CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

DATE OF REPORT	1.	Taracte Committee	rees	
AZIO / 2 - 2 1	2.a. NAMEOFC	ANDIDATE OR COMMITTEE	4	1
2.b. IF COMMITTEE, NAME OF CANDIDATE	Kaye ob	hason Smut	n-Alderman	1 brush 1
Karre hhoses S	i.		3. ELECTION DATE	
4.a. CAMPAIGN ADDRESS AND PHONE	MATH_		_1 11/03/ <i>∂</i> 0) 0
Street or Rural Route	City	State	Zip Code	Phone
210 Neptune Dr.	thille	TN	37075 (WS	744-1855
4.b. CANDIDATE'S NOME ADDRESS (if differen Street or Rural Route	t than 4.a.) City	State	Zin Code	,
	J.,,	Sidle	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if	applicable)	6. NAME OF POLITICA	L TREASURER (may be c	andidate)
Alderman - Ward	(Lonnie	S 110 =	and date;
7. CATEGORY OR REPORT (Check one)		-	Shaller	
FIRST SECOND THIRD	∐ FOURTH	PRE- PRE-	☐ MID-YEAR	YEAR-END
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY GENERAL	SUPPLEMENTAL	SUPPLEMENTAL
01/11/2001		8.b. ENDING DATE OF REF	ORTING PERIOD	
9. (Check one)		071519	10071	
a. This campaign is exempt from details	d disclasure because			
 This campaign is exempt from detaile tures total \$1,000 or less for this repo 	rting period. (Comp	e contributions (including in- lete items 12d., 12e. and 12	kind) received total \$1,000 f.)	or less AND expendi-
b. This campaign is required to file a det	ailed financial disclo	sure hecause contributions		4-4-1
and/or expenditures total more than \$	1,000 for this report	ng period.	(including in-kind) received	total more than \$1,000
40				
I/we do solemnly swear or affirm that the in accurate accounting of campaign contribution Financial Disclosure Act. Additionally, New York and Control of the Cont				
i maneral practorate Act. Additionally, I/Me s	swear or attirm that i	10 Campaign contributions b	Oug boog granded to the	the Campaign personal financial
benefit of the candidate or for any other non	political purpose as	defined by the federal intern	al revenue code.	1 1
Lange Shit	7/19/21	Chan !		-lala
signature of candidate	date	signature	of political treasurer	- III
			·	53.0
11. WITNESS SIGNATURE	, /			
tank of Francisco	7/0/21	\mathcal{P}_{α} , \mathcal{P}_{α}	12501/0.	alala
signature of witness	////OX/	THEN	Marin Marine	2 + 11 + 100
, , , , , , , , , , , , , , , , , , , ,	/ daye	, sign	ature of witness	// da/fe
12. SUMMARY		-		
a. BALANCE ON HAND LAST REPORT			2m 14	
S. S	REC	EIVED	\$ 2000. 14	
b. TOTAL RECEIPTS THIS PERIOD			\$	
c. TOTAL DISBURSEMENTS THIS PERIOD				
d. BALANCE ON HAND (12.a. plus 12.b. mi	inus 12.c.) SUMNER	COUNTY	····· \$ <u> </u>	1919.55
	ELECTION	COMMISSION	Ψ	
e. TOTAL LOANS OUTSTANDING			\$ <u></u>	
f. TOTAL OBLIGATIONS OUTSTANDING			····· \$ —	



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
13. NAME OF CANDIDATE OR COMMITTEE (III all)	FROM: TO:
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$
b. Itemized Contributions (over \$100 from each source this period)	\$
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.	b.) \$
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 catego	ry - e.g., printing, postage, gasoline)
Bank Fees \$ 24	4.00
Nation Builder 550	59
\$	
\$	
•	
•	
\$	·
\$	
\$	
Total of Expenditures (\$100 or less each payee)	\$ 80.59
b. Itemized Expenditures (Over \$100 each payee this period)	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	26 57
, and the second of the second	\$
20. LOAN REPAYMENTS MADE THIS PERIOD 21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)s <u>60.59</u>
22.IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$
b. Itemized in-kind contributions (over \$100 from each source this period)	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. ar	
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$
b. Itemized Obligations Outstanding (Over \$100 each)	
TOTAL ORLIGATIONS OLITSTANDING (add 23 a and 23.b.) (must be show	



