

## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

## For State and Local Candidates For Single-Candidate Committees

. Date: 7/14/20 2.a. Candidate or Committee Name: Kachellalius for Wards
t.b. If Committee, Name of Candidate: Rackel Collins 3. Election Date:
. Campaign Address: 1575 Hunt Club BWD
City: <u>Gallatin</u> State: <u>TN</u> Zip Code: <u>37066</u> Phone: <u>615.477.354/</u>
. Candidate Home Address: Same
City: State: Zip Code: Phone:
Candidate Email Address: Rachil Catherine @ yahoo.com
. Office Sought: (include district number, if applicable) Henders on ville Alderman Wards
. Name of Political Treasurer (may be candidate): Donna Sterban
Political Treasurer Email Address:
. Category or Report: (check one)
☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☐ Pre-Primary ☐ Pre-Genera
☑Mid-Year Supplemental ☐ Year-End Supplemental ☐ Runoff Election
P. Reporting Period: Start Date: 1/16/25 End Date: 6/30/25
0. Detailed Disclosure: (Check one)
This campaign is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)
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.
1. 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.
Reis 7/15/25 Due 5 7/15/25
Candidate Signature Date Political Treasurer Signature Date
Mallie 7/15/25 /// 1/15/25
Witness Signature Date Witness Signature Date
2. Summary:
a. Balance On Hand Last Report \$ 1168.45
b. Total Receipts This Period\$
c. Total Disbursements This Period JUL 1 5 2025 \$ 322
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) COUNTY \$ 846.45
e. Total Loans Outstanding \$\$
f Total Obligations Outstanding

## **SUMMARY PAGE - CANDIDATE**

13. Na	me of Candidate or Committee: Rachel Collins for Ward	25	
14. Rep	porting Period: Start Date: 1/16/25 End Date: 6/30	1/25	
15. Rec	reipts:		
a.	Unitemized Contributions (\$100 or less from each source this period)		s for more information.)
b.	Itemized Contributions (over \$100 from each source this period)	. \$	0
c.	Loans Received This Reporting Period	\$	2
d.	Interest Received This Reporting Period	\$	0
e.	Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.)	\$	0
16. Dis	bursements:		0.00
a.	Total Expenditures (other than loan payments)	\$_	322
b.	Loan Repayments Made This Period	\$	0
c.	Total Obligation Payments Made This Period	\$	0
d.	Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)	\$	327
17. ln-l	Kind Contributions:		
a.	Unitemized In-Kind Contributions Received This Period	\$	0
b.	Itemized In-Kind Contributions Received This Period	\$_	0
c.	Total In-Kind Contributions Received This Period	\$	0
18. Ob	ligations:		
a.	Total Obligations Outstanding (must be shown in item 12.f.)	\$	D

## **ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE**

1. Candidate or Committee Name: Rache	l Collins for War	25		
2. Reporting Period: Start Date: 1/16 20	End Date: 6/30/23	_		
3. Total campaign expenditures from preceding	page (enter \$0 if first page) \$_	9		
COMPLETE THE APPROPRIATE ITEMS FOR EACH kind contribution to a candidate, please remember to inc candidate's name in the purpose of the expenditure section.	lude the purpose of the expenditure (	must be itemized e.g., postage, printi	. If the expenditure ng, etc.) along with	e is an in- the
Business or Organization Name: Itendex	sonville Anto Fest	val		OR
First Name: Midd				
Address:	City:	State:	Zip Code:	
Purpose of Expenditure: Sponsons	hip			
Amount of Expenditure: \$				
Business or Organization Name: Vol St	ate Bank		ANIM	OR
First Name: Midd				
Address:	City:	State:	7in Code	
Purpose of Expenditure: Banking	Fees			
Amount of Expenditure: \$ 72				
Business or Organization Name:				OR
First Name: Midd				
Address:				
Purpose of Expenditure:				
Amount of Expenditure: \$	_ Date of Expenditure: \$			
Business or Organization Name:				OR
First Name: Midd	le Name:	Last Name:		
Address:				
Purpose of Expenditure:				
Amount of Expenditure: \$	_ Date of Expenditure: \$			
Business or Organization Name:				
First Name: Midd				
Address:				
Purpose of Expenditure:				
Amount of Expenditure: \$	_ Date of Expenditure: \$			
Total Expenditures: \$ 322 (Carry forward to the next page if additional pa amount must be shown in the summary on first	ges of this form are used. If this			