CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

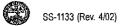
For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAME OF CA	ANDIDATE OR	COMMITTEE				
APRIL 5 2022	STEV	JE C	AWA-]
2.b. IF COMMITTEE, NAME OF CANDIDATE			1,1,1,1	3. ELECTION D	ATE	·	
				AU6	ų)	2027	2
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		State	Zip Code		Phone	
118 WAYNE ST	GALLAT	IN	TN	37066	615	5127	907
CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	t than 4.a.) City		State	Zip Code		Phone	
5. OFFICE SOUGHT (include district number, it	f applicable)	6. NAME	OF POLITICAL	TREASURER (ma	av he can	didate)	
COMMISSION DIST			EVE	1)		and a to)	
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH QUARTER	PRE- PRIMARY	PRE- GENERAL	MID-YEAI SUPPLEMEN	-	YEAR-END YEAR-END SUPPLEMENT	۸L
8.a. BEGINNING DATE OF REPORTING PERIOD			GDATE OF REPO				
5AN 16 2022 9. (Check one)		MA	Scit 3	31 20	<u> </u>		
a. This campaign is exempt from detaile tures total \$1,000 or less for this report to the second of	orting period. (Comp tailed financial discle \$1,000 for this report the contained on tained ons and expenditure	olete items 120 osure because ting period. d in this camp es required to i	d., 12e. and 12f.) contributions (ir aign financial dis	closure report is	eceived to	otal more than	1 \$1,000 rt is an
Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other nor	swear or affirm that apolitical purpose as	no campaign defined by th	contributions hav e federal internal	re been expender revenue code.	for the p	ersonal finan	cial
Stare Consignature of candidate	04-05-3 date)022 <u> </u>	Stans signature o	of political treasure	<u></u>	<u>04-0€</u> da	` <u>.X∖2</u> 7 le
11. WITNESS SIGNATURE					·		
Music 7 Camp signature of witness	<u>04-05-2</u> date	0 22 }	Mily signa	2 Completure of witness	<u>v</u>	0 <u>4-05</u>	-202 te
12. SUMMARY					···		
a. BALANCE ON HAND LAST REPORT		***************************************	·····	.\$			
b. TOTAL RECEIPTS THIS PERIOD			·	.\$			
c. TOTAL DISBURSEMENTS THIS PERIOD .	A B.A	P	M	.\$			
d. BALANCE ON HAND (12.a. plus 12.b. r	ninus 12.c.)) E 2022			\$		
e. TOTAL LOANS OUTSTANDING	AFNI	COUNTY			\$		
f. TOTAL OBLIGATIONS OUTSTANDING	ELECTION (COMMISSIO			\$ —		



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Fuli)	14. REPORT COVERING THE PERIO
	FROM: TO:
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$
b. Itemized Contributions (over \$100 from each source this period)	\$
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 1	5.b.)\$
16. LOANS RECEIVED THIS REPORTING PERIOD	\$
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by categ	ory - e.g., printing, postage, gasoline)
\$	
<u> </u>	
<u> </u>	
\$	
\$	
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	.)\$
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. ar	nd 22.b.)\$
23. OBLIGATIONS	
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 show	<i>r</i> n i item 12.f.)\$\$



