CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

101	0111310 Odinaraaro (
1. DATE OF REPORT	2.a. NAME OF CANDIDATE OR		C+	1/
7-8-2022	Committee t	to Elect	Steven 3. ELECTION DATE	Kiny
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE	2022
A.a. CAMPAIGN ADDRESS AND PHONE	\	-	8 = t -	WEE
Street or Rural Route	City	State	Zip Code	Phone
123 Wynlauds Cir	Goodletts ville	TN	37072	615-510-1883
4.b. CANDIDATE'S HOME ADDRESS (if differen Street or Rural Route	t than 4.a.) City	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, it	fapplicable) 6. NAME	OF POLITICAL 1	REASURER (may be o	andidate)
School Board Dis	toot 5	Heven	Vinn	
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	QUARTER PRIMARY 8.b. ENDING	GENERAL 3 DATE OF REPOR	SUPPLEMENTAL RTING PERIOD	SUPPLEMENTAL
4-23-2022	6-	30-20	2.2	
9. (Check one)				
 a. This campaign is exempt from detaile tures total \$1,000 or less for this report 			d) received total \$1,000	or less AND expendi-
b. This campaign is required to file a de and/or expenditures total more than \$	tailed financial disclosure because \$1,000 for this reporting period.	contributions (in	cluding in-kind) receive	d total more than \$1,000
10. I/we do solemnly swear or affirm that the ir accurate accounting of campaign contribution. Financian Disclosure Act. Additionally, I/we benefit of the candidate or for any other nor signature of candidate.	ons and expenditures required to be swear or affirm that no campaign	pe reported by the contributions have e federal internal	e candidate committee l e been expended for th	by the Campaign
11. WITNESS SIGNATURE signature of witness	7-8-22 date	A signal	ure of witness	7-6-22 date
12. SUMMARY				
a. BALANCE ON HAND LAST REPORT				
b. TOTAL RECEIPTS THIS PERIOD			\$ 4581.61	·
c. TOTAL DISBURSEMENTS THIS PERIOD	=5		\$ 1,581.6	,(
d. BALANCE ON HAND (12.a. plus 12.b. r	ninus 12.c.)			
e. TOTAL LOANS OUTSTANDING	UL 11 2022		\$	
	UMNER COUNTY CTION COMMISSION		\$	

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD FROM: TO:
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
	, O
a. Unitemized Contributions (\$100 or less from each source this period)	
b. Itemized Contributions (over \$100 from each source this period)	\$ 1501.61
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.)	\$ 1581.6
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category	- e.g., printing, postage, gasoline)
\$	
\$	
\$	
\$	
•	
\$	
\$	
<u> </u>	
<u> </u>	
Total of Expenditures (\$100 or less each payee)	\$
b. Itemized Expenditures (Over \$100 each payee this period)	1 Tral 1
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.) .	\$ 1200,01
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 2	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

1. NAME OF CANDIDATE OR COMMITTEE		Ster	1/	2. REPORT COVER	T			
1. NAME OF CANDIDATE OR COMMITTEE	lect	Heren	wing	FROM:4-23-27	TO: 6-30-22			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT				age)	0			
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)								
First Name Steven	Middle Name	<u>ئ</u> .	Contribution Received For:	Amount of Contribution				
Last Name/Organization Name			Primary Election	General Election	\$1,581.61			
Address 23 Wynlands Ci	rcla	•	Runoff (Local Election	ns Only)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Goodlettruille	Zip Code 37.072	Date of Contribution	Aggregate This Election					
Occupation Professor/ Educ	ata	C	4-26-7	1027	8,418.66			
Temessee State	`	veritie	7.00					
First Name	Middle Nam		Contribution Received For		Алюunt of Contribution			
Last Name/Organization Name	<u> </u>		Primary Election	General Election				
Address			Runoff (Local Electio	ns Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation	1	I						
Employer								
First Name	e	Contribution Received Fo	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		Aggregate This Election			
Occupation	•		1					
Employer								
First Name	Middle Nam	ne	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	<u> </u>	·	+					
Employer			-					
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages)	of this form a	ire used.) item 15b. of summary.)						

