CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT		CANDIDATE OR			
2.b. IF COMMITTEE, NAME OF CANDIDATE	1 3000	E		3. ELECTION DAT	E 2022
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route 307 Ambre Lane	City to Ho.	11.2	State	Zip Code	Phone 615-766-7099
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	t than 4.a.) City		State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, i		The second secon	OF POLITICAL	TREASURER (may b	e candidate)
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	FOURTH	PRE- PRIMARY 8.b. ENDING	PRE- GENERAL GDATE OF REPO		YEAR-END SUPPLEMENTAL
9. (Check one) a. This campaign is exempt from detailed tures total \$1,000 or less for this report to the campaign is required to file a deand/or expenditures total more than \$10. I/we do solemnly swear or affirm that the infaccurate accounting of campaign contributions Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other nor signature of candidate	tailed financial discleded	osure because ting period. d in this campa as required to be to campaign as defined by the	contributions (ir aign financial disperse reported by the contributions have federal internal	closure report is true e candidate committe re been expended for	ived total more than \$1,000 and that this report is an ee by the Campaign
11. WITNESS SIGNATURE Savanush Contact signature of witness	1 12 20 23 date	_	Javernoral	Corlitt- ture of witness	1 12 2023 date
12. SUMMARY					
BALANCE ON HAND LAST REPORT TOTAL RECEIPTS THIS PERIOD	FILE	D		~	<u>(</u>
c. TOTAL DISBURSEMENTS THIS PERIOD . d. BALANCE ON HAND (12.a. plus 12.b. n					.\$
e. TOTAL LOANS OUTSTANDING					\$
f. TOTAL OBLIGATIONS OUTSTANDING					\$



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
John Co-bit	FROM: 10/30/22 TO: 1/15/23
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$
b. Itemized Contributions (over \$100 from each source this period)	\$
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$_0
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.)	\$_&
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)
3 22 55	
\$	
\$	
*	
\$	
\$	
\$	
Total of Expenditures (\$100 or less each payee)	\$ 21.55
b. Itemized Expenditures (Over \$100 each payee this period)	.\$ 1656.82
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ 8
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 1679.37
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.)	\$_6_
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.)\$

Page 2 of 7

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR					ERING THE PERIOD
John Colis				FROM: 10/30/20	
3. TOTAL ITEMIZED CAMPAI	age) .	Amount			
			ON (contributions totaling more than \$	To the second se	or)
First Name	Middle Na	ime	Contribution Received For:		Amount of Contribution
ast Name/Organization Name			☐ Primary Election ☐	General Floation	
			1 Trimary Election	General Election	
ddress			Runoff (Local Election	s Only)	
City	State	Zip Code	Date of Contribution	/	Aggregate This Election
occupation			/		
mployer					
First Name	1		0.111		
irst Name	Middle Na	ame	Contribution Received For:		Amount of Contribution
ast Name/Organization Name			Primary Election	General Election	
Address			Runoff (Local Election	s Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
occupation	7				
mployer					
irst Name		/			
rst Name	Middle Na	ne	Contribution Received For:		Amount of Contribution
ast Name/Organization Name			Primary Election	General Election	
ddress			Runoff (Local Election:	s Only)	
ity	State	Zip Code	Date of Contribution		Aggregate This Election
ccupation		16.			
mployer					
rst Name	Middle Na	me	Contribution Received For:		Amount of Contribution
sst Name/Organization Name		79.0	☐ Primary Election ☐	General Election	
ddress			Runoff (Local Elections	s Only)	
ity	State	Zip Code	Date of Contribution		Aggregate This Election
ccupation					
nployer					
				ake taled	
. TOTAL ITEMIZED CONTRII (Carry forward to item 3. of next page	e if additional pages of this form a	are used.)			4
(If this is the last page of contribution	s, this amount must be shown in	item 15b. of summary.)			0

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE O				FROM: 10 30 22	RING THE PERIOD			
		-			10: 1 15 23 Amount			
			E (enter \$0 if first itemized page	· · · · · · · · · · · · · · · · · · ·	No.			
4. COMPLETE THE APPROPRI	ATE ITEMS FOR EACH IT	EMIZED IN-KIND CONTRI	BUTION (in-kind contributions totaling r	nore than \$100 from any co	ontributor during the period)			
First Name	Middle	e Name	In-Kind Contribution Received Primary Election		Value of In-Kind Contribution			
Last Name/Organization Name		1	Runoff (Local Election	is Only)				
Address		N tage	Date of In-Kind Contribution	7				
City	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer		,					
First Name	Middle	Name	In-Kind Contribution Received Primary Election	For: General Election	Value of In-Kind Contributio			
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					
Occupation	Employer							
First Name	st Name Middle Name			For:	Value of In-Kind Contributio			
Last Name/Organization Name			☐ Primary Election ☐ Runoff (Local Elections	General Election s Only)				
Address	Address			Date of In-Kind Contribution				
City	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer							
First Name	Middle	Name	In-Kind Contribution Received Primary 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							
irst Name	Middle I	Name	In-Kind Contribution Received		Value of In-Kind Contribution			
ast Name/Organization Name	/		☐ Primary Election ☐ ☐ Runoff (Local Elections	General Election				
Address			Date of In-Kind Contribution		Aggregate this Election			
City	State Zip Code			Description of In-Kind Contribution				
Occupation	Employer							
5. TOTAL ITEMIZED IN-KIND (Carry forward to item 3. of next pa		m are used.)			6			
(If this is the last page of in-kind co			ry.)		4			

