CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 08/11/2022		ANDIDATE OR C		t-McCormick,	Judge			
2.b. IF COMMITTEE, NAME OF CANDIDATE Kee Bryant-McCormick	•			3. ELECTION DAT 05/03/202				
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route 242 W. Main Street, #279 Here	City ndersonville		State TN	Zip Code 37075	Phone (615) 499-0170			
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route 124 Tattnall Court	nt than 4.a.) City Gallatin		State TN	Zip Code 37066	Phone (615) 579-8288			
OFFICE SOUGHT (include district number, General Sessions Court Division)	1	NAME OF POLITICAL TREASURER (may be candidate) Doug Turner						
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH QUARTER	PRE- PRIMARY	PRE- GENERAL	MID-YEAR SUPPLEMENTA	YEAR-END L SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD 7/1/2022		8.b. ENDING 9/30/20	DATE OF REPO	RTINGPERIOD				
 a. This campaign is exempt from detail tures total \$1,000 or less for this rep b. This campaign is required to file a detail to file a detail to file a detail to file a detail ture. 	 9. (Check one) a. 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. 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 accurate accounting of campaign contribut Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other no signature of candidate Kee Bryant-McCormick	ons and expenditure swear or affirm that	es required to be no campaign co	reported by the ontributions have federal internal signatures	e candidate committe e been expended fo	ee by the Campaign			
11. WITNESS SIGNATURE Augusta Inaupous signature of witness	10/11/2022 date	0		a Thouse	10/11/2022 date			
12. SUMMARY a. BALANCE ON HAND LAST REPORT				s 740.21				
a. BALANCE ON HAND LAST REPORT b. TOTAL RECEIPTS THIS PERIOD				9 79	_			
c. TOTAL DISBURSEMENTS THIS PERIOD				750.00	_			
d. BALANCE ON HAND (12.a. plus 12.b.	minus 12.c.)	ED			\$			
e. TOTAL LOANS OUTSTANDING					\$			
f. TOTAL OBLIGATIONS OUTSTANDING .		6 2022			\$			
	ELECTION (COMMISSION	V V V V V V V V -					

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVE	ERING THE PERIOD
Committee to Elect Kee Bryant-McCormick, Judge	FROM: 07/01/2022	TO: 09/30/2022
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)		
a. Unitemized Contributions (\$100 or less from each source this period)	\$9.79	_
b. Itemized Contributions (over \$100 from each source this period)		_
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)		\$ _9.79
16. LOANS RECEIVED THIS REPORTING PERIOD		\$0
17. INTEREST RECEIVED THIS REPORTING PERIOD		^
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		\$9.79
DISBURSEMENTS		
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by category -	e.g., printing, postage,	gasoline)
VOLUNTER FOOD, GIFTS AND SUPPLIES \$ 100.00		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
Total of Expenditures (\$100 or less each payee)	\$100.00	_
b. Itemized Expenditures (Over \$100 each payee this period)	\$650.00	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		\$ _750.00
20. LOAN REPAYMENTS MADE THIS PERIOD		^
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		\$750.00
22.IN-KIND CONTRIBUTIONS		
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$_0	_
b. Itemized in-kind contributions (over \$100 from each source this period)	\$0	_
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.		\$0
23. OBLIGATIONS	- Wardy - W	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$0	_
b. Itemized Obligations Outstanding (Over \$100 each)	\$0	_
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i ite		\$0



