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CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

roi siligie-ca	ilaidate committe	.03	
1. DATE OF REPORT 1-16-23 2.a. NAME OF Chr.	candidate or committee 5 Tay br for	Mayor	
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE	22
Chris TAYLOR		5-3	-22
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City	State	Zip Code	Phone
131 MAPLE ROWBLAD STE 302 HE	enpersonville Ti	37075	615-506-497
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City	State	Zip Code 75 615-	
115 Tout VALLEY HENDES ON VIVE 5. OFFICE SOUGHT (include district number, if applicable)		TREASURER (may be car	
County Mayor		Decker	ndidate)
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD FOURTH QUARTER QUARTER QUARTER QUARTER	PRE- PRIMARY GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. ENDING DATE OF REPO	RTING PERIOD	-15-23
9. (Check one)	10	31.00	17 03
 a. This campaign is exempt from detailed disclosure becatures total \$1,000 or less for this reporting period. (Cob. This campaign is required to file a detailed financial disand/or expenditures total more than \$1,000 for this reporting the dots of the campaign contributions and expenditures accounting of campaign contributions and expenditures financial Disclosure Act. Additionally, I/we swear or affirm the benefit of the candidate or for any other nonpolitical purpose 	replete items 12d., 12e. and 12f.) closure because contributions (ir orting period. need in this campaign financial distres required to be reported by the lat no campaign contributions has as defined by the federal internal	ncluding in-kind) received sclosure report is true and the candidate committee by the been expended for the	total more than \$1,000 If that this report is an of the Campaign
signature of candidate date	44/00	of political treasurer	date
11. WITNESS SIGNATURE 1-16- date	- ///	ature of witness	1-16-23 date
12. SUMMARY		1.10.0	0
a. BALANCE ON HAND LAST REPORT		6,490.8	34
b. TOTAL RECEIPTS THIS PERIOD		2,809.11	1
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ 4, 500,C	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	EU ED	\$.	0.00
e. TOTAL LOANS OUTSTANDING	FILED	\$	0.00
f. TOTAL OBLIGATIONS OUTSTANDING	JAN 2 3 2023	\$	0,00
	UMNER COUNTY CTION COMMISSION		
The state of the s	OTTOM COMMINIOUTOR		

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
Chris Taylor for Mayor	FROM: 10/1/22 TO: 12/2/22
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	1-15-23
a. Unitemized Contributions (\$100 or less from each source this period)	\$
b. Itemized Contributions (over \$100 from each source this period)	\$ 2,809.11
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.).	\$ 2,809.11
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.)	\$ 2,809,11
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)	\$ 6,000
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ 6,000
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ 3,300
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 9,300
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	13
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 ite	

(candidate)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

	MILLEE C				2. REPORT COVERING THE PERIOD			
Chris Tayl				FROM: 10/1/22				
S. TOTAL ITEMIZED CAMPAIGN CO	NTRIBUTIONS FF	ROM PRECEDING	PAGE (enter \$0 if first itemized page)	age)	Amount O.W			
. COMPLETE THE APPROPRIATE ITEM	IS FOR EACH ITEM	MIZED CONTRIBUTION	ON (contributions totaling more than \$	100 from any contribute	or)			
Chris Chris	Chris		Contribution Received For:					
Last Name/Organization Name Taylor		Runoff (Local Elections	General Election Z,809,11					
115 TROUT 1	HENDERSONVIFLE TO 37075			s Only)	Aggregate This Election			
HENDERSONVIL				Date of Contribution				
Retirel			12-31	55-	2,909.11			
N/A								
irst Name	Middle N		Contribution Received For:		Amount of Contribution			
ast Name/Organization Name			Primary Election	General Election				
Address		- Salar	Runoff (Local Elections	s Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation								
Employer								
irst Name	Middle Na	ame	Contribution Received For:		Amount of Contribution			
ast Name/Organization Name		Primary Election	General Election					
ddress			Runoff (Local Elections	s Only)				
ity	State	Zip Code	Date of Contribution	Date of Contribution				
Occupation								
Employer	American Control							
irst Name	Middle Na	ame	Contribution Received For:		Amount of Contribution			
ast Name/Organization Name		☐ Primary Election ☐	General Election					
Address			☐ Runoff (Local Elections	s Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
ccupation								
Employer								
mpioyer	-							

