### **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For State and Local Candidates For Single-Candidate Committees

		Catholica (Bibliotalian Art. Cat. Cat.)		
1. DATE OF REPORT 2.	a. NAME OF CANDIDATE OR C	COMMITTEE		
2.b. IF COMMITTEE, NAME OF CANDIDATE	100 Garza		3. ELECTION DATE	22
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	ity	State	Zip Code	Phone
212 SAVELY DR. +	en Dersonuil	2 TN	37075	615-714
4.b. CANDIDATE'S HOME ADDRÉSS (if different the Street or Rural Route		State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if ap	plicable) 6. NAME (	F POLITICAL TE	REASURER (may be ca	ndidate)
AIDERMAN WARD 3	KA	THLEEN	GARZA	
7. CATEGORY OR REPORT (Check one)  FIRST SECOND THIRD QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	FOURTH PRE- QUARTER PRIMARY	PRE- GENERAL DATE OF REPOR	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
OCT 30, 22		16, 2		
9. (Check one)		10, 0		
<ul> <li>a. This campaign is exempt from detailed d tures total \$1,000 or less for this reportin</li> <li>b. This campaign is required to file a detaile and/or expenditures total more than \$1,0</li> </ul>	g period. (Complete items 12d. ed financial disclosure because	, 12e. and 12f.)		
I/we do solemnly swear or affirm that the informaccurate accounting of campaign contributions Financial Disclosure Act. Additionally, I/we sweet benefit of the candidate or for any other nonpolesignature of candidate	and expenditures required to be ear or affirm that no campaign c	e reported by the contributions have federal internal re	candidate committee by been expended for the	the Campaign
11. WITNESS SIGNATURE  /signature of witness	1/5·23 (A	Signatur	Biff( re of witness	), (5-23 date
12. SUMMARY			-1,511.8-	
a. BALANCE ON HAND LAST REPORT		\$	(0800 -d	250036
b. TOTAL RECEIPTS THIS PERIOD	FILED		300.00	
c. TOTAL DISBURSEMENTS THIS PERIOD	JAN 1 8 20	23	· _ Ø	
d. BALANCE ON HAND (12.a. plus 12.b. minu	s 12.c.)sumner coun	тү	#	1,211.83
e. TOTAL LOANS OUTSTANDING	ELECTION COMMIS		\$ _	0
f. TOTAL OBLIGATIONS OUTSTANDING			\$ -	9



### **SUMMARY PAGE - CANDIDATE**

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERI				
Bob Garza	FROM 0-30:22 TO	0:1-15-2			
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)					
a. Unitemized Contributions (\$100 or less from each source this pe	eriod)\$				
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	\$	Ø			
7. INTEREST RECEIVED THIS REPORTING PERIOD\$					
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in iten	n 12.b.)\$	300.00			
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, gas	soline)			
	\$Ø				
	\$				
	\$				
	\$				
	\$				
	\$				
- <u> </u>	\$				
	\$				
	\$				
Total of Firms divine (0100 - 1					
Total of Expenditures (\$100 or less each payee)	7				
b. Itemized Expenditures (Over \$100 each payee this period)		d			
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. a					
20. LOAN REPAYMENTS MADE THIS PERIOD\$					
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in in 22.IN-KIND CONTRIBUTIONS	tem 12.c.)\$	P			
	€ EV				
a. Unitemized in-kind contributions (\$100 or less from each source thi					
b. Itemized in-kind contributions (over \$100 from each source this per		Ø			
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add	1 ZZ.a. and ZZ.b.)\$	7			
	a my				
a. Unitemized Obligations Outstanding (\$100 or less each)					
<ul><li>b. Itemized Obligations Outstanding (Over \$100 each)</li><li>c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must</li></ul>		d			

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

1. NAME OF CANDIDATE OR COMMITTEE	,			ORT COVERING THE PERIOD 22 TO: 1-15-23
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU		ROM PRECEDING P		Amount 300.00
4. COMPLETE THE APPROPRIATE ITEMS FOR E				200.00
First Name Vicue Last Name/Organization Name	Middle Na	ins on	Contribution Received For:	Amount of Contribution
Summer Keal- Address 35 Executive	Par	KDr.	Runoff (Local Elections Only)	300.00
Occupation Aerdesonville	State	Zip Code 37 075	Date of Contribution  10 28 22	Aggregate This Election
Employer				
First Name	Middle Na	ame	Contribution Received For:	Amount of Contribution
Last Name/Organization Name			Primary Election General E	Election
Address			Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation				
Employer				
First Name	Middle Na	me	Contribution Received For:	Amount of Contribution
Last Name/Organization Name			Primary Election General E	lection
Address	Address			
City				
	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation	State	Zip Code	Date of Contribution	Aggregate This Election
	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation  Employer	State  Middle Nar		Date of Contribution  Contribution Received For:	Aggregate This Election  Amount of Contribution
Occupation				Amount of Contribution
Occupation Employer First Name			Contribution Received For:	Amount of Contribution
Occupation  Employer  First Name  Last Name/Organization Name			Contribution Received For:  Primary Election General E	Amount of Contribution
Occupation  Employer  First Name  Last Name/Organization Name  Address  City  Occupation	Middle Nai	me	Contribution Received For:  Primary Election General E	Amount of Contribution
Occupation  Employer  First Name  Last Name/Organization Name  Address  City	Middle Nai	me	Contribution Received For:  Primary Election General E	Amount of Contribution

# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OF	SOMMITTEE		/ERING THE PERIOD		
		M DDECEDING DA	AGE (enter \$0 if first itemized page)	Amount	
			TRIBUTION (in-kind contributions totaling more than \$100 from any	contributor turing the period)	
irst Name Middle Name			In-Kind Contribution Received For:  ☐ Primary Election ☐ General Election	Value of In-Kind Contribution	
Last Name/Organization Name			Runoff (Local Elections Only)		
Address			Date of In-Kind Contribution	Aggregate this Election	
City	State Zip		Description of In-Kind Contribution		
Occupation	Employer				
First Name	Middle N	Name	In-Kind Contribution Received For:  ☐ Primary Election ☐ General Election	Value of In-Kind Contribution	
Last Name/Organization Name			Runoff (Local Elections Only)		
Address			Date of In-Kind Contribution	Aggregate this Election	
City	State	Zip Code	Description of In-Kind Contribution	-	
Occupation	Employer				
First Name	Middle N	lame	In-Kind Contribution Received For:  ☐ Primary Election ☐ General Election	Value of In-Kind Contribution	
Last Name/Organization Name	To 100 and		Runoff (Local Elections Only)		
Address			Date of In-Kind Contribution	Aggregate this Election	
City	State Zip Code		Description of In-Kind Contribution	3414	
Occupation	Employer				
First Name	Middle N	lame	In-Kind Contribution Received For:	Value of In-Kind Contribution	
Last Name/Organization Name			☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)		
Address			Date of In-Kind Contribution	Aggregate this Election	
City	State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer				
irst Name	Middle Na	ime	In-Kind Contribution Received For:	Value of In-Kind Contribution	
st Name/Organization Name			Primary Election General Election  Runoff (Local Elections Only)		
ddress			Date of In-Kind Contribution	Aggregate this Election	
City	State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer				
5. TOTAL ITEMIZED IN-KIND (Carry forward to item 3. of next page	ge if additional pages of this form	are used.)		8	
(If this is the last page of in-kind cor	ntributions, this amount must be	shown in item 22b. of sun	Page H of 7	RDA 1159	

## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE BOX SHADE BOX CANDIDATE OR COMMITTEE BOX SHADE BOX CANDIDATE BOX C	Amount	
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the perins Name  Middle Name  Middle Name  Middle Name  Purpose of Expenditure  Purpose of Expenditure  St Name Business Name  Middle Name  Purpose of Expenditure  Purpose of Expenditure  Purpose of Expenditure  Purpose of Expenditure  St Name Business Name  Middle Name  Purpose of Expenditure  Purpose of Expenditure  Purpose of Expenditure  Purpose of Expenditure  St Name Business Name  Middle Name  Purpose of Expenditure  Purpose of Expenditure  Purpose of Expenditure  Purpose of Expenditure  St Name Business Name  Middle Name  Purpose of Expenditure  Purpose of Expenditure  Purpose of Expenditure  Purpose of Expenditure	6	
Inst Name  Middle Name  Purpose of Expenditure  Purpose of Expenditure  State  Zip Code  Purpose of Expenditure  State  Zip Code  Purpose of Expenditure  State  Zip Code  Purpose of Expenditure  Purpose of Expenditure  Purpose of Expenditure  Purpose of Expenditure  State  Zip Code  Purpose of Expenditure  State  Zip Code  State  Zip Code  Purpose of Expenditure  Purpose of Expenditure  Purpose of Expenditure	riod)	
ast Name Business Name  Middle Name  Purpose of Expenditure  State Zip Code  Purpose of Expenditure  State Zip Code  Purpose of Expenditure  Purpose of Expenditure  State Zip Code  Purpose of Expenditure  Purpose of Expenditure  Purpose of Expenditure	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAME	
Address  State Zip Code  First Name Middle Name Purpose of Expenditure  State Zip Code  Purpose of Expenditure  Purpose of Expenditure  Purpose of Expenditure  Purpose of Expenditure  State State Zip Code  Purpose of Expenditure  Purpose of Expenditure  State Zip Code  State Zip Code  State Zip Code  Purpose of Expenditure  Purpose of Expenditure  Purpose of Expenditure  Purpose of Expenditure	Amount of Expenditure	
State Zip Code  Furpose of Expenditure		
Inst Name  Middle Name  Purpose of Expenditure  St Name  Middle Name  Purpose of Expenditure  St Name  Middle Name  Purpose of Expenditure  Purpose of Expenditure		
Inst Name  Inst Name  Inst Name		
ast Name/Business Name  ddress  ity State Zip Code  Purpose of Expenditure  sst Name Middle Name Purpose of Expenditure  sst Name/Business Name  Middle Name Purpose of Expenditure  Purpose of Expenditure  st Name Middle Name Purpose of Expenditure  st Name/Business Name  ddress  ty State Zip Code  Purpose of Expenditure  Purpose of Expenditure  Purpose of Expenditure  st Name/Business Name  Middle Name Purpose of Expenditure  Purpose of Expenditure  Purpose of Expenditure		
didress  Ity State Zip Code  Purpose of Expenditure  State Zip Code  Purpose of Expenditure  St Name Middle Name Purpose of Expenditure  Purpose of Expenditure  St Name Middle Name Purpose of Expenditure  Purpose of Expenditure  Purpose of Expenditure	Amount of Expenditure	
State Zip Code  Purpose of Expenditure  Purpose of Expenditure  St Name/Business Name  Middle Name Purpose of Expenditure  Purpose of Expenditure  St Name Middle Name Purpose of Expenditure  Purpose of Expenditure  St Name/Business Name  Middle Name Purpose of Expenditure  St Name Middle Name Purpose of Expenditure  St Name Middle Name Purpose of Expenditure  St Name/Business Name  Middle Name Purpose of Expenditure  St Name/Business Name  Middle Name Purpose of Expenditure		
State Zip Code  St Name  Middle Name  Purpose of Expenditure  State Zip Code  St Name Zip Code  St Name  Middle Name  Purpose of Expenditure  Purpose of Expenditure  St Name  St Name  Middle Name  Purpose of Expenditure  Purpose of Expenditure  St Name  State Zip Code  St Name  Middle Name  Purpose of Expenditure  St Name  Middle Name  Purpose of Expenditure  St Name/Business Name  Middle Name  Purpose of Expenditure  St Name/Business Name  Middle Name  Purpose of Expenditure		
Purpose of Expenditure  st Name		
st Name/Business Name  Iddress  Ity State Zip Code  St Name Middle Name Purpose of Expenditure  st Name/Business Name  Iddress  Ity State Zip Code  St Name Middle Name Purpose of Expenditure  st Name Zip Code  St Name Purpose of Expenditure  St Name Middle Name Purpose of Expenditure  st Name/Business Name  Iddress Purpose of Expenditure  Middle Name Purpose of Expenditure  St Name Middle Name Purpose of Expenditure		
st Name/Business Name  Iddress  Ity State Zip Code  St Name Middle Name Purpose of Expenditure  st Name/Business Name  Iddress  Ity State Zip Code  St Name Middle Name Purpose of Expenditure  st Name Zip Code  St Name Purpose of Expenditure  St Name Middle Name Purpose of Expenditure  st Name/Business Name  Iddress Purpose of Expenditure  Middle Name Purpose of Expenditure  St Name Middle Name Purpose of Expenditure		
Ity State Zip Code  Fist Name Middle Name Purpose of Expenditure  Fist Name State Zip Code  State Zip Code  Fist Name Middle Name Purpose of Expenditure  Fist Name Middle Name Purpose of Expenditure  Fist Name State Zip Code  Fist Name Middle Name Purpose of Expenditure  Fist Name Middle Name Purpose of Expenditure  Fist Name Middle Name Purpose of Expenditure	Amount of Expenditure	
State Zip Code  st Name  Middle Name  Purpose of Expenditure  st Name/Business Name  Middle Name  State Zip Code  purpose of Expenditure  st Name  Middle Name  Purpose of Expenditure  st Name/Business Name  dress  y  State Zip Code  St Name  Middle Name  Purpose of Expenditure  Purpose of Expenditure		
Purpose of Expenditure  st Name/Business Name  Iddress  State Zip Code  st Name Middle Name Purpose of Expenditure  Purpose of Expenditure  Purpose of Expenditure  St Name St Name Purpose of Expenditure  Middle Name Purpose of Expenditure  Purpose of Expenditure  St Name/Business Name  Middle Name Purpose of Expenditure  Purpose of Expenditure		
rst Name		
Ist Name/Business Name  Iddress  Ity  State Zip Code  St Name  Middle Name  Purpose of Expenditure  Iddress  Iddress  Iddress  Iddress  Iddress  Iddress  Iddress  Middle Name  Purpose of Expenditure  Purpose of Expenditure  Purpose of Expenditure		
st Name Middle Name Purpose of Expenditure  State Zip Code  Purpose of Expenditure  St Name/Business Name  Idress  State Zip Code  Middle Name Purpose of Expenditure	Amount of Expenditure	
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State Zip Code  st Name Middle Name Purpose of Expenditure  three St Name/Business Name  dress  y State Zip Code  st Name Middle Name Purpose of Expenditure		
rst Name Middle Name Purpose of Expenditure  st Name/Business Name  Idress  Iy State Zip Code  rst Name Middle Name Purpose of Expenditure		
st Name/Business Name  dress  y State Zip Code  rst Name Middle Name Purpose of Expenditure		
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rst Name Middle Name Purpose of Expenditure		
Tulpose of Experiorities		
Tulpose of Experiation		
st Name/Business Name	Amount of Expenditure	
dress		
y State Zip Code		
. State Lip code		
. TOTAL ITEMIZED EXPENDITURES	N	
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)	Ø	

