CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

DATE OF REPORT	2.a. NAME OF C	ANDIDATE OR CO	DMMITTEE		· · · · · · · · · · · · · · · · · · ·
7.15.21	Frank	os Maj		place!	
2.b. IF COMMITTEE, NAME OF CANDIDATE	111.64-97	O- Irigor	E com	3. ELECTION D	ATE
				I .	242
4.a. CAMPAIGN ADDRESS AND PHONE	***				JATA
Street or Rural Route	City		State	Zip Code	Phone
107 Cilon Dak ct w	Huile		In	37075	615.389.3390
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route			01-1-	7'- 0-4	
Street of Rular Route	City		State	Zip Code	Phone
OFFICE SOUGHT (include district number, include district number).	f applicable)	6. NAME O	F POLITICAL	TREASURER (ma	v he candidate)
DIST 7 COUNT COMMES	., ,	01	Cama	·M	y be candidate)
7. CATEGORY OR REPORT (Check one)	· //~~	1 WOT	- Anti-		
FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH QUARTER	PRE- PRIMARY	PRE- GENERAL	MID-YEAF SUPPLEMEN	
8.a. BEGINNING DATE OF REPORTING PERIOD				RTING PERIOD	THE COLLEGE TABLE
9. (Check one)					
a. This campaign is exempt from detaile	ed disclosure becaus	se contributions (including in-ki	nd) received total :	\$1,000 or less AND expendi-
tures total \$1,000 or less for this repo	orting period. (Comp	olete items 12d.,	12e. and 12f.)	•
b. 🔂 This campaign is required to file a de	tailed financial discl	osure because c	ontributions (is	ncluding in-kind) re	eceived total more than \$1,000
and/or expenditures total more than t	\$1,000 for this repor	ting period.		,	,
10. I/we do solemnly swear or affirm that the in	nformation contained	d in this campaig	n financial dis	sclosure report is t	rue and that this report is an
accurate accounting of campaign contributions Financial Disclosure Act. Additionally, I/we	ons and expenditure swear or affirm that	s required to be no campaion co	reported by th ntributions hav	ie candidate comm ve heen expended	nittee by the Campaign for the personal financial
benefit of the candidate or for any other no	npolitical purpose as	defined by the f	ederal internal	I revenue code.	nor the personal interretal
1			1/2		715.00
	7./5.2	/ <u> </u>	- 0		
Signature of candidate	date		signature o	of political treasure	r date '
11. WITNESS SIGNATURE					
11. WITNESS SIGNATURE					
$ \langle \chi - V \langle \chi \rangle \rangle$	7/19/21				
signature of witness	-//// C/		signa	ture of witness	date
	· · · · · · · · · · · · · · · · · · ·				
12. SUMMARY	MOISS	TION COMME	EFEC		
a. BALANCE ON HAND LAST REPORT		IMNEE COFIN	1\$.50	
a. BALANCE ON HAND LAST REPORT		107 8 T 704	······································	. تر ـ «	
b. TOTAL RECEIPTS THIS PERIOD		105 12 50		s <u> </u>	
	Md		MA	0	
c. TOTAL DISBURSEMENTS THIS PERIOD		LIFED	• • • • • • • • • • • • • • • • • • • •	\$ <u>~</u>	
d. BALANCE ON HAND (12.a. plus 12.b. r	ninus 12 a \				, <i>50</i>
0. 5. 5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				••••••	v
e. TOTAL LOANS OUTSTANDING					_s ρ
					Ψ <u></u>
f. TOTAL OBLIGATIONS OUTSTANDING				·	0
			•••••••		

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
DECEMBE	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 15.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 category	- e.g., printing, postage, gasoline)
8 2 1/1	·
<u></u> \$	
s	
\$	
\$	
\$	
<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)	4/120
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 2	2.b.)\$
23. OBLIGATIONS	Nn
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>1.(P</u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i	item 12.f.)\$

