

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 1/28/24 2.a. Candidate or Committee Name:	DAVID KLEIN
2.b. If Committee, Name of Candidate:	3. Election Date: 2022
4. Campaign Address: 318 Branham Mi	11 Road
City: Gallatin State: TN Z	
5. Candidate Home Address: 399 Branham N	I'll Road
City: Gallatin State: 70 Z	ip Code: 37066 Phone: 615 504 403
Candidate Email Address: david a Klein 58	
6. Office Sought: (include district number, if applicable)	
7. Name of Political Treasurer (may be candidate):	
Political Treasurer Email Address:david & Klein 58	(gmail.com
8. Category or Report: (check one)	
☐ First Quarter ☐ Second Quarter ☐ Third Quarter	☐ Fourth Quarter ☐ Pre-Primary ☐ Pre-General
☐ Mid-Year Supplemental	
9. Reporting Period: Start Date: July 1, 2023	End Date: January 15, 2024
10. Detailed Disclosure: (Check one)	
This campaign is exempt from detailed disclosures becau	se contributions (including in-kind) received total \$1.000
or less AND expenditures total \$1,000 or less for this repo	orting period. (Complete items 12.d., 12.e., and 12.f.)
This campaign is required to file a detailed financial discletotal more than \$1,000 and/or expenditures total more tl	
2900 1-29-24	contributions and expenditures required to be reported disclosure Act. Additionally, I/we swear or affirm that no sonal financial benefit of the candidate or for any other enue code 1/28/24 Date 1-29-24
	itness Signature Date
12. Summary:	1101 20
a. Balance On Hand Last Report	A CONTRACTOR OF THE CONTRACTOR
b. Total Receipts This Period	
c. Total Disbursements This Period	
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	
e. Total Chligations Outstanding	
f. Total Obligations Outstanding	
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SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: David King
14. Reporting Period: Start Date: 7/1/2023 End Date: 1/15/2024
15. Receipts:
a. Unitemized Contributions (\$100 or less from each source this period)
b. Itemized Contributions (over \$100 from each source this period)\$
c. 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. Disbursements:
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. In-Kind 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. Obligations:
a. Total Obligations Outstanding (must be shown in item 12.f.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee N	Name: David Klein		
	Date: 7/1/23 End Date: 1/15/	24	
	ons from preceding page (enter \$0 if first page)		
			IP TI
COMPLETE THE APPROPRIAT	TE ITEMS FOR EACH ITEMIZED CONTRIBUTION.		
Business or Organization Na	me:		OR
First Name:	Middle Name:	Last 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 Na	me:		OR
	Middle Name:		
Address:	City:	State: Zip Code:	
Occupation:	Employer:		
	☐ Primary Election ☐ General Election		
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$	
Business or Organization Nat	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:		OR
First Name:	Middle Name:	Last 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: \$	
Total Contributions: \$	D		
	page if additional pages of this form are used. If	this is the last page of contributions.	this
amount must be shown in	the summary on first page.)		

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ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

Candidate or Committee Name:	David Klei	'n			
2. Reporting Period: Start Date: 7	/1/23 End Dat	e: 1/15/24			
3. Total in-kind contributions from pr			i		
COMPLETE THE APPROPRIATE ITEMS Idollars (\$100) from any contributor during the	FOR EACH IN-KIND CONT e period must be reported.	FRIBUTION. In-kind contri	ibutions totaling more than one hundred		
Business or Organization Name:			OR		
First Name:					
Address:					
Occupation:					
In-Kind Contribution Received For:					
In-Kind Contribution Value: \$					
Description of In-Kind Contribution:					
Business or Organization Name:	The state of the s		OR		
First Name:					
Address:					
Occupation: Employer:					
In-Kind Contribution Received For:					
In-Kind Contribution Value: \$					
Description of In-Kind Contribution:					
Business or Organization Name:			OR		
First Name:					
Address:					
Occupation:					
In-Kind Contribution Received For:	☐ Primary Election	☐ General Election	Runoff (Local Elections Only)		
In-Kind Contribution Value: \$	_ In-Kind Contribution	Date: Agg	regate This Election: \$		
Description of In-Kind Contribution:					
Business or Organization Name:			OR		
First Name:					
Address:					
Occupation:					
In-Kind Contribution Received For:					
In-Kind Contribution Value: \$					
Description of In-Kind Contribution:					
	0				
Total In-Kind Contributions: \$		and the state of t			
(Carry forward to the next page if add contributions, this amount must be sh	nown in the summary or	n first page.)	iast page of in-kind		

