

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>1/31/22</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>Friends of April Barker</u>	
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>April Barker</u>		3. ELECTION DATE <u>8/4/22</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>1091 Isaac Franklin Dr. Gallatin TN 37066</u> <u>615-806-5199</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>County Commissioner District 10</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>April Barker</u>	
7. CATEGORY OF REPORT (Check one) <input 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 checked="" type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD <u>7/1/21</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>1/15/22</u>	
9. (Check one) a. <input checked="" 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 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. <u>AMBarker</u> <u>1/31/22</u> <u>AMBarker</u> <u>1/31/22</u> signature of candidate date signature of political treasurer date			
11. WITNESS SIGNATURE <u>Ashley Owen</u> <u>1/31/22</u> <u>Ashley Owen</u> <u>1/31/22</u> signature of witness date signature of witness date			
12. SUMMARY <div style="text-align: center;">FILED AM PM</div> a. BALANCE ON HAND LAST REPORT \$ <u>0</u> <div style="text-align: center;">JAN 31 2022</div> b. TOTAL RECEIPTS THIS PERIOD \$ <u>250.00</u> <div style="text-align: center;">SUMNER COUNTY ELECTION COMMISSION</div> c. TOTAL DISBURSEMENTS THIS PERIOD \$ <u>0</u> d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) \$ <u>250.00</u> e. TOTAL LOANS OUTSTANDING \$ <u>0</u> f. TOTAL OBLIGATIONS OUTSTANDING \$ <u>0</u>			



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) Friends of April Barker	14. REPORT COVERING THE PERIOD FROM: 7/1/21 TO: 1/15/22
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RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period)	\$ 0
b. Itemized Contributions (over \$100 from each source this period)	\$ 250.00
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ 250.00

16. LOANS RECEIVED THIS REPORTING PERIOD \$ 0

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ 0

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 250.00

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)

_____	\$	_____
_____	\$	_____
N/A	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

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.) \$ 0

22. IN-KIND CONTRIBUTIONS

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 22.b.)	\$ 0

23. OBLIGATIONS

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.)	\$ 0



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Friends of April Barker			2. REPORT COVERING THE PERIOD FROM: 7/1/21 TO: 1/15/22	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)				
First Name Kurt	Middle Name	Contribution Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Amount of Contribution \$250
Last Name/Organization Name Barker		<input type="checkbox"/> Runoff (Local Elections Only)		
Address 1091 Isaac Franklin Dr.		Date of Contribution 1/15/22		Aggregate This Election
City Ballatin	State TN	Zip Code 37066		
Occupation owner		Employer TN Medicare Solutions		
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Runoff (Local Elections Only)		
Address		Date of Contribution		Aggregate This Election
City	State	Zip Code		
Occupation		Employer		
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Runoff (Local Elections Only)		
Address		Date of Contribution		Aggregate This Election
City	State	Zip Code		
Occupation		Employer		
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Runoff (Local Elections Only)		
Address		Date of Contribution		Aggregate This Election
City	State	Zip Code		
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.)				\$250