



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 12-10-23 2.a. Candidate or Committee Name: ALISA HULING CAMPAIGN
 2.b. If Committee, Name of Candidate: ALISA HULING 3. Election Date: 12-19-23
 4. Campaign Address: 1335 B LANGBRAE DR.
 City: MILLERSVILLE State: TN Zip Code: 37012 Phone: 615-308-0674
 5. Candidate Home Address: 1335 B LANGBRAE DR.
 City: MILLERSVILLE State: TN Zip Code: 37012 Phone: 615-308-0674
 Candidate Email Address: alisa.huling@gmail.com
 6. Office Sought: (include district number, if applicable) MILLERSVILLE CITY COMMISSIONER
 7. Name of Political Treasurer (may be candidate): M. DOUGLAS BROWN
 Political Treasurer Email Address: dbnash44@gmail.com

8. Category or Report: (check one)
 First Quarter Second Quarter Third Quarter Fourth Quarter Pre-Primary Pre-General
 Mid-Year Supplemental Year-End Supplemental

9. Reporting Period: Start Date: 10-01-23 End Date: 12-09-23

10. Detailed Disclosure: (Check one)
 This campaign is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)
 This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.

11. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.

<u>Alisa Huling</u>	<u>12-12-23</u>	<u>M Douglas Brown</u>	<u>12-12-23</u>
Candidate Signature	Date	Political Treasurer Signature	Date
<u>W. Landball</u>	<u>12-12-23</u>	<u>W. Landball</u>	<u>12-12-23</u>
Witness Signature	Date	Witness Signature	Date

12. Summary:

	FILED	
a. Balance On Hand Last Report	AM	PM
b. Total Receipts This Period		
c. Total Disbursements This Period		
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)		
e. Total Loans Outstanding		
f. Total Obligations Outstanding		

DECEMBER 12 2023

SUMNER COUNTY ELECTION COMMISSION

	\$	<u>-0-</u>
	\$	<u>3,040.00</u>
	\$	<u>2,899.91</u>
	\$	<u>140.09</u>
	\$	<u>-0-</u>
	\$	<u>-0-</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: ALISA HULINE CAMPAIGN

14. Reporting Period: Start Date: 10-1-23 End Date: 12-09-23

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 800.00
(Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See *Instructions* for more information.)
- b. Itemized Contributions (over \$100 from each source this period) \$ 2,240.00
- c. Loans Received This Reporting Period..... \$ -0-
- d. Interest Received This Reporting Period \$ -0-
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 3,040.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 2,899.91
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ -0-
- c. Total Obligation Payments Made This Period..... \$ -0-
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ 2,899.91

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ -0-
- b. Itemized In-Kind Contributions Received This Period \$ 1,068.47
- c. Total In-Kind Contributions Received This Period \$ 1,068.47

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ -0-

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: ALISA HULING CAMPAIGN
2. Reporting Period: Start Date: 10-1-23 End Date: 10-9-23
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: MARVIN Middle Name: DOUGLAS Last Name: BROWN
Address: 1020 LANGBRAE DR City: MILLERSVILLE State: TN Zip Code: 37072
Occupation: RETIRED Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 10-10-23 Aggregate This Election: \$ 200.00

Business or Organization Name: _____ OR
First Name: TAMMY Middle Name: _____ Last Name: NAUMAN
Address: 1039 LANGBRAE DR City: MILLERSVILLE State: TN Zip Code: 37072
Occupation: REAL ESTATE SALES Employer: CENTURY 21 PREMIER
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500.00 Date of Contribution: 10-10-23 Aggregate This Election: \$ 500.00

Business or Organization Name: _____ OR
First Name: DAN Middle Name: _____ Last Name: TOOLE
Address: LOUISVILLE HWY City: MILLERSVILLE State: TN Zip Code: 37072
Occupation: RETIRED Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: 10-10-23 Aggregate This Election: \$ 200.00

Business or Organization Name: _____ OR
First Name: MARSHA Middle Name: _____ Last Name: O'NEAL
Address: 1097 LANGBRAE DR City: MILLERSVILLE State: TN Zip Code: 37072
Occupation: RETIRED Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: 10-10-23 Aggregate This Election: \$ 200.00

