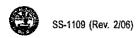
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

4 DATE OF DEDONT	
1. DATE OF REPORT 2.a. NAME OF C	ANDIDATE OR COMMITTEE
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE
2.0. II GOMMITTEE, NAME OF GANDIDATE	3. ELECTION DATE
4.a. CAMPAIGN ADDRESS AND PHONE	
Street or Rural Route City	State Zip Code Phone
192 Kebeccally Hender	sorville TN 37075 N/H
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City	State Zip Code Phone
OFFICE SOUGHT (include district number, if applicable)	NAME OF POLITICAL TREASURER (may be candidate)
Alderman Ward 2	Cynthia Gar vin
7. CATEGORY OR REPORT (Check one)	
FIRST SECOND THIRD FOURTH	PRE- PRE- MID-YEAR YEAR-END
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL 8.b. ENDING DATE OF REPORTING PERIOD
7-1-2021	
9. (Check one)	
a. This campaign is exempt from detailed disclosure because	se contributions (including in-kind) received total \$1,000 or less AND expendi-
tures total \$1,000 or less for this reporting period. (Com	plete items 12d., 12e. and 12f.)
b. This campaign is required to file a detailed financial disci	losure because contributions (including in-kind) received total more than \$1,000
and/or expenditures total more than \$1,000 for this repor	rting period.
10. I/we do solemnly swear or affirm that the information contained	d in this campaign financial disclosure report is true and that this report is an
accurate accounting of campaign contributions and expenditure Financial Disclosure Act. Additionally, I/we swear or affirm that	es required to be reported by the candidate committee by the Campaign t no campaign contributions have been expended for the personal financial
benefit of the candidate or for any other nonpolitical purpose as	s defined by the federal internal revenue code.
	1 the slavia
signature of candidate date	Cynula Sanin 1-22-22
signature of candidate date	signature of political treasurer date
11. WITNESS SIGNATURE	
0 0 0	a = a + b
Appence Lower 1-24-2	2 x albert Sarum 1-24-24
signature of witness date	signature of witness date
12. SUMMARY	100 02
a. BALANCE ON HAND LAST REPORT	s <u>102.03</u>
b. TOTAL RECEIPTS THIS PERIOD	
c. TOTAL DISBURSEMENTS THIS PERIOD	PM \$ 102.03
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) JA	N 26 2022 ags s
QIIMA	NER COUNTY
e. TOTAL LOANS OUTSTANDING SUMM ELECTIO	ON COMMISSION \$
	\sim \sim
f. TOTALOBLIGATIONS OUTSTANDING	\$



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD						
Pat Campbell	FROM: η - - 2 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.)	\$ <u> </u>						
16. LOANS RECEIVED THIS REPORTING PERIOD	\$						
17. INTEREST RECEIVED THIS REPORTING PERIOD	s_ 						
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	e.g., printing, postage, gasoline)						
The 100 Club of Summer Cty & 72.0	<u>)3</u>						
Cap Star Service Cha 10-31-21 : 10-0	\mathcal{D}						
11-3021 \$ 10.0	X						
11 11 12-31-21 \$ 10.0	$\overline{\mathcal{D}}$						
\$							
s							
\$							
\$							
\$							
Total of Expenditures (\$100 or less each payee)	\$ <u>/02-03</u>						
b. Itemized Expenditures (Over \$100 each payee this period)	\$						
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>102.03</u>						
20. LOAN REPAYMENTS MADE THIS PERIOD	1-2						
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)\$							
b. Itemized in-kind contributions (over \$100 from each source this period)\$							
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)\$							
23. OBLIGATIONS							
a. Unitemized Obligations Outstanding (\$100 or less each)\$							
b. Itemized Obligations Outstanding (Over \$100 each)\$							
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)\$							

SS-1133 (Rev. 4/02)

