CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAME OF CANDIDATE O	RCOMMITTEE						
10/26/22	Bob GARZ	A						
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE					
600 GARZA			11/8/	22				
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	State	Zip Code	Phone				
212 Savery DR.	Hensersonville		37075	65-714-7920				
4.b. CANDIDATE'S HOME ADDRESS (if differen		A SA COLOR	<u> </u>					
Street or Rural Route	City	State	Zip Code	Phone				
OFFICE SOUGHT (include district number, if	f applicable) 6. NAM	OF POLITICAL	TREASURER (may be	aandidata)				
SC OF 1	1.7		GARZA	candidate)				
7. CATEGORY OR REPORT (Check one)	Wares Co	MIHLEED	GARZH					
		Q						
FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH PRE- QUARTER PRIMARY	GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL				
8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. ENDII	NG DATE OF REPO	ORTING PERIOD					
10/1/22	10	29/22	2					
9. (Check one)		•						
a. This campaign is exempt from detaile				00 or less AND expendi-				
tures total \$1,000 or less for this repo	orting period. (Complete items 1)	2d., 12e. and 12f.)					
b. This campaign is required to file a de and/or expenditures total more than \$		se contributions (in	ncluding in-kind) receiv	ed total more than \$1,000				
and/or expenditures total more than \$	1,000 for this reporting period.							
10. I/we do solemnly swear or affirm that the in	nformation contained in this cam	naign financial dis	sclosure 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.								
1 de la		· /						
	10.26.22	Parelle	- Garza	10/26/22				
signature of candidate	date	/ signature	of political treasurer	date				
4 4454500000000000000000000000000000000								
11. WITNESS SIGNATURE		No		11				
Free lund T	10.27.22	1 des	ma Sis	tel 10-26-72				
signature of witness	date	signa	ature of witness	date				
12. SUMMARY	FILED							
a. BALANCE ON HAND LAST REPORT	AM	РΜ	\$ 125.00	.				
	OCT 28 2022		600.00					
b. TOTAL RECEIPTS THIS PERIOD	001 7 2022		\$	-				
a. BALANCE ON HAND LAST REPORT b. TOTAL RECEIPTS THIS PERIOD c. TOTAL DISBURSEMENTS THIS PERIOD d. BALANCE ON HAND (12.a. plus 12.b. n	SUMNER COUNTY ELECTION COMMISSION	יאכ	\$ 2236.8	3				
d. BALANCE ON HAND (12.a. plus 12.b. n	ninus 12.c.)			<u>s-1,511.83</u>				
e. TOTAL LOANS OUTSTANDING				s _ Ø				
				Ø				
f. TOTAL OBLIGATIONS OUTSTANDING		•••••		\$				

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD							
BOB GARZA	FROM 1/22 TO: 1929/20							
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)								
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 600.00							
b. Itemized Contributions (over \$100 from each source this period)								
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ 600.00							
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.)	\$ 600.00							
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)							
\$ \$								
\$								
\$								
\$ <u></u>								
\$								
\$								
\$								
\$								
\$								
Total of Expenditures (\$100 or less each payee)								
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.)								
22.IN-KIND CONTRIBUTIONS	\$ 223\$ · 10							
	e Ø							
a. Unitemized in-kind contributions (\$100 or less from each source this period)\$								
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b	b. Itemized in-kind contributions (over \$100 from each source this period)\$							
	.)							
23. OBLIGATIONS								
a. Unitemized Obligations Outstanding (\$100 or less each)								
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	1 12.f.)\$							

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ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COM	RING THE PERIOD						
Bob	FROM/1/22.	TO: 10/29/22					
3. TOTAL ITEMIZED IN-KIND CONT	TRIBUTIONS FRO	(enter \$0 if first itemized page	/ /	Amount /			
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)							
First Name Middle Name			In-Kind Contribution Receive	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	Nama	In Kind Contribution Possive	d For	Value of la Vind Contribution		
	Middle	Name	In-Kind Contribution Received For: ☐ Primary Election ☐ General Election Value of In-Kind Contri				
Last Name/Organization Name			Runoff (Local Election	ns Only)			
Address			Date of In-Kind Contribution		Aggregate this Election		
City	State	Zip Code	Description of In-Kind Contribution				
Occupation							
First Name	Middle	Name	In-Kind Contribution Receive	d For	Value of In-Kind Contribution		
Last Name/Organization Name				General Election	value of in tank contribution		
Last Namerorganization Name			Runoff (Local Election	ns Only)			
Address			Date of In-Kind Contribution Aggregate this Election				
City	State Zip Code						
Occupation	Employer]				
First Name	The same		In-Kind Contribution Receive	15	No. 11 15 10 17 5		
	Middle	мате		General Election	Value of In-Kind Contribution		
Last Name/Organization Name			Runoff (Local Election	ns Only)			
Address			Date of In-Kind Contribution		Aggregate this Election		
City	State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer	•	1				
First Name	Middle	Namo	In-Kind Contribution Receive	ed For:	Value of In-Kind Contribution		
200 (1900 (1900 (1900)).			North Anna Carlot and	General Election	Value of in-failu contribution		
Last Name/Organization Name		Runoff (Local Election	ns Only)				
Address		Date of In-Kind Contribution		Aggregate this Election			
City State Zip Code			Description of In-Kind Contribution				
Occupation	Employer						
TOTAL ITEMIZED IN-KIND CON (Carry forward to item 3. of next page if add (If this is the last page of in-kind contribution)	ditional pages of this for		y.)	2	Ø		

