## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

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

|               |   | 0111310 Cdi                                 | Idianio  |  | 1003                                |   |
|---------------|---|---|--|--|-------------------------------------|---|
| 1. DA         | TE OF REPORT  | 2.a. NAMEOFC                                | ANDIDATE OR  | COMMITTEE                                      |                                     |   |
|               | <u> </u>  | Terri B                                     | <u>. G∞</u>  | <u>dwn</u>                                     |                                     |   |
| 2.b. IF       | COMMITTEE, NAME OF CANDIDATE  |   |  |  | 3. ELECTION D                       | ATE   |
| ļ             |   |   |  | ·  | 11/2022                             | <del> </del>                                      |
|               | MPAIGN ADDRESS AND PHONE eet or Rural Route   | City  |  | State  | l<br>Zip Code                       | Phone   |
| 104           | Bernwood Ct 1   | entersonal                                  | 10.  | Til  | 31015                               | 615 973 4431                                      |
| 4.b. CA       | NDIDATE'S HOME ADDRESS (if differen   | nt than 4.a.)                               |  | '''  |                                     | (4) -4 10 14 101                                  |
| Str           | eet or Rural Route  | City  |  | State  | Zip Code                            | Phone   |
| 104           | FICE SOUGHT (include district number,   | <u>Henderson</u>                            |  |  |                                     | 615.973.4431                                      |
|               | ·   |   | 1  |  | L TREASURER (ma                     | y be candidate)                                   |
| Hende<br>7 CA | Gonville Alderman W<br>TEGORY OR REPORT (Check one)   | 20rd 4                                      | Jeff   | Huey   |                                     |   |
|               |   |   |  |  |                                     |   |
| 1             | FIRST SECOND THIRD<br>JARTER QUARTER QUARTER  | FOURTH<br>QUARTER                           | PRE-<br>PRIMARY                                    | PRE-<br>GENERAL                                | MID-YEAF<br>SUPPLEMEN               |   |
| 8.a. BE       | GINNING DATE OF REPORTING PERIOD  | -   | 8.b. ENDIN   |  | PORTING PERIOD                      |   |
|               | 01- <del>3</del> 092  |   | 07-11  | - 9095   |                                     |   |
| 9. (Che       | ck one)   |   | -  |  |                                     |   |
| а.            |   |   |  |  |                                     | \$1,000 or less AND expendi-                      |
|               | tures total \$1,000 or less for this rep  |   | •  |  | ,                                   |   |
| b.            | This campaign is required to file a de<br>and/or expenditures total more than   |   |  | e contributions                                | (including in-kind) re              | ceived total more than \$1,000                    |
| ac<br>Fi      | we do solemnly swear or affirm that the incurate accounting of campaign contribution nancial Disclosure Act. Additionally, I/we enefit of the candidate or for any other not signature of candidate | ons and expenditure<br>swear or affirm that | es required to | be reported by contributions he federal intern | the candidate commave been expended | nittee by the Campaign for the personal financial |
| 14. W         | TNESS SIGNATURE signature of witness  | 7\5\22<br>date                              | $\mathcal{L}$                                      | sign   | nature of witness                   | 07 (cs 2002)<br>date                              |
| 12. SUI       | MMARY   |   |  |  |                                     |   |
| a.            | BALANCE ON HAND LAST REPORT   |   |  | •••••  | 4 <b>904</b>                        | 197   |
| b.            | TOTAL RECEIPTS THIS PERIOD  |   | ***************************************            |  | 1700                                | 2,00  |
| c.            | TOTAL DISBURSEMENTS THIS PERIOD   |   |  |  | 378                                 | (a,1)   |
| d.            | BALANCE ON HAND (12.a. plus 12.b.   | minus 12.c.)                                | FILED  |  |                                     | s <u>2818,8</u> 6                                 |
|               | TOTAL LOANIO OUTOTANIONIO   | AM  |  | PM   |                                     |   |
| e.            | TOTAL LOANS OUTSTANDING   |   | IUL 0 5 2  | 122  |                                     | \$  |
| f.            | TOTAL ORLIGATIONS OF TSTANDING  |   |  |  |                                     | <b>c</b>  |
| L             | TOTAL OBLIGATIONS OUTSTANDING.  | Sl  | IMNER COU  | NTY  |                                     | Ф   |
|               |   | FLEC  | TION COMM  | 11221014                                       |                                     |   |



