CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAME OF CAND	DATE OR COMMITTEE		
2.b. IF COMMITTEE, NAME OF CANDIDATE		-1100 1000/1	3. ELECTION DATE	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route 3 0	City Gullintly	State	Zip Code 37066	Phone 615-426-473
Street or Rural Route	City	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, i	1 /1	NAME OF POLITICAL	REASURER (may be c	andidate)
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER PR	PRE- PRE- MARY GENERAL ENDING DATE OF REPOR	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
9. (Check one)	0.1	6/30/2	2	
a. This campaign is exempt from detaile tures total \$1,000 or less for this report. This campaign is required to file a de and/or expenditures total more than \$	orting period. (Complete	items 12d., 12e. and 12f.)		
10. I/we do solemnly swear or affirm that the in accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other nor signature of candidate 11. WITNESS SIGNATURE	ons and expenditures required swear or affirm that no care.	uired to be reported by the ampaign contributions have ned by the federal internal r	candidate committee b	v the Campaign
Jonya Ghafan signature of witness	7/11/22 date	signatu	ic Makel re of witness	nose 7/11/22 date
12. SUMMARY	Ам	TILED	112 / 1	
a. BALANCE ON HAND LAST REPORT	P# 14	1 1 2022	11/.60	
b. TOTAL RECEIPTS THIS PERIOD	Siliano		1236.00	
c. TOTAL DISBURSEMENTS THIS PERIOD.	ELECTION	R COUNTY C OMMISSION	1341.16	1 111
d. BALANCE ON HAND (12.a. plus 12.b. m	ninus 12.c.)		\$_	1,71
e. TOTAL LOANS OUTSTANDING			\$ <u>-</u>	<u> </u>
f. TOTAL OBLIGATIONS OUTSTANDING			\$ -	

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (INFUII) BOUND DISTILLY 4 REPORT COVERING THE PERIOD FROM: 4/23/22 TO: 6/3/22
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.)\$
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)
\$ 123.6 x
Good Guys SISNS \$ 820.46
Vis/n 1/2/2 \$ 234.83
Sec. 10 Mills \$ 55.68 46.36
Social Mella s
\$ 66.15
s
\$
\$
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
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)\$ 500
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 CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	for	School F	and Didge 9	2. REPORT COVER FROM: 4/23/23	RING THE PERIOD	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 3/2	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name	Middle Nam	e	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name			☐ Primary Election 🗘	General Election	11/00 00	
(2 parm			,	`	\$1150.00	
Address 2016 William Run			Runoff (Local Election	<u>'</u>		
City Gallatin	Section 75 October 6		Date of Contribution	Aggregate This Election		
Occupation			57/3/22	\$ 150.00		
Employer			ŧ	•		
Uniher Heuthern						
First Name	Middle Nam	e	Contribution Received For		Amount of Contribution	
Last Name/Organization Name	•		Primary Election	General Election	190	
Address		<u>, , , , , , , , , , , , , , , , , , , </u>	Runoff (Local Election	ns Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation		1	1/15		151)	
Employer Employer			5/15/	22	() (
Unlun			/			
First Name	Middle Nam	e	Contribution Received For	•	Amount of Contribution	
Last Name Organization Name			☐ Primary Election	General Election		
Address			Runoff (Local Election	ns Only)	200	
120 Villa have			is only)			
City Generalist	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation			Jd.		200	
Employer to !			1)/) 2			
Del f	I Negrate V		Contribution Received For:		Account of Occupies of	
First Name	Name Middle Name			_	Amount of Contribution	
Last Name/Organization Name			Primary Election			
Address			Runoff (Local Election			
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation	<u>-•</u>			!		
