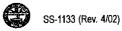
## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

# For State and Local Candidates For Single-Candidate Committees

4 DATE OF REPORT	2.a. NAMEOFC	ANDIDATE OF	COMMITTEE			****
1. DATE OF REPORT	1		PETER.	5.2 1		
1.24.2022		LEE,	TEIER			
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DATE		
4.a. CAMPAIGN ADDRESS AND PHONE	•	· · · · · · · · · · · · · · · · · · ·		,		
Street or Rural Route	City		State	Zip Code	Phone	615
248 LAKE TORRACE D	R. HENDERSON	NUILLE	TN	37075	- دري	5420
4.b. CANDIDATE'S HOME ADDRESS (if differen			<del></del>			
Street or Rural Route	City		State	Zip Code	Phone	
5. OFFICE SOUGHT (include district number,	if applicable)	6. NAME	OF POLITICAL	TREASURER (may be ca	andidate)	
· ·				J. NIEMIE		
ALDERMAN - WARI	9 04	·	THOLE !	J. NIEMIE	<u> </u>	
7. CATEGORY OR REPORT (Check one)		г	r	. $\square$	_	
FIRST SECOND THE	FOURTH	PRE-	LLI PRE-	MID-YEAR	YEAR-E	ND
QUARTER QUARTER QUARTER		PRIMARY	GENERAL	SUPPLEMENTAL	SUPPLEME	NTAL
8.a. BEGINNING DATE OF REPORTING PERIOD		8.b. ENDING	DATE OF REPO	RTING PERIOD		
07-01-2021		01	-15-20	ാ മ		
9. (Check one)			<u> </u>			
_						
a. This campaign is exempt from detail				•	or less AND	) expendi-
tures total \$1,000 or less for this rep	oning penoa. (Com	piete items 120	i., ize. and izi.	)		
b. This campaign is required to file a d	etailed financial discl	osure because	contributions (in	ncluding in-kind) received	i total more	than \$1,000
and/or expenditures total more than			•	,		
10. I/we do solemnly swear or affirm that the	information containe	d in this campa	eion financial dis	sclosure report is true an	d that this re	eoort is an
accurate accounting of campaign contribut						
Financial Disclosure Act. Additionally, I/we	e swear or affirm that	t no campaign	contributions ha	ve been expended for the		
benefit of the candidate or for any other no	onpolitical purpose as	s defined by the	e federal interna	l revenue code.		
1 VITION	1/2/1			$\mathcal{D}_{A}$		2./ 22
101 JANA	1/24/2		•	k) YV		-24-22
signature of candidate	date		signature (	of political treasurer		date
11. WITNESS SIGNATURE	www			· ·		
			,	<u> </u>		
1 Star On	1-24-28	2	Stra		/~.	24-22
There were		_		a remise		
signature or witness	oate		signa	ature of witness		date
					·	
12. SUMMARY	FI	LED				
- DALANCE ON HANDLAST DEDORT	A 5.0	F	PM .	\$ 1518,56		
a. BALANCE ON HAND LAST REPORT			.17!			
b. TOTAL RECEIPTS THIS PERIOD	.IAN	2 7 2022		, 76		
b. TOTAL RECEIPTS THIS PERIOD				Ψ		
c. TOTAL DISBURSEMENTS THIS PERIOD	SHMNE	ER COUNTY		- ひ -		
c. TOTAL DISBURSEMENTS THIS PERIOL		COMMISSIO		Ф	_	
d. BALANCE ON HAND (12.a. plus 12.b.				¢	151	9,32
d. BALANCE ON HAND (12.a. plus 12.b.	minus 12.c.)					
						5 -
e. TOTAL LOANS OUTSTANDING				\$		
			<del></del>			
f. TOTAL OBLIGATIONS OUTSTANDING	*************************			\$	- 0	
				<del></del>		

#### **SUMMARY PAGE - CANDIDATE**

	44 DEDONT COVERING THE BERIO
13. NAME OF CANDIDATE OR COMMITTEE (In Full)  LEE PETERON	14. REPORT COVERING THE PERIO
RECEIPTS	11.0 1-1-2-1
15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>~ 0 ~</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>0-</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.	
16. LOANS RECEIVED THIS REPORTING PERIOD	\$
17. INTEREST RECEIVED THIS REPORTING PERIOD	.76
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	~ <i>,</i>
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by categor	y - e.g., printing, postage, gasoline)
\$	
\$	
\$	<del></del>
\$	
<u> </u>	
\$	
\$	<del></del>
\$	
Total of Expenditures (\$100 or less each payee)	s <u>~0 ~</u>
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.)	\$ <u>-6-</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. and	22.b.)\$\$
23.OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$
b. Itemized Obligations Outstanding (Over \$100 each)	\$
-	