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COM	2. REPORT COVERING THE PERIOD							
					FROM:	TO:		
2 TOTAL ITEMIZED IN WIND CON	·	Amount						
TOTAL ITEMIZED IN-KIND CON COMPLETE THE APPROPRIATE IT						tributes during the period!		
4. GOWELETE THE APPROPRIATE III	EMIO FUR EAU							
First Name		Middle Nam	e	In-Kind Contribution Receive	d For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name				Runoff (Local Elections Only)				
Address				Date of in-Kind Contribution Aggregate this Election				
City State Zip Code			Description of In-Kind Contribution					
Occupation	Employer							
First Name		Middle Nam	ne	In-Kind Contribution Receive	d For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name		·		Runoff (Local Election				
Address				Date of In-Kind Contribution		Aggregate this Election		
City		State	Zip Code	Description of In-Kind Contribution	ı			
Occupation	Employer							
First Name		Middle Nam	ne	In-Kind Contribution Received For: Value of In-Kind Con				
Last Name/Organization Name		1		☐ Primary Election ☐ Runoff (Local Electio	General Election			
Address	<u> </u>			Date of In-Kind Contribution	Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer		I	1				
						, <u> </u>		
First Name		Middle Nam	ne	In-Kind Contribution Received For: Primary Election				
Last Name/Organization Name		<u> </u>		Runoff (Local Election				
Address				Date of In-Kind Contribution	-,	Aggregate this Election		
City		State	Zip Code	Description of in-Kind Contribution	1			
Occupation	Employer	ł		1				
First Name Middle Name			e	In-Kind Contribution Received Primary Election	red For: General Election	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 Code			Zip Code	Description of In-Kind Contribution				
Occupation	Employer							
TOTAL ITEMIZED IN-KIND CO (Carry forward to item 3. of next page if a (If this is the last page of in-kind contribu-	dditional pages	of this form a		y)				

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Committee +, E	Let	Forms	Vinn	2. REPORT COVERING FROM: 4-73-22		
=			7		Amount	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITUDE 4. COMPLETE THE APPROPRIATE ITEMS FOR EA	ACH ITEMIZ	ED EXPENDITURE (ex	penditures totaling more than \$100) to any payee during the perio	od)	
First Name					Amount of Expenditure	
Last Name/Business Name SOS Address	loth_	printing	1,581.61			
Address 706 Space Par City Goodlettwille	State	Zip Code 37072				
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	•					
Address			-			
City	State	Zip Code				
First Name	Middle Nam	е	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name					1	
Address			1			
City	State	Zip Code				
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	<u> </u>					
Address]			
City	State	Zip Code				
First Name	Middle Nan	ne	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name						
Address						
City	State	Zip Code				
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional page (If this is the last page of expenditures, this amount must be accordingly to the control of the control o	es of this form	are used.)				

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE							2. REPORT COVERING THE PERIOD FROM: TO:				
3. COMPLETE THE AP	PROPRIATE ITEMS I	OR EACH	TEMIZ	ED LOAN (oans totaling n	nore than \$100	from any source	during the peri	iod)		
Complete the Following for	the Source of the Loan										
First Name	Middle Na	ne		Outstanding L (Beginning o		Loans Received		oan ments		anding Loan Balance (End of Period)	
Last Name/Organization Name	<u> </u>										
Address Loan Receiver						Canacal	Clastics	Date of Loar	1		
City	State	Zip Code		1	□ Primary Election □ General Election □ Runoff (Local Elections Only)				<u></u>	-	
	List All Endo	rsers or Guar	antors f	or Above Loa	n (If more spa	ice is needed	i please attach	a page)		<i>i</i>	
First Name		Middle Nam	e		First Name		·		Middle I	Name	
Last Name/Organization Name					Last Name/Or	ganization Nan	ne				
Address					Address						
City		State	Zip C	Code	City				State	Zip Code	
Amount Guaranteed Outstandin	ng	1,	1		Amount Guaranteed Outstanding						
First Name		Middle Nam	e		First Name Middle Name						
Last Name/Organization Name					Last Name/Organization Name						
Address					Address				··-	. ,	
City		State	Zip C	Code	City State Zip of					Zip Code	
Amount Guaranteed Outstandin	ng				Amount Guara	anteed Outstan	ding				
First Name		Middle Nam	е		First Name				Middle	Name	
Last Name/Organization Name					Last Name/O	ganization Nar	пе		<u>. E</u>		
Address					Address						
City		State	Zip C	Code	City				State	Zip Code	
Amount Guaranteed Outstandin	ng	<u> </u>			Amount Guar	anteed Outstan	ding		1 .	I	
First Name	·····	Middle Nam	e		First Name Middle Name					Name	
Last Name/Organization Name	-	<u> </u>			Last Name/O	ganization Nar	me		1		
Address					Address				····		
City		State	Zip C	Code	City				State	Zip Code	
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding						
	Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.)					oan Balance of Period)	Loans Received	Loa Paym		Outstanding Loan Baland (End of Period)	
(Total loan payments should (Total outstanding loan balance	also be shown in item 20. o	summary page	e.)								



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COM	MMITTEE	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 Nar	ne					
Last Name/Business Name					:		
Address			\exists				
City	State	Zip Code					
Description of Obligation	1						
First Name	Middle Nat	me					
Last Name/Business Name							
Address						:	
City	State	Zip Code					
Description of Obligation	<u></u> l	1			<u> </u>	<u> </u>	
First Name	Middle Na	me					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation		<u> </u>			•		
First Name	Middle Na	me					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation	L	<u> </u>	<u> </u>		<u> </u>		
First Name	Middle Na	ıme					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation	l	.]		<u> </u>	<u> </u>		
4. TOTALS							
(Total from Outstanding Balance - (Enin item 23b. on summary page.)	d of Period) column mu	st also be shown					
							