Employer				:		
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages (If this is the last page of contributions, this amount must					500	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	I Proud Dichlet	2. REPORT COVER	TO: 6/3//2 h			
3 TOTAL ITEMIZED CAMPAIGN EXPENDITION			Amobina 1			
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) 177 / 174 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			
Last Name/Business Name CUYS S Address 032 E H (5 b)	Isns	515ns/Alagnets	1820.46			
City Tauran	State Zip Code 236 U					
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name		fristed Moderials	358.51			
Address 51						
City Con thus	State Zip Code (1245)					
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			
First Name Last Name/Business Name	Middle Name	Purpose of Expenditure	Amount of Expenditure			
	Middle Name	Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name	Middle Name State Zip Code	Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name Address		Purpose of Expenditure	Amount of Expenditure Amount of Expenditure			
Last Name/Business Name Address City	State Zip Code					
Last Name/Business Name Address City First Name	State Zip Code					
Last Name/Business Name Address City First Name Last Name/Business Name	State Zip Code					
Last Name/Business Name Address City First Name Last Name/Business Name Address	State Zip Code Middle Name					
Last Name/Business Name Address City First Name Last Name/Business Name Address City	State Zip Code Middle Name State Zip Code	Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name Address City First Name Last Name/Business Name Address City First Name	State Zip Code Middle Name State Zip Code	Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name Address City First Name Last Name/Business Name Address City First Name Last Name/Business Name	State Zip Code Middle Name State Zip Code	Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name Address City First Name Last Name/Business Name Address City First Name Last Name/Business Name Address	State Zip Code Middle Name State Zip Code Middle Name	Purpose of Expenditure	Amount of Expenditure			

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	//	Bart (), which 4	2. REPORT COV		10D /20/2
3. COMPLETE THE APPROPRIATE ITEMS F OBLIGATION (obligations totaling more that person/vendor at the end of the reporting p	n \$100 ow	HITEMIZED	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	7 7 TO: Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	me	_			
Last Name/Business Name	<u> </u>		-			
Address			_			
City	State	Zip Code		• • •		
Description of Obligation	I	<u>.</u>			<u> </u>	
First Name	Middle Na	me				
Last Name/Business Name	<u> </u>					
Address						
City	State	Zip Code				
Description of Obligation	. 					
First Name	Middle Na	me				
Last Name/Business Name	<u> </u>		-			
Address			1			
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	Middle Na	me				
Last Name/Business Name	1		-			
Address			1		:	
City	State	Zíp Code	1			
Description of Obligation			<u></u>		L	I
4. TOTALS (Total from Outstanding Balance - (End of Period) in item 23b. on summary page.)	column mus	st also be shown		8	X	
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ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE								G THE PERIOD
					FRC)M:] T	O:
3. COMPLETE THE APPROPRIATE ITEMS F	OR EACH ITEM	/IZED LOAN (I	oans totaling m	nore than \$100	from any source of	luring the peri	od)	
Complete the Following for the Source of the Loan								
First Name Middle Nam	e	Outstanding L (Beginning o		Loans Receive	Lo d Payr	an nents		ding Loan Balance nd of Period)
Last Name/Organization Name								
Address		Loan Receive	d For:			Date of Loan	}	
City State	Zip Code	☐ Primary ☐ Runoff (Election Local Elections	General Only)	Election			
List All Endor	sers or Guarantor	rs for Above Loai	n (If more spa	ice is neede	please attach	a page)		
First Name	Middle Name		First Name				Middle Na	me
Last Name/Organization Name	L		Last Name/On	ganization Nan	ne			
Address			Address					
City	State Zi	p Code	CW				State	Zip Code
Amount Guaranteed Outstanding			Amount Guara	enteed Outstand	ding			
First Name	Middle Name		First Name				Middle Na	me
Last Name/Organization Name			Last Name/Or	ganization Nan	nė			
Address	$\overline{}$	\	Address					
City	State Zi	p G ode	City				State	Zip Code
Amount Guaranteed Outstanding Amount Guaranteed Outstanding								
First Name	Middle Name		First Name				Middle N	ame
Last Name/Organization Name	•		Last Name/Or	ganization Nan	ne			
Address		1	Address					
City	State Zi	ip Code	City .				State	Zip Code
Amount Guaranteed Outstanding			Amount Guara	anteed Outstan	ding			
First Name	Middle Name		First Name				Middle Na	ame
Last Name/Organization Name	<u> </u>		Last Name/Or	genization Nan	ne		l	,
Address			Address	$\overline{}$				
City	State Zi	ip Code	City				State	Zip Code
Amount Guaranteed Outstanding	<u> </u>		Amount Guara	anteed Outstan	ding			
Totals for all Loans (complete on last page of (Total loans received should also be shown in item 16. on (Total loan payments should also be shown in item 20. on	summary page.))	Outstanding L (Beginning		Loans Received	Loar Payme		Outstanding Loan Balance (End of Period)
(Total outstanding loan balance should also be shown in iter		e.)	()		10		
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