# **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

1. NAME OF CANDIDATE OR CO	MMITTEE			2. REPORT COVER	
LEE PU	FTERSON				TO: 1-15-22
		Amount			
3. TOTAL ITEMIZED CAMPAIGN					<u> </u>
4. COMPLETE THE APPROPRIATE I	TEMS FOR EACH ITEMIZ Middle Nam		ON (contributions totaling more than a Contribution Received For:	тоо пош ану сониволог	Amount of Contribution
First Name	willudie wam		_	<b>.</b>	
Last Name/Organization Name			Primary Election	General Election	1
Address			Runoff (Local Election	ns Only)	
, 1441000					Angella Till Colonia
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation	<u> </u>				
Employer			-		
First Name	Middle Nar	ne	Contribution Received For	r:	Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
				0-13	
Address			Runoff (Local Electio	ons Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer					
First Name	Middle Na	ne	Contribution Received Fo	т: 	Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
Address			Runoff (Local Election	ons Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
`					
Employer					
First Name	Middle Na	ime	Contribution Received For:		Amount of Contribution
			Primary Election	General Election	
Last Name/Organization Name			- Finally Election	Constar LicetiOit	
Address			Runoff (Local Electi	ons Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation	<u>.1</u>				
Employer					
<ol> <li>TOTAL ITEMIZED CONTRIÈ (Carry forward to item 3. of next page</li> </ol>		Tare used 1			- 0-
I Com I formation to Rent 3, or next page		in item 15b. of summar	w)		T

### **ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE**

1. NAME OF CANDIDATE OR			FROM: 7-1-21							
	ETERS		· · · · · · · · · · · · · · · · · · ·			Amount				
				GE (enter \$0 if first itemized page	··	-0-				
4. COMPLETE THE APPROPRIA	TE ITEMS FOR EAC	H ITEMIZ	ED IN-KIND CONTR	RIBUTION (in-kind contributions totaling						
First Name		Middle Nan	ne	In-Kind Contribution Receive		Value of In-Kind Contribution				
Last Name/Organization Name				Runoff (Local Electio	ns Only)					
Address				Date of In-Kind Contribution		Aggregate this Election				
City	State Zip C		Zip Code	Description of In-Kind Contribution	Description of In-Kind Contribution					
Occupation	Employer									
First Name		Middle Nar	ne	In-Kind Contribution Receive	ed For:  General Election	Value of In-Kind Contribution				
Last Name/Organization Name				Runoff (Local Election	ons Only)					
Address				Date of In-Kind Contribution						
City		State	Zip Code	Description of In-Kind Contribution	1	-				
Occupation	Employer									
First Name Middle Name					In-Kind Contribution Received For:					
Last Name/Organization Name					☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)					
Address	ddress ·		Date of In-Kind Contribution		Aggregate this Election					
City	State Zip Code		Description of In-Kind Contribution	П	•					
Occupation	Employer		·							
First Name	<u> </u>	Middle Na	me	In-Kind Contribution Receiv		Value of In-Kind Contribution				
Last Name/Organization Name		****		☐ Primary Election ☐ Runoff (Local Election	General Election ons Only)					
Address				Date of In-Kind Contribution		Aggregate this Election				
City		State	Zip Code	Description of In-Kind Contribution	n	e. <del> </del>				
Occupation	Employer									
First Name		Middle Nar	ne	In-Kind Contribution Recei	ved For:	Value of In-Kind Contribution				
Last Name/Organization Name	:			Runoff (Local Election	<del></del>					
Address			Date of In-Kind Contribution	<del></del>						
City	:	State	Zip Code	Description of In-Kind Contributio	n	<u> </u>				
Occupation	Employer		<u> </u>							
5. TOTAL ITEMIZED IN-KIN	ID CONTRIBUTIO	NS				1				
(Carry forward to item 3. of next p	page if additional pages	of this form		mmary.)	4	-0-				
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### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER			
LEE		FROM: 7-1-21	TO: 1-15-22				
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	פבי בפטו	M DDECEDING DAGE	: (antor \$0 if first itemized pa	ne)	Amount		
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMIZ	ZED EXPENDITURE (e)		to any payee during the pen			
First Name	Middle Nam	ne	Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	rst Name Middle Name				Amount of Expenditure		
Last Name/Business Name	.L						
Address							
City	State	Zip Code					
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code	Ţ				
First Name Middle Name			Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code	-				
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	1		]				
Address							
City	State	Zip Code					
First Name	First Name Middle Name			Purpose 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 page)	es of this form	are used.}					
(If this is the last page of expenditures, this amount mu	n item 19b. of summary.)			- 0 -			

