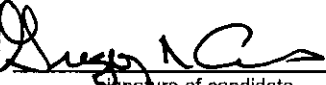
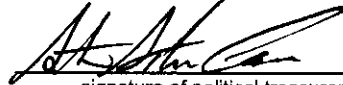


# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

1. DATE OF REPORT <b>03-31-22</b>	2.a. NAME OF CANDIDATE OR COMMITTEE <b>GREGORY N. ARJAS</b>		
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE <b>AUGUST 4, 2022</b>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route                      City                      State                      Zip Code                      Phone <b>234 BEACON ST.                      GALLATEN                      TN                      37066                      615-519-7338</b>			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route                      City                      State                      Zip Code                      Phone <b>234 BEACON ST                      GALLATEN                      TN                      37066                      615-519-7338</b>			
5. OFFICE SOUGHT (include district number, if applicable) <b>SUMNER COUNTY MAYOR</b>		6. NAME OF POLITICAL TREASURER (may be candidate) <b>STEVEN ADAM CANNON</b>	
7. CATEGORY OR REPORT (Check one)			
<input checked="" type="checkbox"/> FIRST QUARTER <input 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 <b>FEBRUARY 11, 2022</b>		8.b. ENDING DATE OF REPORTING PERIOD <b>MARCH 31, 2022</b>	
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.			
 _____ signature of candidate		3-4-22 _____ date	
		 _____ signature of political treasurer	
		3-4-2022 _____ date	
11. WITNESS SIGNATURE			
_____		_____	
signature of witness		signature of witness	
_____		_____	
date		date	
12. SUMMARY			
<b>FILED</b>			
a. BALANCE ON HAND LAST REPORT	AM	PM	\$ <u>0</u>
b. TOTAL RECEIPTS THIS PERIOD	APR 04 2022		\$ <u>2,436.28</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	SUMNER COUNTY ELECTION COMMISSION		\$ <u>2,436.28</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)			\$ <u>3.72</u>
e. TOTAL LOANS OUTSTANDING			\$ <u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING			\$ <u>0</u>





# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>GREGORY N. AREAS</b>		2. REPORT COVERING THE PERIOD FROM: <b>01-16-22</b> TO: <b>03-31-22</b>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <b>2,440.00</b>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)			
First Name <b>GREGORY</b>		Middle Name <b>NEAL</b>	
Last Name/Organization Name <b>AREAS</b>		Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address <b>234 BEACON ST</b>		<input type="checkbox"/> Runoff (Local Elections Only)	
City <b>GALLATIN</b>	State <b>TN</b>	Zip Code <b>37066</b>	Amount of Contribution <b>\$2,000.00</b>
Occupation <b>SALES/SPORTS DIRECTOR</b>		Date of Contribution <b>02-16-22</b>	Aggregate This Election
Employer <b>WHIN RADIO/OVERWATCH SECURITY</b>			
First Name <b>GREGORY</b>		Middle Name <b>NEAL</b>	
Last Name/Organization Name <b>AREAS</b>		Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address <b>234 BEACON ST</b>		<input type="checkbox"/> Runoff (Local Elections Only)	
City <b>GALLATIN</b>	State <b>TN</b>	Zip Code <b>37066</b>	Amount of Contribution <b>\$440.00</b>
Occupation <b>SALES/SPORTS DIRECTOR/SECURITY</b>		Date of Contribution <b>02-22-22</b>	Aggregate This Election
Employer <b>WHIN RADIO/OVERWATCH SEC</b>			
First Name		Middle Name	
Last Name/Organization Name		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address		<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution
Occupation		Aggregate This Election	
Employer			
First Name		Middle Name	
Last Name/Organization Name		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address		<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution
Occupation		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.)			<b>\$2,440.00</b>

# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>GREGORY N. AREAS</b>				2. REPORT COVERING THE PERIOD FROM <b>01-16-22</b> TO <b>03-31-22</b>		
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <b>0</b>	
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:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		

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.)	<b>0</b>
--	----------



# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>GREGORY N. ARZAS</b>			2. REPORT COVERING THE PERIOD		
			FROM: <b>01-16-22</b>	TO: <b>03-31-22</b>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <b>2,436.28</b>		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name <b>MR. SEGN MAN</b>		<b>CAMPAIGN SIGNS</b>	<b>\$ 1,917.34</b>		
Address <b>129 COMMERCE PL</b>					
City <b>HENDERSONVILLE</b>	State <b>TN</b>				Zip Code <b>37066</b>
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name <b>505 PRINTING</b>		<b>PUSH CARDS</b>	<b>\$ 518.94</b>		
Address <b>706 SPACE PARK NORTH</b>					
City <b>GOODLETTSVILLE</b>	State <b>TN</b>				Zip Code <b>37072</b>
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name					
Address					
City	State				Zip Code
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name					
Address					
City	State				Zip Code
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name					
Address					
City	State				Zip Code
First Name	Middle Name				Purpose of Expenditure
Last Name/Business Name					
Address					
City	State				Zip Code
First Name	Middle Name				Purpose of Expenditure
5. TOTAL ITEMIZED EXPENDITURES			<b>\$ 2,436.28</b>		
(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.)					

## ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>GREGORY N. ARIAS</b>				2. REPORT COVERING THE PERIOD FROM: <b>01-16-22</b> TO: <b>03-31-22</b>					
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period) <span style="float: right;">0</span>									
Complete the Following for the Source of the Loan									
First Name		Middle Name		Outstanding Loan Balance (Beginning of Period)		Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	
Last Name/Organization Name				Address		Loan Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Date of Loan	
City		State	Zip Code						
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)									
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code		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					
City		State	Zip Code		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					
City		State	Zip Code		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					
City		State	Zip Code		City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
4. Totals for all Loans (complete on last page of itemized loans) (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.)				Outstanding Loan Balance (Beginning of Period)		Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	
				0		0	0	0	



## ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD			
<b>GREGORY N. AREAS</b>			FROM <b>01-16-22</b>		TO <b>03-31-22</b>	
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)
			<b>0</b>	<b>52,436.22</b>	<b>2,436.22</b>	<b>0</b>
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						
<b>4. TOTALS</b>						
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>