CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT 2.a. NAME OF CANDIDATE OR COMMITTEE 1. DATE OF REPORT 2.a. NAME OF CANDIDATE OR COMMITTEE				
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE			
A - CAMPAICN APPRESS AND DUONE	100V 8, 202 2			
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City	State Zip Code Phone			
101 Glance Ct tendersonnille	Tn 32075 6/5-129-94/25			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City	State Zip Code Phone			
5. OFFICE SOUGHT (include district number, if applicable) Alderman Word 5, Hendersmile Craig Gardon				
7. CATEGORY OR REPORT (Check one)	PRE- MID-YEAR YEAR-END GENERAL SUPPLEMENTAL SUPPLEMENTAL			
	DATE OF REPORTING PERIOD			
9. (Check one)	ary 13, 2025			
 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.) 				
b. This campaign is required to file a detailed financial disclosure because and/or expenditures total more than \$1,000 for this reporting period.	contributions (including in-kind) received total more than \$1,000			
10. I/we do solemnly swear or affirm that the information contained in this campa accurate accounting of campaign contributions and expenditures required to be Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign of benefit of the candidate or for any other nonpolitical purpose as defined by the signature of candidate 123/23	e reported by the candidate committee by the Campaign			
11. WITNESS SIGNATURE				
Grand of witness b23-23 date	Legats gath 1-23-73 signature of witness date			
12. SUMMARY				
a. BALANCE ON HAND LAST REPORT	s 3106-89			
b. TOTAL RECEIPTS THIS PERIOD	\$ 650.00			
b. TOTAL RECEIPTS THIS PERIOD	\$ 1549.20			
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .FILED	s 1607-63			
AM .	\$ 8			
f. TOTAL OBLIGATIONS OUTSTANDING SUMNER COUNTY	\$			

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD			
Janna Garton	FROM: 10/30/22 TO: 1/5/23			
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)				
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 50			
b. Itemized Contributions (over \$100 from each source this period)	\$			
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15	5.b.)\$			
16. LOANS RECEIVED THIS REPORTING PERIOD	s_ O			
17. INTEREST RECEIVED THIS REPORTING PERIOD	s			
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	s <u>50</u>			
DISBURSEMENTS				
19. EXPENDITURES (other than loan payments)				
a. Expenditures (\$100 or less each payee this period) (must be listed by catego	ory - e.g., printing, postage, gasoline)			
Bank Fee 10/31/22, \$15	0.00			
lowe's (Sign Past) \$ 46	9.90			
tod-Volunteers \$ 19	28			
\$				
\$				
\$				
\$				
\$				
\$				
Total of Expenditures (\$100 or less each payee)	s 83·18			
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				
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.)\$				



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OF COMMITTEE			2. REPORT COVERING THE PERIOD FROM: 10/30/2015 1/25/2-3	
3. TOTAL ITEMIZED CAMPAIGN EXI	PENDITURES FROM PREC	CEDING PAGE (enter \$0 if first itemized page)	Amount*	
		PENDITURE (expenditures totaling more than \$100 to any pay	ree during the period)	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name Direct Edge Address Ad		mail	1.(1.1.0	
		\$ H	1466.08	
nshvile	State Zip Cod	1215		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				
Address				
City	State Zip Code	9		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name Address				
City	State Zip Code	9		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
ast Name/Business Name				
Address				
City	State Zip Code			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
ast Name/Business Name				
Address				
City	State Zip Code			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
ast Name/Business Name				
Address				
City	State Zip Code	3	100	
TOTAL ITEMIZED EXPENDITUR (Carry forward to item 3. of next page if addit			14401 00	
(If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)			1466.08	