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

Committee to Fleet Vee Price	18 7527723 72	2 10/12/12/12		2. REPORT COVER FROM: 07/1/2022	
Committee to Elect Kee Brya	TO: 09/30/2022				
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	Amount \$0				
4. COMPLETE THE APPROPRIATE ITEMS FOR E					
First Name	Middle Name	Annual Color State Co. Co. Co.	Contribution Received For:	Amount of Contribution	
Last Name/Organization Name			☐ Primary Election ☐	General Election	
dress			Runoff (Local Election		
City	State	Zip Code	Date of Contribution	Aggregate This Election	
Nothing Employer Nothing	A HENSELLONG			-	
First Name	Middle Nam	е	Contribution Received For:		Amount of Contribution
Last Name/Organization Name	1		Primary Election	General Election	
Address			Runoff (Local Election	s Only)	
City	State	Zip Code	Date of Contribution	Aggregate This Election	
Occupation		L			
Employer		.,			
First Name	Middle Name		Contribution Received For:		Amount of Contribution
First Name Last Name/Organization Name	Middle Name	•		General Election	Amount of Contribution
1900 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Middle Name			General Election	Amount of Contribution
Last Name/Organization Name	Middle Name	Zip Code	Primary Election	General Election	Amount of Contribution Aggregate This Election
Last Name/Organization Name Address			☐ Primary Election ☐ Runoff (Local Election	General Election	
Last Name/Organization Name Address City			☐ Primary Election ☐ Runoff (Local Election	General Election	
Last Name/Organization Name Address City Occupation		Zip Code	☐ Primary Election ☐ Runoff (Local Election	General Election	
Last Name/Organization Name Address City Occupation Employer	State	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For:	General Election	Aggregate This Election
Last Name/Organization Name Address City Occupation Employer First Name	State	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For:	General Election as Only) General Election	Aggregate This Election
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name	State	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For:	General Election as Only) General Election	Aggregate This Election
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address	State Middle Name	Zip Code	☐ Primary Election ☐ ☐ Runoff (Local Election ☐ Date of Contribution ☐ Contribution Received For: ☐ Primary Election ☐ ☐ Runoff (Local Election	General Election as Only) General Election	Aggregate This Election Amount of Contribution
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address City	State Middle Name	Zip Code	☐ Primary Election ☐ ☐ Runoff (Local Election ☐ Date of Contribution ☐ Contribution Received For: ☐ Primary Election ☐ ☐ Runoff (Local Election	General Election as Only) General Election	Aggregate This Election Amount of Contribution

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ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR CO Committee to Elect K	2. REPORT COVER FROM: 04/24/2022						
3. TOTAL ITEMIZED IN-KIND CON	Amount \$ 0						
TOTAL TEMIZED IN-KIND COP COMPLETE THE APPROPRIATE IT						ntributor during the period)	
First Name		Middle Nam	ne	In-Kind Contribution Received	d For: General Election	Value of In-Kind Contribution	
Last Name/Organization Name	M.			Runoff (Local Election			
Address			Date of In-Kind Contribution	_	Aggregate this Election		
City Noth	nin	Sta	Tople CO	O POD UNITED CONTIDENT	is ne	riod	
Occupation	Employer	9	.O I O		iio pe)110G	
First Name		Middle Nam	ne	In-Kind Contribution Received Primary Election	d For: General Election	Value of In-Kind Contribution	
Last Name/Organization Name				Runoff (Local Election	ns Only)		
Address				Date of In-Kind Contribution		Aggregate this Election	
City	State Zip Code			Description of In-Kind Contribution		•	
Occupation	Employer		•				
	to selection	T		La Viad Castribution Bassins		Value of la Kind Contribution	
First Name Middle Name			In-Kind Contribution Received Primary Election	General Election	Value of In-Kind Contribution		
Last Name/Organization Name			Runoff (Local Election	ns Only)			
Address				Date of In-Kind Contribution		Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution			
Occupation	Employer						
First Name		Middle Nam		In-Kind Contribution Receive	d For	Value of In-Kind Contribution	
		Ivildule Naii	ic .		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	9	In-Kind Contribution Receive	ed For:	Value of In-Kind Contribution	
Last Name/Organization Name		<u> </u>		Primary Election	General Election		
Address				Runoff (Local Election	s Only)	Aggregate this Election	
Address		Louis	17.0.1			Aggregate this Election	
City	Employee	State	Zip Code	Description of In-Kind Contribution			
Occupation	Employer		and the second second				
TOTAL ITEMIZED IN-KIND CO (Carry forward to item 3. of next page if a	dditional pages	of this form ar	ACTOR OF THE PARTY				
(If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)							

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE Committee to Elect Kee Brya	2. REPORT COVER FROM:07/01/2022						
Committee to Liect Nee Bryt	Amount						
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU		\$0					
4. COMPLETE THE APPROPRIATE ITEMS FOR E	to any payee during the peri	THE RESIDENCE OF THE PERSON NAMED IN COLUMN 1997					
First Name	Middle Nam	ne	Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name Sumner County Recovery Cou		GENERAL DONA	\$500.00				
Address							
^{City} Gallatin	State TN	Zip Code 37066					
First Name Lillian	First Name Middle Name				Amount of Expenditure		
Last Name/Business Name	1 70	citiatity	PRINTING AND	DESIGN	\$150.00		
Address							
Address	,						
City Gallatin	State TN	Zip Code 37066					
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name Middle Name			Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address		All the second s					
City	State	Zip Code					
First Name	Middle Nam	е	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address	20000						
City	State	Zip Code					
First Name	Middle Nam	е	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)		\$650.00					

