## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

# For State and Local Candidates For Single-Candidate Committees

	Single-Car	ndidate C	ommitte	905						
1. DATE OF REPORT	2.a. NAME OF C		DMMITTEE	The state of the s						
10/11/2022  2.b. IF COMMITTEE, NAME OF CANDIDATE	Alan Dri	ver								
2.0. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DATE						
4.a. CAMPAIGN ADDRESS AND PHONE				May 3, 2022						
Street or Rural Route	City		State	Zip Code	Phone					
135 MT Vernon RD	Bethpage		TN	37022	615-428-4160					
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, if	OFFICE SOUGHT (include district number, if applicable)     NAME OF POLITICAL TREASURER (may be candidate)									
County Commission District 5		Lisa D								
7. CATEGORY OR REPORT (Check one)	FOURTH QUARTER	PRE- PRIMARY	PRE- GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL					
July 1, 2022		8.b. ENDINGE								
9. (Check one)		Septer	mber 30, 2	022						
b. This campaign is required to file a det and/or expenditures total more than \$  10. I/we do solemnly swear or affirm that the in accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we shenefit of the candidate or for any other non signature of candidate.	formation contained ns and expenditures	I in this campaig	n financial dis reported by the stributions have deral internal	closure report is true a	nd that this report is an					
11. WITNESS SIGNATURE  Signature of witness	1 <u>6ate</u>	2	Rela	Dourne ure of witness	16)11 22 date					
12. SUMMARY					7					
a. BALANCE ON HAND LAST REPORT			************************	s <u>1818.85</u>	*					
b. TOTAL RECEIPTS THIS PERIOD	CHILLION CONTRACTANTA	***************************************		\$						
c. TOTAL DISBURSEMENTS THIS PERIOD		-11 E-5		\$1818.85						
d. BALANCE ON HAND (12.a. plus 12.b. mi	nus 12 <b>/4)/</b>	ILED	PM	\$	-0-					
e. TOTAL LOANS OUTSTANDING	OCT	1 1 2022		\$	-0-					
f. TOTAL OBLIGATIONS OUTSTANDING	SUMNI	ER COUNTY	NAME AND ADDRESS OF THE ADDRESS OF T	\$	-0-					

#### SUMMARY PAGE - CANDIDATE

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a. Unitemized Contributions (\$100 or less from each source this period) \$  b. Itemized Contributions (\$100 or less 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.) \$  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)  Campaign Contribution - Terry Moss \$ 318.85  \$ \$  \$ \$  \$ \$  \$ \$  \$ \$  \$ \$  Total of Expenditures (\$100 or less each payee) \$  \$ \$  \$ \$  \$ \$  \$ \$  10. Itemized Expenditures (\$100 or less each payee) \$  \$ \$  \$ \$  \$ \$  10. Itemized Expenditures (\$100 or less each payee) \$  \$ \$  10. Itemized Expenditures (\$100 or less each payee) \$  \$ \$  10. Itemized Expenditures (\$100 or less each payee) \$  10. Itemized Expenditures (\$100 or less each payee) \$  10. Itemized Expenditures (\$100 or less each payee) \$  11. Itemized In-kind Contributions (\$100 or less from each source this period) \$  12. ITOTAL INSBURSEMENTS (add 19 c. and 20.) (must be shown in item 12 c.) \$  13. Itemized in-kind contributions (\$100 or less from each source this period) \$  14. Itemized In-kind Contributions (\$100 or less from each source this period) \$  15. Itemized in-kind contributions (\$100 or less from each source this period) \$  16. Itemized Obligations Outstanding (\$100 or less from each source this period) \$  17. Itemized Obligations Outstanding (\$100 or less from each source this period) \$  18. Itemized Obligations Outstanding (\$100 or less from each source this period) \$  18. Itemized Obligations Outstanding (\$100 or less from each source this period) \$  19. Itemized Obligations Outstanding (\$100 or less from each source this period) \$  10. Itemized Obligations Outstanding (\$100 or less from each source th	Alan Driver	FROM: 7/1/22	TO: 9/30/22
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c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)\$			
23. OBLIGATIONS  a. Unitemized Obligations Outstanding (\$100 or less each)			
	a. Unitemized Obligations Outstanding (\$100 or less each)	\$	
5	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				2. REPORT COVE	RING THE PERIOD	
				FROM:	TO:	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU	ITIONS FI	POM PRECEDING	DACE (anto: \$0 if first itemined a	1	Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR						
First Name					Amount of Contribution	
Lead Name (Operation)					Allocate of Contribution	
Last Name/Organization Name			Primary Election	General Election		
Address	***************************************	THE CONTRACTOR OF THE CONTRACT	Runoff (Local Election	os Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation						
Employer						
First Name	Middle N	ame	Contribution Received For	:	Amount of Contribution	
Last Name/Organization Name			Pnmary Election	General Election		
Address			Runoff (Local Election	ns Only)		
City	State	Zip Code	Date of Contribution	Date of Contribution		
Occupation			***************************************			
Employer						
First Name	Middle Na	me	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name	ast Name/Omegyzhou Name			7.0		
•			Primary Election	General Election		
Address			Runoff (Local Election	s Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation						
Employer					Service of Control	
First Name	Middle Na	me	Contribution Received For:	WEIGHT OF THE REAL PROPERTY.	Amount of Castal S	
Last Name/Organization Name				Diana season so	Amount of Contribution	
Seas Transfer Organization (Hamil)			Primary Election	General Election		
Address			Runoff (Local Elections	s Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation					And the second s	
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	of this form a	are used.) item 15b. of summary.)	The second secon			

