# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

# For State and Local Candidates For Single-Candidate Committees

|   | 9-2  |                            |                         |  |  |  |
|---|--|----------------------------|-------------------------|--|--|--|
| 1. DATE OF REPORT 2.a.  | NAME OF CANDIDATE OR COMMITTEE   |                            |                         |  |  |  |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE  | DOE 1/10 10/10/2   | 3. ELECTION DATE.          |                         |  |  |  |
| Same  |  | 8 4                        | 22                      |  |  |  |
| 4.a. CAMPAIGN ADDRESS AND PHONE   |  | <del></del>                |                         |  |  |  |
| Street or Rural Route City  5578 Coleseteun Ed W  | estmerolar TN  | 37186                      | Phone<br>615-417-678:   |  |  |  |
| 4.b. CANDIDATE'S HOME ADDRESS (if different than 4  | l.a.)  | 91708                      | <u>e19 117 2</u> 70.    |  |  |  |
| Street or Rural Route City  | State  | Zip Code                   | Phone                   |  |  |  |
| 5. OFFICE SOUGHT (include district number, if applications)   | able) 6. NAME OF POLITICAL   | TREASURER (may be c        | andidate)               |  |  |  |
| School Board District 11  | Shelia Wil   | Kerson                     |                         |  |  |  |
| QUARTER QUARTER QUARTER Q   | FOURTH PRE- PRE-   | MID-YEAR SUPPLEMENTAL      | YEAR-END SUPPLEMENTAL   |  |  |  |
| 8.a. BEGINNING DATE OF REPORTING PERIOD   | 8.b. ENDING DATE OF REPO   | RTING PERIOD               | OUT ESTILITIAL          |  |  |  |
| 4 1 22  | 6 30 2   | 7 -                        |                         |  |  |  |
| 9. (Check one)  |  |                            |                         |  |  |  |
| <ul> <li>This campaign is exempt from detailed disclotures total \$1,000 or less for this reporting per</li> </ul>  | osure because contributions (including in-kineriod. (Complete items 12d., 12e, and 12f.) | nd) received total \$1,000 | or less AND expendi-    |  |  |  |
|   | ·  |                            |                         |  |  |  |
| <ul> <li>b.  This campaign is required to file a detailed fir<br/>and/or expenditures total more than \$1,000 f</li> </ul>  | nancial disclosure because contributions (in<br>or this reporting period.                | icluding in-kind) received | total more than \$1,000 |  |  |  |
|   |  |                            |                         |  |  |  |
| 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.   |  |                            |                         |  |  |  |
| yavis Wilkerson 7   | 19/22 Mely   | Willen                     | 7/9/22                  |  |  |  |
| signature of candidate  | date signature o   | f political treasurer      | date                    |  |  |  |
| 11 WITNESS SIGNATURE  |  |                            |                         |  |  |  |
| 1 0 Vi O  | lala Di  | /\?\ · \\ \ \              | 7101-                   |  |  |  |
| ord hypera  | 14/22 Kda  | 1/4/es                     | - 119/22                |  |  |  |
| signature of witness Covol Wil  | date signat  | ure of witness             | a Killer                |  |  |  |
| 12. SUMMARY   |  |                            | 7 33 7 (3)              |  |  |  |
| a. BALANCE ON HAND LAST REPORT  |  | sØ                         |                         |  |  |  |
| b. TOTAL RECEIPTS THIS PERIOD   |  | <u>s 1350 - </u>           |                         |  |  |  |
| c. TOTAL DISBURSEMENTS THIS PERIOD  | FILED  | s 1017-                    |                         |  |  |  |
| d. BALANCE ON HAND (12.a. plus 12.b. minus 12   | PM   | \$ <u>-</u>                | 233-                    |  |  |  |
|   | OL 1 7022  |                            | Ø                       |  |  |  |
| e. TOTAL LOANS OUTSTANDING  | MNER COUNTY  |                            |                         |  |  |  |
| f. TOTAL OBLIGATIONS OUTSTANDING  | TION COMMISSION  | *                          | Ø                       |  |  |  |
| TO INCODE ON TOTAL ON TO TAIN UNING   | ***************************************  | 5 -                        | <del></del>             |  |  |  |



