## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

# For State and Local Candidates For Single-Candidate Committees

| 1. DATE OF REPORT  | 2.a. NAME OF CANDIDAT  | TE OR COMMITTEE                                  |   |                                |
|--|--|--|---|--------------------------------|
| 1/29/2022  | Briag 5.   | toward   |   |                                |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE   | · · · · · · · · · · · · · · · · · · ·                        | J. C. V. V. J.                                   | 3. ELECTION D                           | ATE                            |
|  |  |  | 20,                                     | ر د                            |
| 4.a. CAMPAIGN ADDRESS AND PHONE  |  |  | 1 20,                                   | <del>70</del>                  |
| Street or Rural Route  | City   | State  | Zip Code                                | Phone                          |
| 1012 Koubarton Ct  | Healersing   | 16 TN  | 37066                                   | 615-440-7011                   |
| 4.b. CANDIDATE'S HOME ADDRESS (if different  | t than 4.a.)   |  |   |                                |
| Street or Rural Route  | City ·   | State  | Zip Code                                | Phone                          |
|  |  |  |   |                                |
| 5. OFFICE SOUGHT (include district number, if  | fapplicable)   | IAME OF POLITICAL                                | TREASURER (may                          | y be candidate)                |
| Jumper Carty Cannos.   | ner 24   | Links B  | wette                                   |                                |
| 7. CATEGORY OR REPORT (Check one)  | - VC-34  |  | <del></del>                             |                                |
| FIRST SECOND THIRD   | FOURTH PRE   | - PRE-   | ☐<br>MID-YEAR                           | YEAR-END                       |
| QUARTER QUARTER QUARTER  | QUARTER PRIMA  | RY GENERAL                                       | SUPPLEMENT                              |                                |
| 8.a. BEGINNING DATE OF REPORTING PERIOD  | 8.b. E   | NDING DATE OF REPO                               |   |                                |
| 4/26/2022  |  | <u> () 30/2</u>                                  | 2022                                    |                                |
| 9. (Check one)   |  |  |   |                                |
| a. This campaign is exempt from detaile  | d disclosure because contrit                                 | outions (including in-k                          | ind) received total \$                  | 1 000 or less AND expendi-     |
| tures total \$1,000 or less for this repo  | rting period. (Complete item                                 | ns 12d., 12e. and 12f.                           | )                                       | rijood or lood rate experie.   |
| b. M This campaign is required to file a de  | tailed financial disclosure be                               | cause contributions (i                           | soluding in-kind) rea                   | asked total more than \$1,000  |
| b. This campaign is required to file a del and/or expenditures total more than \$  | 1,000 for this reporting period                              | od.  | ilciduling in-Killu) re-                | ceived total more than \$1,000 |
|  |  |  |   |                                |
| 10. I/we do solemnly swear or affirm that the in   | formation contained in this                                  | campaign financial di                            | sclosure report is tr                   | ue and that this report is an  |
| accurate accounting of campaign contribution   | ons and expenditures require                                 | ed to be reported by the                         | ne candidate commi                      | ittee by the Campaign          |
| Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other non   | swear or affirm that no camp<br>political purpose as defined | paign contributions ha<br>by the federal interna | ve been expended:                       | for the personal financial     |
|  | political parposes as asimilar                               | by the local and ment                            | /                                       | 1 ,                            |
|  | 7-11-12  | Aland.   | Busin                                   | 7/4/22                         |
| signature of candidate   | date   | signature  | of political treasurer                  | date                           |
|  |  |  |   | dulo                           |
| 11. WITNESS SIGNATURE  |  |  |   |                                |
|  | 2//2   |  |   |                                |
|  | 1/11/22  |  |   |                                |
| signature of witness   | date   | signa  | ture of witness                         | date                           |
|  |  |  |   |                                |
| 12. SUMMARY  |  | <del></del>                                      |   |                                |
|  | FILI   | ED   | r 8 10                                  | N İ                            |
| a. BALANCE ON HAND LAST REPORT   | AM   | PM   | \$ <u>5,815</u>                         | <u>, u</u> [                   |
| b. TOTAL RECEIPTS THIS PERIOD  | na <b>1</b>  | 1 2022   | d d                                     |                                |
| b. TOTAL RECEIPTS THIS PERIOD  |  | T CUCC   | \$                                      | <del></del>                    |
| c. TOTAL DISBURSEMENTS THIS PERIOD   | SHMNER   | COUNTY   | , ø                                     |                                |
| V 1011 & 010001 (011101 1, | ELECTION C   |  | \$                                      | <del></del>                    |
| d. BALANCE ON HAND (12.a. plus 12.b. m   |  |  | *************************************** | \$ <u>5</u> 835.0)             |
|  |  |  |   |                                |
| e. TOTAL LOANS OUTSTANDING   |  |  |   | ¢ Ø                            |
|  |  |  |   | 9                              |
| f. TOTAL OBLIGATIONS OUTSTANDING   |  |  |   | , Ø                            |
|  | ***************************************                      |  |   | >                              |