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVE				
	FROM:	TO: Amount						
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	IONS FRO	OM PRECEDING P	AGE (enter \$0 if first itemized p	age)	7 WHO CHIL			
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	ACH ITEMI	ZED CONTRIBUTION	(contributions totaling more than	\$100 from any contributo)			
First Name	Middle Nan	ne	Contribution Received For:		Amount of Contribution			
Last Name/Organization Name			Primary Election	☐ Primary Election ☐ General Election				
Address			Runoff (Local Election	Runoff (Local Elections Only)				
City	State	Zip Code	Date of Contribution	Date of Contribution				
Occupation	<u> </u>		·					
Employer			\dashv					
First Name	Middle Na	me	Contribution Received Fo		Amount of Contribution			
Last Name/Organization Name	<u> </u>		Primary Election	☐ Primary Election ☐ General Election				
Address			Runoff (Local Election	ns Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation	<u>.l</u>							
Employer								
First Name	Middle Name			r:	Amount of Contribution			
Last Name/Organization Name			Primary Election	General Election				
Address			Runoff (Local Election	ons Only)				
City	State	Zip Code	Date of Contribution	Date of Contribution				
Occupation	<u></u>	 						
Employer								
First Name	Middle Na	me	Contribution Received For:		Amount of Contribution			
Last Name/Organization Name	<u> </u>	· · · · · ·	Primary Election	General Election				
Address		Runoff (Local Election	ons Only)					
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation								
Employer								
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional page: (Which is the leaf page of certificities and the page of the								
(If this is the last page of contributions, this amount mus	si de snown i	ir item Tob. of summary.)						

SS-1131(Rev. 2/06)

Page _____ of ____

RDA 1159

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

AME OF CANDIDATE	OR COMMITTEE					2. REPORT COVERI FROM:	TO:			
							Amount			
OTAL ITCMIZED INLK!	ND CONTRIBUTION	IS FROM	PRECE	DING PAGE	(enter \$0 if first itemized page	9)	tributor during the period)			
OMD: STE THE APPROP	RIATE ITEMS FOR EA	CH ITEMIZ	ED IN-KI	ND CONTRIB	011911(Value of In-Kind Contribution			
		Middle Nan			IN-VING COMMIDGROW HOSEN	ed For: General Election	Aside of Bi-Mild Countries			
Name		<u> </u>			7					
sl Name/Organization Name					Runoff (Local Election	ons Only)	Aggregate this Election			
ress					Date of In-Kind Contribution					
y State Zip Code			Description of In-Kind Contribution	on						
	Employer		1		-					
upation							Value of In-Kind Contribution			
		Middle N	ame		In-Kind Contribution Rece	ived For: General Election	Value of In-Kind Contribution			
st Name					— — — · · · · · · · · · · · · · · · · ·					
st Name/Organization Name					Runoff (Local Elec	tions Uniy)	Aggregate this Election			
ddress					Date of In-Kind Contribution					
		State	Zip	Code	Description of In-Kind Contribu	ition				
ity 	Employe		l							
ccupation	Linpoyo	'					an an all all and			
		Middle	Name		In-Kind Contribution Rec	eived For: General Election	Value of In-Kind Contribution			
First Name					Primary Election					
ast Name/Organization Name					Runoff (Local El	ections Only)	Aggregate this Election			
Address					Date of In-Kind Contribution		793 - 3			
Address		State	Z	ip Code	Description of In-Kind Contri	bution				
City										
Occupation	Employ	fei								
		Nida	le Name		In-Kind Contribution R	eceived For:	Value of In-Kind Contribution			
First Name		MICO	ie Name		Primary Election					
Last Name/Organization Na	me				Runoff (Local i		Aggregate this Election			
					Date of In-Kind Contributio	n 	Aggregate tills cleddon			
Address		Stat		Zip Code	Description of In-Kind Cor	dribution				
City										
Occupation	Emp	loyer				_				
			.H. M		In-Kind Contribution	Received For:	Value of In-Kind Contribu			
First Name		Mid	ldle Name		Primary Elect	ion General Election	n			
Last Name/Organization Na	me				Runoff (Local		Aggregate this Election			
					Date of In-Kind Contribut	ian	I Aggregate and Electron			
Address .		l et	ate	Zip Code	Description of In-Kind Co	ontribution	·			
City										
Occupation	En	ployer								
		RUTIONS	S							
5. TOTAL ITEMIZ	ED IN-KIND CONTE	onal pages of	this form a	re used.)	of summary)					
/// this is the last na	m 3. of next page if addition ge of in-kind contributions	this amount i	must be sh	iown in item 220.	Or Swittenbergs	Page of _	RDA 1			

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR CO	MMITTEE	·	2.	REPORT COVERING THE PERIOD
			FF	ROM: TO:
3. TOTAL ITEMIZED CAMPAIGN F	YPENDITHRES EE	OM DECCOMO	PAGE (enter \$0 if first itemized page)	Amount
4. COMPLETE THE APPROPRIATE IT	EMS FOR EACH ITE	MIZED EXPENDITU	IRE (expenditures totaling more than \$100 to a	
First Name	Middle N			
	Widdle	idille	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		··		
Address				
City				
City	State	Zip Code	,	
First Name	Middle N	ame	Dumana of Evacaditus	
		bilic	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				
Address				
City	State	Zip Code		
First Name	Middle N	ame	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		-		
Address				
City	State	Zip Code		
First Name	Middle Na	me	Purpose of Expenditure	Amount of Expenditure
.ast Name/Business Name				
Address				
City	State	Zip Code		
First Name	Middle Na	me	Purpose of Expenditure	Amount of Expenditure
Last Maria (D. Caralle)				Amount of Expenditure
Last Name/Business Name				İ
Address				
City	State	Zip Code		
,	State	Zip Code		<u> </u>
First Name	Middle Na	me	Purpose of Expenditure	Amount of Expenditure
				, amount of Experience
Last Name/Business Name				}
Address		· · · · · · · · · · · · · · · · · · ·		
City	State	Zip Code	_	
	State	Zip Code		
5. TOTAL ITEMIZED EXPENDITU	JRES			
(Carry forward to item 3, of next page if add	ditional pages of this form	are used.)		
(If this is the last page of expenditures, this	amount must be shown in	item 19b. of summary.)	

