

SS-1109 (Rev. 8/2023)

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 1 - 2 - 2024.a. Candidate or Committee Name: Bob Garza
2.b. If Committee, Name of Candidate: 3. Election Date:
4. Campaign Address: 212 SAVELY DR.
City: Hendersonville State: TN Zip Code: 37075 Phone: 615-714-792
5. Candidate Home Address: Same_ as above_
City: State: Zip Code: Phone:
Candidate Email Address: Bobgarzaward 3 @ gmail.com
6. Office Sought: (include district number, if applicable) Aldernay ward 3
7. Name of Political Treasurer (may be candidate): Kathleen Gorza
Political Treasurer Email Address: Katgarza.73@gmail com
8. Category or Report: (check one)
☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☐ Pre-Primary ☐ Pre-General
✓ Mid-Year Supplemental ☐ Year-End Supplemental ☐ Runoff Election
9. Reporting Period: Start Date: 1-6-24 End Date: 6-30-24
10. Detailed Disclosure: (Check one)
This campaign is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)
This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.
11. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code. Candidate Signature Date Political Treasurer Signature Date
Witness Signature Date Witness Signature Date
12. Summary: a. Balance On Hand Last Report
FILED
b. Total Receipts This Period
d. Balance On Hand (12.a. plus 12.b. minus 12は) .0.3.2024
e. Total Loans Outstanding
f. Total Obligations Outstanding \$
SS-1109 (Rev. 8/2023)

SUMMARY PAGE - CANDIDATE

13. Na	ne of Candidate or Committee: Bob Garza
14. Rep	porting Period: Start Date: 1-6-24 End Date: 6-30.24
15. Red	
a.	Unitemized Contributions (\$100 or less from each source this period)
b.	Itemized Contributions (over \$100 from each source this period)\$
с.	Loans Received This Reporting Period\$
d.	Interest Received This Reporting Period\$
e.	Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.)
16. Dis	pursements:
a.	Total Expenditures (other than loan payments)
b.	Loan Repayments Made This Period\$
c.	Total Obligation Payments Made This Period\$
d.	Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)\$
17. ln-ŀ	ind Contributions:
a.	Unitemized In-Kind Contributions Received This Period\$
b.	Itemized In-Kind Contributions Received This Period\$
c.	Total In-Kind Contributions Received This Period\$
18. Obl	igations:
a.	Total Obligations Outstanding (must be shown in item 12.f.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee N	Name: Bob Garza		
2. Reporting Period: Start D	Date: 1-6-24 End Date: 6-30	1-24	
	ons from preceding page (enter \$0 if first page)	a /	
, -			
COMPLETE THE APPROPRIAT	E ITEMS FOR EACH ITEMIZED CONTRIBUTION.		
Business or Organization Nar	me:		OR
	Middle Name:		
Address:	City:	State: Zip Code:	
Occupation:	Employer:		
Contribution Received For:	☐ Primary Election ☐ General Election	☐ Runoff (Local Elections Only)	
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$	
Business or Organization Nar	me:	73.	OR
	Middle Name:		
Address:	City:	State: Zip Code:	
Occupation:	Employer:		
Contribution Received For:	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)	
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$	
Business or Organization Nar	me:		OR
First Name:	Middle Name:	Last Name:	
Address:	City:	State: Zip Code:	1.
Occupation:	Employer:		
Contribution Received For:	☐ Primary Election ☐ General Election	☐ Runoff (Local Elections Only)	
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$	
Business or Organization Nar	me:		OR
	Middle Name:		
Address:	City:	State: Zip Code:	
Occupation:	Employer:	1711	
Contribution Received For:	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)	
Amount of Contribution: \$	Date of Contribution:		
Total Contributions: \$	4		
(Carry forward to the next p	page if additional pages of this form are used. If the summary on first page.)	this is the last page of contributions,	this

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name:	Bob Garra				
2. Reporting Period: Start Date:					
3. Total in-kind contributions from pr	eceding page (enter \$0 if firs	st page) \$			
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$					
Business or Organization Name:		And the second of the second	OR		
		Last Name:			
		State: Zip Code: _			
		General Election Runoff (Local Elec			
		e: Aggregate This Election: \$			
		Last Name:			
		State: Zip Code: _			
		General Election Runoff (Local Elec	100		
		e: Aggregate This Election: \$			
Description of In-Kind Contribution:					
Business or Organization Name:			OR		
		Last Name:			
		State: Zip Code:			
		General Election Runoff (Local Elec			
		e: Aggregate This Election: \$			
		Last Name:			
		State: Zip Code: _			
		General Election Runoff (Local Elec			
In-Kind Contribution Value: \$	_ In-Kind Contribution Date	e: Aggregate This Election: \$ _			
Description of In-Kind Contribution:					
Tatallia Kind Contribution A	<i>f</i>)				
Total In-Kind Contributions: \$	itional pages of this form are	e used. If this is the last page of in-kind			
contributions this amount must be sh					