#### **SUMMARY PAGE - CANDIDATE**

| 13. NAME OF CANDIDATE OR COMMITTEE (In Full)   | 14. REPORT COVERING THE PERIOD    |
|--|-----------------------------------|
| Briga Stewart  | FROM: 4/20/22 TO: 6/36/22         |
| RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)                             | 1                                 |
| 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.)            | s <u>J</u>                        |
| 16. LOANS RECEIVED THIS REPORTING PERIOD   | \$_ <b></b>                       |
| 17. INTEREST RECEIVED THIS REPORTING PERIOD  | \$_ <u>\beta</u>                  |
| 18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)             | \$Ø                               |
| 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>                          |
| \$   |                                   |
| \$   |                                   |
| \$   |                                   |
| \$   |                                   |
| \$   |                                   |
|  | <del></del>                       |
| <b>\$</b>  | <del></del>                       |
| \$   |                                   |
| \$   |                                   |
| 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.)                | s <u>\$</u>                       |
| 20. LOAN REPAYMENTS MADE THIS PERIOD   | \$_ <del>-</del>                  |
| 21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)              | s <u>4</u>                        |
| 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.               | ).)\$_ <b>_</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 iter           | n 12.f.)                          |

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Page \_\_\_\_\_\_ of \_\_\_\_

### ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

| 1. NAME OF CANDIDATE  | ORCOMMITTEE                                     |                                   |                             | 2  | EDOM:                    | TO. /  |  |  |
|---|---|-----------------------------------|-----------------------------|--|--------------------------|--|--|--|
| Brian Stewart   |   |                                   |                             |  | 110M.9/2C/22             | Amount /   |  |  |
|   |   | GE (enter \$0 if first itemized p |                             | Ø  |                          |  |  |  |
| 4. COMPLETE THE APPROPE   |   |                                   | D CONTRIBUTION (c           | contributions totaling more than \$                              |                          |  |  |  |
| First Name  | First Name Middle Name                          |                                   |                             | Contribution Received For:                                       |                          | Arnount of Contribution  |  |  |
| Last Name/Organization Name   |   |                                   | Primary Election            | General Election   |                          |  |  |  |
| Address A   |   |                                   | Runoff (Local Election      | ns Only)   |                          |  |  |  |
| City  | Stat  | State Zip Code                    |                             | Date of Contribution   |                          | Aggregate This Election  |  |  |
| Occupation  | Occupation                                      |                                   | -                           |  |                          |  |  |  |
| Employer  |   |                                   |                             | 1  |                          |  |  |  |
|   |   |                                   |                             | Contribution Resolved 5  |                          | Amount of Contribution   |  |  |
| First Name  | Mic   | iddle Name                        |                             | Contribution Received F  | _                        | Amount of Continuation   |  |  |
| Last Name/Organization Name   |   |                                   |                             | Primary Election   | ☐ General Election       |  |  |  |
| Address   |   |                                   |                             | Runoff (Local Electio  | ns Only)                 | Amount of Contribution  Aggregate This Election  Amount of Contribution  Aggregate This Election  Aggregate This Election  Amount of Contribution  Amount of Contribution  Amount of Contribution  Aggregate This Election |  |  |
| City  | Sta   | ate                               | Zip Code                    | Date of Contribution   |                          | Aggregate This Election  |  |  |
| Occupation  |   |                                   |                             | 1  |                          |  |  |  |
| Employer  |   |                                   | :                           |  |                          |  |  |  |
| First Name  | Mic   | ddle Name                         |                             | Contribution Received F  | for:                     | Amount of Contribution   |  |  |
| Last Name/Organization Name   |   |                                   | Last Name/Organization Name |  | General Election         |  |  |  |
| A 2 1   | l .   |                                   |                             |  |                          |  |  |  |
| Address   |   | <u></u>                           | ······                      | Runoff (Local Election   | ns Only)                 |  |  |  |
| Address   | Sta   | ate                               | Zip Code                    | Runoff (Local Election   | ns Only)                 | Aggregate This Election  |  |  |
|   | Sta   | ate                               | Zip Code                    |  | ns Only)                 | Aggregate This Election  |  |  |
| City  | Stz   | ate                               | Zip Code                    |  | ns Only)                 | Aggregate This Election  |  |  |
| City  |   | ate                               |                             |  |                          |  |  |  |
| City  Occupation  Employer  |   | ····                              |                             | Date of Contribution   | г.                       |  |  |  |
| City  Occupation  Employer  First Name  |   | ····                              |                             | Date of Contribution  Contribution Received For                  | r:<br>□ General Election |  |  |  |
| City  Occupation  Employer  First Name  Last Name/Organization Name   |   | dle Name                          |                             | Date of Contribution  Contribution Received For Primary Election | r:<br>□ General Election | Amount of Contribution   |  |  |
| City  Occupation  Employer  First Name  Last Name/Organization Name  Address  | Mide  | dle Name                          |                             | Date of Contribution  Contribution Received For Primary Election | r:<br>□ General Election | Amount of Contribution   |  |  |
| City  Occupation  Employer  First Name  Last Name/Organization Name  Address  City  | Mide  | dle Name                          |                             | Date of Contribution  Contribution Received For Primary Election | r:<br>□ General Election | Amount of Contribution   |  |  |
| City  Occupation  Employer  First Name  Last Name/Organization Name  Address  City  Occupation                            | Mide  | dle Name                          |                             | Date of Contribution  Contribution Received For Primary Election | r:<br>□ General Election | Amount of Contribution   |  |  |
| City Cocupation Employer  First Name Last Name/Organization Name Address City Occupation  Employer  5. TOTAL ITEMIZED CON | ITRIBUTIONS the page if additional pages of the | dle Name                          | Zip Code                    | Date of Contribution  Contribution Received For Primary Election | r:<br>□ General Election | Amount of Contribution   |  |  |