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Page _____ of ____

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITT	ree		•	REPORT COVE	RING THE PERIOD	
			•	FROM:	TO:	
	Amount					
3. TOTAL ITEMIZED CAMPAIGN CONTR						
4. COMPLETE THE APPROPRIATE ITEMS F	OR EACH ITEM	MIZED CONTRIBUTION	ON (contributions totaling more than s	contributions totaling more than \$100 from any contributor)		
First Name	Middle Na	ame	Contribution Received For:	Contribution Received For:		
Last Name/Organization Name			Primary Election	General Election		
Address			Runoff (Local Election	ns Only)		
City	State Zip Code			Date of Contribution		
Occupation						
Employer						
First Name	Middle N	lame	Contribution Received For		Amount of Contribution	
Last Name/Organization Name			Primary Election	General Election		
Address			Runoff (Local Electio	ns Only)		
City	City State Zip Code			Date of Contribution		
Occupation						
Employer						
					-	
rst Name Middle Name			Contribution Received For	-	Amount of Contribution	
Last Name/Organization Name	1		Primary Election	General Election		
Address	`		Runoff (Local Electio	ns Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation						
Employer						
First Name	Middle N	lame	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name			Primary Election	General Election		
Address		Runoff (Local Election	ns Only)			
City	ty State Zip Code				Aggregate This Election	
Occupation						
Employer						
			<u>, f = </u>		· ·	
 TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if addition 		m are used.)				
(If this is the last page of contributions, this amo			.)			

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMIT	TEE			2. REPORT COVER	ING THE PERIOD		
	FROM:	TO:					
	 	Amount					
3. TOTAL ITEMIZED IN-KIND CONTRIB	BUTIONS FROM	PRECEDING PAGE	(enter \$0 if first itemized page	e)			
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)							
First Name	me	In-Kind Contribution Receive	d For:	Value of In-Kind Contribution			
				General Election			
Last Name/Organization Name			Runoff (Local Efection	ns Only)			
Address	· - · · · · · · · · · · · · · · · · · · 		Date of In-Kind Contribution Aggregate this Election				
NH			Suc Similar Option		> -23.5-2mm p.up (10000).1		
City \\	State Zip Code		Description of In-Kind Contribution				
Occupation Em	<u> </u>	1		:			
5			(. 10. 4 A	4 F	N-1		
First Name	Middle Na	me	In-Kind Contribution Receive Primary Election	d For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name			1 =				
	· · · · · · · · · · · · · · · · · · ·	···	Runoff (Local Electio	ns Only)			
Address			Date of In-Kind Contribution		Aggregate this Election		
City 10112	State	Zip Code	Description of In-Kind Contribution		<u> </u>		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>	1	- societa or in rails contribution				
Occupation Em	ployer						
First Name	me	In-Kind Contribution Receive	d For:	Value of In-Kind Contribution			
Local Name (Organization March			Primary Election	General Election	1		
Last Name/Organization Name			Runoff (Local Electio	ns Only)			
Address			Date of In-Kind Contribution	••	Aggregate this Election		
- Alex							
City	ity State Zip Code						
Occupation Err	1 	╡					
			In Kind One (1) (2) But		No 11-16-16-19-2		
First Name	Middle Na	ime	In-Kind Contribution Received Primary Election	ed For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name			7 = 1				
			Runoff (Local Election	ns Only)			
Address			Date of In-Kind Contribution		Aggregate this Election		
City P	State	Zip Code	Description of In-Kind Contribution				
\				•			
Occupation En	nployer						
First Name	Middle Na	me	In-Kind Contribution Receiv	red For:	Value of In-Kind Contribution		
Last Nama/Organization Nama		Primary Election	General Election				
Last Name/Organization Name		Runoff (Local Electio	ns Only)				
Address		Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution	<u> </u>	<u> </u>		
Gity	State	Zip Coole	Seambrou. (IED) in Country (Inc.)				
Occupation Em	ployer		7				
			<u> </u>				
5. TOTAL ITEMIZED IN-KIND CONTR							
(Carry forward to item 3. of next page if addition (If this is the last page of in-kind contributions,			nu l				
#\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	una amount must be s	niomij in nem 220. U Suffilia		t	DDA 4450		
SS-1128 (Rev. 2/06)			Pa	ge of	RDA 1159		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD						
	FROM:	TO;					
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	ae)	Amount					
4. COMPLETE THE APPROPRIATE ITEMS FOR E					riod)		
First Name	rst Name Middle Name				Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	<u> </u>	· -·-					
Address	<u> </u>						
City	State	Zip Code					
First Name	Middle Nan	ne ·	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	<u> </u>		1				
Address							
City	State	Zìp Code					
First Name Middle Name			Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name							
Address							
City	Slate	Zip Code					
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	0						
Address							
City	State	Zip Code					
First Name	не	Purpose of Expenditure	Amount of Expenditure				
Last Name/Business Name							
Address							
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 mus	st be shown in	item 19b. of summary.)					

