CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAME OF CANDIDATE OR			
10/1/22	Brian Ste	wast		
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DA	TE
			202	2
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	State	Zip Code	Dhana
1012 Rowbarton Ct	Henlesonvill			Phone 615-440-7011
4.b. CANDIDATE'S HOME ADDRESS (if differen	t than 4.a.)	12 110	S/0/3	613-170-1011
Street or Rural Route	City	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if	applicable) trut 6. NAME	of Political T	REASURER (may I	pe candidate)
7. CATEGORY OR REPORT (Check one)	-		70110	
FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH PRE- QUARTER PRIMARY	PRE- GENERAL	MID-YEAR SUPPLEMENTA	YEAR-END L SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD		SDATE OF REPORT		COLLECTION
9. (Check one)		50/20		
This campaign is exempt from detaile tures total \$1,000 or less for this repo	d disclosure because contribution: rting period. (Complete items 12c	s (including in-kir	d) received total \$1,	000 or less AND expendi-
b. This campaign is required to file a det and/or expenditures total more than \$	ailed financial disclosure because	contributions (in	cluding in-kind) rece	ived total more than \$1,000
	These for the reporting period.		Alle Was	
 I/we do solemnly swear or affirm that the in accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we 	ns and expenditures required to be swear or affirm that no campaign	e reported by the	e candidate committe	ee by the Campaign
benefit of the candidate or for any other non	political purpose as defined by the	e federal internal	revenue code.	1 2
Date	2-30-22	Design	45	9/4/22
signature of candidate	date	signature of	political reasurer	date
11. WITNESS SIGNATURE				
Kalin I wim	4/20/22			
signature of witness	date	signati	ure of witness	date
12. SUMMARY				
a. BALANCE ON HAND LAST REPORT			\$ 5,835,0	1
b. TOTAL RECEIPTS THIS PERIOD			\$	_
c. TOTAL DISBURSEMENTS THIS PERIOD			\$ 5,855.0	
d. BALANCE ON HAND (12.a. plus 12.b. m	inus 12.c.)			\$
e. TOTAL LOANS OUTSTANDING	FILED			\$
f. TOTAL OBLIGATIONS OUTSTANDING	0CT 1 1 2022			s_Ø



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	T
Bug Stowart	14. REPORT COVERING THE PERIOD FROM: 7) 22 TO: 9) 30 22
RECEIPTS	111100 1130100
15. CONTRIBUTIONS (other than loans and interest)	d
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.)	s
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	e.g., printing, postage, gasoline)
\$	
 \$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
Total of Expenditures (\$100 or less each payee)	
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>5 835,01</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ 5,835.01
20. LOAN REPAYMENTS MADE THIS PERIOD	\$
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ 5,875.91
22.IN-KIND CONTRIBUTIONS	4
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)	\$
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.	.)s _ Ø
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$
unitemized Obligations Outstanding (\$100 or less each) Itemized Obligations Outstanding (Over \$100 each)	\$
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	(