#### **ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE**

| 1. NAME OF CANDIDATE OR COMMITTEE 2  |                             |                        |                                       |   | REPORT COVERING               | NG THE PERIOD                          |  |  |  |
|--|-----------------------------|------------------------|---------------------------------------|---|-------------------------------|--|--|--|--|
| D(190 3761   | NWT                         |                        |                                       |   | 110M24/26/22                  | TO: 2.2                                |  |  |  |
| 3. TOTAL ITEMIZED IN-KIND CO   | <del></del>                 |                        |                                       | · · · · · · · · · · · · · · · · · · ·                                     | · .                           | هـــــــــــــــــــــــــــــــــــــ |  |  |  |
| 4. COMPLETE THE APPROPRIATE  | ITEMS FOR EACH              | ITEMIZE                | D IN-KIND CONTRIBL                    | JTION (in-kind contributions totaling                                     | more than \$100 from any con  | tributor during the period)            |  |  |  |
| First Name   | Aid                         | idle Name              |                                       | In-Kind Contribution Received Primary 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   | Mid                         | ddle Name              | ;                                     | In-Kind Contribution Received For:  ✓ Primary Election ☐ General Election |                               |  |  |  |  |
| Last Name/Organization Name  |                             |                        |                                       | Runoff (Local Election  |                               |  |  |  |  |
| Address  |                             |                        |                                       | Date of In-Kind Contribution  |                               | Aggregate this Election                |  |  |  |
| City   | St                          | tate                   | Zip Code                              | Description of In-Kind Contribution                                       |                               |  |  |  |  |
| Occupation   | Employer                    |                        |                                       |   |                               |  |  |  |  |
| First Name   | Mid                         | idle Name              | ;                                     | In-Kind Contribution Receiv   | _                             | Value of In-Kind Contribution          |  |  |  |
| Last Name/Organization Name  | Last Name/Organization Name |                        | Runoff (Local Elections Only)         |   |                               |  |  |  |  |
| Address  |                             |                        |                                       | Date of In-Kind Contribution  |                               | Aggregate this Election                |  |  |  |
| City   | St                          | tate                   | Zip Code                              | Description of In-Kind Contribution                                       |                               |  |  |  |  |
| Occupation   | Employer                    | '                      |                                       |   |                               |  |  |  |  |
| First Name   | Mid                         | idle Name              | ;                                     | In-Kind Contribution Receiv   | Value of In-Kind Contribution |  |  |  |  |
| Last Name/Organization Name  | I                           |                        |                                       | ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)     |                               |  |  |  |  |
| Address  |                             |                        |                                       | Date of in-Kind Contribution  |                               | Aggregate this Election                |  |  |  |
| City   | St                          | tate                   | Zip Code                              | Description of In-Kind Contribution                                       |                               |  |  |  |  |
| Occupation   | Employer                    |                        |                                       |   |                               |  |  |  |  |
| First Name   | Mid                         | iddle Name             |                                       | In-Kind Contribution Recei  |                               | Value of In-Kind Contribution          |  |  |  |
| Last Name/Organization Name  |                             |                        | •••                                   | ☐ Primary Election ☐ ☐ Runoff (Local Election                             | _                             |  |  |  |  |
| Address  |                             |                        |                                       | Date of In-Kind Contribution  |                               | Aggregate this Election                |  |  |  |
| City   | Sta                         | ate                    | Zip Code                              | Description of In-Kind Contribution                                       |                               | L                                      |  |  |  |
| Occupation   | Employer                    | l                      | · · · · · · · · · · · · · · · · · · · | 1   |                               |  |  |  |  |
| TOTAL ITEMIZED IN-KIND C     (Carry forward to item 3. of next page if (If this is the last page of in-kind contril) | f additional pages of th    | nis form are           |                                       | , )   |                               | d                                      |  |  |  |
| SS-1128 (Rev. 2/06)  | Second use discout life     | 23, 03 31101           | TATAN 220. U SUBMINI                  |   | je of                         | RDA 1159                               |  |  |  |

#### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMITTEE   | ING THE PERIOD TO: (-/2)/23             |                                       |                        |                              |                       |  |
|---|---|---------------------------------------|------------------------|------------------------------|-----------------------|--|
| Brim Stownt   | TO: 6/33/22 Amount                      |                                       |                        |                              |                       |  |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDITU  |   |                                       |                        |                              |                       |  |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR E   | ,                                       |                                       |                        | to any payee during the peri |                       |  |
| First Name  | Middle Name                             |                                       | Purpose of Expenditure | Amount of Expenditure        |                       |  |
| Last Name/Business Name   |   |                                       |                        |                              |                       |  |
| Address N A   |   |                                       |                        |                              |                       |  |
| City  | State                                   | Zip Code                              |                        |                              |                       |  |
| First Name  | Middle Nam                              | ne<br>e                               | Purpose of Expenditure |                              | Amount of Expenditure |  |
| Last Name/Business Name   |   |                                       |                        | <br>                         |                       |  |
| Address   |   |                                       |                        | į                            |                       |  |
| City  | State                                   | Zip Code                              |                        |                              |                       |  |
| First Name  | ne                                      | Purpose of Expenditure                |                        | Amount of Expenditure        |                       |  |
| Last Name/Business Name   | ·                                       |                                       |                        |                              |                       |  |
| Address   | ddress                                  |                                       |                        |                              |                       |  |
| City  | State                                   | Zip Code                              |                        |                              |                       |  |
| First Name  | Middle Name                             |                                       | Purpose of Expenditure | Amount of Expenditure        |                       |  |
| Last Name/Business Name   |   |                                       |                        |                              |                       |  |
| Address   |   | · · · · · · · · · · · · · · · · · · · | 1                      |                              |                       |  |
| City  | State                                   | Zip Code                              |                        |                              |                       |  |
| First Name  | Middle Nam                              | e                                     | Purpose of Expenditure |                              | Amount of Expenditure |  |
| Last Name/Business Name   | • |                                       |                        |                              |                       |  |
| Address   |   |                                       |                        |                              |                       |  |
| City  | State                                   | Zip Code                              |                        |                              |                       |  |
| First Name  | Middle Nam                              | e                                     | Purpose of Expenditure |                              | Amount of Expenditure |  |
| Lest Name/Business Name   |   |                                       |                        |                              |                       |  |
| Address   |   |                                       |                        |                              |                       |  |
| City  | State                                   | Zip Code                              |                        |                              |                       |  |
| TOTAL ITEMIZED EXPENDITURES  (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount must |   |                                       |                        |                              | $\phi$                |  |