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

1. NAME OF CANDIDATE  Bo	or committee	ra					FRI	OM: 2-30	22	TO:
3. COMPLETE THE APPR	OPRIATE ITEMS	FOR EACH	ITEMIZ	ZED LOAN (I	oans totaling m	nore than \$100	from any source	during the p	eriod)	
Complete the Following for the	Source of the Loar	1								HEAR TO THE
First Name				Outstanding Lo (Beginning o		Loans Receive		Loan Payments		tanding Loan Balance (End of Period)
Last Name/Organization Name										
				Loan Received For:  Date of Loan  Primary Election  General Election						
City	State	Zip Code			mary Election General Election  Off (Local Elections Only)					
	List All Ende	orsers or Guar	antors f	for Above Loar	(If more spa	ce is needed	please attach	a page)		
First Name		Middle Nam	е		First Name				Middle	Name
Last Name/Organization Name					Last Name/Org	anization Nam	ne			
Address					Address		7		T	
City		State	Zip C	ode	City				State	Zip Code
Amount Guaranteed Outstanding			1		Amount Guaranteed Outstanding					
First Name Middle Name				First Name Middle Name					Name	
Last Name/Organization Name					Last Name/Org	anization Nam	ie			
Address					Address					
City State Zip Code			ode	City State Zip Code				Zip Code		
Amount Guaranteed Outstanding			'		Amount Guaran	iteed Outstand	ing			
First Name Middle Name				First Name				Middle	Name	
Last Name/Organization Name				Last Name/Organization Name						
Address					Address					
City		State	Zip Co	ode	City				State	Zip Code
Amount Guaranteed Outstanding				,	Amount Guaran	teed Outstand	ing			
First Name Middle Name				First Name Middle Name						
Last Name/Organization Name				Last Name/Organization Name						
Address		THE STATE OF THE S			Address					
City	mail — — — — — — — — — — — — — — — — — — —	State	Zip Co	ode	City				State	Zip Code
Amount Guaranteed Outstanding				/	Amount Guaran	teed Outstand	ing			
4. Totals for all Loans (compl (Total loans received should also b (Total loan payments should also b (Total outstanding loan balance sho	e shown in item 16. on e shown in item 20. on	summary page. summary page.	)		Outstanding Loa (Beginning of		Loans Received	Loa Paym		Outstanding Loan Balance (End of Period)



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

NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD				
500	Garza	_		FROMO -30 22 TO: 1-15-23				
OBLIGATION (obligations totaling	THE APPROPRIATE ITEMS FOR EACH ITEMIZED (obligations totaling more than \$100 owed to any or at the end of the reporting period)		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			A	~				
Address			7	9	0	O		
City	State	Zip Code	_ /	/		1		
Description of Obligation								
First Name	Middle Na	ame	<del></del>					
Last Name/Business Name								
Address			_					
City	State	Zip Code	그렇게 있다					
Description of Obligation		12,000						
Description of Obligation								
First Name	Middle Na	ame						
Last Name/Business Name								
Address								
City	State	Zip Code						
Description of Obligation								
First Name	Middle Na	ame	Territoria.					
Last Name/Business Name								
Address		-5.						
City	State	Zip Code	-					
Description of Obligation								
First Name	Middle No	armo						
Last Name/Business Name								
				1 1				
Address								
City	State	Zip Code				100		
Description of Obligation								
TOTALS     (Total from Outstanding Balance - (End in item 23b. on summary page.)	of Period) column mus	st also be shown				0		
and the second second								

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

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