Page 4 of 7

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

Candidate or Committee Name:	Bob	Ganza			
2. Reporting Period: Start Date:			24		
3. Total campaign expenditures from		_			
COMPLETE THE APPROPRIATE ITEMS kind contribution to a candidate, please rem candidate's name in the purpose of the expe	ember to includ	le the purpose of the expenditure (s must be itemized (e.g., postage, printi	. If the expenditure ng, etc.) along with	is an in- the
Business or Organization Name:				***	OR
First Name:					
Address:	44/10/10/20	City:	State:	Zip Code:	
Purpose of Expenditure:	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Amount of Expenditure: \$		Date of Expenditure: \$			
Business or Organization Name:					OR
First Name:					
Address:					
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure: \$			
Business or Organization Name:					OR
First Name:					
Address:		City:	State:	Zip Code:	
Purpose of Expenditure:			7. v = 1"		
Amount of Expenditure: \$		Date of Expenditure: \$			
Business or Organization Name:					OR
First Name:	Middle	Name:	Last Name:	<u> </u>	
Address:	MIL WE'R	City:	State:	Zip Code:	
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure: \$			
Business or Organization Name:					OR
First Name:					
Address:					
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure: \$			
Total Expenditures: \$	Ø				
(Carry forward to the next page if add amount must be shown in the summ	di t ional page ary on first p	s of this form are used. If this age.)	is the last page	of expenditures	s, this