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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name:	Pasa	Kloin		·	
2. Reporting Period: Start Date: 7/	1/23	End Date: 1/15/	24		
3. Total campaign expenditures from pr			A \		
COMPLETE THE APPROPRIATE ITEMS FOR kind contribution to a candidate, please remem candidate's name in the purpose of the expendi	ber to includ	le the purpose of the expenditure	es must be itemized (e.g., postage, printi	. If the expenditure ng, etc.) along with	e is an in- the
Business or Organization Name:					OR
First Name:	Middle	Name:	Last Name:		_ 20 m = 1
Address:		City:	State:	Zip Code:	
Purpose of Expenditure:					
Amount of Expenditure: \$	· · · · · · · · · · · · · · · · · · ·	Date of Expenditure:			
Business or Organization Name:					OF
First Name:					
Address:		City:	State:	Zip Code:	
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure:			
Business or Organization Name:					
First Name:					
Address:					
Purpose of Expenditure:					7
Amount of Expenditure: \$		Date of Expenditure:			
Business or Organization Name:					OR
First Name:	_ Middle	Name:	Last Name:		of the second
Address:		City:	State:	Zip Code:	
Purpose of Expenditure:					8_65_
Amount of Expenditure: \$		Date of Expenditure:		_	
Business or Organization Name:					OR
First Name:					
Address:	21	City:	State:	Zip Code:	
Purpose of Expenditure:		- e			1,5
Amount of Expenditure: \$		Date of Expenditure:			
Total Expenditures: \$					
(Carry forward to the next page if additional additionali additional additional additional additional additional addition			s is the last page	of expenditures	s, this
			s is the last page	of expenditures	s, this

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ITEMIZED STATEMENT OF LOANS - CANDIDATE

2. Reporting Period: Start Date: 7/1/23 End Date: 1/15/24. 3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100).	
3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100)	
- 1 Free the appropriate terms for each loan totaling more than one number dollars (\$100).	
Complete the following for the source of each loan received and/or outstanding during the period.	
Business or Organization Name:	OF
First Name: Middle Name: Last Name:	
Address: City: State: Zip Code:	
Outstanding Loan Balance (Beginning)\$	
Loans Received \$\$	
Loan Payments\$\$	
Outstanding Loan (End)\$	
Loan Received For: Primary Election General Election Runoff (Local Elections Only)	
Date of Loan:	
List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)	
Business or Organization Name:	OR
First 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: \$	
Business or Organization Name:	OF
First Name: Middle Name: Last Name:	
Address: City: State: Zip Code:	
Amount Guaranteed Outstanding: \$	
Business or Organization Name:	OR
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) \$\$	
Loans Received\$	
Loan Payments\$\$	
Outstanding Loan (End)\$\$	

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ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE 1. Candidate or Committee Name: 2. Reporting Period: Start Date: 7/1/23 End Date: 1/15/24 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: ___ Address: ____ Outstanding Debt **Payments** Outstanding This Period Balance (Period Incurred Balance Beginning) This Period (Period End) \$ \$ \$ \$ State: _____ Zip Code: _____ Description of Business Name: Obligation: First Name: _____ Middle Name: ____ Last Name: Outstanding Outstanding Debt **Payments** 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: Outstanding **Payments** Debt Outstanding Address: Balance (Period This Period Incurred Balance Beginning) This Period (Period End) City: _____ \$ \$ \$ \$ 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) (Period End) This Period City: ____ \$ \$ \$ State: _____ Zip Code: _____

TOTALS

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$