#### **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

| NAME OF CANDIDATE OR COMMITTEE  |                    |               |  |              |   | 2.                     | 2. REPORT COVERING THE PERIOD |                |          |   |
|---|--------------------|---------------|--|--------------|---|------------------------|-------------------------------|----------------|----------|---|
| 3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any |                    |               |  |              |   |                        | ED                            | OM             |          | TO: 6/32/22                                 |
| 3. COMPLETE THE APPROPRIA   | TE ITEMS F         | OR EACH I     | TEMIZ  | ED LOAN (    | loans totaling n  | nore than \$100        | ofrom any source              | during the per | iod)     |   |
| Complete the Following for the Source   | e of the Loan      |               |  |              |   |                        |                               |                | ,        |   |
| First Name  | Middle Name        | e             |  |              | Outstanding Loan Balance Loans (Beginning of Period) Received |                        |                               | oan<br>ments   | Outsi    | tanding Loan Balance<br>(End of Period)     |
| Last Name/Organization Name   | <u> </u>           |               |  |              |   |                        |                               |                |          |   |
| Address   | 7                  | Loan Receive  |  |              |   | ☐ Genera               | l Election                    | Date of Loa    | n        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,      |
| City  | State              | Zip Code      | Zip Code Primary Election  Runoff (Local Ele |              |   |                        |                               |                |          |   |
|   | List All Endors    | sers or Guara | intors fo                                    | or Above Loa | n (If more spa  | ce is neede            | d please attach               | a page)        |          |   |
| First Name  | -                  | Middle Name   | :  |              | First Name  |                        |                               |                | Middle   | Name  |
| Last Name/Organization Name   |                    |               |  |              | Last Name/Or  | ganization Na          | mę                            |                | •        |   |
| Address   |                    |               | •  |              | Address   |                        |                               |                |          |   |
| City  | · · · · · ·        | State         | Zip C  | ode          | City  | <del></del>            |                               |                | State    | Zip Code                                    |
| Amount Guaranteed Outstanding   |                    | 1             |  |              | Amount Guara  | inteed Outstar         | nding                         |                |          |   |
| First Name  |                    | Middle Name   | )  |              | First Name  | First Name Middle Name |                               |                |          |   |
| Last Name/Organization Name   |                    |               |  |              | Last Name/Or  | ganization Na          | me                            |                | <u></u>  |   |
| Address   |                    |               |  |              | Address   |                        |                               |                |          |   |
| City  |                    | State         | Zip C  | ode          | City  |                        |                               |                | State    | Zip Code                                    |
| Amount Guaranteed Outstanding   |                    | <u> </u>      | <u> </u>                                     | <u>.</u>     | Amount Guara  | enteed Outstan         | nding                         |                | <u> </u> |   |
| First Name  |                    | Middle Name   |  |              | First Name  |                        |                               |                | Middle   | e Name                                      |
| Last Name/Organization Name   | · · · -            | 1             |  |              | Last Name/Or  | ganization Na          | me                            |                |          | ****  |
| Address   |                    |               |  |              | Address   |                        | •                             |                |          |   |
| City  | •                  | State         | Zip C  | ode          | City  |                        |                               |                | State    | Zip Code                                    |
| Amount Guaranteed Outstanding   |                    |               |  |              | Amount Guara  | inteed Outstar         | nding                         |                | l        |   |
|   |                    | ,             |  |              |   |                        |                               |                |          |   |
| First Name  |                    | Middle Name   | ;  |              | First Name  |                        |                               |                | Middle   | Name  |
| Last Name/Organization Name   |                    |               |  |              | Last Name/Or  | ganization Na          | me ·                          |                |          |   |
| Address   |                    |               |  |              | Address   |                        |                               |                |          |   |
| City  |                    | State         | Zip Cı                                       | ode          | City  |                        |                               |                | State    | Zip Code                                    |
| Amount Guaranteed Outstanding   |                    |               |  |              | Amount Guara  | nteed Outstan          | ding                          |                |          |   |
| Totals for all Loans (complete or<br>(Total loans received should also be show                    | n in item 16. on s | ummary page.) | )  |              | Outstanding L<br>(Beginning                                   |                        | Loans<br>Received             | Loa<br>Paym    |          | Outstanding Loan Balance<br>(End of Period) |
| (Total loan payments should also be show<br>(Total outstanding loan balance should also           |                    |               |  |              |   |                        |                               |                |          |   |



