CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

DATE OF REPORT 2.a. NAME OF C.	ANDIDATE OR COMMITTEE		POPPER KING
Jan 20, 2023 leri	Bout		
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE August	4th 2022
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City	State	Zip Code	Phone
334 Fannis Circle Gallal	in tu	37027	1029-259-4
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City	State	Zip Code	Phone
Some	State	Zip Code	Filone
OFFICE SOUGHT (include district number, if applicable)		TREASURER (may be	candidate)
County Cours. Dist 13	Hellen	West	
7. CATEGORY OR REPORT (Check one)	PRE- PRE-	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. ENDING DATE OF REP		SOFFLEIVIENTAL
Oct 1 3022	Jan 15 2	023	
9. (Check one)			
 a. This campaign is exempt from detailed disclosure becautures total \$1,000 or less for this reporting period. (Comb. This campaign is required to file a detailed financial discland/or expenditures total more than \$1,000 for this reporting. 	plete items 12d., 12e. and 12f osure because contributions (.)	
I/we do solemnly swear or affirm that the information containe accurate accounting of campaign contributions and expenditure Financial Disclosure Act. Additionally, I/we swear or affirm that benefit of the candidate or for any other nonpolitical purpose as signature of candidate 1/25/26 3/26 3/26 4/25/26 5/26 6/26 7/26 8/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26 9/26	es required to be reported by to no campaign contributions has defined by the federal internal	the candidate committee ave been expended for t	by the Campaign
11. WITNESS SIGNATURE 1/25/23	Jud	Mtchel	1/25/23
signature of witness date	/ Sign	ature of witness	′ ďate
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT AM	PM	s 24ldo.7.	2
b. TOTAL RECEIPTS THIS PERIOD		\$	61.00
c. TOTAL DISBURSEMENTS THIS PERIODSUMMER COL	JNTY	s 2,466.7	2 self-loan
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)			s <u> </u>
e. TOTAL LOANS OUTSTANDING			s_&_
f. TOTAL OBLIGATIONS OUTSTANDING			s_ 0

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)		14. REI	PORT	COVE	RING	3 THE F	PERIO
Terri Boyt		FROM:	41	22	TO:	Jan	151
RECEIPTS							
15. CONTRIBUTIONS (other than loans and interest)		•	A	_			
a. Unitemized Contributions (\$100 or less from each source this period)					_		
b. Itemized Contributions (over \$100 from each source this period)						-0	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. a						0	
6. 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.)				\$_	ϵ	<u>}</u>
DISBURSEMENTS							
19. EXPENDITURES (other than loan payments)							
a. Expenditures (\$100 or less each payee this period) (must be listed by	category - e.	.g., printir	ng, po	stage,	gasol	line)	
\$							
\$							
\$							
		N FOR					
\$	-	_					
		_					
\$							
\$	-						
\$		1					
Total of Expenditures (\$100 or less each payee)		\$					
b. Itemized Expenditures (Over \$100 each payee this period)							
TOTAL EVENDITUEES (II II I II II II III II							
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 20. LOAN REPAYMENTS MADE THIS PERIOD							
						-	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item	1 12.c.)				\$ _		
22.IN-KIND CONTRIBUTIONS							
a. Unitemized in-kind contributions (\$100 or less from each source this per	eriod)	\$		108	_		
b. Itemized in-kind contributions (over \$100 from each source this period))	\$			_		9
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22	2.a. and 22.b	o.)			\$_		
23. OBLIGATIONS							
a. Unitemized Obligations Outstanding (\$100 or less each)		\$		3.3	_		
b. Itemized Obligations Outstanding (Over \$100 each)		\$					
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be	shown i iter	n 12.f.)			\$_	-6	7

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE	RING THE PERIOD TO:				
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	IONS FRO	OM PRECEDING PAG	F (enter \$0 if first itemized no	(ane)	Amount Q
4. COMPLETE THE APPROPRIATE ITEMS FOR EA					or)
First Name	Middle Nam		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		na G			
Employer					
First Name	Middle Nan	ne	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					
					The second second second
First Name	Middle Nam	e	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					
First Name	Middle Nan	ne	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			☐ Primary Election ☐	General Election	
Address			Runoff (Local Election	ns Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer		LULA LINE		1000	
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages (If this is the last page of contributions, this amount must					8

