

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

APR 07 2022 PM

SUMNER COUNTY  
ELECTION COMMISSION

1. DATE OF REPORT <u>APRIL 5, 2022</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>ALICE BACHMAN</u>
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE <u>MAY 3, 2022</u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route                      City                      State                      Zip Code                      Phone <u>138 BUCHANAN CIR HENDERSONVILLE TN                      37075                      615 264-0262</u>	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route                      City                      State                      Zip Code                      Phone	
5. OFFICE SOUGHT (include district number, if applicable) <u>SCHOOL BOARD DISTRICT 3</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>JAMES BACHMAN</u>
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 <u>JANUARY 16, 2022</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>MARCH 31, 2022</u>
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <u>Alice Bachman</u> signature of candidate         </div> <div style="width: 15%; text-align: center;"> <u>4-5-22</u> date         </div> <div style="width: 30%;"> <u>James Bachman</u> signature of political treasurer         </div> <div style="width: 15%; text-align: center;"> <u>4/5/22</u> date         </div> </div>	
11. WITNESS SIGNATURE  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <u>Alice Bachman</u> signature of witness         </div> <div style="width: 15%; text-align: center;"> <u>4-5-22</u> date         </div> <div style="width: 30%;"> <u>James Bachman</u> signature of witness         </div> <div style="width: 15%; text-align: center;"> <u>4-5-22</u> date         </div> </div>	
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT .....	\$ <u>0</u>
b. TOTAL RECEIPTS THIS PERIOD .....	\$ <u>2372.00</u>
c. TOTAL DISBURSEMENTS THIS PERIOD .....	\$ <u>1729.56</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .....	\$ <u>642.44</u>
e. TOTAL LOANS OUTSTANDING <u>(PERSONAL FUNDS)</u> .....	\$ <u>612.00</u>
f. TOTAL OBLIGATIONS OUTSTANDING .....	\$ <u>0</u>



# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>ALICE BACHMAN</b>			2. REPORT COVERING THE PERIOD FROM: <b>1-16-22</b> TO: <b>3-31-22</b>		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <b>0</b>		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name <b>ALICE</b>		Middle Name <b>F</b>	Contribution Received For:		Amount of Contribution
Last Name/Organization Name <b>BACHMAN</b>			<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address <b>(PERSONAL FUNDS)</b>			<input type="checkbox"/> Runoff (Local Elections Only)		<b>710.00</b>
City	State	Zip Code	Date of Contribution <b>MARCH 2022</b>		Aggregate This Election
Occupation					
Employer					
First Name		Middle Name	Contribution Received For:		Amount of 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 Contribution		Aggregate This Election
Occupation					
Employer					
First Name		Middle Name	Contribution Received For:		Amount of 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 Contribution		Aggregate This Election
Occupation					
Employer					
First Name		Middle Name	Contribution Received For:		Amount of 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 Contribution		Aggregate This Election
Occupation					
Employer					
First Name		Middle Name	Contribution Received For:		Amount of 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 Contribution		Aggregate This Election
Occupation					
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>(PERSONAL FUNDS)</b>	<b>710.00</b>

# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>ALICE BACHMAN</b>				2. REPORT COVERING THE PERIOD FROM: <b>1-16-22</b> TO: <b>3-31-22</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	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
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	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
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	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
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	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
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	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
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>ALICE BACHMAN</b>			2. REPORT COVERING THE PERIOD FROM: <b>1-16-22</b> TO: <b>3-31-22</b>		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount		
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		Address			
City		State	Zip Code		
<b>KAPITOL PROMOTIONS, INC.</b>		<b>YARD SIGNS WITH FRAMES</b>			
<b>P.O. BOX 231</b>		<b>PA</b>	<b>19038</b>	<b>612.00</b>	
<b>GLENSIDE</b>		<b>PA</b>	<b>19038</b>		
First Name		Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		Address			
City		State	Zip Code		
<b>KELLY</b>		<b>PUSH CARD BUSINESS CARD DESIGN</b>			
<b>MCKINLEY BRANDING &amp; COMM.</b>		<b>142 RIVERCHASE</b>		<b>210.00</b>	
<b>HENDERSONVILLE</b>		<b>TN</b>	<b>37075</b>		
First Name		Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		Address			
City		State	Zip Code		
<b>ASAP PRINTING</b>		<b>PRINTING PUSH AND BUSINESS CARDS</b>			
<b>116 IMPERIAL BLVD</b>		<b>TN</b>	<b>37075</b>	<b>311.69</b>	
<b>HENDERSONVILLE</b>		<b>TN</b>	<b>37075</b>		
First Name		Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		Address			
City		State	Zip Code		
<b>CAPITOL PROMOTIONS, INC</b>		<b>LARGE SIGNS WITH FRAMES</b>			
<b>P.O. BOX 231</b>		<b>PA</b>	<b>19038</b>	<b>545.00</b>	
<b>GLENSIDE</b>		<b>PA</b>	<b>19038</b>		
First Name		Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		Address			
City		State	Zip Code		
<b>TRUIST BANK</b>		<b>CHECKS</b>			
<b>221 EAST MAIN ST</b>		<b>TN</b>	<b>37075</b>	<b>50.87</b>	
<b>HENDERSONVILLE</b>		<b>TN</b>	<b>37075</b>		
First Name		Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		Address			
City		State	Zip Code		
5. TOTAL ITEMIZED EXPENDITURES (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.)				<b>1729.56</b>	

## ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>ALICE BACHMAN</b>	2. REPORT COVERING THE PERIOD	
	FROM: <b>1-16-22</b>	TO: <b>3-31-22</b>

3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)

Complete the Following for the Source of the Loan

First Name <b>ALICE</b>	Middle Name <b>F</b>	Outstanding Loan Balance (Beginning of Period) <b>0</b>	Loans Received <b>612.00</b>	Loan Payments <b>0</b>	Outstanding Loan Balance (End of Period) <b>612.00</b>
Last Name/Organization Name <b>BACHMAN (PERSONAL FUNDS)</b>		Loan Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Date of Loan <b>3-1-2022</b>	
Address <b>135 BUCHANAN CIR</b>		City <b>HENDERSONVILLE</b>		State <b>TH</b>	Zip Code <b>37075</b>

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	City	State
Zip Code		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	City	State
Zip Code		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	City	State
Zip Code		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	City	State
Zip Code		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.e, on front page.)

Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)
<b>0</b>	<b>612.00</b>	<b>0</b>	<b>612.00</b>



## ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
ALICE BACHMAN				FROM: 1-16-22		TO: 3-31-22	
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)
First Name	Middle Name			0	0	0	0
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							
4. TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)				0	0	0	0