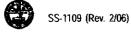
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

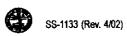
For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAMEOFCAN	ididateorcommitte Be <i>cker</i>	E	
2.b. IF COMMITTEE, NAME OF CANDIDATE	1 Daily	<i>reuei</i>	3. ELECTION D	ATF
Z.D. IF COMMITTEE, NAME OF CANDIDATE			2022	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	State	Zip Code	Phone
102 General Snith Pl. +	lendersonville	・	37075	615-594-3544
4.b. CANDIDATE'S HOME ADDRESS (if differer Street or Rural Route	nt than 4.a.) City	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number,	if applicable)	6. NAME OF POLITI	CAL TREASURER (ma	y be candidate)
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH COURTER	PRE- PREPRIMARY GENER	, - MID-YEAR RAL SUPPLEMEN	
8.a. BEGINNING DATE OF REPORTING PERIOD		8.6. ENDINGDATE OF 1		
9. (Check one)				
 a. This campaign is exempt from detail tures total \$1,000 or less for this rep b. This campaign is required to file a deand/or expenditures total more than 	orting period. (Comple etailed financial disclos	ete items 12d., 12e. and ure because contribution	l 12f.)	
	•			
I/we do solemnly swear or affirm that the accurate accounting of campaign contribut Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other no signeture of candidate	ions and expenditures e swear or affirm that n	required to be reported o campaign contribution efined by the federal in	by the candidate comments have been expended	nittee by the Campaign
11. WITNESS SIGNATURE				
ali(50 le	4/4/2022	Pour	ر خوا	4166
signature of witness	date		signature of witness	date
12. SUMMARY			/0	
a. BALANCE ON HAND LAST REPORT	7 411		<u>, 1492.9</u>	
b. TOTAL RECEIPTS THIS PERIOD	АР	R 7 -2022	s 1100.	<u>00</u>
c. TOTAL DISBURSEMENTS THIS PERIOD)		s 1115.	<u> </u>
d. BALANCE ON HAND (12.a. plus 12.b.	SUM ELECT minus 12.c.)	MNER COUNTY ION COMMISSION		s 1477.72
e. TOTAL LOANS OUTSTANDING				s



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD				
Jerry Becker	FROM: ו (בב וווי דום				
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)					
a. Uniternized Contributions (\$100 or less from each source this period)	\$ 100.00				
b. Itemized Contributions (over \$100 from each source this period)	\$ 1000.00				
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	s 1100·00				
16. LOANS RECEIVED THIS REPORTING PERIOD	s <u> </u>				
17. INTEREST RECEIVED THIS REPORTING PERIOD					
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>1100.00</u>				
DISBURSEMENTS					
19. EXPENDITURES (other than loan payments)					
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	e.g., printing, postage, gasoline)				
<u> </u>					
\$					
\$					
\$					
\$					
\$					
\$					
\$					
\$					
Total of Expenditures (\$100 or less each payee)					
b. Itemized Expenditures (Over \$100 each payee this period)	s 1110.23				
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	s <u>1115.a3</u>				
20. LOAN REPAYMENTS MADE THIS PERIOD	•				
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)					
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.)\$				
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 ite	m 12.f.)\$				



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVER	TO: 3/31/22				
Jerry Becker		Amount				
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
	100 from any contributor)	Amount of Contribution				
First Narge Ken	Middle Name		Contribution Received For:		Amount of Contibution	
East Name/Organization Name	Last Name/Organization Name			General Election	1,000.00	
address 25 Hidden Lake Rd.			Runoff (Local Election			
chy Hendersunville	State Zip Code 37075		Date of Contribution		Aggregate This Election	
			3/7/22		1,000.00	
Retired			·	1,000.00		
Employer						
First Name	Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name			Primary Election General Election			
Address			Runoff (Local Electio	ns Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election	
	State	Брсос	Date of Continuous		Aggregate This Election	
Occupation						
Employer		1		i		
First Name	Middle Nam	e	Contribution Received For	:	Amount of Contribution	
First Name Last Name/Organization Name	Middle Nam	е		: General Election	Amount of Contribution	
	Middle Nam	e		General Election	Amount of Contribution	
Last Name/Organization Name	Middle Name	e Zip Code	Primary Election	General Election	Amount of Contribution Aggregate This Election	
Last Name/Organization Name Address			☐ Primary Election	General Election		
Last Name/Organization Name Address City			☐ Primary Election	General Election		
Last Name/Organization Name Address City Occupation			Primary Election Runoff (Local Election Date of Contribution	General Election	Aggregate This Election	
Last Name/Organization Name Address City Occupation		Zip Code	☐ Primary Election	General Election		
Last Name/Organization Name Address City Occupation Employer	State	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For:	General Election	Aggregate This Election	
Last Name/Organization Name Address City Occupation Employer First Name	State	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For:	General Election ns Only) General Election	Aggregate This Election	
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name	State	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For:	General Election ns Only) General Election	Aggregate This Election	
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address	State State Middle Nam	Zip Code	☐ Primary Election ☐ Runoff (Local Election Date of Contribution Contribution Received For: ☐ Primary Election ☐ Runoff (Local Election	General Election ns Only) General Election	Aggregate This Election Amount of Contribution	
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address City	State State Middle Nam	Zip Code	☐ Primary Election ☐ Runoff (Local Election Date of Contribution Contribution Received For: ☐ Primary Election ☐ Runoff (Local Election	General Election ns Only) General Election	Aggregate This Election Amount of Contribution	
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address City Occupation	State State Middle Nam	Zip Code	☐ Primary Election ☐ Runoff (Local Election Date of Contribution Contribution Received For: ☐ Primary Election ☐ Runoff (Local Election	General Election ns Only) General Election	Aggregate This Election Amount of Contribution	
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address City Occupation	State Middle Nam State	Zip Code Zip Code	☐ Primary Election ☐ Runoff (Local Election Date of Contribution Contribution Received For: ☐ Primary Election ☐ Runoff (Local Election	General Election ns Only) General Election	Aggregate This Election Amount of Contribution	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE OF CHAPTER STATES	2. REPORT COVER	NG THE PERIOD TO: 33122				
					Amount	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)						
First Name	Middle Nan		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			Yard Signs Post cards		·	
Becker					931.49	
102 General Smith Place			Post co			
Hendersunville	State Zip Code 3705		7 007 000 40			
First Name	Middle Nan		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	<u> </u>		Pushcards			
Becker					183.54	
102 General Swith P	ace	-	, 000	C1 —		
thenderson ville	State	Zip Code 37615				
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	<u> </u>					
Address					 	
City	State	Zip Code				
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			1			
Address						
City	State	Zip Code				
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
5. TOTAL ITEMIZED EXPENDITURES	11522					
(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.)					11(5.23	