Page _____ of ____

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE (OR COMMITTEE		2	REPORT COVER		
				FROM:	TO:	
TOTAL ITEL	ON CONTOUR ITIES IS	OM DECEDERA	DAGE (ontor \$0 if first it and a little of the little of t		Amount	
			PAGE (enter \$0 if first itemized p		or)	
			N (contributions totaling more than S		Amount of Contribution	
First Name	Middle Nar	me	Contribution Received For	Contribution Received For:		
ast Name/Organization Name			Primary Election	General Election		
		<u> </u>	⊣	0.13		
Address			Runoff (Local Election	ns Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation		<u>. 1</u>				
Employer			 			
•						
First Name	Middle N	ame	Contribution Received I	For:	Amount of Contribution	
Last Name/Organization Name	<u></u>	<u> </u>	Primary Election	General Election		
Address			Runoff (Local Election	ons Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation						
Employer						
First Name	Middle N	ame	Contribution Received	For:	Amount of Contribution	
Last Name/Organization Name		<u></u> <u>-</u>	☐ Primary Election	General Election		
Addroop			Runoff (Local Electi	ons Only)		
Address						
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation		1				
Employer						
First Name	l/liddle N	ame	Contribution Received F	or:	Amount of Contribution	
			Primary Election	General Election		
Last Name/Organization Name			LJ Primary Election	— General Election		
Address		<u> </u>	Runoff (Local Elect	ions Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation						
Employer		11 - 11 - 1				
	<u> </u>					
5. TOTAL ITEMIZED CON						
(Carry forward to item 3, of nex	t page if additional pages of this for outions, this amount must be show	rm are used.) n in item 155. of summar	v.)			
for any id and east bade of contain	time		••		i	

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

 NAME OF CANDIDATE 	OR COMMITTEE	Ξ.		2	REPORT COVER				
					FROM:	TO:			
R TOTAL ITEMIZED IN KINI	CONTRIBUTION	S FROM	PRECEDING PAG	GE (enter \$0 if first itemized pag	9)	Amount			
				RIBUTION (in-kind contributions totaling		ontributor during the period)			
						Value of In-Kind Contribution			
First Name Aiddle Name			In-Kind Contribution Received Primary Election		value of in-King Contribution				
Last Name/Organization Name				Runoff (Local Election	Runoff (Local Elections Only)				
Address			•	Date of In-Kind Contribution	Date of In-Kind Contribution				
City	State Zip Code				1				
Occupation	Employer		<u></u>						
First Name		Aiddle Na	me .	In-Kind Contribution Recei		Value of in-Kind Contribution			
Last Name/Organization Name				Runoff (Local Election	Runoff (Local Elections Only)				
Address				Date of In-Kind Contribution		Aggregate this Election			
City	ity State Zip Code				ħ	 			
Occupation	Employer	L	<u>,I,</u>						
First Name	First Name Aiddle Name				ived For: General Election	Value of In-Kind Contribution			
Last Name/Organization Name				Primary Election Runoff (Local Election					
Address				Date of In-Kind Contribution	_				
City	State Zip Code		Description of In-Kind Contribution	תא					
Occupation	Employer	<u> </u>		·					
First Name		viiddle Na	ame		In-Kind Contribution Received For: Primary Election General Election				
Last Name/Organization Name		.!			Runoff (Local Elections Only)				
Address				Date of In-Kind Contribution	iona Omy	Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contributi	<u></u>				
Occupation	Employer	<u> </u>	<u> </u>						
First Name		Middle Na	ame	in-Kind Contribution Red		Value of In-Kind Contribution			
Last Name/Organization Name		1		Primary Election Runoff (Local Elect					
Address				Date of In-Kind Contribution	one one)	Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution	חכ				
Occupation	Employer	1	<u> </u>			,			
5. TOTAL ITEMIZED IN-KI									
(Carry forward to item 3. of nex (If this is the last page of in-kind				ummary.)					
SS-1128 (Rev. 2/06)		<u> </u>			age of	RDA 1159			
Name .					-				

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE					COVERING THE PERIOD
				FROM:	TO:
3. TOTAL ITEMIZED CAMPAIGN EXPENDITUR	RES FROM	A PRECEDING PAGE	E (enter \$0 if first itemized page)	ige)	Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EA					ing the period)
First Name	Middle Nam		Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name			4		
			1		
Address	-		,		
City	State	Zip Code			
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	<u> </u>				
Address			-		
City	State	Zip Code			
First Name	Middle Nan	1e	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		1			
Address					
City	State	Zip Code	7		
First Name	Middle Nam	ie	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	1		7		
Address					
City	State	Zip Code			
First Name	Middle Nan	1e	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	<u> </u>		-		
Address					
City	State	Zip Code	-		
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	<u> </u>				
Address			1		
City	State	Zip Code			
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional page (If this is the last page of expenditures, this amount mu	s of this form at be shown in	are used.) nitem 196. of summary.)			