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

1. NAME OF CANDIDATE OR CO	MMITTEE		10-10-10-10-10-10-10-10-10-10-10-10-10-1		2. REPORT COVE	RING THE PERIOD	
					FROM:	TO:	
						Amount	
3. TOTAL ITEMIZED IN-KIND CO							
4. COMPLETE THE APPROPRIATE I	TEMS FOR EAC	CH ITEMIZ	ED IN-KIND CONTRIB	UTION (in-kind contributions totaling	more than \$100 from any co	ontributor during the period)	
First Name		Middle Nan	ne	In-Kind Contribution Receive	Value of In-Kind Contribution		
Last Name/Organization Name			Runoff (Local Election	General Election			
Address			Date of In-Kind Contribution		Aggregate this Election		
City	State Zip Code		Description of In-Kind Contribution	***************************************			
Occupation	Employer						
		-					
First Name Middle Name  Last Name/Organization Name			In-Kind Contribution Receive Primary Election	d For:  General Election	Value of In-Kind Contribution		
			Runoff (Local Election				
Address				Date of In-Kind Contribution		Aggregate this Election	
City	State Zip Code						
Occupation	Employer				*		
First Name	First Name Middle Name		ne	In-Kind Contribution Receive		Value of In-Kind Contribution	
Last Name/Organization Name				☐ Primary Election ☐  Runoff (Local Election	General Election		
Address		<del></del>		Date of In-Kind Contribution	is only)	Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution			
Occupation	Employer			1			
First Name		Middle Nam	1e	In-Kind Contribution Receive	d For:	Value of In-Kind Contribution	
Last Name/Organization Name				Primary Election	General Election		
Address				Date of In-Kind Contribution	ns Only)	ļ. <u>-</u>	
City		~	T	94	M.R	Aggregate this Election	
Occupation		State	Zip Code	Description of In-Kind Contribution			
	Employer						
First Name		Viiddle Name	,	In-Kind Contribution Receive		Value of In-Kind Contribution	
Last Name/Organization Name		WW.14/10,111		Primary Election  Runoff (Local Elections	General Election  S Only)		
Address	0x004///w			Date of In-Kind Contribution		Aggregate this Election	
City	S	State	Zip Code	Description of In-Kind Contribution	· /- /	1	
Occupation	Employer			1			
5. TOTAL ITEMIZED IN-KIND CO	NTRIBUTION	S		<u> </u>			
(Carry forward to item 3, of next page if a (If this is the last page of in-kind contribut	dditional pages of	this form an	e used.) wn in item 22b, of summan	<b>v</b> )			
SS-1128 (Rev. 2/06)		-		Page	e of	RDA 1159	

#### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMIT	TEE			2. REPORT COVE	RING THE PERIOD	
				FROM: 7/1/22	TO: 9/30/22	
2 7074 1754 1759 04404 045 545	1.D.TD.T.				Amount	
3. TOTAL ITEMIZED CAMPAIGN EXPE					-0-	
4. COMPLETE THE APPROPRIATE ITEMS	THE REAL PROPERTY AND PERSONS ASSESSED.		Weight and the second second second	0 to any payee during the pe		
First Name Terry	Middle N	ame	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name MOSS			Campaign Contr	Campaign Contribution		
Address 1406 S. Walnut St.						
City Westmoreland	State TN	Zip Code 37186				
First Name	Middle N	ame	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address			-			
City	State	Zip Code	-			
		1				
First Name	First Name Middle Name				Amount of Expenditure	
Last Name/Business Name		The second secon				
Address			_			
City	State	Zip Code	1			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		The state of the s	1			
Address			1			
City	State	Zip Code				
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address	The state of the s		1			
City	State	Zip Code	<b>-</b>			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		****				
Address	The Miles year of the Control					
City	State	Zip Code				
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	are used.)			318.85	