ITEMIZED STATEMENT OF LOANS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD FROM: TO:				HE PERIOD					
3. COMPLETE THE APPROPRIATE ITEMS	FOR FACH I	TEMIZ	FD I OAN (loans totaling n	nore than \$100	from any source	during the ne	riod)		
Complete the Following for the Source of the Loan	CICEROIT	1 11112	LUCAN	Coans totaling in	iore man proc	TIOIT any source	during the pe	поор		
				oan Balance of Period)	Loans Receive		oan yments			Loan Balance of Period)
Last Name/Organization Name			1							
Address		Loan Receive			ived For: Date of Loan					
City State	Zip Code		☐ Primary	ry Election						
List All Endo	rsers or Guara	intors fo	or Above Loa	n (If more spa	ce is needed	f please attach	n a page)			
First Name	Middle Name	!	ň	First Name			•	Middle	Name	
Last Name/Organization Name				Last Name/Or	ganization Nan	ne		1		
Address	O			Address						
City	State	Zip C	ode	City				State		Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding						
First Name Middle Name				First Name Middle Name						
Last Name/Organization Name				Last Name/Organization Name						
Address				Address						
City	ity State Zip Code			City				State		Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding						
First Name	Middle Name	!		First Name				Middle	Name	3
Last Name/Organization Name	~			Last Name/Organization Name						
Address	Po	• • • • • • • • • • • • • • • • • • • •		Address						·
City	State	Zip C	ode	City State Zip Code					Zip Code	
Amount Guaranteed Outstanding				Amount Guara	nteed Outstan	ding				
First Name	Middle Name)		First Name Middle Na					Name	
Last Name/Organization Name	All			Last Name/Or	ganization Nar	ne				
Address	1.//	-		Address					•	•
City	State	, Zip C	ode	City				State		Zip Code
Amount Guaranteed Outstanding				Amount Guara	inteed Outstan	ding				
4. Totals for all Loans (complete on last page of (Total loans received should also be shown in item 16. of (Total loan payments should also be shown in item 20. of (Total outstanding loan balance should also be shown in item).	n summary page. n summary page.)		Outstanding L (Beginning		Loans Received	Lог Рауп	en nents	Outs	tanding Loan Balance (End of Period)

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
				FROM:	TO:	
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 Name					
Last Name/Business Name	<u> </u>					
Address						
City	State	Zip Code				
Description of Obligation		<u></u>		<u> </u>	<u> </u>	
First Name	Middle Na	ame				
Last Name/Business Name	1	·			E.	
Address		· · · · · · · · · · · · · · · · · · ·				
City	State	Zip Code				
Description of Obligation		<u></u>				
First Name	Middle Name					
Last Name/Business Name	1					
Address	-		7			
City	State	Zip Code				
Description of Obligation				L.		.l. <u></u> .
First Name	Middle Na					T
	Micule Na					
Last Name/Business Name				•	:	
Address)					
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	me				
Last Name/Business Name	1	<u> </u>	_			
Address	>	 _				
City	State	Zip Code				
Description of Obligation	I	<u> </u>		L		

TOTALS (Total from Outstanding Balance - (End of Period) of in item 23b. on summary page.)	column mus	st also be shown				
abili 200, on dominary page.)						<u> </u>