# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT	•	2.a. NAME OF CA	ANDIDATE OR (	COMMITTEE		
03.31.	22	GREG	ORU	N. AV	ZIA5	
2.b. IF COMMITTEE,	NAME OF CANDIDATE	<u> </u>			3. ELECTION DATE	
<b>'</b>						4, 2022
					M06021	9, 2022
4.a. CAMPAIGN ADDI	·	City		01-1-	7' 0 1	
Street or Rural Ro	oute	City		State	Zip Code	Phone
234 BEA	lear Dr.	GAUA	とてエル	TN	37064	615-519-733
)	OME ADDRESS (if differe	nt than 4.a.)				
Street or Rural Ro		City		State	Zip Code	Phone
234 BEA	ical St (	SALLARTI	ac T	元 3	7066 6	15-579-7338
5. OFFICE SOUGHT	T (include district number,	if applicable)	6. NAME		REASURER (may be	
_		. 1	1		~ 1	<u>'</u>
SUMMER	<u> </u>	Mayor	STEV	EN HO	AM (AN	NOW
7. CATEGORY OR R	REPORT (Check one)					
FIRST	SECOND THIRD	FOURTH		□ PRE-		
	SECOND THIRD QUARTER QUARTER	FOURTH R QUARTER	PRE- PRIMARY	GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
	OF REPORTING PERIOD	QOATILITY		DATE OF REPO		SUPPLEINENTAL
<u></u> _			1A .	=		-
HEBRUAL	24 11, 20	)ZZ	MA	2CH K	31. <i>202</i>	
9. (Check one)	•				•	
a 🗖 Thin same	unian in avamnt from datai	lad disclosure honeur	a aamtuibusiam	· /impleation to tale	-d\id t-t-  @4 @6	NO L AND "
	aign is exempt from detai \$1,000 or less for this rep					JU of less AND expendi-
1070510101	Ψ1,000 OF 1033 IOF GH3 104	borting period. (Comp	nete items 120	., 126. and 121.)	•	
b. This camp	paign is required to file a d	letailed financial discl	osure because	contributions (in	cluding in-kind) receive	ed total more than \$1,000
and/or exp	penditures total more than	\$1,000 for this repor	ting period.	<b>\</b>		
					<del>"</del>	
1						
	y swear or affirm that the					
	iting of campaign contribu sure Act. Additionally, I/w					
	ndidate or for any other no					no personal priaridar
$\mathcal{M}$	_		·	11 1		
NX	· ·	3-4-22		114-/14		·
C C C C C C C C C C C C C C C C C C C	pandidata	<u> </u>	· d	a Sola	f political treasurer	<u> </u>
Signesicie di	Carididate	date		signature o	pollucal treasurer	date
11. WITNESS SIGNA	TURE					
signature of	witness	date		signai	ture of witness	date
	<del> </del>		· · · · · · · · · · · · · · · · · · ·			
12. SUMMARY		<b>-11</b> - <b>1</b>	. C			
<u> </u>		FILE	יט: PM		0	
I	N HAND LAST REPORT	AM		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.\$ <u></u>	. •
a. BALANCE O						•
a. BALANCE O		=			フェリマノ	20
a. BALANCE O b. TOTAL RECE	EPTS THIS PERIOD	APR 0	4 2022		s <u>2,436</u>	. 28
a. BALANCE O b. TOTAL RECE	EPTSTHIS PERIOD	APR 0	4 2022		s <u>Z, 436</u>	.28
a. BALANCE O b. TOTAL RECE c. TOTAL DISBL	EIPTS THIS PERIOD	APR.0.	4 2022		<u> </u>	. 28 28
a. BALANCE O b. TOTAL RECE c. TOTAL DISBL	SIPTS THIS PERIOD	APR 0	4 2022 COUNTY OMMISSION		\$ 2,436 \$ 2,2436.	.28 .28
b. TOTAL RECE	URSEMENTS THIS PERIOD					.28 .28 .3.72
b. TOTAL RECE	URSEMENTS THIS PERIOD  ON HAND (12.a. plus 12.b.					.28 .28 .3.72
b. TOTAL RECE						.28 .28 .3.72
b. TOTAL RECE c. TOTAL DISBU	N HAND (12.a. plus 12.b.	minus 12.c.)		••••		28 28 3.72
b. TOTAL RECE c. TOTAL DISBU		minus 12.c.)		••••		28 28 3.72
b. TOTALRECE c. TOTAL DISBL d. BALANCE C e. TOTAL LOAN	N HAND (12.a. plus 12.b.	minus 12.c.)				28 28 3.72
b. TOTAL RECE c. TOTAL DISBL d. BALANCE C e. TOTAL LOAN	N HAND (12.a. plus 12.b.	minus 12.c.)				28 28 3.72