### **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE 2. REPORT COVERING THE PERIOD											
LEE PETERSON FROM: 7-1-21 1-15-22							2				
3. COMPLETE THE APPROPRIAT	E ITEMS F	OR EACH IT	EMIZ	ED LOAN (14	oans totaling m	nore than \$100 f	tom any sour	ce during the	e period)	- 0 -	
Complete the Following for the Source					5.1				1 0.4-4-	odio I on Delego	
First Name	Middle Nam	ê		Outstanding Lo (Beginning o						İ	
Last Name/Organization Name	-										
Address				Loan Receive	d For:						
City	State	Zip Code		Primary Election General Election							
				<u> </u>	Local Elections						
	ist All Endon	sers or Guara	ntors to	or Above Loar		ice is needed	please atta	cn a page)	l Middle h	le ma	
First Name		Middle Name			First Name				Miludie		
Last Name/Organization Name					Last Name/Or	ganization Nam	e				
Address	· • / • · · · ·				Address					<del></del>	
City		State	Zip C	ode	City			-,	State	Zip Code	
Amount Guaranteed Outstanding		.····			Amount Guara	inteed Outstand	ling				1
First 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	
Amount Guaranteed Outstanding					Amount Guar	anteed Outstand	ding				
First Name		Middle Name	l		First Name				Middle	Name	
Last Name/Organization Name		·····			Last Name/Organization Name						
Address					Address						
City		State	Zip C	Code	City				State	Zip Code	· · · · · ·
Amount Guaranteed Outstanding		_1			Amount Guar	anteed Outstan	ding		·		
First Name	First Name Middle Name First Name Middle Name						محجج				
Last Name/Organization Name		1			Last Name/C	rganization Nar	ne		1		
Address	· -				Address						
City	-	State	Zip C	Code	City				State	Zip Code	
Amount Guaranteed Outstanding					Amount Guar	anteed Outstan	ding				
4. Totals for all Loans (complete or (Total loans received should also be show (Total loan payments should also be show	n in item 16. on n in item 20. on	summary page, summary page	.) .)			Loan Balance g of Period)	Loans Receive	ed I	Loan Payments	Outstanding Loan Ba (End of Period)	}
(Total outstanding loan balance should also	be shown in ite	m 12.e. on front	page.)		<u> </u>		L			70	

#### **ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
		ETERSO		FROM: 7~1	. , ,	1-15-22
COMPLETE THE APPROPRIATE ITEMS F     OBLIGATION (obligations totaling more that     person/vendor at the end of the reporting pages.)	n \$100 ow		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	<b>1</b>					:
Address						
City	State	Zip Code				
Description of Obligation	1			<u>                                     </u>	<u>.                                    </u>	<u> </u>
First Name	Middle Na	me				
Last Name/Business Name	<u> </u>					
Address			-			
City	State	Zip Code				
Description of Obligation	1			l		
First Name	Middle Na	me				
Last Name/Business Name	<u> </u>					
Address			<del></del>			
City	State	Zip Code	7			
Description of Obligation		-L			<u> </u>	
First Name	Middle Na	me				
Last Name/Business Name	l		_			
Address						
City	State	Zip Code	-	:		
Description of Obligation	<u> </u>	<u>. I </u>				<u> </u>
First Name	Middle Na	me				
Last Name/Business Name	<u> </u>		_			
Address			-			
City	State	Zip Code				
Description of Obligation	L	1				<u> </u>
4. TOTALS					· · ·	1
(Total from Outstanding Balance - (End of Period) of in item 23b. on summary page.)	olumn mus	t also be shown	·			-0-
SS-1127 (Rev. 4/02)				Page	of	RDA 1159