# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

### For State and Local Candidates For Single-Candidate Committees

[								
1. DATE OF REPORT  Oct 31. 2027  Ladie	ANDIDATE OR COMMITTEE							
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE							
Same	Nov. 8. 2022							
4.a. CAMPAIGN ADDRESS AND PHONE	10011 0, 2020							
Street or Rural Route City	State Zip Code Phone							
1049 Smoke Rise Lw. Hville	Th. 32075 615.618.6704							
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)	6. NAME OF POLITICAL TREASURER (may be candidate)							
7. CATEGORY OR REPORT (Check one)	PRE- PRE- MID-YEAR YEAR-END PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL							
8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. ENDING DATE OF REPORTING PERIOD							
007,1,2022	Oct 29, 2022							
<ul> <li>9. (Check one)</li> <li>a.  This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)</li> <li>b. 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.</li> </ul>								
10. 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.  10 - 31 - 2822 State  signature of candidate date signature of political treasurer date								
11. WITNESS SIGNATURE								
Haty CRobino 10-31-20	10-31-202							
signature of witness date	signature of witness date							
12. SUMMARY								
a. BALANCE ON HAND LAST REPORTAM	DAA							
b. TOTAL RECEIPTS THIS PERIOD	\$ 650.00							
c. TOTAL DISBURSEMENTS THIS PERIODSUMNER	\$ 20,10.17							
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	* 1519.70							
e. TOTAL LOANS OUTSTANDING	\$ <del>-0</del>							
f. TOTAL OBLIGATIONS OUTSTANDING	\$_ <del>\_</del>							



## **SUMMARY PAGE - CANDIDATE**

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD								
PEGEINTO	FROM: TO:								
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)									
a. Unitemized Contributions (\$100 or less from each source this period)	a. Unitemized Contributions (\$100 or less from each source this period)\$								
b. Itemized Contributions (over \$100 from each source this period)	b. Itemized Contributions (over \$100 from each source this period)\$ 550.00								
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.)	\$ 650.00								
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)									
El Ection expense s 75.8	<u>8</u>								
Advertising \$ 100.	800								
Community Fundraiser \$ 50.									
Fox Printing (mailer) : 1985									
	·1								
\$	_								
\$									
\$	_								
Total of Expenditures (\$100 or less each payee)	s_225.00								
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 1985.19								
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.)									
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.)\$									

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

NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVER				
radie Kolstiss	2		FROM: 10-1-22	TO: 10-29. 22	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT		Amount \$550.00			
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	ACH ITEMIZ	ED CONTRIBUTION (c	ontributions totaling more than \$	100 from any contributor	)
First Name David	Middle Name	9	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election General Election		300.00
Address Hyart Dr.		Runoff (Local Elections Only)			
City H villy	State	Zip Code 37075	Date of Contribution		Aggregate This Election
Occupation Business owner Employer			10-10-20	800.00	
First Name	Middle Nam	e	Contribution Received For:		Amount of Contribution
Last Name/Organization Name Henderserville Frielights Lecal			Primary Election Seneral Election		250.00
207 A Indian Laky Blud			Runoff (Local Election	is Only)	
City Aville State Zip Code 3075		Date of Contribution		Aggregate This Election	
Occupation			10 22.2	072	
Employer					
First Name	Middle Name	)	Contribution Received For:		Amount of Contribution
First Name  Last Name/Organization Name	Middle Name			General Election	Amount of Contribution
	Middle Name				Amount of Contribution
Last Name/Organization Name	Middle Name	Zip Code	Primary Election		Amount of Contribution  Aggregate This Election
Last Name/Organization Name  Address			☐ Primary Election ☐ Runoff (Local Election		
Last Name/Organization Name  Address  City			☐ Primary Election ☐ Runoff (Local Election		
Last Name/Organization Name  Address  City  Occupation		Zip Code	☐ Primary Election ☐ Runoff (Local Election		
Last Name/Organization Name  Address  City  Occupation  Employer	State	Zip Code	Primary Election  Runoff (Local Election  Date of Contribution  Contribution Received For:		Aggregate This Election
Last Name/Organization Name  Address  City  Occupation  Employer  First Name	State	Zip Code	Primary Election  Runoff (Local Election  Date of Contribution  Contribution Received For:	s Only)	Aggregate This Election
Last Name/Organization Name  Address  City  Occupation  Employer  First Name  Last Name/Organization Name	State	Zip Code	☐ Primary Election ☐ ☐ Runoff (Local Election ☐ Date of Contribution ☐ Contribution Received For: ☐ Primary Election ☐	s Only)	Aggregate This Election
Last Name/Organization Name  Address  City  Occupation  Employer  First Name  Last Name/Organization Name  Address	State  Middle Name	Zip Code	☐ Primary Election ☐ ☐ Runoff (Local Election ☐ Date of Contribution ☐ Contribution Received For: ☐ Primary Election ☐ ☐ Runoff (Local Election	s Only)	Aggregate This Election  Amount of Contribution
Last Name/Organization Name  Address  City  Occupation  Employer  First Name  Last Name/Organization Name  Address  City	State  Middle Name	Zip Code	☐ Primary Election ☐ ☐ Runoff (Local Election ☐ Date of Contribution ☐ Contribution Received For: ☐ Primary Election ☐ ☐ Runoff (Local Election	s Only)	Aggregate This Election  Amount of Contribution

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### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVER	TO: 10-29-22					
	Amount						
TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)  4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)							
First Name  Middle Name			Purpose of Expenditure  Amount of Expenditure  Amount of Expenditure				
National Control of the Control of t	Middle Name		27 18				
Last Name/Business Name For triating of Marling		~ C	Printa mai 2 a campaign prèce		\$1985.19		
Address 931 Old Lebanen Rd.		a campaign Piece					
City Hermitace	State	Zip Code					
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name				GF.			
Address							
City	State	Zip Code					
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name Middle Name		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 pages of this form are used.)					\$1985.19		
(If this is the last page of expenditures, this amount mus				11482.19			

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