Page _____ of ____

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE	اما	1		2. REPORT COVER			
Pat Cam	FROM:	TO: Amount					
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	E (enter \$0 if first itemized p	age)	7 anount				
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMIZ	ZED CONTRIBUTION (c		100 from any contributor			
First Name	Middle Nam	e	Contribution Received For:	Amount of Contribution			
Last Name/Organization Name	<u> </u>		Primary Election	General Election			
Address	Address			Runoff (Local Elections Only)			
City	State Zip Code			Date of Contribution			
Occupation			/				
Employer							
First Name	Middle Nan	ne	Contribution Received For		Amount of Contribution		
Last Name/Organization Name	<u> </u>		Primary Election	General Election			
Address			Runoff (Local Election	ns Only)			
City	State	Zio Code	Date of Contribution		Aggregate This Election		
Occupation		$\overline{}$					
Employer							
First Name	Middle Nam	ne e	Contribution Received For		Amount of Contribution		
Last Name/Organization Name	/		Rrimary Election [General Election			
Address			Runoff (Local Election	ns Only)			
City	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation	•		\				
Employer							
Linpoyor				\			
First Name	Middle Nan	пе	Contribution Received For:		Amount of Contribution		
	Middle Nan	ne		General Election	Amount of Contribution		
First Name	Middle Nan	ne			Amount of Contribution		
First Name Last Name/Organization Name	Middle Nan	zip Code	Primary Election		Amount of Contribution Aggregate This Election		
First Name Last Name/Organization Name Address			☐ Primary Election ☐ ☐ Runoff (Local Election				
First Name Last Name/Organization Name Address City			☐ Primary Election ☐ ☐ Runoff (Local Election				

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO	MMITTEE				2. REPORT COVER				
					FROM:	TO:			
				enter \$0 if first itemized page	<u> </u>	Amount			
4. COMPLETE THE APPROPRIATE IT					·	tributor during the period)			
				I					
First Name Middle Name			In-Kind Contribution Received Primary Election	Value of In-Kind Contribution					
Last Name/Organization Name			Runoff (Local Election						
Address			Date of In-Kind Contribution	Aggregate this Election					
ity State Zip Code				Description of In-Kind Contribution					
Occupation	Employer								
First Name	, A	vliddle Nam	ne	In-Kind Contribution Receive		Value of In-Kind Contribution			
Last Name/Organization Name	/ 			Primary Election C	General Election				
-				Runoff (Local Election	ns Only)				
Address				Date of In-Kind Contribution		Aggregate this Election			
City	<u>\</u>	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer		_	ĺ					
First Name	. 1	vliddle Nam	ne X	In-Kind Contribution Receive	d For	Value of In-Kind Contribution			
]			•	General Election	Tanad of in raina doingsacon			
Last Name/Organization Name			Runoff (Local Election	ns Only)					
Address			Qate of In-Kind Contribution	••	Aggregate this Election				
City	- 1	State	Zip Code	Description of In-Kind Contribution		<u></u>			
			Zip Code	Description of in-script Contribution					
Occupation	Employer	,							
First Name		Middle Nan	ne	In-Kind Contribution Receive	_	Value of In-Kind Contribution			
Last Name/Organization Name	/			1 = ' \	General Election				
	/			Runoff (Local Election	Only)				
Address				Date of In-Kind Contribution		Aggregate this Election			
City	1	State	Zip Code	Description of in-Kind Contribution					
Occupation	Employer			1					
/									
First Name	I N	liddle Nam	e	In-Kind Contribution Receive	ed For:	Value of In-Kind Contribution			
Last Name/Organization Name		• •		Primary Election	General Election				
Last Name/Organization Name				Runoff (Local Election	ns Only)				
Address			· · ·	Date of In-Kind Contribution		Aggregate this Election			
City	Ts	State	Zip Code	Description of In-Kind Contribution		<u> </u>			
Occupation	Employer		<u> </u>						
Oscupator	сприуе								
5. TOTAL ITEMIZED IN-KIND CO	NTRIBUTION	S							
(Carry forward to item 3. of next page if a	idditional pages of	this form a							
(If this is the last page of in-kind contribu	tions, this amount i	must be sh	own In item 22b. of summary	<u></u>					
SS-1128 (Rev. 2/06)				Pag	ge of	RDA 1159			