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ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	TO: 9/30/22					
	Amount					
TOTAL ITEMIZED CAMPAIGN CONTRIBU COMPLETE THE APPROPRIATE ITEMS FOR E	A .					
First Name Middle Name			Contribution Received For:	Amount of Contribution		
Last Name/Organization Name		Primary Election				
Address			Runoff (Local Election			
City	State Zip Code		Date of Contribution		Aggregate This Election	
Occupation			1			
Employer			_			
First Name	Middle Nan	ne	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name	1		Primary Election	General Election		
Address	- Harding		Runoff (Local Election	s Only)		
City	State	Zip Code	Date of Contribution	Date of Contribution		
Occupation			1			
Employer						
First Name	Middle Nam	e	Contribution Received For:	1000 1000 1000 1000 1000 1000 1000 100	Amount of Contribution	
First Name Last Name/Organization Name	Middle Nam	е		General Election	Amount of Contribution	
	Middle Nam	е			Amount of Contribution	
Last Name/Organization Name	Middle Name	e Zip Code	Primary Election		Amount of Contribution Aggregate This Election	
Last Name/Organization Name Address			☐ Primary Election ☐ ☐ Runoff (Local Elections			
Last Name/Organization Name Address City Occupation			☐ Primary Election ☐ ☐ Runoff (Local Elections			
Last Name/Organization Name Address City Occupation		Zip Code	☐ Primary Election ☐ ☐ Runoff (Local Elections			
Last Name/Organization Name Address City Occupation Employer	State	Zip Code	Primary Election Runoff (Local Elections Date of Contribution Contribution Received For:		Aggregate This Election	
Last Name/Organization Name Address City Occupation Employer First Name	State	Zip Code	Primary Election Runoff (Local Elections Date of Contribution Contribution Received For:	General Election	Aggregate This Election	
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name	State	Zip Code	Primary Election Runoff (Local Elections Date of Contribution Contribution Received For:	General Election	Aggregate This Election	
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address	State Middle Name	Zip Code	Primary Election Runoff (Local Elections Date of Contribution Contribution Received For: Primary Election	General Election	Aggregate This Election Amount of Contribution	
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address City	State Middle Name	Zip Code	Primary Election Runoff (Local Elections Date of Contribution Contribution Received For: Primary Election	General Election	Aggregate This Election Amount of Contribution	

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ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO	DMMITTEE			2. REPORT COVE	RING THE PERIOD			
Brian Stew	WX			FROM: 7/1/22	TO: 9/30/22			
3. TOTAL ITEMIZED IN-KIND CO	NTRIBUTIONS FROM	A PRECEDING PAG	GE (enter \$0 if first itemized page		Amount			
4. COMPLETE THE APPROPRIATE I					atributor during the period)			
First Name Middle Name				In-Kind Contribution Received For:				
Last Name/Organization Name				Primary Election General Election				
Last Name/Organization Name			Runoff (Local Election	ns Only)				
Address	\nearrow		Date of In-Kind Contribution					
City N	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer							
1								
First Name	Middle Na	ime	In-Kind Contribution Receive	d For:	Value of In-Kind Contribution			
Last Name/Organization Name			Primary Election	General Election				
-			Runoff (Local Election	ns Only)				
Address			Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution	<u> </u>				
Occupation	Employer							
First Name	Middle Na	me	In-Kind Contribution Received		Value of In-Kind Contribution			
Last Name/Organization Name			100 == 20	General Election				
Address			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							
		No. How to see the						
First Name	Middle Nar	me	In-Kind Contribution Received		Value of In-Kind Contribution			
Last Name/Organization Name				General Election				
Address			Date of In-Kind Contribution	s Only)				
11/2/2020/2020/2020			Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer	*						
	with the property							
First Name	Middle Nam	e	In-Kind Contribution Receive		Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Elections					
Address			Date of In-Kind Contribution	o Olly)	Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer		2000 PROTO AFTAIR CONTIDUION					
5. TOTAL ITEMIZED IN-KIND CO	Account of the contract of the	CHARLES TO THE STATE OF THE STA			/			
(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 ar	re used.) own in item 22b. of summ	nary.)		CD			
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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	,			2. REPORT COVE FROM:7 1122	
Brian Stewart	TO: 9/30)22				
3. TOTAL ITEMIZED CAMPAIGN EXPENDIT				- 1	
4. COMPLETE THE APPROPRIATE ITEMS FOR I	EACH ITEN	IIZED EXPENDITURE (VAR NOW SERVED AND THE SOURCE HER SERVED IN SOURCE HER SERVED IN SOURCE HER SOURCE HE SOURCE HER SO	to any payee during the pe	eriod)
First Name Brian	Middle Na	ime	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Starwat			Close de	mpaiso	
Address LowburtinCt			Close de	5,835.01	
Heal cropylle	State	Zip Code 3 7075	Digital Vice		
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	-				
Address			-		
City	State	Zip Code			
First Name	Middle Nar	ne	Purpose of Expenditure	S. Satisfacilies III (44) not a fe	Amount of Expenditure
Last Name/Business Name	I.				
Address					
City	State	Zip Code			
First Name	Middle Nam	ie 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
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle Nam	е	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
5. 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	of this form ar be shown in i	re used.) tem 19b. of summary.)		8	5,835,01

