CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT 2.	a. NAME OF CANDIDATE O	DRCOMMITTEE TOO	Magra	
2.b. IF COMMITTEE, NAME OF CANDIDATE	3		3. ELECTION DATE	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route C	ity	State	Zip Code	Phone
146 M. Herne HVC	Dellatin	JU/	37066 (6	15975-9196
4.b. CANDIDATE'S HOME ADDRESS (if different th Street or Rural Route	an 4.a.) ity	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if ap	pplicable) 6. NAN	Coin Coin	TREASURER (may be	candidate)
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH PRE- QUARTER PRIMARY	PRE- GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. END	ING DATE OF REPO		
9. (Check one)				
 a. This campaign is exempt from detailed dures total \$1,000 or less for this reporting. b. This campaign is required to file a detailed and/or expenditures total more than \$1,000. 	g period. (Complete items ed financial disclosure becau	12d., 12e. and 12f.)		
I/we do solemnly swear or affirm that the informaccurate accounting of campaign contributions Financial Disclosure Act. Additionally, I/we sweat benefit of the campidate or for any other nonpole.	and expenditures required t ear or affirm that no campaig	o be reported by the	e candidate committee	by the Campaign
eignature on candidate	1/25/2-23 date	s gnature o	political treasurer	1/25/2023 date
11. WITNESS SIGNATURE				
signature of witness	1 25/23 date	signa	ture of witness	1)35/23 date
12. SUMMARY				
BALANCE ON HAND LAST REPORT TOTAL RECEIPTS THIS PERIOD	FILED AM	Dia	\$ 39,152.5	51
b. TOTAL RECEIPTS THIS PERIOD		PW .	\$ 500	
c. TOTAL DISBURSEMENTS THIS PERIOD			· 5 17,63.	89
d. BALANCE ON HAND (12.a. plus 12.b. minu	SUMNER COUNTY IS 12 ESTION COMMISSI			\$ 22,048.62
e. TOTAL LOANS OUTSTANDING				\$
f. TOTAL OBLIGATIONS OUTSTANDING				sO

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)		14. REPORT COVE	RING THE PERIOD
LANDE DOWN FOR MAYOR			TO: 1/15/2023
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)			
a. Unitemized Contributions (\$100 or less from each source th	is period)	. 0	
b. Itemized Contributions (over \$100 from each source this per	•		
c. TOTAL CONTRIBUTIONS (other than loans and interest)(ac			500-
16. LOANS RECEIVED THIS REPORTING PERIOD			11 12 19 1 20 14 1
INTEREST RECEIVED THIS REPORTING PERIOD			^
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in	1 Item 12.b.)		\$
DISBURSEMENTS			
19. EXPENDITURES (other than loan payments)			
a. Expenditures (\$100 or less each payee this period) (must be li		.g., printing, postage, g	asoline)
Bank trus			
Dien Labor	\$ 225	<u></u>	
- 0			
Donation			
Mestines Food Supplies	\$ 323	.54	
MONTHE SVENT	\$ 100	_	
	_ \$		
	_ \$		
	_ \$		
Table of Francisco (0400 as less such as a second		157 50	
Total of Expenditures (\$100 or less each payee)			35
b. Itemized Expenditures (Over \$100 each payee this period)			10
c. TOTAL EXPENDITURES (other than loan repayments)(add 19			
20. LOAN REPAYMENTS MADE THIS PERIOD			
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown	n in item 12.c.)		\$ 17,603.8
22.IN-KIND CONTRIBUTIONS			
a. Unitemized in-kind contributions (\$100 or less from each source	e this period)	\$	
b. Itemized in-kind contributions (over \$100 from each source this	s 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. Itemized Obligations Outstanding (Over \$100 each)		\$	1
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (i	must be shown i iten	n 12.f.)	\$_0



