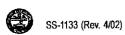
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. PATE OF REPORT	2.a. NAME OF CANDIDAT	E OR COMMITTEE		
JANOARY 27 2022	ALICE	BACHMAN)	
2.b. IF COMMITTEE, NAME OF CANDIDATE		<u> </u>	3. ELECTION DA	ATE
			MAY	3 2,22
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	State	Zip Code	Phone
138 BUCHAHAN CIA	LIEUNE RSON	VILLE TH	37075	615 264.0262
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	t than 4.a.) City	State	Zip Code	Phone
Sane				
5. OFFICE SOUGHT (include district number, i	f applicable) 6. N	AME OF POLITICAL	TREASURER (may	be candidate)
SCHOOL BOARD DISTA	ac73 J	ames Ba	CHMAN	
7. CATEGORY OR REPORT (Check one)			⊠′	
FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH PRE QUARTER PRIMA		MID-YEAR SUPPLEMENT	
8.a. BEGINNING DATE OF REPORTING PERIOD		NDING DATE OF REPO		OUT ELIVERYINE
1064 1, 2021		JANUAR	7 15, 20	22
9. (Check one)				
 a. This campaign is exempt from detaile tures total \$1,000 or less for this repe 	ed disclosure because contrit orting period. (Complete iten	outions (including in-k ns 12d., 12e. and 12f	sind) received total \$.)	1,000 or less AND expendi-
 This campaign is required to file a defended and/or expenditures total more than 			including in-kind) re	ceived total more than \$1,000
accurate accounting of campaign contributing Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other not signature of candidate	swear or affirm that no cam	paign contributions hat by the federal interna	ave been expended	
44 NHTNESS SIGNATURE				· · · · · · · · · · · · · · · · · · ·
11. WITNESS SIGNATURE				
Clamate	1-24-9099	Velasi	24	1-27-20
signature of Witness	date	sign	ature of witness	date
12. SUMMARY				
a. BALANCE ON HAND LAST REPORT	FILE	D PM	\$	
b. TOTAL RECEIPTS THIS PERIOD	JAN 27		\$ 75.0	•
c. TOTAL DISBURSEMENTS THIS PERIOD	SUMNER CO	- LINTY	\$ 75.0	<u>*</u>
d. BALANCE ON HAND (12.a. plus 12.b.	ELECTION COM	Miccion		\$Ф
e. TOTAL LOANS OUTSTANDING				\$
f. TOTAL OBLIGATIONS OUTSTANDING.				. 4

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
	FROM: TO:
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)	\$
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b	.)\$
16. LOANS RECEIVED THIS REPORTING PERIOD	\$
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$
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)
<u> </u>	
<u> </u>	
<u> </u>	
\$	
\$	
\$	
\$	
\$	
\$	
7.11 (5.5	œ.
Total of Expenditures (\$100 or less each payee)	
b. Itemized Expenditures (Over \$100 each payee this period)	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	
20. LOAN REPAYMENTS MADE THIS PERIOD	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	φ
22.IN-KIND CONTRIBUTIONS	e
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)	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and	ZZ.U.)
23. OBLIGATIONS	ø.
a. Unitemized Obligations Outstanding (\$100 or less each)	
b. Itemized Obligations Outstanding (Over \$100 each)	
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown	i item 12.f.)\$