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1 NAME OF CANDIDATE OR COMMIT	TTEE			ORT COVERING THE PERIOD
John Co.b. H			FROM:	(4) 3 22 TO: 1/15/23
3. TOTAL ITEMIZED CAMPAIGN EXPE				
4. COMPLETE THE APPROPRIATE ITEMS	FOR EACH ITEM	IIZED EXPENDITURE	(expenditures totaling more than \$100 to any payer	ee during the period)
First Name	Middle Na	ame	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		4	- Elustiv - right div	41 -
Address 532 laymond H	toward.	5	(elication	\$ 316.26
City White Hora	State	Zip Code		
First Name	Middle Na	37199 me	Purpose of Expenditure	Amount of Expenditure
	illidato ria			Amount of Experiations
ast Name/Business Name Starfish (E)			longulting	4
ddress P.D. Box 961				B540.56
White Horse	State	Zip Code		
First Name	Middle Na		Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name				
Fullsole				62
			uds	6300.00
Sity Ments Park	State	Zip Code		
THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN	CA	94025		
irst Name	Middle Nan	ne	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name				
ddress				
tity	State	Zip Code	-	
Lablacia i de la laboratione				
rst Name	Middle Nam	ne	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name				
ddress			1	
ity	State	Zip Code		
First Name	Middle Nam	ne	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name				
ddress				
ity	State	Zip Code		
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if addition (If this is the last page of expenditures, this amo	al pages of this form a			1,656.32

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE					2. REPORT COVERING THE F			TO:		
3. COMPLETE THE APPRO		EOD EACH	JITEMI	ZEDLOAN				10 39	22	111 27
		FUR EAUT	1	ZED LOAN	(loans totaling mo	ore than \$100	from any source	during the perio	od)	
Complete the Following for the										
First Name				Outstanding (Beginning	Loan Balance of Period)	Loans Receive	ments		anding Loan Balance (End of Period)	
Last Name/Organization Name				- ((End of Grod)
				10.15	3.3					/
Address				Loan Receiv	ed For:			Date of Loan	1	
ity State Zip Code			mary Election General Election							
					(Local Elections O	2020		/		
	List All Endo	THE PERSON NAMED IN	-	or Above Loa	n (If more spac	e is needed	please attach	a page		
First Name		Middle Nar	me		First Name			/	Middle N	Vame
Last Name/Organization Name					Last Name/Orga	nization Nam	ie /			
Address					Address		/-			
City		State	Zip C	ode	City	/	/		State	Zip Code
Amount Guaranteed Outstanding					Amount Guarant	eed Outstand	ling			
First Name Middle Name				First Name Middle Name					lame	
Last Name/Organization Name					Last Name/Orga	nization Nam	е			
Address			/	Address						
City		State	Zip Co	ode	City				State	Zip Code
Amount Guaranteed Outstanding			/		Amount Guarant	eed Outstand	ing			
First Name		Middle Nan	ne /		First Name			194	Middle I	Name
Last Name/Organization Name		/	/		Last Name/Orga	nization Nam	е	FILE		
Address		/			Address					
City		State	Zip Co	ode	City				State	Zip Code
Amount Guaranteed Outstanding					Amount Guarante	eed Outstand	ing			
First Name	/	Middle Nam	ne		First Name				Middle N	lame
Last Name/Organization Name					Last Name/Orga	nization Name	9			
Address	/				Address					
City		State	Zip Co	ode	City				State	Zip Code
Amount Guaranteed Outstanding					Amount Guarante	eed Outstandi	ng	411		
. Totals for all Loans (comple	te on last page of	itemized lo	ans)		Outstanding Loan		Loans	Loan	T	Outstanding Loan Balance
(Total loans received should also be (Total loan payments should also be (Total outstanding loan balance should	shown in item 20, on s	ummary page	e.)		(Beginning of		Received	Payment		(End of Period)
, and a state of the state of t	_ JIOO OO OHOWII III IKKII	. raidi dil lidli	· page.)		-					



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
John Cothit		FROM: 10 30	20 TO: 1			
COMPLETE THE APPROPRIATE ITEMS OBLIGATION (obligations totaling more that person/vendor at the end of the reporting person.)	n \$100 ov		Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	ame				
Last Name/Business Name					/	2-4
Address				•	/	
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	ame		/		
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	ame				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation		1/				
		/				
First Name	Middle Na	ame				
Last Name/Business Name	/					
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	ime	O Mary Ing The			
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
4. TOTALS						
(Total from Outstanding Balance - (End of Period) of in item 23b. on summary page.)	column mus	st also be shown	6	6	0	6