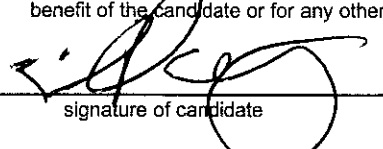
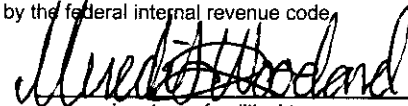
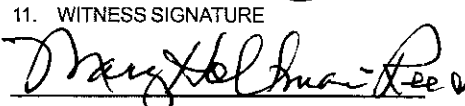
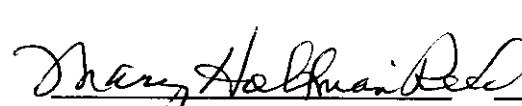


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAME OF CANDIDATE OR COMMITTEE <u>RICK MURPHY FOR GALLATIN</u>				
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>RICK MURPHY</u>			3. ELECTION DATE <u>11-08-2022</u>		
4.a. CAMPAIGN ADDRESS AND PHONE					
Street or Rural Route <u>940 LAKEHORE DRIVE</u>	City <u>GALLATIN</u>	State <u>TN</u>	Zip Code <u>37066</u>	Phone	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)					
Street or Rural Route <u>N/A</u>			City		Phone
5. OFFICE SOUGHT (include district number, if applicable) <u>CITY COUNCIL (DISTRICT 3)</u>			6. NAME OF POLITICAL TREASURER (may be candidate) <u>MEREDITH WOODARD</u>		
7. CATEGORY OR REPORT (Check one)					
<input type="checkbox"/> FIRST QUARTER		<input checked="" type="checkbox"/> SECOND QUARTER		<input type="checkbox"/> THIRD QUARTER	
<input type="checkbox"/> FOURTH QUARTER		<input type="checkbox"/> PRE-PRIMARY		<input type="checkbox"/> PRE-GENERAL	
		<input type="checkbox"/> MID-YEAR SUPPLEMENTAL		<input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD <u>APRIL 1, 2022</u>			8.b. ENDING DATE OF REPORTING PERIOD <u>JUNE 30, 2022</u>		
9. (Check one)					
a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)					
b. <input checked="" type="checkbox"/> 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.					
10. 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.					
		<u>7-11-2022</u>			
signature of candidate		date		signature of political treasurer	
				<u>07-11-2022</u>	
				date	
11. WITNESS SIGNATURE					
		<u>7-11-22</u>			
signature of witness		date		signature of witness	
				<u>7-11-22</u>	
				date	
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT \$ <u>50.00</u>					
b. TOTAL RECEIPTS THIS PERIOD AM <u>FILED</u> PM <u>152.05</u> <u>254.00</u> <u>07-11-2022</u>					
c. TOTAL DISBURSEMENTS THIS PERIOD <u>JUL 11 2022</u> \$ <u>712.05</u> <u>410.00</u> <u>07-11-2022</u>					
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) SUMNER COUNTY ELECTION COMMISSION \$ <u>490.00</u>					
e. TOTAL LOANS OUTSTANDING \$ <u>302.05</u>					
f. TOTAL OBLIGATIONS OUTSTANDING \$ <u>0.00</u>					



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <u>RICK MURPHY FOR GOVERNOR</u>	14. REPORT COVERING THE PERIOD
	FROM: <u>1-1-22</u> TO: <u>6-30-22</u>

RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ 0.00

b. Itemized Contributions (over \$100 from each source this period) \$ 250.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 250.00

16. LOANS RECEIVED THIS REPORTING PERIOD \$ 302.05 ~~0.00~~ 2022

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ 0.00

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 1152.05 ~~850.00~~ 07-11-2022

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, gasoline)

<u>ENVELOPES</u>	\$ <u>26.22</u>
<u>P.O. BOX</u>	\$ <u>63.00</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total of Expenditures (\$100 or less each payee) \$ 109.22

b. Itemized Expenditures (Over \$100 each payee this period) \$ 602.83

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 712.05

20. LOAN REPAYMENTS MADE THIS PERIOD \$ 0.00

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 712.05

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ 0.00

b. Itemized in-kind contributions (over \$100 from each source this period) \$ 0.00

