               | Lylo Recovery Inc                               | 332 Clearlake Dr W          | Nashville   | TN    | 37217 |                               |                              | 6/27/2019 | \$1,600.00  | \$1,600.00 | General | 2019  |
|               | Nashville Pedal Tavern LLC                      | 332 Clearlake Dr W          | Nashville   | TN    | 37217 |                               |                              | 6/27/2019 | \$1,600.00  | \$1,600.00 | General | 2019  |
|               | Nashville Toons LLC                             | 1504 Demonbreun St          | Nashville   | TN    | 37203 |                               |                              | 6/27/2019 | \$1,600.00  | \$1,600.00 | General | 2019  |
|               | 535 Lafayette Street LLC                        | 332 Clearlake Dr W          | Nashville   | TN    | 37217 |                               |                              | 6/27/2019 | \$1,600.00  | \$1,600.00 | General | 2019  |
| Kerry M       | O'Toole-Gianni                                  | PO Box 22359                | Nashville   | TN    | 37202 |                               |                              | 6/28/2019 | \$800.00    | \$800.00   | General | 2019  |
|               |                                                 | 1802 Tragona Dr             | Pittsburgh  | PA    | 15241 |                               |                              | 4/17/2019 | \$500.00    | \$500.00   | General | 2019  |
| David J       | Kaufman                                         | 815 Timber Ln               | Nashville   | TN    | 37215 |                               |                              | 5/9/2019  | \$250.00    | \$250.00   | General | 2019  |
|               |                                                 |                             |             |       |       |                               |                              | Total     | \$15,350.00 |            |         |       |