#### SUMMARY PAGE - CANDIDATE

| 13. NAME OF CANDIDATE OR COMMITTEE (In Fuil)   | 14. REPORT COVERING THE PERIOD FROM A 1 22 TO: 1 20 22 |  |  |  |  |
|--|--|--|--|--|--|
| RECEIPTS   | 1 10 10 10 10 22                                       |  |  |  |  |
| 15. CONTRIBUTIONS (other than loans and interest)                                      | 1  |  |  |  |  |
| 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.)            | s <u>1350.</u>   |  |  |  |  |
| 16. LOANS RECEIVED THIS REPORTING PERIOD   | s <u>\$</u>  |  |  |  |  |
| 17. INTEREST RECEIVED THIS REPORTING PERIOD  | s <u>Ø</u>   |  |  |  |  |
| 18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)             | s <u>135</u> 5.7                                       |  |  |  |  |
| 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)                      |  |  |  |  |
| MAPCO-GIST CORTO COIVE OLORER \$ 50.   | <u>-</u>   |  |  |  |  |
| Yalexo-(Br)-Giveourays' \$ 50-   | <u> </u>   |  |  |  |  |
| Westmoreland Chamber \$ 50-  | <del>-</del>   |  |  |  |  |
| \$   |  |  |  |  |  |
| \$   |  |  |  |  |  |
|  |  |  |  |  |  |
| \$   |  |  |  |  |  |
|  |  |  |  |  |  |
| \$   | <del></del>  |  |  |  |  |
|  |  |  |  |  |  |
| Total of Expenditures (\$100 or less each payee)                                       | s 1507   |  |  |  |  |
| b. Itemized Expenditures (Over \$100 each payee this period)                           | s <u>867.</u>  |  |  |  |  |
| c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)                | s <u>1017</u>  |  |  |  |  |
| 20. LOAN REPAYMENTS MADE THIS PERIOD   | s_Ø  |  |  |  |  |
| 21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)              | s <u>1017</u>  |  |  |  |  |
| 22. IN-KIND CONTRIBUTIONS  |  |  |  |  |  |
| 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)\$          |  |  |  |  |  |
| c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)\$            |  |  |  |  |  |
| 23. OBLIGATIONS  |  |  |  |  |  |
| a. Unitemized Obligations Outstanding (\$100 or less each)                             | \$ <b>\$</b>   |  |  |  |  |
| 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 COVERII  FROM: 4\1\22  |  |                         |  |                        | T-70 4 1 5 1                                    |
|---|--|-------------------------|--|------------------------|---|
|   |  |                         |  |                        | Amount 22,                                      |
| TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)      COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor) |  |                         |  |                        |   |
| First Name  | Middle Nam                                       |                         | Contribution Received For:                     | ov monitary voltarious | Amount of Contribution                          |
| Last Name/Organization Name Sumner Realters   |  |                         | Primary Election                               | General Election       |   |
| Address 35 Executive  | Park The ir                                      |                         | Runoff (Local Elections Only)                  |                        | 300-  |
| City Hendersonville   | State Zin Code 37075                             |                         | Date of Contribution                           |                        | Aggregate This Election                         |
| Occupation  |  |                         | 1  |                        |   |
| Employer  |  |                         | 4(28)  | 22.                    |   |
|   | <del>                                     </del> |                         |  |                        |   |
| First Name  | Middle Nan                                       | ne                      | Contribution Received For:                     |                        | Amount of Contribution                          |
| Last Name/Organization Name   |  |                         | Primary Election                               | General Election       |   |
| Address   | Address  |                         | Runoff (Local Elections                        | Only)                  |   |
| City  | State  | Zip Code                | Date of Contribution                           |                        | Aggregate This Election                         |
| Occupation  |  |                         |  |                        |   |
| Employer  |  |                         |  |                        |   |
| First Name  | Middle Name                                      |                         | Contribution Received For:                     |                        | Amount of Contribution                          |
| Last Name/Organization Name   |  | Primary Election        | General Election                               |                        |   |
| Address   |  | Runoff (Local Elections | Only)  |                        |   |
| City  | State  | Zip Code                | Date of Contribution                           | <u>.</u>               | Aggregate This Election                         |
| Occupation  |  |                         |  |                        |   |
| Employer  |  |                         |  |                        |   |
| irst Name Middle Name   |  |                         | I  |                        |   |
| 1   | Middle Name                                      | e                       | Contribution Received For:                     |                        | Amount of Contribution                          |
| Last Name/Organization Name   | Middle Name                                      | 6                       | _  | General Election       | Amount of Contribution                          |
|   | Middle Name                                      | е                       |  |                        | Amount of Contribution                          |
| Last Name/Organization Name   | Middle Name                                      | e<br>Zip Code           | ☐ Primary Election ☐                           |                        |   |
| Last Name/Organization Name Address   |  |                         | ☐ Primary Election ☐ ☐ Runoff (Local Elections |                        | Amount of Contribution  Aggregate This Election |
| Last Name/Organization Name  Address  City  |  |                         | ☐ Primary Election ☐ ☐ Runoff (Local Elections |                        |   |
| Last Name/Organization Name  Address  City  Occupation  |  |                         | ☐ Primary Election ☐ ☐ Runoff (Local Elections |                        |   |

### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

|  |             |   |                        | 2. REPORT COVER             | RING THE PERIOD TO: 630 22 Amount |
|--|-------------|---|------------------------|-----------------------------|-----------------------------------|
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)   |             |   |                        | \$                          |                                   |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR E  | ACH ITEM    | IZED EXPENDITURE (e                           |                        | to any payee during the per | iod)                              |
| First Name   | Middle Na   | me  | Purpose of Expenditure |                             | Amount of Expenditure             |
| Last Name/Business Name  Capital Promotions  Address PoBox 231  City Glenside PA Zip Code PA 19038   |             | <u></u>                                       |                        |                             |                                   |
| Address Po Box 231   |             | Signs   |                        |                             |                                   |
| City Glenside  | PA          | <sup>Zip 2300</sup><br>「 <b>9</b> 03 <b>8</b> | 3.9.3                  |                             | 867                               |
| First Name   | Middle Nar  | me  | Purpose of Expenditure |                             | Amount of Expenditure             |
| Last Name/Business Name  |             |   | 1                      |                             |                                   |
| Address  |             |   | -                      |                             |                                   |
| City   | State       | Zip Code                                      | <u>:</u>               |                             |                                   |
| First Name   | Middle Nar  | me  | Purpose of Expenditure |                             | Amount of Expenditure             |
| Last Name/Business Name  |             |   |                        |                             |                                   |
| Address  |             |   |                        |                             |                                   |
| City   | State       | Zip Code                                      |                        |                             |                                   |
| First Name   | Middle Name |   | Purpose of Expenditure |                             | Amount of Expenditure             |
| Last Name/Business Name  |             |   |                        |                             |                                   |
| Address  |             | 1   |                        |                             |                                   |
| City   | State       | Zip Code                                      |                        |                             |                                   |
| First Name   | Middle Name |   | Purpose of Expenditure |                             | Amount of Expenditure             |
| Last Name/Business Name  |             |   |                        |                             |                                   |
| Address  |             |   |                        |                             |                                   |
| City   | State       | Zip Code                                      |                        |                             |                                   |
| First Name   | Middle Name |   | Purpose of Expenditure |                             | Amount of Expenditure             |
| Last Name/Business Name  |             |   |                        |                             |                                   |
| Address  |             |   |                        |                             |                                   |
| City   | State       | Zip Code                                      |                        |                             | <u> </u>                          |
| <ol> <li>TOTAL ITEMIZED EXPENDITURES         (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.)     </li> </ol> |             |   |                        | 867                         |                                   |