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	•				ERING THE PERIOD			
				FROM:	TO:			
a TOTAL ITCAPES CAMENON CONTENS	UTIONS ES	M DDCCCONC.	DACE lenter \$0 # 5 4 #	2000)	Amount			
3. TOTAL ITEMIZED CAMPAIGN CONTRIB					l .			
4. COMPLETE THE APPROPRIATE ITEMS FOR	_		ON (contributions totaling more than Contribution Received For:	a rou from any contribu	Amount of Contribution			
First Name	Middle Nam	ne	Contribution Received For:	_				
Last Name/Organization Name	<u> </u>		Primary Election	☐ Primary Election ☐ General Election				
Address		Runoff (Local Electio	Runoff (Local Elections Only)					
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation	•							
Employer								
First Name	Middle Na	me	Contribution Received Fo	or:	Amount of Contribution			
Last Name/Organization Name			Primary Election	General Election				
Address			Runoff (Local Election	ons Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation								
Employer			\dashv					
First Name	Middle Na	ne	Contribution Received Fo	Contribution Received For:				
Last Name/Organization Name					\$			
Last Name/Organization Name			Primary Election	General Election				
Last Name/Organization Name Address			Primary Election					
-	State	Zip Code			Aggregate This Election			
Address	State		Runoff (Local Electi		Aggregate This Election			
Address City	State		Runoff (Local Electi		Aggregate This Election			
Address City Occupation	State Middle Na	Zip Code	Runoff (Local Electi	ions Only)	Aggregate This Election Amount of Contribution			
Address City Occupation Employer		Zip Code	Date of Contribution Contribution Received For	ions Only)	·			
Address City Occupation Employer First Name		Zip Code	Date of Contribution Contribution Received For	General Election	·			
Address City Occupation Employer First Name Last Name/Organization Name		Zip Code	Date of Contribution Contribution Received For	General Election	·			
Address City Occupation Employer First Name Last Name/Organization Name Address	Middle Na	Zip Code	Contribution Received For Primary Election Runoff (Local Election	General Election	Amount of Contribution			
Address City Occupation Employer First Name Last Name/Organization Name Address City	Middle Na	Zip Code	Contribution Received For Primary Election Runoff (Local Election	General Election	Amount of Contribution			

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR	COMMITTEE			2. REPORT COVE					
				FROM:	TO:				
2 TOTAL ITEMIZED IN VIND (CONTRIBILITIONS FE	OM DECEDING DA	GE (enter \$0 if first itemized page	1	Amount				
			AGE (enter \$0 if first itemized page		ntributor duting the period\				
4. COMPLETE THE APPROPRIAT	E ITEMS FOR EACH I	EMIZED IN-KIND CON	TRIBUTION (in-kind contributions totaling r						
First Name	Mido	lle Name	In-Kind Contribution Received Primary Election	i For: General Election	Value of In-Kind Contribution				
Last Name/Organization Name			Runoff (Local Election	is Only)					
Address			Date of In-Kind Contribution	Date of In-Kind Contribution Aggregate this Election					
City			Description of In-Kind Contribution						
Occupation	Employer		1						
First Name	Mide	dle Name	In-Kind Contribution Receive	d For: General Election	Value of In-Kind Contribution				
Last Name/Organization Name			Runoff (Local Election						
Address			Date of In-Kind Contribution		Aggregate this Election				
City	City Starte Zip Code								
Occupation	Employer								
First Name	Mid	die Name	In-Kind Contribution Receive		Value of In-Kind Contribution				
Last Name/Organization Name Address				Primary Election General Election Runoff (Local Elections Only)					
			Date of In-Kind Contribution	isa Ottiy/	Aggregate this Election				
City	Sta	te Zip Code	Description of In-Kind Contribution	.	<u> </u>				
Occupation	Employer	<u> </u>							
First Name	Mic	Idle Name	In-Kind Contribution Receive	ed For:	Value of In-Kind Contribution				
Last Name/Organization Name			<u> </u>	General Election					
Address			Date of In-Kind Contribution	ins Only)	Aggregate this Election				
Unique 22					Vida admin min minages				
City	Sta	te Zip Gode	Description of In-Kind Contribution	1					
Occupation	Employer								
First Name	Mid	dle Name	In-Kind Contribution Received		Value of In-Kind Contribution				
Last Name/Organization Name			Runoff (Local Election						
Address			Date of In-Kind Contribution		Aggregate this Election				
City	Sta	te Zip Code	Description of In-Kind Contribution))					
Occupation	Employer	·							
5. TOTAL ITEMIZED IN-KIND	CONTRIBUTIONS		•						
(Carry forward to item 3. of next pa (If this is the last page of in-kind or	age if additional pages of th	is form are used.) ust be shown in item 22b. of a	summary.)						
SS-1128 (Rev. 2/06)				ge of	RDA 1159				

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			COVERING THE PERIOD				
				FROM:	TO:		
3. TOTAL ITEMIZED CAMPAIGN EXPENDI	TUDES EDO	M DDECEDING D	AGE (enter \$0 if first itemized no	lanc	Amount		
4. COMPLETE THE APPROPRIATE ITEMS FOR					the period)		
	_		* *****	o to any payee duning	Amount of Expenditure		
First Name	Middle Nan	ne	Purpose of Expenditure	Purpose of Expenditure			
Last Name/Business Name							
							