Total Contributions: \$ 1100.00

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: ALISA HULING CAMPAIGN
2. Reporting Period: Start Date: 10-1-23 End Date: 12-09-23
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1,100.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: FRANK Middle Name: _____ Last Name: FOX
Address: 335 POLE HILL RD City: MILLERSVILLE State: TN Zip Code: 37072
Occupation: RETIRED Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: 11-11-23 Aggregate This Election: \$ 200.00

Business or Organization Name: CRAVE CATERING OR
First Name: ~~CRANE~~ Middle Name: _____ Last Name: _____
Address: 334 GALATIN RD S. City: MADISON State: TN Zip Code: 37115
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: 11-6-23 Aggregate This Election: \$ 200.00

Business or Organization Name: _____ OR
First Name: DEBRA Middle Name: _____ Last Name: WELBANK
Address: 100 BRAXTON PARK CT City: GOODLETTSVILLE State: TN Zip Code: 37000
Occupation: CATERING Employer: CRAVE CATERING
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: 11-6-23 Aggregate This Election: \$ 200.00

Business or Organization Name: _____ OR
First Name: TONY Middle Name: _____ Last Name: DANIEL
Address: 531 SISTERS ACCESS RD City: MILLERSVILLE State: TN Zip Code: 37072
Occupation: RETIRED Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 11-6-23 Aggregate This Election: \$ 220.00

Total Contributions: \$ 1,920.00

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: ALISA HULING CAMPAIGN
2. Reporting Period: Start Date: 10-01-23 End Date: 12-05-23
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1,920.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: DEBBIE Middle Name: _____ Last Name: CHADWICK
Address: 2253 GIDEN RD City: MILLERSVILLE State: TN Zip Code: 37072
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 10-10-23 Aggregate This Election: \$ 120.00

Business or Organization Name: _____ OR
First Name: KEITH Middle Name: _____ Last Name: BELL
Address: 429 POLE HILL RD City: MILLERSVILLE State: TN Zip Code: 37072
Occupation: RETIRED Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 10-10-23 Aggregate This Election: \$ 200.00

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Total Contributions: \$ 2,240.00

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

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: ALISA HULING CAMPAIGN
2. Reporting Period: Start Date: 10-01-23 End Date: 12-09-23
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 0

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

Business or Organization Name: U.S. POST OFFICE OR

First Name: ? Middle Name: _____ Last Name: _____

Address: 301 NORTH CREEK BLVD. City: GOODLETTSVILLE State: TN Zip Code: 37070

Purpose of Expenditure: POSTAGE STAMPS

Amount of Expenditure: \$ 765.60 Date of Expenditure: 12-06-23

Business or Organization Name: OFFICE DEPOT OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 1582 GALLATIN RD N. City: MADISON State: TN Zip Code: 37115

Purpose of Expenditure: ENVELOPES AND POSTAGE

Amount of Expenditure: \$ 152.50 Date of Expenditure: 11-24-23

Business or Organization Name: MIKE NORRIS BAND OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 1143 LANGBRAE DR City: WILLERSVILLE State: TN Zip Code: 37072

Purpose of Expenditure: MUSIC FOR RALLY

Amount of Expenditure: \$ 200.00 Date of Expenditure: 11-2-23

Business or Organization Name: COAST AVE SOS PRINTING OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 706 SPACE PARK NORTH City: GOODLETTSVILLE State: TN Zip Code: 37072

Purpose of Expenditure: CAMPAIGN PRINTING

Amount of Expenditure: \$ 832.49 Date of Expenditure: 11-17-23

Business or Organization Name: BUBBA'S TEES OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 622 N. MAIN ST City: GOODLETTSVILLE State: TN Zip Code: 37072

Purpose of Expenditure: CAMPAIGN SHIRTS

Amount of Expenditure: \$ 319.01 Date of Expenditure: 11-03-23

Total Expenditures: \$ 2,269.60

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

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: ALISA HULING CAMPAIGN
2. Reporting Period: Start Date: 10-1-23 End Date: 12-09-23
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 2,269.60