XF, NA LX

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	REPORT COVERING THE PERIOD OM: 10-1-22 TO: 1-5-23			
3. TOTAL ITEMIZED CAMPAIGN EXPEND	Amount O. W			
4. COMPLETE THE APPROPRIATE ITEMS FOR	R EACH ITEM	MIZED EXPENDITURE (e	expenditures totaling more than \$100 to any	payee during the period)
First Name	Middle Na	ame	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Southla.	us Al	DVANTAGE	Colore	1000
Address 174 SAWOOVILLA	RD	#404	Fundraisin	2 6,000
Hendersonville	State	Zip Code 37075		
irst Name	Middle N	ame	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name				
ddress				
čity	State	Zip Code		
irst Name	Middle N	ame	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name				
ddress			-	
Sity	Ctato	Zin Codo		
uty	State	Zip Code		
irst Name	Middle Na	ame	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name				
ddress		Marie Control		
City	State	Zip Code		
irst Name	Middle Na	ame	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name				
ddress	18-2			
Sity	State	Zip Code		
First Name	Middle Na	ame	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name				
ddress			1	
Sity	State	Zip Code	-	
5. TOTAL ITEMIZED EXPENDITURES	one of the fa	a crawad \		6,000
(Carry forward to item 3. of next page if additional p (If this is the last page of expenditures, this amount				0,000

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ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE											
3. COMPLETE THE APPROPRIATE ITEM	S FOR EACH	ITEMIZ	ZED LOAN	(loans totaling n	nore than \$100	from any source	during the perio	od)			
Complete the Following for the Source of the Los	an										
First Name Chr.5	Name		Outstanding (Beginning	Loan Balance of Period)	Loans Received		nents		nding Loan Balance End of Period)		
			3,	300	0	3;	3,300				
						Date of Loan		0. 0-			
City HENDRONILLE State	Zip Code	75	General Election Runoff (Local Elections Only)			Election	3-31-22				
			for Above Loa	an (If more spa	ice is needed	please attach	a page)				
First Name	Middle Na	me		First Name				Middle N	ame		
Last Name/Organization Name				Last Name/Or	ganization Nan	ne					
Address				Address		10174					
City	State	Zip (Code	City		6		State	Zip Code		
Amount Guaranteed Outstanding				Amount Guara	inteed Outstand	ding					
First Name	Middle Na	me		First Name Middle Name					lame		
Last Name/Organization Name			Last Name/Organization Name								
Address	30			Address							
City	State	Zip	Code	City				State	Zip Code		
Amount Guaranteed Outstanding				Amount Guara	anteed Outstan	ding					
First Name	Middle Na	me		First Name Middle Name							
Last Name/Organization Name	-		-3	Last Name/O	ganization Nar	ne	100				
Address		13 X		Address	allia i						
City	State	Zip	Code	City				State	Zip Code		
Amount Guaranteed Outstanding				Amount Guar	anteed Outstan	ding					
First Name Middle Name				First Name				Middle	Name		
Last Name/Organization Name			Last Name/O	rganization Nar	me						
Address				Address			10,111				
City	State	Zip	Code	City				State	Zip Code		
Amount Guaranteed Outstanding				Amount Guar	anteed Outstar	nding			sol Laurinia		
Totals for all Loans (complete on last pag (Total loans received should also be shown in item 16)					Loan Balance of Period)	Loans Received	Loa		Outstanding Loan Balance (End of Period)		
(Total loan payments should also be shown in item 20 (Total outstanding loan balance should also be shown), on summary pa	ige.)			300	0	3.30		0		