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ 0.00

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ 0.00

b. Itemized Obligations Outstanding (Over \$100 each) \$ 0.00

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.) \$ 0.00



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE RICK MURPHY FOR GAUATIN			2. REPORT COVERING THE PERIOD FROM: 11-22 TO: 6-30-22	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)				
First Name CHUCK SHERMAN		Middle Name	Contribution Received For:	
Last Name/Organization Name ALLEN			<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 122 BELLA VISTA DRIVE			<input type="checkbox"/> Runoff (Local Elections Only)	
City GOODLETTSVILLE	State TN	Zip Code 37072	Date of Contribution 06-02-2022	Amount of Contribution 500.00
Occupation RETIRED (I THINK...)		Aggregate This Election		500.00
Employer I BELIEVE HE WAS SELF EMPLOYED?				
First Name SAMUEL MARIANNE		Middle Name	Contribution Received For:	
Last Name/Organization Name ALHADEFF			<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 1485 ROZELLA WAY			<input type="checkbox"/> Runoff (Local Elections Only)	
City GAUATIN	State TN	Zip Code 37066	Date of Contribution 06-29-2022	Amount of Contribution 350.00
Occupation		Aggregate This Election		350.00
Employer				
First Name		Middle Name	Contribution Received For:	
Last Name/Organization Name			<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address			<input type="checkbox"/> Runoff (Local Elections Only)	
City N	State	Zip Code	Date of Contribution	Amount of Contribution
Occupation A		Aggregate This Election		
Employer				
First Name		Middle Name	Contribution Received For:	
Last Name/Organization Name			<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address			<input type="checkbox"/> Runoff (Local Elections Only)	
City N	State	Zip Code	Date of Contribution	Amount of Contribution
Occupation A		Aggregate This Election		
Employer				
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)				850.00

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE RICK MURPHY FOR GALLATIN				2. REPORT COVERING THE PERIOD FROM: 4-1-22 TO: 6-30-22			
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 0.00		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)							
First Name		Middle Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> 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 Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> 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 Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> 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 Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> 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 Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Value of In-Kind Contribution	
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)			
Address				Date of In-Kind Contribution		Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution			
Occupation		Employer					
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)					0.00		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE RICK MURPHY FOR GAULATIN			2. REPORT COVERING THE PERIOD FROM: 4-1-22 TO: 6-30-22	
			Amount	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)				
First Name KELLY	Middle Name L.	Purpose of Expenditure CREATION of MARKETING/ BRANDING MATERIALS & FB/INSTAGRAM ACCOUNTS	Amount of Expenditure 410.00	
Last Name/Business Name MCKINLEY				
Address				
City	State	Zip Code		
First Name N/A	Middle Name N/A	Purpose of Expenditure BUSINESS CARDS THANK YOU NOTES	Amount of Expenditure 192.83	
Last Name/Business Name ASAP PRINTING				
Address 116 IMPERIAL BLVD.				
City HENDERSONVILLE	State TN	Zip Code 37075		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				
Address N A				
City	State	Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				
Address N A				
City	State	Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name N A				
Address N A				
City	State	Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name N A				
Address N A				
City	State	Zip Code		
5. TOTAL ITEMIZED EXPENDITURES			602.83	
<small>(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.)</small>				

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD					
RICK MURPHY FOR COLLIATIN				FROM: 4-1-22		TO: 6-30-22			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)									
Complete the Following for the Source of the Loan									
First Name RICK		Middle Name		Outstanding Loan Balance (Beginning of Period) 0.00		Loans Received 302.05	Loan Payments 0.00	Outstanding Loan Balance (End of Period) 302.05	
Last Name/Organization Name MURPHY				Loan Received For:				Date of Loan 06.02.2022	
Address 940 LAKESHORE DRIVE				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election					
City GALLATIN		State TN	Zip Code 37066	<input type="checkbox"/> Runoff (Local Elections Only)					
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)									
First Name RICK		Middle Name		First Name		Middle Name		/	
Last Name/Organization Name MURPHY				Last Name/Organization Name					
Address 940 LAKESHORE DRIVE				Address N					
City GALLATIN		State TN	Zip Code 37066	City A		State	Zip Code		
Amount Guaranteed Outstanding self-endorse loan of \$302.05				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name		/	
Last Name/Organization Name				Last Name/Organization Name					
Address N				Address N					
City A		State	Zip Code	City A		State	Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name		/	
Last Name/Organization Name				Last Name/Organization Name					
Address N				Address N					
City A		State	Zip Code	City A		State	Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name		/	
Last Name/Organization Name				Last Name/Organization Name					
Address N				Address N					
City A		State	Zip Code	City A		State	Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
4. Totals for all Loans (complete on last page of itemized loans)				Outstanding Loan Balance (Beginning of Period)		Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	
(Total loans received should also be shown in item 16, on summary page.) (Total loan payments should also be shown in item 20, on summary page.) (Total outstanding loan balance should also be shown in item 12.a, on front page.)				0.00		302.05	0.00	302.05	



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
				FROM:		TO:	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor 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 Name		/	/	/	/
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name		/	/	/	/
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name		/	/	/	/
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name		/	/	/	/
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name		/	/	/	/
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
4. TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)				0.00	0.00	0.00	0.00