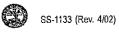
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

DATE OF REPORT 2.8. NAME OF CANDIDAT	TE OR COMMITTEE
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE
2.0. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE
4.a. CAMPAIGN ADDRESS AND PHONE	
Street or Rural Route City	State Zip Code Phone
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)	720 37066 615-2688554
Street or Rural Route City	State Zip Code Phone
5. OFFICE SOUGHT (include district number, if applicable) 6. N	NAME OF POLITICAL TREASURER (may be candidate)
7. CATEGORY OR REPORT (Check one)	Canal will
FIRST SECOND THRO FOURTH PRE	F PRE- MID-YEAR YEAR-END
QUARTER QUARTER QUARTER PRIMA	RY GENERAL SUPPLEMENTAL SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD 8.b. E	ENDING DATE OF REPORTING PERIOD
9. (Check one)	
a. This campaign is exempt from detailed disclosure because contritures total \$1,000 or less for this reporting period. (Complete iter	
b. [1] This campaign is required to file a detailed financial disclosure be and/or expenditures total more than \$1,000 for this reporting peri	
Briand Expanditude four field that to all a reporting por	
10. I/we do solemnly swear or affirm that the information contained in this accurate accounting of campaign contributions and expenditures require Financial Disclosure Act. Additionally, I/we swear or affirm that no cambeneffy of the candidate or for any other nonpolitical purpose as defined.	ed to be reported by the candidate committee by the Campaign paign contributions have been expended for the personal financial
White our	Hay W. Cardush 7-11-2023
signature of defigitate date	signature of political treasurer date
signature crossinguate date	(signature or position treasurer date
11. WITNESS SIGNATURE	1. 01
Kall of Deroda de 2-11-202	Lilland to day allering
signature of witness date	signature of witness date
Signature of without	signature of witness date
12. SUMMARY AM FILI	50 nr.58
a. BALANCE ON HAND LAST REPORT	PM s 2956.
b. TOTAL RECEIPTS THIS PERIOD	1 2022 5 110.00
C. TOTAL DISBURSEMENTS THIS PERIODELECTION COM	OUNTY \$ 18/0°8
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	
e. TOTAL LOANS OUTSTANDING	s O
	A
f. TOTAL OBLIGATIONS OUTSTANDING	s

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
Jawon Lauderdale	FROM: 4/23/2022 TO: 4/30/2022
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	~~
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.)	\$ <u>110.0c</u>
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.)	\$ <u>110.00</u>
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)
Printing \$ 50.00	<u> </u>
Postage \$ 41.50) - <u></u>
<u>Giasoline</u> \$ 100.60)
\$	
\$	
\$	
-	
\$	
\$	
	
Total of Expenditures (\$100 or less each payee)	\$ 191.50
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 1618.58
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>1810.08</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	\$
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 1810.08
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.)\$ <u>&</u>
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>&</u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$_ 6
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i ite	



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	dale	o	2		NG THE PERIOD TO: حددهداری		
				' /	Amount		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTI							
4. COMPLETE THE APPROPRIATE ITEMS FOR EA			Contributions totaling more than to Contribution Received For) Amount of Contribution		
					Amount of Contribution		
Last Name/Organization Name Takacs		 .	Primary Election	110,00			
Address 1531 Ancterson Pd			Runoff (Local Election	ns Only)			
City Henclerson ville	State 7 /V	Zip Code 37015	Date of Contribution	Aggregate This Election			
Occupation			5/29/20	110.00			
Employer					,		
First Name	Middle Nam	e	Contribution Received F	or;	Amount of Contribution		
Last Name/Organization Name	<u> </u>		Primary Election	General Election			
Address			Runoff (Local Election	Runoff (Local Elections Only)			
City	City State Zip Code				Aggregate This Election		
Occupation	- 						
Employer		······································					
. First Name	Middle Nam	e	Contribution Received F	For:	Amount of Contribution		
Last Name/Organization Name	J		Primary Election	General Election			
Address		· · · · · · · · · · · · · · · · · · ·	Runoff (Local Election	ons Only)			
City	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation							
Employer							
First Name	Aiddie Nam	e	Contribution Received Fo	r:	Amount of Contribution		
Last Name/Organization Name	L		Primary Election				
Address			Runoff (Local Election	ons Only)			
City	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation							
Employer							
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages (If this is the last page of contributions, this amount must	of this form a	re used.) item 15b. of summary.)			110.00		