Page 2_ of 8_

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OF		yor		2. REPORT COVE	RING THE PERIOD	
			PAGE (enter \$0 if first itemized p	ane)	Amount	
			ON (contributions totaling more than \$		or)	
First Name	Middle Nar		Contribution Received For:	Amount of Contribution		
Last Name/Organization Name Addiess	a fee City C	ancil		☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)		
City Dulch	State	Zip Code 37066	Date of Contribution		Aggregate This Election	
Occupation ALA Employer No. 10	-				500-	
First Name	Middle Na	me	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name			Primary Election	General Election		
Address			Runoff (Local Election	Runoff (Local Elections Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation						
Employer						
First Name	Middle Nar	ne	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name			Primary Election			
Address			Runoff (Local Election	s Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation						
Employer						
First Name	Middle Nar	me	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name			☐ Primary Election ☐	General Election		
Address			Runoff (Local Election	s Only)		
City	State	- Zip Code	Date of Contribution		Aggregate This Election	
Occupation						
Employer						
	TRIBUTIONS page if additional pages of this form a					

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OF	RCOMMITTEE	\mathcal{N}_{\bullet}	2. REPORT CO	VERING THE PERIOD
A 41.25 6	JIGGA FOIL	1 1 High	PROM. 19312	MOUNT (15/223
			GE (enter \$0 if first itemized page)	0
COMPLETE THE APPROPRIA	ATE ITEMS FOR EACH ITE	MIZED IN-KIND CONT	RIBUTION (in-kind contributions totaling more than \$100 from an	contributor during the period)
First 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	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	Name	In-Kind Contribution Received For:	Value of In-Kind Contribution
Last Name/Organization Name			☐ Primary Election ☐ General Election☐ 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	lame Middle Name		In-Kind Contribution Received For:	Value of In-Kind Contribution
Last Name/Organization Name			☐ Primary Election ☐ General Election☐ 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 I	Name	In-Kind Contribution Received For:	Value of In-Kind Contribution
st Name/Organization Name			Primary Election General Election Runoff (Local Elections Only)	
Address			Date of In-Kind Contribution	Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution	
Occupation	Employer			
F TOTAL ITEMIZED IN KINI	CONTRIBUTIONS			
 TOTAL ITEMIZED IN-KINI (Carry forward to item 3. of next pa (If this is the last page of in-kind co 	age if additional pages of this for		mmary)	0
SS-1128 (Rev. 2/06)		3100	Page 4 of 8	RDA 1159

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	Age	×.		RING THE PERIOD TO: 1 IS 12-23	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	RES FR	M PRECEDING PA	GE (enter \$0 if first itemized page)	Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEM	IZED EXPENDITURE	(expenditures totaling more than \$100 to any payee during the po	eriod)	
First Name Crass See Actual Class Name Publishess Name	Middle Na	me	Purpose of Expenditure	Amount of Expenditure	
			Derose Su F	The end	
Address					
City	State	Zip Code			
First Name	Middle Na	me	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle Nar	me	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name					
Address		73 2711			
City	State	Zip Code			
First Name	Middle Nan	ne	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle Nam	ne	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle Nam	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	of this form a be shown in	are used.) item 19b. of summary.)		16,846.35	

Paige Brown for Mayor 4th Quarter Expenses

Business Name	Street Address	City	State	Zip	Purpose of Expenditure	Amount
ВҮН	122 West Franklin Street	Gallatin	N	37066 Event	vent	1,158.25
Direct Edge Campaigns LLC	Direct Edge Campaigns LLC 2000 Glen Echo Road Ste 207A	Nashville	N.	37215	37215 Direct Mail and Marketing	13,523.98
Google Domains	1600 Amphitheatre Parkway	Mountain View	CA	94043	94043 Domain Services	205.32
Meta	1 Hacker Way	Menlo Park	CA	94025 9	94025 Social Media Marketing	772.99
Gallatin Area Chamber of						
Comerce	118 West Main Street	Gallatin	N	37075	37075 Sponsorships/Marketing/Events	1,124.00
MailChimp	675 Ponce De Leon Avenue, Northeast Suite 5000	Atlanta	GA	30308	30308 Event Supplies	128.92
Walmart	1112 Nashville Pike	Gallatin	IN	37066 1	37066 Return Supplies	-198.20
Canva	75 East Santa Clara Street	San Jose	CA	95113 9	113 Software	131.09
						16,846.35

