



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/5/2024 2.a. Candidate or Committee Name: KATHY STUART
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/1/24
4. Campaign Address: 11168 LITTON RANCH RD.
City: CASTALAN SPRINGS State: TN Zip Code: 37031 Phone: 985-768-6178
5. Candidate Home Address: Same
City: _____ State: _____ Zip Code: _____ Phone: _____
Candidate Email Address: ~~KATHY@BELLSTATE.TV~~ Kathystuartforschoolboard@gmail.com
6. Office Sought: (include district number, if applicable) SH School Board District 9
7. Name of Political Treasurer (may be candidate): CHRIS ALEXANDER
Political Treasurer Email Address: CALEXANDER@82685@GMAIL.COM
8. Category or Report: (check one)

- ☐ First Quarter ☒ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☐ Pre-Primary ☐ Pre-General
☐ Mid-Year Supplemental ☐ Year-End Supplemental ☐ Runoff Election

9. Reporting Period: Start Date: 4/1/24 End Date: 6/30/24

10. Detailed Disclosure: (Check one)

- ☐ This campaign is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)
- ☒ 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.

11. 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 code.

<u>Kathy Stuart</u>	<u>7/9/2024</u>	<u>Chris Alexander</u>	<u>7/5/24</u>
Candidate Signature	Date	Political Treasurer Signature	Date
<u>Chris Alexander</u>	<u>7/5/24</u>	<u>Chris Alexander</u>	<u>7/5/24</u>
Witness Signature	Date	Witness Signature	Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>2429.47</u>
b. Total Receipts This Period	\$ <u>4,780.00</u>
c. Total Disbursements This Period	\$ <u>4,280.00</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>2,929.47</u>
e. Total Loans Outstanding	\$ <u>360.00</u>
f. Total Obligations Outstanding	\$ <u>0.00</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: KATHY STUART

14. Reporting Period: Start Date: 4/1/24 End Date: 6/30/24

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 0.00
(Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See *Instructions* for more information.)
- b. Itemized Contributions (over \$100 from each source this period) \$ 4,780.00
- c. Loans Received This Reporting Period \$ 360.00
- d. Interest Received This Reporting Period \$ 0.00
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 4,420.00

16. Disbursements:

- a. Total Expenditures (other than loan payments) \$ 3,920.00
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ 0.00
- c. Total Obligation Payments Made This Period \$ 0.00
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) \$ 3,920.00

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ 0.00
- b. Itemized In-Kind Contributions Received This Period \$ 0.00
- c. Total In-Kind Contributions Received This Period \$ 0.00

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ 0.00

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: KATHY STUART
2. Reporting Period: Start Date: 4/1/24 End Date: 6/30/24
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: FRED + RUTH Middle Name: _____ Last Name: YATES
Address: 1093 ROBERTSON RD City: GALLATIN State: TN Zip Code: 37066
Occupation: _____ Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: 4/20/24 Aggregate This Election: \$ 200.00

Business or Organization Name: _____ OR
First Name: ALAN Middle Name: _____ Last Name: DRIVER
Address: 135 MT VERNON RD City: BETHPAGE State: TN Zip Code: 37022
Occupation: _____ Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: 4/20/24 Aggregate This Election: \$ 200.00

Business or Organization Name: _____ OR
First Name: KEE Middle Name: _____ Last Name: BRYAN-McCORMICK
Address: 124 TATNALL CT City: GALLATIN State: TN Zip Code: 37066
Occupation: JUDGE Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 4/20/24 Aggregate This Election: \$ 250.00

Business or Organization Name: _____ OR
First Name: TAMMY HAYES Middle Name: _____ Last Name: HAYES
Address: 120 GOVERNORS POINT BLVD City: HENDERSONVILLE State: TN Zip Code: 37075
Occupation: _____ Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: 4/20/24 Aggregate This Election: \$ _____