### **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)                | s <u>. 100,                                  </u>             |
| b. Itemized Contributions (over \$100 from each source this period)                     | s 1607,00   |
| c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15                 | ь)s <u>1700.°</u> 0   |
| 16. LOANS RECEIVED THIS REPORTING PERIOD  | \$ <u>O</u>   |
| 17. INTEREST RECEIVED THIS REPORTING PERIOD   | s   |
| 18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)              | \$ 1700, <sup>®</sup>   |
| DISBURSEMENTS   |   |
| 19. EXPENDITURES (other than loan payments)   |   |
| a. Expenditures (\$100 or less each payee this period) (must be listed by category \$80 | y - e.g., printing, postage, gasoline)  70, 90  701, 05  3,16 |
| 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.)               | \$ <u>5.7.10,11</u>   |
| 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)             | * 100,80  |
| c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and                      | 22.b.)\$ 1QQ,80   |
| 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.)\$\$   |

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

| 2 REPORT COVERING THE PERIOD FROM: TO: Amount  first itemized page)  aling more than \$100 from any contributor) In Received For: Amount of Contribution  Aggregate This Election  Amount of Contribution  Aggregate This Election  (Local Elections Only)  (Local Elections Only)  (Local Elections Only)  Aggregate This Election  Aggregate This Election |
|---|
| aling more than \$100 from any contributor)  In Received For:  Amount of Contribution  200.00  Aggregate This Election  Amount of Contribution  Aggregate This Election  I Contribution  Aggregate This Election  I Contribution  Aggregate This Election  I Contribution  Aggregate This Election  Amount of Contribution  Aggregate This Election  I Contribution  Aggregate This Election  Aggregate This Election   |
| aling more than \$100 from any contributor)  In Received For:  Amount of Contribution  200.00  Aggregate This Election  Amount of Contribution  Aggregate This Election  I Contribution  Aggregate This Election  I Contribution  Aggregate This Election  I Contribution  Aggregate This Election  Amount of Contribution  Aggregate This Election  I Contribution  Aggregate This Election  Aggregate This Election   |
| Amount of Contribution  If (Local Elections Only)  Aggregate This Election  Amount of Contribution  Aggregate This Election  Amount of Contribution  Aggregate This Election  I (Local Elections Only)  |
| ry Election General Election  f (Local Elections Only)  Aggregate This Election  Amount of Contribution  Received For:  Y Election General Election  (Local Elections Only)  ibution  Aggregate This Election  Aggregate This Election  Aggregate This Election   |
| f (Local Elections Only)  Aggregate This Election  Aggregate This Election  Amount of Contribution  (Local Elections Only)  ibution  Aggregate This Election  Aggregate This Election  Aggregate This Election  |
| f (Local Elections Only)  Aggregate This Election  Aggregate This Election  Amount of Contribution  (Local Elections Only)  ibution  Aggregate This Election  Aggregate This Election  Aggregate This Election  |
| Aggregate This Election  Aggregate This Election  Amount of Contribution  P Election General Election  (Local Elections Only)  Aggregate This Election  Aggregate This Election  Aggregate This Election  |
| Aggregate This Election  In Received For:  Amount of Contribution  Y Election  (Local Elections Only)  In Received For:  Amount of Contribution  Aggregate This Election  Aggregate This Election  O - D Q  |
| Aggregate This Election  In Received For:  Amount of Contribution  Y Election  (Local Elections Only)  In Received For:  Amount of Contribution  Aggregate This Election  Aggregate This Election  O - D Q  |
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| Received For: Amount of Contribution  |
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| Local Elections Only)   |
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| Aggregate This Election   |
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## **ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE**