and.			
	SS-1129	(Rev.	4/02]

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE O	OR COMMITTEE								ORT CO			HE PERIOD
							FI	ROM:			TO:	
3. COMPLETE THE APPRO	PRIATE ITEMS F	OR EACH IT	EMIZ	ED LOAN (oans totaling n	nore than \$100 f	rom any sourc	e during	the perio	od)		
Complete the Following for the S	Source of the Loan											
First Name	Middle Nam	Middle Name			Outstanding Loan Balance Loans (Beginning of Period) Received		Loan Payments		Outstanding Loan Balance (End of Period)			
Last Name/Organization Name				\								
Address					Loan Received For: ☐ Primary Election ☐ General Election							
City	State	Zip Code		Runoff (Local Elections Only)								
	List All Endor	sers or Guara	ntors f	or Above Loa	n (If more spa	ice is needed	please attac	h a pag	je)			
First Name		Middle Name			First Name					Middle	Varne	-
Last Name/Organization Name		1			Last Name/O	ganization Nam	е					
Address					Address							
City		State	Zip C	ode	City					State	•	Zip Code
Amount Guaranteed Outstanding		.1	1		Amount Guar	anteed Outstand	ling					
First Name	First Name Middle Name				First Name Middle Name							
Last Name/Organization Name		<u> </u>			Last Name/Organization Name							
Address					Address	<u> </u>						
City		State	Zip C	Code	City State Zip Code					Zip Code		
Amount Guaranteed Outstanding					Amount Guar	anteed Outstand	ding					
First Name		Middle Name)		First Name					Middle	Name	9
Last Name/Organization Name					Last Name/C	rganization Nan	ne			1		
Address					Address					•		
City		State	Zip (Code	City		·		···	State		Zip Code
Amount Guaranteed Outstanding					Amount Guar	anteed Outstan	ding					
First Name Middle Name				First Name Middle Name)			
Last Name/Organization Name		<u> </u>			Last Name/C	rganization Nan	ne			<u> </u>		
Address					Address							
City		State	Zip (Code	City					State		Zip Code
Amount Guaranteed Outstanding					Amount Gua	anteed Outstan	ding					
Totals for all Loans (comp (Total loans received should also (Total loan payments should also (Total outstanding loan balance should also)	be shown in item 16. on be shown in item 20. on	summary page. summary page.	.) .)	· · · · · · · · · · · · · · · · · · ·		Loan Balance g of Period)	Loans Receive	d	Loa Paym		Out	standing Loan Balance (End of Period)



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
			FROM:	то:		
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 Nar	пе				
Last Name/Business Name	1					
Address						
City	State	Zip Code			:	ļ [
Description of Obligation	<u> </u>	. l		- 	I	
First Name	Middle Na	me				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation	1.	<u> </u>	<u> </u>			· · · · · · · · · · · · · · · · · · ·
First Name	Middle Na	ame				
Last Name/Business Name	<u>.l</u>		_			
Address						
City	State	Zip Code				,
Description of Obligation	<u> </u>					
First Name	Middle N	ame				
Last Name/Business Name					′	
Address		<u></u>				
City	State	Zip Code				
Description of Obligation				1		<u></u>
First Name	Middle N	ame				
Last Name/Business Name						
Address	<u>-</u> -					
City	State	Zip Code				
Description of Obligation	.J					<u>_l. , , , , , , , , , , , , , , , , , , ,</u>
4. TOTALS					1	
(Total from Outstanding Balance - (End of Period in Item 23b. on summary page.)) column m	ust also be shown				