DANCE OF 8

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE	OR COMMITTEE	7	_				2.	REPORT (COVERII	NG THE PERIO	D
PAIGE	Drown.	ton 1		hyon			FR	OM:	220	1115/2-1	13
3. COMPLETE THE APPR	ROPRIATE ITEMS	FOR EACH	ITEMIZ	ZEDŁOAN	(loans totaling n	nore than \$100	from any source	during the pe	riod)	New Horse	
Complete the Following for th	e Source of the Loan										
First Name	Middle Na	me		Outstanding (Beginning	Loan Balance of Period)	Loans Receive		oan ments		anding Loan Balance End of Period)	
Last Name/Organization Name											
Address	Television (Loan Receiv				Date of Loa	an		
City	State	Zip Code		☐ Primar☐ Runoff	y Election (Local Elections	General Only)	Election				
	List All Endo	rsers or Guar	rantors f	for Above Loa	n (If more spa	ice is needed	l please attach	a page)			
First Name		Middle Nam	ie		First Name				Middle N	lame	
Last Name/Organization Name					Last Name/Org	ganization Nam	ne			331 3	
Address		Tr.A.		377	Address	12.1					
City		State	Zip C	code	City	1			State	Zip Code	
Amount Guaranteed Outstanding					Amount Guara	nteed Outstand	fing				
First Name		Middle Nam	e		First Name				Middle N	lame	
Last Name/Organization Name		7			Last Name/Org	ganization Nam	ne				
Address					Address	F					
City		State	Zip C	ode	City				State	Zip Code	
Amount Guaranteed Outstanding					Amount Guara	nteed Outstand	ling				
First Name		Middle Nam	е		First Name				Middle	Name	
Last Name/Organization Name					Last Name/Org	ganization Nam	ie				
Address	7 45 153				Address						
City		State	Zip C	ode	City				State	Zip Code	
Amount Guaranteed Outstanding					Amount Guara	nteed Outstand	ling				
First Name		Middle Nam	е		First Name				Middle N	lame	
Last Name/Organization Name					Last Name/Org	ganization Nam	e				
Address					Address				- W		
City	THE THE PARTY OF T	State	Zip Ci	ode	City				State	Zip Code	
Amount Guaranteed Outstanding			1		Amount Guara	nteed Outstand	ling				
Totals for all Loans (comp (Total loans received should also (Total loan payments should also	be shown in item 16. on	summary page	.)		Outstanding Lo		Loans Received	Loa Paym		Outstanding Loan Ba (End of Period)	alance
(Total outstanding loan balance sh							1			0	

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE	A N	1		2. REPORT COV	/ERING THE PE	RIOD
1 A161 100000	Hon 11	hava		FROM: 1013	115/22)	
 COMPLETE THE APPROPRIATE ITEM OBLIGATION (obligations totaling more person/vendor at the end of the reporting 	IS FOR EAC than \$100 o	HITEMIZED	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle N	ame				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle N	ame				
Last Name/Business Name			_			
Address						
City	State	Zip Code			4	
Description of Obligation						
First Name	Middle N	ame				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	ame				
Last Name/Business Name						
Address			-			
City	State	Zip Code	-			
Description of Obligation						
FIrst Name	Middle Na	ame				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
4. TOTALS						
(Total from Outstanding Balance - (End of Perio in item 23b. on summary page.)	od) column mu	st also be shown				6
SS-1127 (Rev. 4/02)				0	·V	PDA 1150