| 1. NAME OF CANDIDATE (  | OR COMMITTEE                          |               |                            |   | 2 REPORT COVER                        | RING THE PERIOD               |  |
|---|---------------------------------------|---------------|----------------------------|---|---------------------------------------|-------------------------------|--|
|   |                                       |               |                            |   | FROM:                                 | TO:                           |  |
| 2 TOTAL ITEMIZED IN VIND  | CONTRIBUTIONS                         | FDOM          | DDECEDIMO DAC              | NE /  |                                       | Amount                        |  |
|   |                                       |               |                            | GE (enter \$0 if first itemized pag             |                                       |                               |  |
|   |                                       |               |                            | RIBUTION (in-kind contributions totaling        |                                       | ontributor during the period) |  |
| First Name  | Mid                                   | ldle Nan      | ne                         | In-Kind Contribution Recei Primary Election     |                                       | Value of In-Kind Contribution |  |
| Last Name/Organization Name   |                                       |               |                            | l <u> </u>                                      |                                       | 160.88                        |  |
| Zimmerman<br>Address  |                                       |               |                            |   | Runoff (Local Elections Only)         |                               |  |
| 109 General S   | IF Ahmic                              |               |                            | Date of In-Kind Contribution<br>しっちー ショ         |                                       | Aggregate this Election       |  |
| 109 General S<br>Thereteransille  | St                                    | late          | Zip Code                   | Description of In-Kind Contribution             |                                       |                               |  |
| Occupation Occupation   | Employer                              | 10            | 137075                     | Conation of                                     | Post Couds                            |                               |  |
|   |                                       |               |                            |   |                                       |                               |  |
| First Name Middle Name  |                                       |               | In-Kind Contribution Recei | ived For  | Value of In-Kind Contribution         |                               |  |
|   |                                       |               |                            | Primary Election                                |                                       | Page of In-taile Contributor  |  |
| Last Name/Organization Name   |                                       |               |                            | Runoff (Local Election                          | ons Only)                             |                               |  |
| Address   |                                       |               |                            | Date of In-Kind Contribution                    | · · · · · · · · · · · · · · · · · · · |                               |  |
| City  |                                       | L-1-          | T 7- 0-4-                  | D : : : (1 / 10 / 10 / 10 / 10 / 10 / 10 / 10 / |                                       | Aggregate this Election       |  |
|   |                                       | tate          | Zip Code                   | Description of In-Kind Contributio              | ก                                     |                               |  |
| Occupation  | Employer                              |               |                            |   |                                       |                               |  |
|   |                                       |               |                            |   |                                       |                               |  |
| First Name  | Mic                                   | ddle Nar      | пе                         | In-Kind Contribution Recei                      |                                       | Value of In-Kind Contribution |  |
| Last Name/Organization Name   | ·                                     | <del> ,</del> |                            | Primary Election                                | General Election                      |                               |  |
|   |                                       |               |                            | Runoff (Local Election                          | ons Only)                             |                               |  |
| Address   |                                       |               |                            | Date of In-Kind Contribution                    |                                       | Aggregate this Election       |  |
| City  | St                                    | tate          | Zip Code                   | Description of In-Kind Contributio              |                                       |                               |  |
| Occupation  | Employer                              |               | <u></u>                    |   |                                       |                               |  |
|   |                                       |               |                            |   |                                       |                               |  |
| First Name Middle Name  |                                       |               |                            | In-Kind Contribution Recei                      | ived Fam                              | (d 1)   (c. 10 . 1)   c       |  |
|   | on.                                   | JUIO (VA)     |                            |   | General Election                      | Value of In-Kind Contribution |  |
| Last Name/Organization Name   |                                       |               |                            | Runoff (Local Election                          | one Only)                             |                               |  |
| Address   | · · · · · · · · · · · · · · · · · · · |               |                            | Date of In-Kind Contribution                    | Jis Oray)                             | Aggregate this Election       |  |
|   |                                       |               | <del></del>                | 200 00 00 00 00 00 00 00 00 00 00 00 00         |                                       | raggregate one Electron       |  |
| City  | St                                    | tate          | Zip Code                   | Description of In-Kind Contributio              | n                                     |                               |  |
| Occupation  | Employer                              |               | <del></del>                |   |                                       |                               |  |
|   |                                       |               |                            |   |                                       |                               |  |
| First Name  | Mi                                    | iddle Narr    | ie                         | In-Kind Contribution Reci                       |                                       | Value of In-Kind Contribution |  |
| Last Name/Organization Name   |                                       |               |                            | Primary Election                                | General Election                      |                               |  |
| , <u> </u>  |                                       |               |                            | Runoff (Local Election                          | ons Only)                             |                               |  |
| Address   |                                       |               |                            | Date of In-Kind Contribution                    |                                       | Aggregate this Election       |  |
| City  | Sta                                   | ate           | Zip Code                   | Description of In-Kind Contribution             | <u> </u>                              | <u> </u>                      |  |
| Occupation  | Employer                              | <del></del> - |                            | _   |                                       |                               |  |
|   |                                       |               |                            |   |                                       |                               |  |
| 5. TOTAL ITEMIZED IN-KIND   | CONTRIBUTIONS                         | i             |                            |   |                                       |                               |  |
| (Carry forward to item 3, of next pa<br>(If this is the last page of in-kind co |                                       |               |                            | many \  |                                       |                               |  |
| SS-1128 (Rev. 2/06)   | THE PERSONS AND PROPERTY OF           | <br>          | own in item 220. UI SUM    |   | age of 5                              | DD1 4450                      |  |
| 00-1120 (Nev. 2100)   |                                       |               |                            | Pa  | ige of                                | RDA 1159                      |  |

#### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

| NAME OF CANDIDATE OR COMMITTEE   |                               |                                |  | 2. REPORT COVER               | RING THE PERIOD                              |
|--|-------------------------------|--------------------------------|--|-------------------------------|--|
|  |                               |                                |  | FROM:                         | TO:  |
|  |                               |                                |  | •                             | Amount                                       |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDITU   | IRES FRO                      | M PRECEDING PAG                | E (enter \$0 if first itemized pa              | ige)                          |  |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR E  | ACH ITEM                      | IZED EXPENDITURE (             | expenditures totaling more than \$10           | I to any payee during the per | riod)  |
| First Name   | Middle Na                     | me                             | Purpose of Expenditure                         |                               | Amount of Expenditure                        |
|  |                               |                                | Gia ar   |                               |  |
| Last Name/Business Name  |                               | Signs, magnets : shirts        |  |                               |  |
| Do Dat Communication   | 21/2                          |                                | † <i>.</i>                                     |                               | 2906.05                                      |
| 10ac Lavern Circle   |                               |                                |  |                               |  |
| City   | State                         | Zip Code                       |  |                               |  |
| Herdersonville.  | IN                            | 37075                          |  |                               |  |
| First Name   | Middle Na                     | me                             | Purpose of Expenditure                         |                               | Amount of Expenditure                        |
| Last Name (Carlotte Manne  |                               |                                |  |                               |  |
| Last Name/Business Name  |                               |                                | postcard Star                                  | nps                           | 43.16  |
| USPS<br>Address  |                               |                                | -  |                               |  |
| 705 Imperial Blvd  | <u>,</u>                      | ·•··                           |  |                               |  |
|  | State                         | Zip Code                       |  |                               |  |
| Hendersonville   | TN                            | 37075                          |  |                               |  |
| First Name   | Middle Na                     | me                             | Purpose of Expenditure                         |                               | Amount of Expenditure                        |
|  | <u> </u>                      |                                |  |                               |  |
| Last Name/Business Name ASAP Priotios  |                               |                                | push cards                                     |                               |  |
| ASAP Printing  |                               |                                |  |                               | 820.90                                       |
| Illa Imperial Blyd   |                               |                                |  |                               | 3.0. 10                                      |
| City   | State                         | Zip Code                       |  |                               |  |
| Herricannille.   | ITU                           | 37075                          |  |                               |  |
| First Name   | Middle Nar                    | ne                             | Purpose of Expenditure                         |                               | Amount of Expenditure                        |
| L IN COLUMN TO SERVICE STATE OF THE SERVICE STATE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE S | <u> </u>                      |                                | _  |                               |  |
|  |                               |                                |  |                               |  |
| Last Name/Business Name  |                               |                                |  |                               |  |
| Last Name/Business Name Address  |                               |                                | <del>-  </del>                                 |                               |  |
|  |                               |                                |  |                               |  |
|  | State                         | Zip Code                       | _  |                               |  |
| Address  | State                         | Zip Code                       |  |                               |  |
| Address  | State<br>Middle Nar           |                                | Purpose of Expenditure                         |                               | Amount of Expenditure                        |
| Address  City  First Name  |                               |                                | Purpose of Expenditure                         |                               | Amount of Expenditure                        |
| Address  |                               |                                | Purpose of Expenditure                         |                               | Amount of Expenditure                        |
| Address  City  First Name  |                               |                                | Purpose of Expenditure                         |                               | Amount of Expenditure                        |
| Address  City  First Name  Last Name/Business Name   |                               | ne                             | Purpose of Expenditure                         |                               | Amount of Expenditure                        |
| Address  City  First Name  Last Name/Business Name   |                               |                                | Purpose of Expenditure                         |                               | Amount of Expenditure                        |
| Address  City  First Name  Last Name/Business Name  Address  | Middle Nar                    | ne                             |  |                               |  |
| Address  City  First Name  Last Name/Business Name  Address  | Middle Nar                    | Zip Code                       | Purpose of Expenditure  Purpose of Expenditure |                               | Amount of Expenditure  Amount of Expenditure |
| Address  City  First Name  Last Name/Business Name  Address  City  First Name  | Middle Nar                    | Zip Code                       |  |                               |  |
| Address  City  First Name  Last Name/Business Name  Address  City  | Middle Nar                    | Zip Code                       |  |                               |  |
| Address  City  First Name  Last Name/Business Name  Address  City  First Name  | Middle Nar                    | Zip Code                       |  |                               |  |
| Address  City  First Name  Last Name/Business Name  Address  City  First Name  Last Name/Business Name  Address  | Middle Nar State Middle Nar   | Zip Code                       |  |                               |  |
| Address  City  First Name  Last Name/Business Name  Address  City  First Name  Last Name/Business Name   | Middle Nar                    | Zip Code                       |  |                               |  |
| Address  City  First Name  Last Name/Business Name  Address  City  First Name  Last Name/Business Name  Address  City  | Middle Nar State Middle Nar   | Zip Code                       |  |                               |  |
| Address  City  First Name  Last Name/Business Name  Address  City  First Name  Last Name/Business Name  Address  City  5. TOTAL ITEMIZED EXPENDITURES  | Middle Nar State Middle Nar   | Zip Code Telegraphic Code      |  |                               |  |
| Address  City  First Name  Last Name/Business Name  Address  City  First Name  Last Name/Business Name  Address  City  | Middle Nar  State  Middle Nar | Zip Code  Zip Code  are used.) |  |                               |  |