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63	
1	77
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#### **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

NAME OF CANDIDATE OR COMMITTEE							2. REPORT COVERING THE PERIOD					
Alan Driver								FR!	ом: 7/1/202	2	TO:	/30/2022
3. COMPLETE THE APPROPR	RIATE ITEMS F	OR EACH I	TEMIZ	ZED LOAN	(loans totaling r	nore than \$10	00 from any s	source	during the pe	riod)		
Complete the Following for the Sou	rce of the Loan											
First Name Alan & Lisa	an & Lisa				standing Loan Balance Loans eginning of Period) Received			Loan Payments		Ou	Outstanding Loan Balance (End of Period)	
Last Name/Organization Name Driver				1500	.00			1	500.00		-0	-
Address 135 MT Vernon RD			Loan Receiv				T	Date of Loa	n			
City Pottonogo State Zip Code				/ Election (Local Elections	General Genera	al Election		3/4/	/202	2		
	List All Endor	rsers or Guara	entors f	or Above Loa	n (If more spa	ce is neede	ed please a	ttach	a page)			
First Name Middle Name					First Name					Middle	e Name	
Last Name/Organization Name		-			Last Name/On	ganization Na	ime					
Address					Address		-					earning to the second
City		State	Zip C	ode	City					State		Zip Code
Amount Guaranteed Outstanding				Amount Guara	nteed Outsta	nding	-	——————————————————————————————————————	<u> </u>			
First Name Middle Name				First Name Middle Name								
Last Name/Organization Name	1 12	1		<del></del>	Last Name/Organization Name							
Address				*	Address							
City		State	Zip Co	ode	City State Zip Code					Zip Code		
Amount Guaranteed Outstanding	and the second second	***************************************			Amount Guarar	nteed Outstar	nding					
First Name		Middle Name			First Name					Middl	e Name	
Last Name/Organization Name		<u> </u>			Last NamerOrg	anization Na	me			L	***************************************	
Address					Address							
City	Self-u	State	Zip Co	ode	City					State		Zip Code
Amount Guaranteed Outstanding		1		· · · · · · · · · · · · · · · · · · ·	Amount Guaran	iteed Outstan	iding					
First Name		Middle Name			First Name			- TANKS		Middle	Name	
Last Name/Organization Name				Lest Name/Organization Name								
Address					Address				*			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
City		Slate	Zip Co	de	City					State	П	Zip Code
Amount Guaranteed Outstanding					Amount Guaran	leed Outstand	ding					
4. Totals for all Loans (complete o (Total loans received should also be show	n last page of it	temized loar	1\$)		Outstanding Loa		Loans		Loan			anding Loan Balance
(Total loan payments should also be show (Total outstanding loan balance should also	vn in dem 20 nn si	Ance vicemi	age.)		(Beginning of		Receive	ed	1500			End of Period)
ACT .	No. of the last of								1			1.778

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

1. NAME OF CANDIDATE OR COI	MMITTEE			2. REPORT CO	/EDING THE DE	BIOD
				FROM:	TO:	RIOU
COMPLETE THE APPROPRIAT OBLIGATION (obligations totaling person/vendor at the end of the recommendation)	more than \$100 or	HITEMIZED wed to any	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle N	ame				
Last Name/Business Name			$\dashv$			
Address			-			
City	State	Zip Code	- The state of the			
Description of Obligation		1				<u> </u>
First Name	1.5.5					
T in out married	Middle N	ame				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation		<u> </u>		Material de la companya de la compan		<u> </u>
First Name	Middle Na	те				1
Last Name/Business Name			-			
Address						
City	State	Zip Code	-			
Description of Obligation		1				1
First Name	Middle Na	me				1
Last Name/Business Name						
Address		**************************************	4			
City	State	Zip Code		1-4	1 water	
Description of Obligation						
First Name	Middle Na	THE				
Last Name/Business Name						
Address						
City	State	Zip Code	-			
Description of Obligation		L				
4 707010						
<ol> <li>TOTALS         (Total from Outstanding Balance - (End o in item 23b. on summary page.)     </li> </ol>	f Period) column mus	also be shown				

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