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR COM	MITTEE				RING THE PERIOD		
				FROM:	TO:		
3. TOTAL ITEMIZED IN-KIND CONT			,	, ,	Amount		
4. COMPLETE THE APPROPRIATE ITE	MS FOR EACH ITEM	IZED IN-KIND CONTRI	BUTION (in-kind contributions totaling	more than \$100 from any c	ontributor during the period)		
First Name	Middle Na	ame	In-Kind Contribution Receive		Value of In-Kind Contribution		
Last Name/Organization Name			Runoff (Local Elections Only)				
Address			Date of In-Kind Contribution	Date of In-Kind Contribution			
City	State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer						
First Name	irst Name Middle Name			d For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name			☐ Primary Election ☐ Runoff (Local Election				
Address			Date of In-Kind Contribution		Aggregate this Election		
City	State	Zip Code	Description of In-Kind Contribution	771			
Occupation	Employer						
First Name	st Name Middle Name/			d For:	Value of In-Kind Contribution		
Last Name/Organization Name			☐ Primary Election ☐ Runoff (Local Election				
Address	ddress		Date of In-Kind Contribution		Aggregate this Election		
City	State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer						
First Name	/ Middle Na	ame	In-Kind Contribution Receive		Value of In-Kind Contribution		
Last Name/Organization Name			☐ Primary Election ☐ Runoff (Local Election				
Address	1		Date of In-Kind Contribution		Aggregate this Election		
City	State	Zip Code	Description of In-Kind Contribution	711273	AP TO A POST OF		
Occupation	Employer						
First Name	Middle Na	me	In-Kind Contribution Receive	ed For:	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						
5. TOTAL ITEMIZED IN-KIND CONT (Carry forward to item 3. of next page if additional control of the state of t	itional pages of this form				5		
(If this is the last page of in-kind contribution SS-1128 (Rev. 2/06)	is, this amount must be s	shown in item 22b. of summa	Pag	e d of 7	RDA 1159		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR CO	MMITTEE				COVERING THE PERIOD	
				FROM:	TO:	
3. TOTAL ITEMIZED CAMPAIGN I	EXPENDITURES FR	OM PRECEDING	PAGE (enter \$0 if first itemized n	aga)	Amount	
4. COMPLETE THE APPROPRIATE I					a the period)	
First Name	Middle N	AND DESCRIPTION OF THE PERSON OF	Purpose of Expenditure	oo to any payee dumi	When the same of the last of t	
	Wildule Name		Fulpose of Experialture		Amount of Expenditure	
Last Name/Business Name		7.1			St. 15 - 1 '	
Address						
City	State	Zip Code				
First Name	Middle N	amo	Durnoss of Europaditure	Purpose of Expenditure		
· institutio	Wilddle N	ane	Furpose of Experialture		Amount of Expenditure	
Last Name/Business Name	89, 77					
Address						
*						
City	State	Zip Code				
First Name	Middle N	ame	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address		Zapi.				
City	State	Zip Code				
First Name	Middle Na	ime	Purpose of Expenditure	Purpose of Expenditure		
and Nicona (Douglasson Nicona)	milet name		- arpood of Exportantial	- Sportalities		
ast Name/Business Name						
Address						
City	State	7in Onda				
ony	State	Zip Code				
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
ast Name/Business Name						
Address						
			198			
City	State	Zip Code				
First Name	1618.11	NO.				
riist Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
ast Name/Business Name	•					
Address			4 1			
222 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			-1			
City	State	Zip Code				
5. TOTAL ITEMIZED EXPENDITI					, _	
(Carry forward to item 3. of next page if at (If this is the last page of expenditures, thi	dditional pages of this form is amount must be shown i	are used.) n item 19b, of summarv			6	
		2. 2. 03				

SS-1129 (Rev. 4/02)

Page _____ of _____

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE O	Bout	ACH ITEMIZ	ZED LOAN	(loans totaling n	nore than \$100	F	ROM:	1/27	NG THE PERIOD
Complete the Following for the S	THE OWNER OF THE OWNER OWNER OF THE OWNER	13/3/2/3		R. P. Lank		Arabanika			
First Name Last Name/Organization Name Address	Middle Name		Outstanding (Beginning	0	Loans Receive	ed P	Loan ayments 16672 633.8	G -	nding Loan Balance End of Period)
City	State Zip C	ode	☐ Prima		Genera	l Election	Date of t	ban	
A CAR STATE	List All Endorsers or	Guarantors for	or Above Lo	an (If more spa	ce is neede	d please attac	b a page)		
First Name Terri	Middle	e Name	A in	First Name		1		Middle Na	ame
Last Name/Organization Name	-> Paid	self		Last Name/Org	anization Nar				
Address	-> Word	mag.	Loan	Address	033.				
City	State	Zip Ci	ode	City	03.5.	1		State	Zip Code
Amount Guaranteed Outstanding				Amount Guarar	nteed Outstan	ding			
First Name	Middle	e Name		First Name				Middle Na	ame
Last Name/Organization Name				Last Name/Org	anization Nar	me	1		
Address	· 學 · 20			Address			1		
City	State	Zip Co	ode	City			1	State	Zip Code
Amount Guaranteed Outstanding				Amount Guarar	teed Outstan	ding			
First Name	Middle	Name	25.74	First Name				Middle N	ame
Last Name/Organization Name				Last Name/Org	anization Nan	ne			
Address	1 - W 18 - 1	10		Address					
City	State	Zip Co	ode	City				State	Zip Code
Amount Guaranteed Outstanding				Amount Guaran	teed Outstand	ding	17.7		
First Name	Middle	Name		First Name				Middle Na	ame
Last Name/Organization Name				Last Name/Org	anization Nan	ne		100	
Address				Address				8	
City	State	Zip Co	ode	City				State	Zip Code
Amount Guaranteed Outstanding				Amount Guaran	teed Outstand	ding			
4. Totals for all Loans (complete (Total loans received should also be s	W AU	Outstanding Lo (Beginning o	an Balance f Period)	Loans Received		pan C	Outstanding Loan Balance (End of Period)		
(Total loan payments should also be s (Total outstanding loan balance should		10,10	0	1-	V	,100	0		

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COL	2. REPORT COVERING THE PERIOD					
				FROM:	TO:	
OBLIGATION (obligations totaling	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)			Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	ame				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	ame			10000	
Last Name/Business Name					100	
Address		3]				
City	State	Zip Code			la - 100	
Description of Obligation						
First Name	Middle Na	ame				
Last Name/Business Name						
Address						
City	State	Zip Code		4.8		
Description of Obligation						
First Name	Middle Na	ame			8	
Last Name/Business Name			-			
Address						
City	State	Zip Code				
Description of Obligation			57p. 7n.			
First Name	Middle Na	ame	1			
Last Name/Business Name			The second second			
Address						
City	State	Zip Code				
Description of Obligation		1				
				_		1000
TOTALS (Total from Outstanding Balance - (Enrin item 23b. on summary page.)	d of Period) column mu	st also be shown				0
nom 200. on outsitiary page.)						