Address							
City	State	Zip Code		1			
	_						
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	<u> </u>						
Address							
City	State	Zip Code	\dashv				
First Name	Middle Na	ne	Purpose of Expenditure		Amount of Expenditure		
					, i		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name Middle Name			Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	L						
		···					
Address							
City	State	Zip Code					
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Last Namerbusiness name							
Address		"					
City	State	Zip Code					
long	Viole						
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
OII	100	7:- 0-4-					
City	State	Zip Code					
E TOTAL PERMITED EVERANDE SEE							
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional p	pages of this form	are used.)					
(If this is the last page of expenditures, this amount	t must be shown	n item 19b. of summary	r)				

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE (OR COMMITTEE										HE PERIOD
							FR	OM:		ГО:	
3. COMPLETE THE APPRO	PRIATE ITEMS F	OR EACH IT	EMIZ	ED LOAN (#	oans totaling m	ore than \$100 f	rom any source	during the peri	od)		
Complete the Following for the	Source of the Loan										
First Name	Middle Name			Outstanding Loan Balance Loans (Beginning of Period) Received			Loan Payments		Outstanding Loan Balance (End of Period)		
Last Name/Organization Name											
			Loan Receive		☐ General E	Election	Date of Loar	1			
City	State	Zip Code			Local Elections			:			
	List All Endo	sers or Guara	ntors f	or Above Loai	ı (If more spa	ice is needed	please attach	a page)			
First Name		Middle Name			First Name	···			Middle N	lame	
Last Name/Organization Name		1			Last Name/Or	ganization Nam	e		•		
Address	= 2-11-2			 	Address						
City		State	Zip C	Code	City				State		Zip Code
Amount Guaranteed Outstanding					Amount Guara	anteed Outstand	ding		.		
First Name		Middle Name			First Name Middle Name						
Last Name/Organization Name		<u> </u>			Last Name/Organization Name						
Address	<u>-</u>				Address						
City		State	Zip C	Code	City				State	:	Zip Code
Amount Guaranteed Outstanding			<u> </u>		Amount Guar	anteed Outstand	ding				
First Name	·· -	Middle Name	•		First Name				Middle	Name	
Last Name/Organization Name		· · · · · · · · · · · · · · · · · · ·			Last Name/Organization Name						
Address		<u>.</u>	•		Address						
City		State	Zip (Code	City				State		Zip Code
Amount Guaranteed Outstanding		1			Amount Guar	anteed Outstan	ding		1		<u> </u>
First Name		Middle Name	8		First Name				Middle	Name	
Last Name/Organization Name		<u> </u>			Last Name/C	rganization Nar	ne		1		
Address					Address						
City		State	Zip (Code	City				State		Zip Code
Amount Guaranteed Outstanding			1		Amount Gua	ranteed Outstan	ding				
4. Totals for all Loans (com (Total loans received should also	be shown in item 16. or	n summary page	1.)			Loan Balance g of Period)	Loans Received	Lo: Payn	en nents	Outs	standing Loan Balance (End of Period)
(Total loan payments should also (Total outstanding loan balance sh	nould also be shown in it	em 12,e. on front	tpage.)							<u> </u>	



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
				FROM:	TO:	
B. 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)
First Name	Middle Nan	ne				
Last Name/Business Name	· · · · · · · · · · · · · · · · · · ·					
Address			\neg			:
City	State	Zip Code				
Description of Obligation				• Mino		
First Name	Middle Na	THE				
Last Name/Business Name	1				}	
Address	<u></u>					
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address	Address					
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	me				
Last Name/Business Name			_			
Address						
City	State	Zip Code				
Description of Obligation	<u> </u>	<u> </u>				
First Name	Middle N	ame		T		
Last Name/Business Name		<u> </u>	\dashv			
Address	<u> </u>		\dashv			
City	State	Zip Code				
Description of Obligation		<u>, I </u>			<u> </u>	<u> </u>
4. TOTALS						
(Total from Outstanding Balance - (End of Period in item 23b. on summary page.)	column mu	ist also be shown				