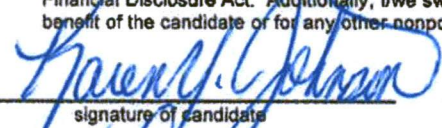
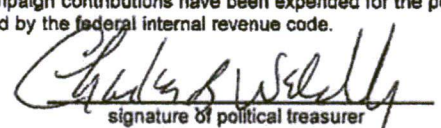
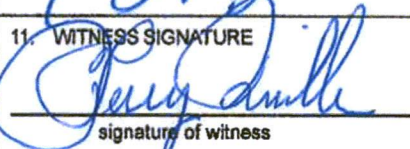
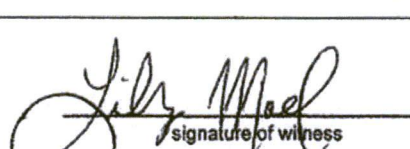


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT January 25, 2019		2.a. NAME OF CANDIDATE OR COMMITTEE Karen Johnson for Register of Deeds	
2.b. IF COMMITTEE, NAME OF CANDIDATE		ELECTION DATE August 2, 2018	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone P.O. Box 17131 Nashville TN 37217 615-977-6721			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone 2928 Moss Spring Dr Antioch TN 37013			
5. OFFICE SOUGHT (Include district number, if applicable) Register of Deeds		6. NAME OF POLITICAL TREASURER (may be candidate) Charles Welch	
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 10/1/2018		8.b. ENDING DATE OF REPORTING PERIOD 1/15/2019	
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 9/11/20 date  signature of political treasurer 09/11/2020 date			
11. WITNESS SIGNATURE  signature of witness 9/11/20 date  signature of witness 09/21/2020 date			
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ <u>3,887.99</u>	
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>500.00</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>4,093.93</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>294.06</u>	
e. TOTAL LOANS OUTSTANDING		\$ <u>15,500</u>	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>4,500</u>	



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) Johnson for Register of Deeds	14. REPORT COVERING THE PERIOD <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">FROM 10/1/2018</td> <td style="width: 50%; border: none;">TO 1/15/2019</td> </tr> </table>		FROM 10/1/2018	TO 1/15/2019
FROM 10/1/2018	TO 1/15/2019			

RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>.00</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>.00</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest) (add 15.a. and 15.b.)	\$ <u>.00</u>

16. LOANS RECEIVED THIS REPORTING PERIOD\$ 500.00

17. INTEREST RECEIVED THIS REPORTING PERIOD\$ 0.00

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)\$ 500.00

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)	\$ <u>.00</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>4,093.93</u>
c. TOTAL EXPENDITURES (other than loan repayments) (add 19.a. and 19.b.)	\$ <u>4,093.93</u>

20. LOAN REPAYMENTS MADE THIS PERIOD\$ 0.00

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)\$ 4,093.93

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>0.00</u>
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ <u>0.00</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	\$ <u>0.00</u>

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each)	\$
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u>500.00</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.)	\$ <u>500.00</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Johnson for Register of Deeds				2. REPORT COVERING THE PERIOD		
				FROM: 10/1/2018	TO: 1/15/2019	
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:		Amount of Contribution
Last Name/Organization				☐ Primary Election ☐ General Election		
Address				☐ Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name«Next Record»		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization				☐ Primary Election ☐ General Election		
Address				☐ Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name«Next Record»		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization				☐ Primary Election ☐ General Election		
Address				☐ Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name«Next Record»		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization				☐ Primary Election ☐ General Election		
Address				☐ Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name«Next Record»		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization				☐ Primary Election ☐ General Election		
Address				☐ Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
5. TOTAL ITEMIZED CONTRIBUTIONS						
(Carry forward to item 3. of next page if additional pages of this form are used.)						
(If this is the last page of contributions, this amount must be shown in item 15b. of summary.)						



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Johnson for Register of Deeds				2. REPORT COVERING THE PERIOD FROM: 10/1/2018 TO: 1/15/2019		
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:		Value of In-Kind Contribution
Last Name/Organization Name				☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		
City		State	Zip Code		Description of In-Kind Contribution	
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		
City		State	Zip Code		Description of In-Kind Contribution	
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		
City		State	Zip Code		Description of In-Kind Contribution	
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		
City		State	Zip Code		Description of In-Kind Contribution	
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		
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.)						



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1 NAME OF CANDIDATE OR COMMITTEE Johnson for Register of Deeds		2 REPORT COVERING THE PERIOD	
		FROM: 10/1/2018	TO: 1/15/2019
3 TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount \$0.00
4 COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State Zip Code		
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)			



Karen Johnson for Register of Deeds
Itemized Expenses (10/1/2018 - 1/15/2018)

Paid Date	Amount	To	Address	Purpose
10/12/2018	\$ 262.50	DH & H Inc	PO Box 22363; Nashville, TN 37205	Professional Services
10/2/2018	\$ 2,500.00	Robert West	45 Vantage Way; Nashville, TN 37228	Campaign Services
12/10/2018	\$ 608.03	Terry Quillen	8207 SAWYER BROWN RD, APT D5;Nashville, TN 37221	Reimbursements
10/30/2018	\$ 468.74	U-Kno Catering	2201 Dunn Ave. Nashville, TN 37211	Professional Services
12/4/2018	\$ 254.66	Rhea Kinnard	1808 Annalee Dr, Antioch, TN 37013	Reimbursements
	\$ 4,093.93			

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1 NAME OF CANDIDATE OR COMMITTEE				2 REPORT COVERING THE PERIOD			
Johnson for Register of Deeds				FROM:10/1/2018		TO:1/15/2019	
3 COMPLETE THE APPROPRIATE TERMS 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 Karen		Middle Name		Outstanding Loan Balance (Beginning of Period)		Loans Received	
Last Name/Organization Name Johnson				\$15,000.00		\$500.00	
Address 2928 Moss Spring Dr				Loan Received For		Date of Loan	
City Antioch		State TN		Zip Code 37013		3/1/2018	
				☐ Primary Election ☐ General Election ☐ 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	
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	
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	
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	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
4 Totals for all Loans (complete on last page of itemized loans)				Outstanding Loan Balance (Beginning of Period)		Loans Received	
(Total loans received should also be shown in item 16 on summary page) (Total loan payments should also be shown in item 20 on summary page) (Total outstanding loan balance should also be shown in item 12 e on front page)				\$15,000.00		\$500.00	
				Loan Payments		Outstanding Loan Balance (End of Period)	
				\$0.00		\$15,500.00	



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE Johnson for Register of Deeds				2 REPORT COVERING THE PERIOD			
				FROM: 10/1/2018		TO: 1/15/2019	
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 occurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name		\$3,500	0	0	\$3,500
Last Name/Business Name Thomas Lindsey Group							
Address PO Box 15072							
City Nashville	State TN	Z p Code 37215					
Description of Obligation Professional Services							
First Name Van		Middle Name		\$500	\$500	0	\$1,000
Last Name/Business Name Santos							
Address							
City Nashville	State TN	Z p Code					
Description of Obligation Professional Services							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Z p Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Z p Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Z p Code					
Description of Obligation							
4 TOTALS				\$4,000.00	\$500.00	\$0.00	\$4,500.00
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b on summary page)							