### **SUMMARY PAGE - CANDIDATE**

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
GREBORY N. ARIAS	FROM 11.22 103-31-22
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)	\$ <u>2,440.</u> ∞
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>2,440,</u> 8
16. LOANS RECEIVED THIS REPORTING PERIOD	
17. INTEREST RECEIVED THIS REPORTING PERIOD	s <u>&amp;  </u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$Z,436.28
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	
MR SIGN MAN CAMPATEN STEAK : 1,91:	
SOS PRINTING - PUSH CARDS \$ 518.	94
<u> </u>	<del></del>
\$	
<u> </u>	
<u> </u>	<u></u>
<u> </u>	
\$	
\$	<del></del>
	~
Total of Expenditures (\$100 or less each payee)	\$
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u> </u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ 2,436.50 D-
20. LOAN REPAYMENTS MADE THIS PERIOD	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>4,436.5</u>
22. IN-KIND CONTRIBUTIONS	Λ.
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)	\$ <u>Z,440.9</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.1	s.)s <u>Z,440.</u> 00
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u>B</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i itel	m 12.f.)\$

SS-1133 (Rev. 4/02)

Page \_\_\_\_\_ of \_\_\_\_

## ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE		Z/A=3	2	REPORT COVERI	NG THE PERIOD TO 03-31-22
GREGORY N.					Amount
<ol> <li>TOTAL ITEMIZED CAMPAIGN CONTRIBUTION</li> <li>COMPLETE THE APPROPRIATE ITEMS FOR EA</li> </ol>		2,440.∞			
	liddle Name		Contribution Received For	Amount of Contribution	
GREBORY Last Name/Organization Name	N	EAL	Primary Election	General Election	\$ Z,0000
AZIAS				a control a citodisti	2,00
Address 234 BEACON S	<u></u>		Runoff (Local Election	ns Only)	
CITY BALLATEN	State 1 N	7066	Date of Contribution  2 - 16	2.7	Aggregate This Election
SALES SPORTS	Dr.	LECTOR	04-16		
		CURTCH			
WHIR REDION			Contribution Received	Enr.	Amount of Contribution
CREGORY  Last Mane (Organization Name)	Middle Nag	EAL		_	* 1110m
Last Name/Organization Name			Primary Election	General Election	1440°
Address 4 BEACON 5	7		Runoff (Local Election	ons Only)	
	Serio /	Zip Code	Date of Contribution		Aggregate This Election
Occupation Occupation	174	1,	02-22	-2て	
SALES SPORTS STREET	CT9L	/Sacre 274	4		
WHIN RADIO OVE	EWAT	CHSEL			
First Name	Middle Nam		Contribution Received	For:	Amount of Contribution
Last Name/Organization Name	.1		☐ Primary Election	General Election	
Address			Runoff (Local Electi	ons Only)	
	Cinto	7in Code	Date of Contribution		Aggregate This Election
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer	<u></u>		-		
First Name	Middle Nan	20	Contribution Received Fo	or:	Amount of Contribution
	PHOOIE MAII		,		- Some State of Some State of
Last Name/Organization Name			Primary Election	General Election	
Address			Runoff (Local Electi	ions Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
		1	₹		
Occupation					
Occupation Employer					
					32,440

#### **ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE**

I. NAME OF CANDIDATE OF CANDIDA	OR COMMITTEE A	ZIAS		ERING THE PERIOD <b>2</b> TO: <b>03.31.2</b>			
	r		GE (enter \$0 if first itemized page)	Amount 6			
			RIBUTION (in-kind contributions totaling more than \$100 from an	y contributor during the period)			
First Name	diddle Na	me	In-Kind Contribution Received For:  Primary Election General Election	Value of In-Kind Contribution			
ast Name/Organization Name			Runoff (Local Elections Only)				
Address			Date of In-Kind Contribution	Aggregate this Election			
State Zip Code		Description of In-Kind Contribution					
Occupation	Employer						
Fîrst Name	diddle Na	ime	In-Kind Contribution Received For:  Primary Election  General Election	Value of In-Kind Contribution			
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	st Name Middle Name		In-Kind Contribution Received For: ☐ Primary Election ☐ General Election	Value of In-Kind Contribution			
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 N	ame	In-Kind Contribution Received For: Primary Election General Election	Value of In-Kind Contributio			
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 N	ame	In-Kind Contribution Received For:	Value of In-Kind Contribution			
Last Name/Organization Name		Runoff (Local Elections Only)	ļ				
Address			Date of In-Kind Contribution	Aggregate this Election			
City	City State Zip Code		Description of In-Kind Contribution				
Occupation	Employer	<u> </u>		V			
5. TOTAL ITEMIZED IN-KIN (Carry forward to item 3. of next p	page if additional pages of this for			8			
(If this is the last page of in-kind of SS-1128 (Rev. 2/06)	ontributions, this amount must be	shown in item 22b. of si	ummary.) Page of	RDA 1159			

#### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	Λ		_	2. REPORT COVER			
GREGORY N.	HR:	II45		01-16-22	TO: 03-5/-22 Amount		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITUR	RES FROM	PRECEDING PAGE	(enter \$0 if first itemized pag	je)	Z, 436 38		
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 M. 2. 576N MAN  Address 29 COMMERCE CHENDERSONVELE			Purpose of Expenditure  CAMPATE	N 57615	P 1,717 3		
Address 129 COMMERCE	PL						
HENDERSONVELLE	State	37066		:			
First Name					Amount of Expenditure		
Last Name/Business Name  Control PRINTING			PUSH (	ALDS	\$51894		
SOS PRINTING Address OG SPACE PAR	K /	JORTH					
GOODLETTSVILLE	State	Zip Code 37072					
First Name	Middle Narr	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	i						
Address							
City	State	Zip Code					
First Name	Middle Nam	ile	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		
	WILLIAM TAGIT		Toposo of Exponential		7 illiadit of Expolation		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Narr	ne	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	s of this form	are used.) i item 19b. of summary.)			\$2,43628		

### **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

1. NAME OF CANDIDATE	OR COMMITTEE	_					2.	REPORT	COVERIN	NG THE PERIOD
GREGOR 3. COMPLETE THE APPRO	y N.	ARS	ΓA	5			6	ROM: <b>)</b> 1-14	6.22	10: 03 · 34 · Z
3. COMPLETE THE APPRO	OPRIATE ITEMS I	FOR EACH I	TEMIZ	ED LOAN (I	oans totaling n	nore than \$100 f	from any sourc	e during the po	eriod)	0
Complete the Following for the	Source of the Loan				•					
First Name	Middle Na	ne		Outstanding L (Beginning o		Loans Received		Loan ayments		inding Loan Balance End of Period)
Last Name/Organization Name	<del> •</del>			\						
Address			•	Loan Receive		☐ General 8	Election	Date of Lo	an ,	
City	State	Zip Code		1	Local Elections		LISGIO			
	List All Endo	rsers or Guara	antors f	for Above Loa	n (If more spa	ace is needed	please attac	ch a page)		
First Name		Middle Name	•		First Name				Middle	Name
Last Name/Organization Name		_ <del>-</del>		<del> </del>	Last Name/Or	rganization Nam	ie			
Address		, , , , , , , , , , , , , , , , , , ,			Address					
City	··········	State	Zip C	Code	City				State	Zip Code
Amount Guaranteed Outstanding		<b>-</b>	1		Amount Guar	anteed Outstand	ding			
First Name	First Name Middle Name				First Name Middle Name					Name
Last Name/Organization Name				Last Name/Organization Name						
Address					Address					
City		State	Zip C	Code	City		· · · · · · · · · · · · · · · · · · ·	<del></del>	State	Zip Code
Amount Guaranteed Outstanding		-1			Amount Guar	anteed Outstand	ding			
First Name		Middle Nam	е		First Name				Middle	Name
Last Name/Organization Name				•	Last Name/Organization Name					
Address					Address	<del> </del>	<del></del>	<del></del>		
City		State	Zip (	Code	City		<del></del>	<u> </u>	State	Zip Code
Amount Guaranteed Outstanding					Amount Guar	ranteed Outstan	ding			
First Name		Middle Nam	18		First Name				Middle	Name
Last Name/Organization Name	<u> </u>				Last Name/C	organization Nar	ne			
Address					Address	· · · ·				
City		State	Zip (	Code	City			•	State	Zip Code
Amount Guaranteed Outstanding					Amount Guar	ranteed Outstan	ding		<u> </u>	I
Totals for all Loans (comp (Total loans received should also						Loan Balance g of Period)	Loans Receive		oan yments	Outstanding Loan Balance (End of Period)
(Total loan payments should also (Total outstanding loan balance sh	be shown in item 20. o	n summary page	3.)		Q	7	0		0	Ø



# **ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVERING THE PERIOD FROM 1-16-22 TO:03-31-22				
3. COMPLETE THE APPROPRIATE ITEMS F OBLIGATION (obligations totaling more than person/vendor at the end of the reporting per	Outstanding Balance (Beginning of Period)	Debt Incurred	Payments	Outstanding Balance		
First Name	Middle Na	me				
Last Name/Business Name	l.					
Address			-			
City	State	Zip Code				
Description of Obligation	<u> </u>	.1		I		
First Name	Middle Na	me				
Last Name/Business Name	<u> </u>		1			
Address			-			
City	State	Zip Code	1			
Description of Obligation	. I	l., ., ., ., ., ., ., ., ., ., ., ., ., .	<u></u>		L	<u> </u>
First Name	Middle Na	ime				
Last Name/Business Name			_			
Address		<u> </u>	-			
City	State	Zip Code	7			
Description of Obligation	.1		<u> </u>	1		
First Name	Middle Na	ame				
Last Name/Business Name	<u> </u>		1		,	
Address						
City	State	Zip Code	-			
Description of Obligation	.1		_!	<u> </u>	<u></u>	
First Name	Middle Na	ama				
Last Name/Business Name			_			
Address			-			
City	State	Zip Code	-			-
Description of Obligation	<u> </u>	<u> </u>	1	1	<u> </u>	
4. TOTALS				<del>                                     </del>		· · · · · · · · · · · · · · · · · · ·
(Total from Outstanding Balance - (End of Period) in item 23b. on summary page.)	column mu	st also be shown	0	0	10	0