ITEMIZED STATEMENT OF LOANS - CANDIDATE

2. Reporting Period: Start Date: 1-6-24 End Date: 6-30-24 3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100). Complete the following for the source of each loan received and/or outstanding during the period. Business or Organization Name:	1. Candidate or Committee Name:	Bob Ganz	•		
3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100). Complete the following for the source of each loan received and/or outstanding during the period. Business or Organization Name:	2. Reporting Period: Start Date:	-6-24 End Date: 4	-30-24		
Business or Organization Name: Middle Name: Last Name: Address: City: State: Zip Code: Outstanding Loan Balance (Beginning)				s (\$100).	
First Name: Middle Name: Last Name: Zip Code: Outstanding Loan Balance (Beginning)	Complete the following for the source of ea	ach loan received and/or outstand	ding during the period.		
Address:	Business or Organization Name:				OF
Outstanding Loan Balance (Beginning) \$ Loans Received \$ Loans Received \$ \$ Loan Received \$ \$ Loan Received For: Primary Election \$ \$ \$ \$ Loan Received For: Primary Election \$ \$ \$ Loan Reveived For: Primary Election \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	First Name:	Middle Name:	Last Name:	*	
Loans Received	Address:	City:	State:	Zip Code:	
Loan Payments	Outstanding Loan Balance (Beginning	g)\$			
Outstanding Loan (End)	Loans Received	\$\$			
Loan Received For: Primary Election General Election Runoff (Local Elections Only) Date of Loan:	Loan Payments	\$			
Date of Loan:	Outstanding Loan (End)	\$			
List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.) Business or Organization Name:	Loan Received For: Primary Ele	ection General Election	Runoff (Local Ele	ctions Only)	
Business or Organization Name:	Date of Loan:				
Business or Organization Name:	List all endorsers or guarantors for above l	loan (If more space is needed, plea	nse attach additional pages.)		
First Name:Middle Name:Last Name:OF Business or Organization Name:					OF
Amount Guaranteed Outstanding: \$ Business or Organization Name:					
Business or Organization Name: Middle Name: Last Name: Address: City: State: Zip Code: Amount Guaranteed Outstanding: \$ OF First Name: Middle Name: Last Name: Address: City: State: Zip Code: Amount Guaranteed Outstanding: \$	Address:	City:	State:	Zip Code:	
First Name: Middle Name: Last Name: Zip Code: Address: City: State: Zip Code: State: Zip Code: Amount Guaranteed Outstanding: \$ OF First Name: Middle Name: Last Name: Address: City: State: Zip Code: Amount Guaranteed Outstanding: \$ OF First Name: Middle Name: Last Name: OF First Name: Middle Name: Last Name: Address: City: State: Zip Code: Amount Guaranteed Outstanding: \$ City: State: Zip Code: Amount Guaranteed Outstanding: \$ City: State: Zip Code: Amount Guaranteed Outstanding: \$ City: State: Zip Code: State loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.) Balance (Beginning) \$ City: State: Sign Code:	Amount Guaranteed Outstanding: \$_				
Address: City: State: Zip Code: Amount Guaranteed Outstanding: \$ Business or Organization Name: Middle Name: Last Name: Address: City: State: Zip Code: Amount Guaranteed Outstanding: \$ Business or Organization Name: Middle Name: Last Name: Offirst Name: Middle Name: Last Name: Address: City: State: Zip Code: Amount Guaranteed Outstanding: \$ City: State: Zip Code: Amount Guaranteed Outstanding: \$ State: Zip Code: State: Zi	Business or Organization Name: _				OF
Amount Guaranteed Outstanding: \$	First Name:	Middle Name:	Last Nan	ne:	
Business or Organization Name:	Address:	City:	State:	Zip Code:	
First Name: Middle Name: Last Name: Address: City: State: Zip Code: OF Business or Organization Name: Middle Name: Last Name: OF First Name: Middle Name: Last Name: Zip Code: Address: City: State: Zip Code: Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.) Balance (Beginning) \$ Loan Received \$ Loan Payments \$	Amount Guaranteed Outstanding: \$_				
First Name: Middle Name: Last Name: Address: City: State: Zip Code: OF Business or Organization Name: Middle Name: Last Name: OF First Name: Middle Name: Last Name: Zip Code: Address: City: State: Zip Code: Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.) Balance (Beginning) \$ Loan Received \$ Loan Payments \$	Business or Organization Name: _				OF
Amount Guaranteed Outstanding: \$	First Name:	Middle Name:	Last Nan	ne:	
Business or Organization Name: Middle Name: Last Name: Address: City: State: Zip Code: Amount Guaranteed Outstanding: \$ Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.) Balance (Beginning) \$	Address:	City:	State:	Zip Code:	
First Name: Middle Name: Last Name: Address: City: State: Zip Code: Amount Guaranteed Outstanding: \$ Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.) Balance (Beginning) \$	Amount Guaranteed Outstanding: \$_				
Address: City: State: Zip Code: Amount Guaranteed Outstanding: \$ Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.) Balance (Beginning) \$	Business or Organization Name: _	1/00			OF
Amount Guaranteed Outstanding: \$	First Name:	Middle Name:	Last Nan	ne:	
Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.) Balance (Beginning)	Address:	City:	State:	Zip Code:	
Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.) Balance (Beginning)	Amount Guaranteed Outstanding: \$_				
Balance (Beginning) \$ Loans Received \$ Loan Payments \$	Totals for all loans (Complete this page f	for each outstanding loan during the	e period. Complete this section	n only on last page of I	oans.
Loans Received		/	Standing loan balance should	oc shown on home pag	C.)
Loan Payments\$					
Outstanding Loan (End)\$	Loan Payments	5 0			
	Outstanding Loan (End)	s <i>D</i>			

Page 6 of 7

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE 1. Candidate or Committee Name: _____ Boo Gorza 2. Reporting Period: Start Date: 6-30-24 3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period. Description of Business Name: Obligation: First Name: _____ Middle Name: _____ Last Name: Outstanding Debt **Payments** Outstanding Address: Balance (Period Incurred This Period Balance Beginning) This Period (Period End) \$ \$ State: Zip Code: Description of Business Name: Obligation: First Name: _____ Middle Name: ____ Last Name: Debt Outstanding **Payments** Outstanding Address: Balance (Period This Period Incurred Balance Beginning) This Period (Period End) \$ \$ \$ State: Zip Code: Description of Business Name: _____ Obligation: First Name: Middle Name: Last Name: Outstanding Debt **Payments** Outstanding Address: Balance (Period Incurred This Period Balance Beginning) This Period (Period End) \$ 5 \$ State: _____ Zip Code: _____ Description of Business Name: Obligation: First Name: Middle Name: Last Name: Outstanding Debt **Payments** Outstanding Address: Balance (Period This Period Incurred Balance Beginning) This Period (Period End) Ś \$ \$ State: _____ Zip Code: ___ **TOTALS** Outstanding Debt **Payments** Outstanding (Carry forward to the next page if additional pages of this Balance (Period Incurred This Period Balance Beginning) form are used. If this is the last page of obligations, the (Period End)

737

Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)