053				
	SS-1129 (Rev.	4	1/02)

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE	OR COMMITTEE						1 2	BEDODI		DING THE DEDICE	
							F F	ROM:	COVE	RING THE PERIOD	
2.00401575715							1			10.	
3. COMPLETE THE APPR	OPRIATE ITEMS	FOR EACH	ITEMIZ	ZED LOAN	(loans totaling n	nore than \$	100 from any sour	ce during the p	period)		
Complete the Following for the	Source of the Loan								***	<u> </u>	
First Name					Loan Balance	Loa	ns	Loan	To	utstanding Loan Balance	
Last Name/Organization Name				(Beginning	of Period)	Rece	ived P	ayments	•	(End of Period)	
Last Name/Organization Name											
Address				Loan Receiv	ed For:			Date of Lo	<u> </u>		
					Primary Election General Election						
City	State	Zip Code									
	Lint All Fords	1		<u> </u>	(Local Elections			<u> </u>			
First Name	LIST All Endo			or Above Loa		ce is need	led please attac	h a page)			
TIST Marke		Middle Nam	e		First Name				Midd	le Name	
Last Name/Organization Name		<u> </u>			Lasi Name/Org	anization N	ame			· · · · · · · · · · · · · · · · · · ·	
Address		-			Address						
City	· · · · · · · · · · · · · · · · · · ·	Tour	1 = -	 							
		State	Zip Co	ode	City				State	Zip Code	
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding						
First Name		Middle Name	e		First Name Middle Name						
		<u> </u>									
Last Name/Organization Name					Last Name/Org	anization Na	ame				
Address		_		-	Address						
City		State	Zip Co	de	City State Zip Code					Zip Code	
Amount Guaranteed Outstanding	-				Amount Guaran	teed Outsta	nding				
First Name		Middle Name)		First Name				Midd	le Name	
Last Name/Organization Name		<u>l.</u>			Last Name/Orga	nization Na	ime	· · · · · · · · · · · · · · · · · · ·			
Address		·									
					Address						
City		State	Zip Coo	de	City	·		St		Zip Code	
Amount Guaranteed Outstanding					Amount Guarant	eed Outstar	nding		.l		
First Name		Middle Name		-	First No				7.		
Last Name/Organization Name		Widdle Halife			First Name Middle Name						
cast Name/Organization Name					Last Name/Örga	nization Na	me				
Address					Address						
City		State	Zip Cod	le	City				State	Zip Code	
Amount Guaranteed Outstanding		<u> </u>	<u> </u>		Amount Guarante	eed Outstan	ding	·	1		
. Totals for all Loans (comple	te on last name of i	temized los	ne)		Outstand	Data		_			
(Total loans received should also be (Total loan payments should also be (Total outstanding loan balance shoul	shown in item 16, on si	ummary page.)	,		Outstanding Load (Beginning of I		Loans Received	Loai Payme		Outstanding Loan Balance (End of Period)	
(1000 outstanding loan parance \$100)	id also be shown in Rem	12.e. on front p	age.)								



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR C	OMMITTEE			2. REPORT CO	/FRING THE DE	PIOD			
				FROM:	2. REPORT COVERING THE PERIOD FROM: TO:				
UBLIGATION (obligations total	HE APPROPRIATE ITEMS FOR EACH ITEMIZED obligations totaling more than \$100 owed to any at the end of the reporting period)			Debt Incurred This Period	Payments This Period	Outstanding Balanc (End of Period)			
First Name	Middle N	ame							
Last Name/Business Name									
Address									
City	State	Zip Code	_						
Description of Obligation									
First Name	Middle Na	ame				"			
Last Name/Business Name									
Address									
City	State	Zip Code				į			
Description of Obligation		27 5505							
First Name	Middle Na	me		· · · · · · · · · · · · · · · · · · ·					
Last Name/Business Name			_						
Address			_						
City	State	Zip Code	4						
Description of Obligation									
First Name	Middle Nar	ne							
Last Name/Business Name			-						
Address			-						
City	State	Zip Code	_						
	State	Zip Code				į			
Description of Obligation				· · · · · · · · · · · · · · · · · · ·	——·l				
First Name	Middle Narr	le e							
ast Name/Business Name		 _	-						
ddress			-						
City	State	Zip Code	4						
Description of Obligation		Zip Gode							
. TOTALS (Total from Outstanding Balance - (End	of Period) column must	also be shown							
in item 23b. on summary page.)		····				į			