ITEMIZED STATEMENT OF LOANS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE					2. REPORT COVERING THE PERIOD						
Committee to Elect Kee Bry							9/30/2022				
3. COMPLETE THE APPROPRIATE ITEMS F	OR EACH I	TEMIZ	ED LOAN (loans totaling n	nore than \$100	0 from any so	ource du	uring the per	riod)		
Complete the Following for the Source of the Loan				44114							
First Name Middle Name Outstanding Loan Balance (Beginning of Period) Cans Received						ed	Payments				g Loan Balance of Period)
Last Name/Organization Not LOAN								0			
Address REPORT	IN T	Ή	S Regen	Election	QD Genera	l Election		Date of Loar	n		
City State	Zip Code		☐ Runoff (Local Elections	Only)	,	\perp				
List All Endor	sers or Guara	intors fo	or Above Loa	n (If more spa	ce is neede	d please at	tach a	page)	-		WINDS AND DES
First Name	Middle Name			First Name					Middle	Name	
Last Name/Organization Name				Last Name/Org	ganization Na	me					
Address				Address							
City	State	Zip Co	ode	City					State		Zip Code
Amount Guaranteed Outstanding			-	Amount Guara	nteed Outstan	nding					
First Name Middle Name				First Name Middle Name							
Last Name/Organization Name	Last Name/Organization Name			Last Name/Organization Name							
Address				Address							
City	State	Zip Co	ode	City					State		Zip Code
Amount Guaranteed Outstanding	•			Amount Guara	nteed Outstan	nding					
First Name	Middle Name			First Name					Middle	e Name)
Last Name/Organization Name				Last Name/Organization Name							
Address				Address							
City	State	Zip C	ode	City					State		Zip Code
Amount Guaranteed Outstanding		_		Amount Guara	nteed Outstan	nding					
First Name	Middle Name			First Name Middle Name							
Last Name/Organization Name	<u> </u>			Last Name/Org	ganization Na	me					
Äddress	ir-to			Address							
City	State	Zip Co	ode	City					State		Zip Code
Amount Guaranteed Outstanding				Amount Guara	nteed Outstan	nding					
Totals for all Loans (complete on last page of (Total loans received should also be shown in item 16. on statement of the shown in item 16. on statement of the shown in item 16. on statement of the shown in item 16.				Outstanding Lo		Loans		Loar Payme			tanding Loan Balance (End of Period)
(Total loans received should also be shown in item 16. on s (Total loan payments should also be shown in item 20. on s (Total outstanding loan balance should also be shown in item	summary page.)		(Deginning)	or r criou)	Neuell	- Cu	rayini	ullo		[End of Cellon]



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
	Committee to Elect Kee Bryant-McCormick, Jud			FROM: 07/01/		09/30/2022
COMPLETE THE APPROPRIATE ITEMS F OBLIGATION (obligations totaling more than person/vendor at the end of the reporting person)	1 \$100 owe		Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Nar	me				
Last Name/Business Name						
Address NO OE	3LIC	SATIO	NS TO			
			HIS PER	RIOD		
Description of Obligation				I	L	I
First Name	Middle Nar	ne				
Last Name/Business Name			1			
Address						
City	State	Zip Code	1			
Description of Obligation			+			
First Name	irst Name Middle Name					
Last Name/Business Name	Last Name/Business Name					
Address						
City	State	Zip Code	1			
Description of Obligation		L. i	d			•
First Name	Middle Nar	me				
Last Name/Business Name			1			
Address			1			
City	State	Zip Code	1			
Description of Obligation				h.,		
First Name	Middle Nar	me				
Last Name/Business Name	1		1			
Address						
City	State	Zip Code	1			
Description of Obligation		1	L.		L	
4. TOTALS						
(Total from Outstanding Balance - (End of Period) of in item 23b. on summary page.)	column mus	t also be shown				
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