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR	COMMITTEE		2	REPORT COVER!	NG THE PERIOD				
1. NAME OF CANDIDATE OR (auderda	<u>le</u>		FROM: 4/23/202	TO: 6/30/2022				
3. TOTAL ITEMIZED IN-KIND CO			E (enter \$0 if first itemized page		Amount /				
4. COMPLETE THE APPROPRIATE IT			 		ntributor during the period)				
First Name	First Name //iddle Name			In-Kind Contribution Received For: ✓ In-Kind Contribution Received For: ✓ Primary Election ☐ General Election					
Last Name/Organization Name			Runoff (Local Election	8					
Address			Date of In-Kind Contribution Aggregate this Election						
City	Sity State Zip Code			Description of In-Kind Contribution					
Occupation	Employer								
First Name	Aiddle Na	ame		In-Kind Contribution Received For: ☐ Primary Election ☐ General Election Value of In-Kind Contribution					
Last Name/Organization Name	<u> </u>		Runoff (Local Election						
Address			Date of In-Kind Contribution		Aggregate this Election				
City	State	Zip Code	Description of In-Kind Contribution	1					
Occupation	Employer								
First Name	First Name Middle Name			In-Kind Contribution Received For: Primary Election					
Last Name/Organization Name			☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)						
Address			Date of In-Kind Contribution	Date of In-Kind Contribution Aggregate this Election					
City	State	Zip Code	Description of In-Kind Contribution	n					
Occupation	Employer								
First Name	Middle Na	ame		In-Kind Contribution Received For: In-Kind Contribution Received For:					
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 Na	ime	In-Kind Contribution Received For: Value of In-Kind Contr ☐ Primary Election ☐ General Election						
Last Name/Organization Name			Runoff (Local Election						
Address			Date of In-Kind Contribution Aggregate this Election						
City	State	Zip Code	Description of In-Kind Contribution	1					
Occupation	Employer	•							
TOTAL ITEMIZED IN-KIND CO (Carry forward to item 3. of next page if (if this is the last page of in-kind contribut)	additional pages of this form		nary.)		8				
SS-1128 (Rev. 2/06)	·		Pa	ge <u>4</u> of <u>1</u>	RDA 1159				

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE	ING THE PERIOD							
Jawon Lauden	TO: 6/30/2022							
3. TOTAL ITEMIZED CAMPAIGN EXPENDITUI	0							
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)								
First Name	Middle Nam	e	Purpose of Expenditure	Amount of Expenditure				
Last Name/Business Name Space Ace Prints, LC Address 374 Fannis Circle			T-Shirt	\$ 1000.00				
Gallatin	State	Zip Code 37066						
First Name	Middle Nam	re :	Purpose of Expenditure	Amount of Expenditure				
Last Name/Business Name Longhorn Stakhous Address		Post Prim Dinne	\$285.01					
City	State	Zip Code						
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name Dawrtoun Gala	- Air		Booth F Gallatin c	Pental .	(d) .			
Address 146 North Water		Gallatin.	Ellare	140.00				
Galletin	State	Zip Code 3706 (v		Test				
First Name	Middle Name				Amount of Expenditure			
Last Name/Business Name StapleS			Panners	\$10000				
Address			Banners Palm (\$193.57				
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	e	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name	 							
Address								
City	State	Zip Code						
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 a t be shown in	sre used.) item 19b. of summary.)			\$1618.58			

ITEMIZED STATEMENT OF LOANS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE							2. REPORT COVERING THE PERIOD FROM: TO:				
Jawon Laudendaile. 3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from an							19	(OM: /23/20	ايد	10: G	/30/2022
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (toans totaling more than \$100 from any source during the period)											
Complete the Following for the Source	•							·			
First Name	Middle Nam	ne		Outstanding L (Beginning o							
Last Name/Organization Name				.						7	1 5
Address Loan Recei			Loan Receive	ad For: Date of Loan							
City	State	Zip Code		Primary Election General Election			Election				
	11			l	Local Elections	•••	1 -1441	<u> </u>			
F. 10	List All Endor	_		or Above Loa	n (If more spa First Name	ice is neede	d please attac	n a page)	1 Middle	Nome	
First Name		Middle Name							IVIOUE	name	
Last Name/Organization Name					Last Name/Or	ganization Nar	ne				
Address			·		Address						
City		State	Zip C	ode	City				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	Address				Address		·				
City		State	Zip C	ode	City State Zip Code					Zip Code	
Amount Guaranteed Outstanding					Amount Guard	inteed Outstar	nding				
First Name		Middle Name	;		First Name				Middle	e Name	•
Last Name/Organization Name		<u>'</u>			Last Name/Organization Name						
Address					Address				•		
City	· · · · · · · · · · · · · · · · · · ·	State	Zip C	ode	City				State		Zip Code
Amount Guaranteed Outstanding			1		Amount Guaranteed Outstanding						
First Name Middle Name					First Name Middle Name						
Last Name/Organization Name			Last Name/Organization Name								
Address			Address								
Cily		State	Zip C	ode	City				State		Zip Code
Amount Guaranteed Outstanding		•	1		Amount Guara	inteed Outstan	ding		•	;	
Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.)			•	(Beginning of Period) Received Payments (End of Period)			tanding Loan Balance (End of Period)				
(Total loan payments should also be show (Total outstanding loan balance should also							0	<u> </u>			

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE	2. REPORT COVERING THE PERIOD							
				FROM: TO:				
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 Na	arne						
Last Name/Business Name						10/		
Address								
City	State	Zip Code		!				
Description of Obligation				1				
First Name	Middle Na	ame						
Last Name/Business Name	_ I							
Address								
City	State	Zip Code						
Description of Obligation				<u> </u>	1			
First Name	Middle Na	атте	i.					
Last Name/Business Name								
Address								
City	State	Zip Code						
Description of Obligation		<u></u>		1.	<u> </u>			
First Name	Middle Name			<u> </u>		·		
Last Name/Business Name			_					
Address			_					
City	State	Zip Code						
Description of Obligation								
First Name	Middle Na	nmo.	<u> </u>	<u> </u>				
Last Name/Business Name	Middle No	aine						
Address	State	Zip Code						
City Description of Obligation	ସାଖନ	Zip Code						
Description of Obligation								
4. TOTALS (Total from Outstanding Balance - (End of Perio	d) column mu	st also be shown				10/		
in Item 23b. on summary page.)			L					