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

Business or Organization Name: DIRT CHEAP SIGNS OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 9706 LOHMAN FORD RD City: LAGO VISTA State: TX Zip Code: 78645
Purpose of Expenditure: CAMPAIGN SIGNS
Amount of Expenditure: \$ 617.20 Date of Expenditure: 10-23-23

Business or Organization Name: _____ OR
First Name: TANYA Middle Name: _____ Last Name: HARDER
Address: 1101 LANGBRAE DR City: MILLERSVILLE State: TN Zip Code: 37072
Purpose of Expenditure: BALLOONS FOR RALLY
Amount of Expenditure: \$ 13.11 Date of Expenditure: 11-17-23

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: _____

Total Expenditures: \$ 2,099.91

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

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: ALISA HULING CAMPAIGN
2. Reporting Period: Start Date: 10-01-23 End Date: 12-09-23
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ -0-

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

Business or Organization Name: _____ OR
First Name: MARTHA Middle Name: _____ Last Name: LONG
Address: 1136 STATES CREEK RD City: MILLERSVILLE State: TN Zip Code: 37072
Occupation: RETIRED Employer: _____
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ 189.00 In-Kind Contribution Date: 10-16-23 Aggregate This Election: \$ 337.85
Description of In-Kind Contribution: CAMPAIGN SHIRTS & STICKERS

Business or Organization Name: _____ OR
First Name: Tommy Middle Name: _____ Last Name: LOOG
Address: 1136 STATES CREEK RD City: MILLERSVILLE State: TN Zip Code: 37072
Occupation: PART TIME Employer: ENTERPRISE CARS
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ 631.99 In-Kind Contribution Date: 11-21-23 Aggregate This Election: \$ 631.99
Description of In-Kind Contribution: SHIRTS & SIGNS

Business or Organization Name: _____ OR
First Name: ALISA Middle Name: _____ Last Name: HULING
Address: 1355B LANGRAE DR City: MILLERSVILLE State: TN Zip Code: 37072
Occupation: RETIRED Employer: _____
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ 75.00 In-Kind Contribution Date: 10-10-23 Aggregate This Election: \$ 75.00
Description of In-Kind Contribution: VOTERS LIST

Business or Organization Name: _____ OR
First Name: FRANK Middle Name: _____ Last Name: FOX
Address: 335 POLE HILL RD City: MILLERSVILLE State: TN Zip Code: 37072
Occupation: RETIRED Employer: _____
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ 23.63 In-Kind Contribution Date: 10/30/23 Aggregate This Election: \$ 23.63
Description of In-Kind Contribution: CLIP BOARDS

Total In-Kind Contributions: \$ 1,068.47
(Carry forward to the next page if additional pages of this form are used. If this is the last page of in-kind contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: ALISA HULING CAMPAIGN
2. Reporting Period: Start Date: 10-1-23 End Date: 12-9-23
3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100).

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

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Outstanding Loan Balance (Beginning) \$ _____
Loans Received \$ _____
Loan Payments \$ _____
Outstanding Loan (End)..... \$ _____
Loan Received For: Primary Election General Election Runoff (Local Elections Only)
Date of Loan: _____

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

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Amount Guaranteed Outstanding: \$ _____

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

Balance (Beginning) \$ -0-
Loans Received \$ -0-
Loan Payments \$ -0-
Outstanding Loan (End)..... \$ -0-

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: ALISA HULING CAMPAIGN
2. Reporting Period: Start Date: 10-1-23 End Date: 12-9-23
3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: _____
 First Name: _____ Middle Name: _____
 Last Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____

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

Business Name: _____
 First Name: _____ Middle Name: _____
 Last Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____

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

Business Name: _____
 First Name: _____ Middle Name: _____
 Last Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____

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

Business Name: _____
 First Name: _____ Middle Name: _____
 Last Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____

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

TOTALS

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

Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$ 0	\$ 0	\$ 0	\$ 0

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