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COM	MMITTEE Garza	7	2. REPORT COVERING THE PERIOD FROM: (/22 TO: 10/29/23				
3. TOTAL ITEMIZED IN-KIND CON			enter \$0 if first itemized page		Amount		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)							
First Name Middle Name			In-Kind Contribution Receive	Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Elections Only)				
Address			Date of In-Kind Contribution	Aggregate this Election			
City	City State Zip Code		Description of In-Kind Contribution				
Occupation	Occupation Employer						
	College and the complete control of						
First Name	Middle	Name	In-Kind Contribution Receive Primary Election	General Election	Value of In-Kind Contribution		
Last Name/Organization Name			Runoff (Local Election	ns Only)			
Address			Date of In-Kind Contribution		Aggregate this Election		
City	State	Zip Code	Description of In-Kind Contribution				
Occupation		1					
First Name	Middle	Name	In-Kind Contribution Receive	ed For:	Value of In-Kind Contribution		
No 000 to Control (Control (General Election			
Last Name/Organization Name			Runoff (Local Election	ns Only)			
Address			Date of In-Kind Contribution		Aggregate this Election		
City State Zip Code			Description of In-Kind Contribution	!			
Occupation Employer							
First Name	Middle	Name	In-Kind Contribution Receive		Value of In-Kind Contribution		
Last Name/Organization Name				General Election			
Address			Date of In-Kind Contribution	ns Only)	Aggregate this Election		
	Tax	Tabl			- 53 - 3		
City	State	Zip Code	Description of In-Kind Contribution	1			
Occupation	Employer						
First Name `	Middle	Jame	In-Kind Contribution Receiv	ed For:	Value of In-Kind Contribution		
	I Mildell I			General Election			
Last Name/Organization Name			Runoff (Local Election	ns Only)			
Address			Date of In-Kind Contribution		Aggregate this Election		
City State Zip Code			Description of In-Kind Contribution				
Occupation		1					
5. TOTAL ITEMIZED IN-KIND CO	NTRIBITIONS			A STATE OF THE PERSON NAMED IN			
(Carry forward to item 3. of next page if a (If this is the last page of in-kind contribut	dditional pages of this for		y.)	.1	Ø		
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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	RING THE PERIOD ,						
500 Garza	10:10/29/22						
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	Amount						
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)							
First Name	Middle Name				Amount of Expenditure		
Fox Printing Last Name/Business Name			Digital Pres	intine			
		***	for may	lers)	\$2,011.83		
Address 931 OLD Leban	onk	d	Digital Pres for mai	a mailing	\$2,011.50		
CityHermitage	State	Zip Code 37076	. ,				
First Name All (501)	Middle Na	пе	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name			mailer DE	SIGN	\$150.00		
Address U. / P			cayous		7130		
City D P	State	Zip Code					
1.50 V 1		-,					
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name			Flas# Dru	ve	+ - ~ ~		
Summer Co. Flection	2 Cor	mission	Flas# Dru For Hero	Lesonville	P75.00		
Address 3 55 N. Belved		To.	Ward 3		**		
City Delved	State	Zip Code	wans				
GALLATIN	7N	37066					
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							
Address							
City	State	Zip Code					
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure		
			A (55)				
Last Name/Business Name							
Address							
City	State	Zip Code					
5. TOTAL ITEMIZED EXPENDITURES					t		
(Carry forward to item 3. of next page if additional pages				6	2,236.83		
(If this is the last page of expenditures, this amount mus							

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ITEMIZED STATEMENT OF LOANS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE						2.	2. REPORT COVERING THE PERIOD			
Beb Ganza								ROM: 0/1/2		0: 10/19/2
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)										
Complete the Following for the Source	of the Loan									
First Name			Outstanding L (Beginning o		Loans Received	P	Loan ayments		nding Loan Balance End of Period)	
Last Name/Organization Name										
Address Loan Receive			_							
City State Zip Code			☐ Primary ☐ Runoff (Election Local Elections	General E	Election				
	List All Endor	sers or Guara	intors fo	or Above Loa	n (If more spa	ce is needed	please attac	ch a page)		
First Name		Middle Name			First Name				Middle Na	ame
Last Name/Organization Name					Last Name/Or	ganization Name	е			
Address					Address					
City		State	Zip Co	ode	City				State	Zip Code
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding					
First Name		Middle Name	W.		First Name Middle Name					ame
Last Name/Organization Name				Last Name/Organization Name						
Address					Address					
City		State	Zip Co	ode	City				State	Zip Code
Amount Guaranteed Outstanding					Amount Guara	nteed Outstandi	ing			
First Name		Middle Name			First Name				Middle N	ame
Last Name/Organization Name					Last Name/Or	ganization Name	е			
Address					Address					
City		State	Zip Co	ode	City State Zip Code					Zip Code
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding					
First Name Middle Name				First Name Middle Name					ame	
Last Name/Organization Name				Last Name/Organization Name						
Address				Address						
City		State	Zip Co	ode	City				State	Zip Code
Amount Guaranteed Outstanding					Amount Guara	nteed Outstandi	ng			
4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.) (Total loan payments should also be shown in item 20. on summary page.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)				Outstanding Le (Beginning		Loans Received	Loar Payme		Outstanding Loan Balance (End of Period)	
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ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
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)	PROM: Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	me				
Last Name/Business Name	10 10000			5		
Address						
City	State Zip Code					
Description of Obligation						
First Name	Middle Na	me				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	e Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation		•				
First Name Middle Name						
Last Name/Business Name			-			
Address						
City	State	Zip Code				
Description of Obligation			I.		H	
First Name	Middle Na	me				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation		1				
TOTALS (Total from Outstanding Balance - (End of Period) or in item 23b. on summary page.)				Ø		
SC 1127 (Pay 4/02)				7	. 7	

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