Total Contributions: \$ 850.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: KATHY STUART
2. Reporting Period: Start Date: 4/1/24 End Date: 6/30/24
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 850.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: CRAIG HAYES Middle Name: _____ Last Name: HAYES
Address: 1156 INNESWOOD DR City: GALLATIN State: TN Zip Code: 37066
Occupation: _____ Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 4/20/24 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: DARCEL + DOZOTHY Middle Name: _____ Last Name: CASIN
Address: 1112 LITTLETON BRANCH RD City: CANTONMENT SPRINGS State: TN Zip Code: 37031
Occupation: _____ Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 30.00 Date of Contribution: 4/20/24 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: SHIRLEY Middle Name: _____ Last Name: SMITH
Address: 112 STATHMORE WAY City: HENDERSONVILLE State: TN Zip Code: 37075
Occupation: _____ Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 150.00 Date of Contribution: 4/26/24 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: WILLIAM Middle Name: _____ Last Name: LAMBERTH
Address: PO BOX 812 City: PORTLAND State: TN Zip Code: 37148
Occupation: ATTORNEY Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 500.00 Date of Contribution: 5/8/24 Aggregate This Election: \$ 500.00

Total Contributions: \$ 780.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: KATHY STUART
2. Reporting Period: Start Date: 4/1/24 End Date: 6/30/24
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1,630.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: RICHARD Middle Name: _____ Last Name: MURPHY
Address: 940 LAKESHORE DR City: GALLATIN State: TN Zip Code: 37066
Occupation: _____ Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: 6/5/24 Aggregate This Election: \$ 200.00

Business or Organization Name: _____ OR
First Name: STEVE Middle Name: _____ Last Name: FAW
Address: 312 W. MAIN ST City: GALLATIN State: TN Zip Code: 37066
Occupation: _____ Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 150.00 Date of Contribution: 4/20/24 Aggregate This Election: \$ 150.00

Business or Organization Name: _____ OR
First Name: DENNIS Middle Name: _____ Last Name: CAW
Address: 1167 PLANTATION PASS City: GALLATIN State: TN Zip Code: 37066
Occupation: _____ Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 6/4/24 Aggregate This Election: \$ 250.00

Business or Organization Name: _____ OR
First Name: MATT Middle Name: _____ Last Name: HARRIS
Address: PO Box 9150 City: GALLATIN State: TN Zip Code: 37066
Occupation: _____ Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 1,800.00 Date of Contribution: 6/8/24 Aggregate This Election: \$ 1,800.00

Total Contributions: \$ 2,400

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: KATHY STUART
2. Reporting Period: Start Date: 4/1/24 End Date: 6/30/24
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 4,030.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: SUMNER COUNTY WOMEN'S REPUBLICAN ACTION PAC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 33 City: HENDERSONVILLE State: TN Zip Code: 37077
Occupation: _____ Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 500.00 Date of Contribution: 6/17/24 Aggregate This Election: \$ 500.00

Business or Organization Name: _____ OR
First Name: SUNNY Middle Name: _____ Last Name: WEATHERS
Address: 1664 B HWY 231 S City: BETHPAGE State: TN Zip Code: 37022
Occupation: CORRECTOR SHERIFF Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 6/25/24 Aggregate This Election: \$ 250.00

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Total Contributions: \$ 4,780.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: KATHY STUART
2. Reporting Period: Start Date: 4/1/24 End Date: 6/30/24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: QUALITY PRINTING OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 141 E. GASTLAND City: GALLATIN State: TN Zip Code: 37066

Purpose of Expenditure: PUNCH CARD Double Re-order

Amount of Expenditure: \$ 442.47 Date of Expenditure: \$ 5/14/24

Business or Organization Name: QUALITY PRINTING OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 141 E. GASTLAND City: GALLATIN State: TN Zip Code: 37066

Purpose of Expenditure: PUNCH CARD Re-order

Amount of Expenditure: \$ 212.55 Date of Expenditure: \$ 5/6/24

Business or Organization Name: QUALITY PRINTING OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 141 E. GASTLAND City: GALLATIN State: TN Zip Code: 37066