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ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OF							2	. REPORT	COVER	RING THE PERIOD	
Brian Stew	>WX							ROM:	L	10: 130/22	
3. COMPLETE THE APPROP	PRIATE ITEMS F	OR EACH	ITEMIZ	ZED LOAN	(loans totaling m	ore than \$10	00 from any sour	ce during the	period)	1/30/00	
Complete the Following for the So	ource of the Loan					n acetaar K		LE BUILT BUILT			
First Name	Middle Name			Outstanding Loan Balance Loans (Beginning of Period) Received			77 10 10 10 1000	Loan Payments		Outstanding Loan Balance (End of Period)	
Last Name/Organization Name					9000 TU-0000 019		36900	-3		(End of Forton)	
Address)	\			Loan Receiv	ved For:			Date of L	oan		
City	State	State Zip Code			nary Election General Election						
1	111111111111111111111111111111111111111				(Local Elections C						
First Name	List All Endor	sers or Guar Middle Nam	Act of the same	or Above Loa	an (If more space	e is neede	ed please attac	th a page)	and the same		
		I Wilddie Nam	e		First Name				Middle	Name	
Last Name/Organization Name					Last Name/Orga	anization Na	me				
Address					Address						
City		State	Zip Co	ode	City	West Comment	ieiu		State	Zip Code	
Amount Guaranteed Outstanding		L			Amount Guarant	teed Outstar	nding				
First Name	ame Middle Name				First Name Middle Name						
Last Name/Organization Name	TIII——————————————————————————————————				Last Name/Orga	nization Nar	me		1		
Address		511			Address					10 mm	
City		State	Zip Co	de	City State Zip Coo					Zip Code	
Amount Guaranteed Outstanding					Amount Guarante	eed Outstan	ding				
First Name		Middle Name			First Name				Middle	Name	
Last Name/Organization Name					Last Name/Orgai	nization Nan	ne	i i			
Address					Address						
City		State	Zip Coo	de	City				State	Zip Code	
Amount Guaranteed Outstanding					Amount Guarante	ed Outstand	ding				
First Name		Middle Name	MIC-2-118		First Name Middle Name					ame	
Last Name/Organization Name					Last Name/Organ	ization Nam	пе				
Address					Address						
City		State	Zip Cod	le	City				State	Zip Code	
Amount Guaranteed Outstanding					Amount Guarante	ed Outstand	ling				
4. Totals for all Loans (complete of (Total loans received should also be sho (Total loan payments should also be sho (Total outstanding loan balance should al	own in item 16. on su own in item 20. on su	mmary page.)			Outstanding Loan (Beginning of F		Loans Received	Loai Paymi		Outstanding Loan Balance (End of Period)	
(Total outstanding loan balance should all	CO DO GITOWIT III ILEIII	re.e. on nont p	aye.								

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
1. NAME OF CANDIDATE OR COMMITTEE					2 TO:	9/30/22
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any)		Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)	
person/vendor at the end of the reporting p	eriod)		(209	This Tollod	THIS T CHOO	(Lind of Ferrod)
First Name	Middle Name				Sheep to a visit page is	
Last Name/Business Name			-			
Address			-			
104,	T	Т	_			
City	State	Zip Code				
Description of Obligation						
First Name	Middle Nar	ne		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
Last Name/Business Name						
Edit Hallio Dadilios Hallio						
Address						
City	State	Zip Code	1			
Description of Obligation						
	42 N20 V40			***		
First Name	Middle Name					
.ast Name/Business Name			-			
Address			-			
City	State	Zip Code				
Description of Obligation						
First Name	Middle Nan					
riist Name	Middle Nan	16				
Last Name/Business Name			1			
Address			1			
City	State	Zip Code	-			
Description of Obligation						
First Name	Middle Nam	ie				
Last Name/Business Name			-			
]			
Address						
City	State	Zip Code				
Description of Obligation						
			Walliand Rose and the Committee of the C	W ** **		
TOTALS (Total from Outstanding Balance - (End of Period) co	olumn must	also ho shows			-	
in item 23b. on summary page.)						