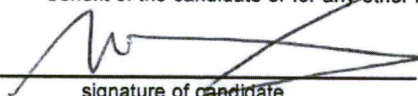
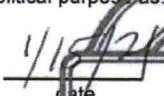
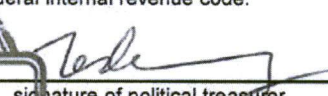
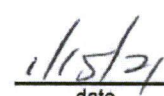
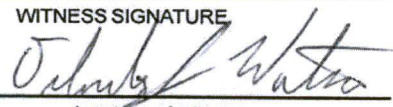
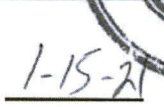
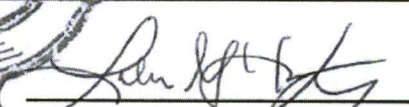
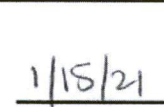


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 1/15/2021		2.a. NAME OF CANDIDATE OR COMMITTEE Dr. Berthena Nabaa-McKinney													
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE 11/3/2020													
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route 4344 Central Valley Drive City Hermitage State TN Zip Code 37076 Phone															
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone															
5. OFFICE SOUGHT (include district number, if applicable) School Board, District 4		6. NAME OF POLITICAL TREASURER (may be candidate) Todd McKinney													
7. CATEGORY OR REPORT (Check one) ☐ FIRST QUARTER ☐ SECOND QUARTER ☐ THIRD QUARTER ☐ FOURTH QUARTER ☐ PRE-PRIMARY ☐ PRE-GENERAL ☐ MID-YEAR SUPPLEMENTAL ☒ YEAR-END SUPPLEMENTAL															
8.a. BEGINNING DATE OF REPORTING PERIOD 10/25/2020		8.b. ENDING DATE OF REPORTING PERIOD 1/15/2021													
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  date  signature of political treasurer  date															
11. WITNESS SIGNATURE  signature of witness  date  signature of witness  date															
12. SUMMARY <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">a. BALANCE ON HAND LAST REPORT</td> <td style="text-align: right;">9390.34</td> </tr> <tr> <td>b. TOTAL RECEIPTS THIS PERIOD</td> <td style="text-align: right;">4844.61</td> </tr> <tr> <td>c. TOTAL DISBURSEMENTS THIS PERIOD</td> <td style="text-align: right;">14,234.95</td> </tr> <tr> <td>d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>e. TOTAL LOANS OUTSTANDING</td> <td style="text-align: right;">0</td> </tr> <tr> <td>f. TOTAL OBLIGATIONS OUTSTANDING</td> <td style="text-align: right;">0</td> </tr> </table>				a. BALANCE ON HAND LAST REPORT	9390.34	b. TOTAL RECEIPTS THIS PERIOD	4844.61	c. TOTAL DISBURSEMENTS THIS PERIOD	14,234.95	d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	0	e. TOTAL LOANS OUTSTANDING	0	f. TOTAL OBLIGATIONS OUTSTANDING	0
a. BALANCE ON HAND LAST REPORT	9390.34														
b. TOTAL RECEIPTS THIS PERIOD	4844.61														
c. TOTAL DISBURSEMENTS THIS PERIOD	14,234.95														
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	0														
e. TOTAL LOANS OUTSTANDING	0														
f. TOTAL OBLIGATIONS OUTSTANDING	0														



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD FROM: 10/25/20 TO: 1/15/21	
---	--	--

RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period)	1295.00
b. Itemized Contributions (over \$100 from each source this period)	3549.61
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	4844.61

16. LOANS RECEIVED THIS REPORTING PERIOD

17. INTEREST RECEIVED THIS REPORTING PERIOD

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

DISBURSEMENTS

19. EXPENDITURES (other than loan payments)

a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)

Fees	402.95
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Total of Expenditures (\$100 or less each payee) \$ 402.95

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

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

20. LOAN REPAYMENTS MADE THIS PERIOD

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

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period)	0
b. Itemized in-kind contributions (over \$100 from each source this period)	0
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	0

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each)	0
b. Itemized Obligations Outstanding (Over \$100 each)	0
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)	0



Please see attachment

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD	
				FROM:	TO:
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name				☐ Primary Election ☐ General Election	
Address				☐ Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution		Amount of Contribution
Occupation					Aggregate This Election
Employer					
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name				☐ Primary Election ☐ General Election	
Address				☐ Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution		Amount of Contribution
Occupation					Aggregate This Election
Employer					
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name				☐ Primary Election ☐ General Election	
Address				☐ Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution		Amount of Contribution
Occupation					Aggregate This Election
Employer					
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name				☐ Primary Election ☐ General Election	
Address				☐ Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution		Amount of Contribution
Occupation					Aggregate This Election
Employer					
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name				☐ Primary Election ☐ General Election	
Address				☐ Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution		Amount of Contribution
Occupation					Aggregate This Election
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				2. REPORT COVERING THE PERIOD	
				FROM:	TO:
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)					
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
City		State	Zip Code	Aggregate this Election	
Occupation		Employer			
Description of In-Kind Contribution					
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
City		State	Zip Code	Aggregate this Election	
Occupation		Employer			
Description of In-Kind Contribution					
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
City		State	Zip Code	Aggregate this Election	
Occupation		Employer			
Description of In-Kind Contribution					
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
City		State	Zip Code	Aggregate this Election	
Occupation		Employer			
Description of In-Kind Contribution					
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
City		State	Zip Code	Aggregate this Election	
Occupation		Employer			
Description of In-Kind Contribution					
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS					
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)					



Please see attachment

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD	
			FROM:	TO:
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)				
First Name	Middle Name	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			
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.)				



ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE						2. REPORT COVERING THE PERIOD	
						FROM:	TO:
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)							
Complete the Following for the Source of the Loan							
First Name		Middle Name		Outstanding Loan Balance (Beginning of Period)		Loans Received	
Last Name/Organization Name				Loan Payments		Outstanding Loan Balance (End of Period)	
Address				Loan Received For:		Date of Loan	
City				☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)			
State				Zip Code			
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)							
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State		Zip Code		City	
State		Zip Code		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		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		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		City		State	
Zip Code		City		State		Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
4. Totals for all Loans (complete on last page of itemized loans)							
(Total loans received should also be shown in item 16. on summary page.)				Outstanding Loan Balance (Beginning of Period)		Loans Received	
(Total loan payments should also be shown in item 20. on summary page.)				Loan Payments		Outstanding Loan Balance (End of Period)	
(Total outstanding loan balance should also be shown in item 12.e. on front page.)							



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
				FROM:		TO:	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
4. TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)							



2020 Final Itemized Expenses

Date	Purpose	Address	Amount
10/26/2020	Greenlight M Campaign Materials	5016 Centennial Blvd, Suite 200, Nashville TN 37209	\$ (8,047.00)
11/27/2020	Tamika White Consulting Fee	214 Meridian Street, Nashville TN 37207	\$ (2,500.00)
11/05/2020	Printing Etc. Campaign Materials	1100 Mensler Rd, Nashville TN 37210	\$ (1,397.69)
11/05/2020	Printing Etc. Campaign Materials	1100 Mensler Rd, Nashville TN 37210	\$ (421.31)
11/17/2020	Printing Etc. Campaign Materials	1101 Mensler Rd, Nashville TN 37210	\$ (383.00)
10/28/2020	Facebook Advertising Fee	1 Hacker Way, Menlo Park CA 94025	\$ (250.00)
11/04/2020	Facebook Advertising Fee	1 Hacker Way, Menlo Park CA 94025	\$ (250.00)
11/05/2020	Brand Lamb Campaign Materials	624 Jefferson St, Nashville TN 37208	\$ (230.00)
11/17/2020	Printing Etc. Campaign Materials	1100 Mensler Rd, Nashville TN 37210	\$ (203.00)
11/02/2020	Jared Dalton Consulting Fee	2335 Benay Rd, Nashville TN 37214	\$ (150.00)
11/02/2020	Walmart Campaign Materials	4424 Lebanon Pike, Hermitage TN 37076	\$ (93.16)
11/02/2020	Jared Dalton Consulting Fee	2335 Benay Rd, Nashville TN 37214	\$ (50.00)
11/02/2020	Facebook Advertising Fee	1 Hacker Way, Menlo Park CA 94025	\$ (24.27)
12/10/2020	5/3 Bank Bank Monthly Service Charge	38 Fountain Square Plaza, Cincinnati OH 45202	\$ (11.00)
01/13/2021	5/3 Bank Bank Monthly Service Charge	38 Fountain Square Plaza, Cincinnati OH 45202	\$ (11.00)
10/26/2020	Donorbox Processing Fees	5 Third Street Suite 900, San Francisco CA 94103	\$ (213.52)
			<u><u>\$ (14,234.95)</u></u>

2020 Final Itemized Donations										
Name	Donated At	Phone	Address	City	State / Province	Postal Code	Country	Employer	Occupation	Amount
Thomas O'Connell	10/30/2020	6152600005	1821 6th Ave N	Nashville	TN	37208	United States	HealthStream	Integration Architect	\$ 125.00
Zahirah Ahmed	10/25/2020	9314617001	2600 Hillsboro Pike unit 208	Nashville	TN	37212	United States	HCA	Pharmacist	\$ 150.00
Masood Ahmed	10/31/2020	3364732933	wheatfield way	Nashville	TN	37209	United States	unemployed	unemployed	\$ 199.00
Abigail Tyler	10/28/2020	6154917765	1051 Morton Mill Rd	Nashville	TN	37221	United States	Metropolitan Nashville Public Schools	School Board member	\$ 200.00
Brenda Gadd	10/26/2020	8658501109	3515-B Richland Ave	Nashville	TN	37205	United States	Self	Consultant	\$ 250.00
Erica Dixie	10/26/2020	6154235379	4020 Drakes Branch Road	Nashville	TN	37218	United States	Metro Nashville Public Schools	Librarian	\$ 250.00
Zaid Albarzini	10/31/2020	8014144017	597 Summit Oaks Ct.	Nashville	TN	37221	United States	Bank of America	Manager	\$ 250.00
Tasneem Ahmed	11/03/2020	9314617001	106 Kings Place	Tulahoma	TN	37388	United States	unemployed	unemployed	\$ 300.00
Sabina Mohyuddin	10/31/2020	9312471963	81 Ravenwood Hills Cir	Nashville	TN	37215	United States	American Muslim Advisory Council	Executive Director	\$ 500.00
Kathy Nevill	10/30/2020	6158857212	4989 John Heger Road	Herritage	TN	37076	United States	unemployed	unemployed	\$ 1,100.00
Berthana Nabaa-McKinney	11/30/2020	6152933177	4344 Central Valley Drive	Herritage	TN	37076	United States	Self	Consultant	\$ 225.61
										<u>\$3,549.61</u>