Purpose of Expenditure: PUNCH CARDS

Amount of Expenditure: \$ 212.55 Date of Expenditure: \$ 4/29/24

Business or Organization Name: MR. SIGM MAN OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 129 Commerce Dr City: HENDERSONVILLE State: TN Zip Code: 37075

Purpose of Expenditure: SMALL YARD SIGNS

Amount of Expenditure: \$ 759.24 Date of Expenditure: \$ 5/20/24

Business or Organization Name: MR. SIGM MAN OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 129 Commerce Dr City: HENDERSONVILLE State: TN Zip Code: 37075

Purpose of Expenditure: DOOR KNOCKERS

Amount of Expenditure: \$ 286.91 Date of Expenditure: \$ ~~5/20/24~~ 4/29/24

Total Expenditures: \$ 1,913.72

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: KARRY STUART
2. Reporting Period: Start Date: 4/1/24 End Date: 6/30/24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1,913.72

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: MR. SIGM MAN OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 129 Commerce Dr City: HENDERSONVILLE State: TN Zip Code: 37075
Purpose of Expenditure: DOOR KNOWLEDGE
Amount of Expenditure: \$ 196.65 Date of Expenditure: \$ 4/18/24

Business or Organization Name: MR. SIGM MAN OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 129 Commerce Dr City: HENDERSONVILLE State: TN Zip Code: 37075
Purpose of Expenditure: LARGE YARD SIGNS
Amount of Expenditure: \$ 918.70 Date of Expenditure: \$ 4/5/24

Business or Organization Name: FCI OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1870 AIR LAKE DRIVE City: NASHVILLE State: TN Zip Code: 37210
Purpose of Expenditure: CAMPAIGN SHIRTS
Amount of Expenditure: \$ 354.57 Date of Expenditure: \$ 5/21/24

Business or Organization Name: DODAT OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1026 LAVERN CIR City: HENDERSONVILLE State: TN Zip Code: 37075
Purpose of Expenditure: PUNCH CARDS
Amount of Expenditure: \$ 163.88 Date of Expenditure: \$ 6/12/24

Business or Organization Name: WWRG FEES OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: DONATION FEES
Amount of Expenditure: \$ 191.44 Date of Expenditure: \$ 4/1/24 - 6/30/24

Total Expenditures: \$ 3,738.96

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: KATY STUART
2. Reporting Period: Start Date: 4/1/24 End Date: 6/30/24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 3,738.96

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: MISC DOOR KNOCKING SUPPLY FEES (GAS, WATER, SUPPLIES) OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: _____

Amount of Expenditure: \$ 181.00 Date of Expenditure: \$ 4/1/24 - 6/30/24

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: _____

Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: _____

Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: _____

Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: _____

Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Total Expenditures: \$ 3,920.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: KATHY STUART
2. Reporting Period: Start Date: 4/1/24 End Date: 6/30/24
3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: PERSONAL LOAN OR

First Name: KATHY Middle Name: _____ Last Name: STUART

Address: 1116 B LITTLETON BRANCH City: CASTALIA SPIRINGS State: TN Zip Code: 37031

Outstanding Loan Balance (Beginning) \$ _____

Loans Received \$ 360.00

Loan Payments \$ 0

Outstanding Loan (End) \$ 360.00

Loan Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

Date of Loan: 6/21/24

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) \$ _____

Loans Received \$ _____

Loan Payments \$ _____

Outstanding Loan (End) \$ _____

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: _____
2. Reporting Period: Start Date: _____ End Date: _____
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars (\$100) from any contributor during the period must be reported.

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: _____

Total In-Kind Contributions: \$ _____

(Carry forward to the next page if additional pages of this form are used. If this is the last page of in-kind contributions, this amount must be shown in the summary on first page.)