#### **ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE**

| 1. NAME OF CANDIDATE OR COMMITT   | 2. REPORT, COVERING THE PERIOD  FROM: 4/26/22 TO: 6/36/27   |                                       |   |                                       |                         |  |
|---|---|---------------------------------------|---|---------------------------------------|-------------------------|--|
| Bugs Stew   | 1. NAME OF CANDIDATE OR COMMITTEE  3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED  Outstanding Balance |                                       |   |                                       |                         | 6/30/22                                |
| COMPLETE THE APPROPRIATE ITE     OBLIGATION (obligations totaling more     person/vendor at the end of the report | ations totaling more than \$100 owed to any   |                                       |   | Debt Incurred<br>This Period          | Payments<br>This Period | Outstanding Balance<br>(End of Period) |
| First Name  | Middle Nan  | ne                                    |   |                                       |                         |  |
|   | Wilder Nam  |                                       |   |                                       |                         |  |
| Last Name/Business Name   |   |                                       | i   |                                       |                         |  |
| Address   |   |                                       |   |                                       |                         |  |
| City  | State   | Zip Code                              |   |                                       |                         |  |
| Description of Obligation   |   |                                       | <u>i</u>                                      | <u> </u>                              | <u> </u>                |  |
| First Name  | Middle Nan  | ne                                    |   |                                       |                         |  |
| Last Name/Business Name   |   |                                       | $\dashv$                                      |                                       |                         |  |
| Address   |   |                                       | _   |                                       |                         |  |
|   | 10-1-   | 17-0-4-                               |   |                                       |                         |  |
| City  | State   | Zip Code                              |   |                                       |                         |  |
| Description of Obligation   |   |                                       |   |                                       |                         |  |
| First Name  | Middle Nan  | ne                                    | ·   |                                       |                         |  |
| Last Name/Business Name   | <u> </u>  | · · · · · · · · · · · · · · · · · · · | _   |                                       |                         |  |
| Address   | · · · · · ·   |                                       |   |                                       |                         |  |
| City  | State   | Zip Code                              |   |                                       |                         |  |
| Description of Obligation   |   | •                                     | <u>, , , , , , , , , , , , , , , , , , , </u> | · · · · · · · · · · · · · · · · · · · |                         |  |
| First Name  | Middle Nan  | ne                                    |   |                                       |                         |  |
| Last Name/Business Name   |   |                                       |   |                                       |                         |  |
| Address   |   |                                       |   |                                       |                         |  |
| City  | State   | Zip Code                              |   |                                       | :                       |  |
| Description of Obligation   |   | <del></del>                           |   | <u> </u>                              | I                       | <b>.</b>                               |
| First Name  | Middle Nam  | ne                                    |   |                                       |                         |  |
| Last Name/Business Name   |   |                                       |   |                                       |                         |  |
| Address   | $\overline{/}$  |                                       |   |                                       |                         |  |
| City  | State   | Zip Code                              |   |                                       |                         |  |
| Description of Obligation   | 1   | ·                                     |   | <u> </u>                              | <u> </u>                | <u> </u>                               |
| TOTALS     (Total from Outstanding Balance - (End of Per  | riod) column must   | also be shown                         |   |                                       | ·                       |  |
| in item 23b. on summary page.)  |   |                                       |   | D                                     | ,                       |  |
| SS-1127 (Rev. 4/02)   |   |                                       |   | Page                                  | OT                      | RDA 1159                               |