CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAMEOFC	ANDIDATE ORC	COMMITTEE HEDRO	EAG						
2.b. IF COMMITTEE, NAME OF CANDIDATE ANGIE HEDBER		JOHL	· · · · · · · · · · · · · · · · · · ·	3. ELECTION DATE						
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route 6 07 WALLACE DR	city GOODA	ETTS VILLE	Stale	Zip Code 37012	Phone 615 707-6601					
4.b. CANDIDATE'S HOME ADDRESS (if difference of Street or Rural Route	ent than 4.a.) City		State	Zip Code	Phone					
5. OFFICE SOUGHT (include district number	if applicable)	6. NAME C	SECF	TREASURER (may be o	andidate)					
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTE	FOURTH R QUARTER	PRE-	PRE- GENERAL	MIO-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL					
8.a. BEGINNING DATE OF REPORTING PERIOD	/	8.b. ENDING	DATE OF REPO	RTING PERIOD						
 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 tode. Comparison of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue tode.										
11. WITNESS SIGNATURE Signature of witness	date I	A KORI	Signa signa	Kurs of witness	71001 date					
12. SUMMARY a. BALANCE ON HAND LAST REPORT.		••••••		xs <u> 134.50</u>						
b. TOTAL RECEIPTS THIS PERIOD				121, 60						
c. TOTAL DISBURSEMENTS THIS PERIOD d. BALANCE ON HAND (12.a. plus 12.b				xs Ally is	0					
e. TOTAL LOANS OUTSTANDING	AM		PM	s	0					
f. TOTAL OBLIGATIONS OUTSTANDING	ç	IUMNER COU	UZ1	\$	0					
<u> </u>	FIF	CTION COM	MISSION		· · · · · · · · · · · · · · · · · · ·					

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE 2. REPORT COVERING THE PERIOR									HE PERIOD		
ANGIE HEDBERG FROM: 1/21 10/30/2										30/21	
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 ANGLE	Middle Nam			Outstanding Loan Balance (Beginning of Period)		Loans Loan Received Payments			Outstanding Loan Balance (End of Period)		
Last Name/Organization Name			Dec 134.50			50	234.50			4.50	
\ \(\langle \			1	n Received For: Date of Loan							
GOODLETTSVILLE	7/	3987	フ		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					First Name Middle Name						
Last Neme/Organization Name				Last Name/Organization Name							
Address				Address							
City		State Zip Code			City		State		Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding							
First Name	First Name Middle Name				First Name Middle Name						
Last Name/Organization Name			Last Name/Organization Name								
Address			Address								
City	ity State Zip Code			ode	City State Zip Co						Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding							
First Name Middle Name			<u>.</u>	First Name Middle Name							
Last Name/Organization Name				Last Name/Organization Name							
Address				Address							
City		State	ZpC	ode	City			State		Zip Code	
Amount Guaranteed Curstanding			Amount Guaranteed Outstanding								
First Name	rst Name Middle Name			First Name Middle Name							
Last Name/Organization Name			Last Name/Organization Name								
Address			Address								
City		State	Zip C	ode	City State Zip Code					Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding							
4. Totals for all Loans (complete on fast page of itemized loans) (Total loans received should also be shown in item 16, on summary page.) (Total loan payments should also be shown in item 20, on summary page.) (Total outstanding loan balance should also be shown in item 12,e. on front page.)				Loan Balance of Period)	Loans Received	1 1 7					
(cores not constructed from contents of cortic scot.)		c.e. un nutt	rayer.)	<u></u>	J		L			Щ.	