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COM	MITTEE		ORT COVERING THE PERIOD
		FROM:	TO:
3 TOTAL ITEMIZED CAMPAIGN EX	(PENDITURES FROM PRECEDING I	DAGE (anter \$0 if first itemized page)	Amount
		RE (expenditures totaling more than \$100 to any paye	e during the period)
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
	Windle Nearies	Tulpose of Experiatione	Altiount of Experionale
Last Name/Business Name			
Address		 	
			•
City	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
	Wildle (44)	a spose of Experiantale	Amount of Experiolitie
Last Name/Business Name	· · · · · · · · · · · · · · · · · · ·		
Address	<u> </u>	—	
City	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		\dashv /	
Address			
City	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		_	
Address		V	
City	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name	/		, ,
Last Namerousiness Name			
Address	/		
City	State Zip Code	┤ \	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		⊢ \	
- Introduction of the state of			
Address			
City	State Zip Code		
5. TOTAL ITEMIZED EXPENDITU	JRES		
(Carry forward to item 3, of next page if ad	ditional pages of this form are used.) s amount must be shown in item 19b. of summary		
til mis is me last page of expenditures, this	amount must be shown in item 13b. of summary	,	

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDA	ATE OR COMMITTEE						2. RE		RING TO:	THE PERIOD :
3. COMPLETE THE AF	PPROPRIATE ITEMS F	OR EACH I	TEMIZ	ED LOAN (I	oans totaling n	nore than \$100	from any source du	ring the period)		
Complete the Following fo	r the Source of the Loan									
First Name				Outstanding L (Beginning o		Loans Receive		Loan Outstanding Loan Batan Payments (End of Period)		ng Loan Balance I of Period)
Last Name/Organization Name	e								/	
				Loan Received For: Date of Loan Primary Election General Election						
City	State	Zip Code			ry Election					
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)										
First Name	2,000 511 2,1000	Middle Name		31710010 200	First Name	100 K 1100401	produp diator d		dle Name	φ.
I IISCHAING		Wilder Harris	•		i iist wanie	/		, and	ule Hall	.c
Last Name/Organization Nam	e e				Last Name/Or	ganization Nar	ne	<u> </u>	•	
Address					Address					
City		State	Zip C	ode	City	<u> </u>		Sta	te	Zip Code
Amount Guaranteed Outstand	ling				Amount Guara	nteed Outstan	ding	•		
First Name Middle Name			X	First Name Middle Name					ne	
Last Name/Organization Nam	е	•	_/		Last Name/Or	ganization Nar	ne			
Address					Address					
City	State Zip Cod			ode	City			Sta	te	Zip Code
Amount Guaranteed Outstand	ling	7			Amount Guara	intred Outstan	ding			
First Name	/	Middle Name	9		First Name Middle Name					пе
Last Name/Organization Nam	ne /	·			Last Name/Or	ganization Nar	ne			
Address		-			Address		$\overline{}$			
City		State	Zip C	ode	City			St	ate	Zip Code
Amount Guaranteed Outstand	ling		<u>-L</u>		Amount Guara	inteed Outstan	ding			···
First Name	<u> </u>	Middle Name	9		First Name			Mic	idle Navo	æ
Last Name/Organization Name			Last Name/Organization Name					\		
Address					Address					
City		State	Zip C	ode	City			Sta	ite	Zip Code
Amount Guaranteed Outstand	ling		L	<u></u>	Amount Guara	inteed Outstan	ding			
(Total loan payments should	complete on last page of laiso be shown in item 16. on laiso be shown in item 20. on ice should also be shown in ite	summary page summary page	.)		Outstanding L (Beginning		Loans Received	Loari Payments	Ou	utstanding Loan Balance (End of Period)

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD						
				FROM:	TO:		
 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 Na	me					
Last Name/Business Name			7				
Address							
City	State	Zip Code		/			
Description of Obligation							
First Name	Middle Na	me					
Last Name/Business Name	<u>I</u>		7				
Address			/				
City	State	Zip Code	1 /				
Description of Obligation		\ \		1	1	<u> </u>	
First Name	Middle Na	me					
Last Name/Business Name	1	\7	4				
Address		$\overline{}$					
City	State	Zip Code	X				
Description of Obligation							
First Name	Middle Na	me					
Last Name/Business Name	// 		\				
Address			\				
City	State	Zip Code	-				
Description of Obligation	•		_ L				
First Name	Middle Na	me					
Last Name/Business Name	<u> </u>		_				
Address			_				
City	State	Zip Code			_		
Description of Obligation		<u> </u>		<u> </u>	J	<u> </u>	
4. TOTALS)		
(Total from Outstanding Balance - (End of Period) of in item 23b. on summary page.)							