CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Multicandidate Committees (PACs)

1. DATE OF REPORT	2. NAME OF COMMITTEE CAUDILL	for Commissioner
2.A. SHORT NAME OF COMMITTEE (IF APPLI	CABLE)	joi commissional
ADDRESS AND PHONE Street or Rural Route	, City A State	Zip Cpde Phone
	reis way Brilland	TN 37/1/8 Phone 15-406-19
4. TYPE OF CANDIDATES SUPPORTED	- Di Codio	JBLIC OFFICE X BOTH
	THE TODGE OF THE CONET	BOTH [
5.A. NAME OF POLITICAL TREASURER KIM MEADOWS		5.B. DATE APPOINTED
6. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH PRE- PRE-	MID-YEAR YEAR-END L SUPPLEMENTAL SUPPLEMENTAL
7.A.BEGINNING PATE OF REPORTING PERIOD	7.B.ENDING DATE OF R	
8. (Check one)	•	
expenditures total \$1,000 or less for	led disclosures because contributions (including this reporting period. I do solemly swear or affir complied with all applicable provisions of the Cam	in-kind) received total \$1,000 or less AND m that the information contained in this statement palgn Financial Disclosure Act. (Items 10d., 10e.
\$1,000 and/or expenditures total mor in this statement is true and that the	etailed financial disclosure because contribution re than \$1,000 for this reporting period. I do sol following page(s) are a complete and accurate ampaign committees by the Campaign Financial signature of political treasu	emly swear or affirm that the information contained accounting of all contributions and expenditures Disclosure Act.
9. WITNESS SIGNATURE	_	
	Muhl Medse signature of witness	3-31-00
		date
10. SUMMARY		-0-
a. BALANCE ON HAND LAST REPORT		190.00
b. TOTAL RECEIPTS THIS PERIOD		s 100.
c. TOTAL DISBURSEMENTS THIS PERIOD .		5 0 -
d. BALANCE ON HAND (10.a. plus 10.b. n	ninus 10.c.)	\$ 180.00
e. TOTAL LOANS OUTSTANDING	FILED AM PM	s <u>-0-</u>
f. TOTAL OBLIGATIONS OUTSTANDING		s -O -

SUMMARY PAGE - PAC

<u> 11.</u>	NAME OF COMMITTEE (In Full)	12. REPORT COVER	NG THE PERIOD
	Charlotte Caudill for Commissioner	FROM 02/14/22 T	03/3/22
	CEIPTS CONTRIBUTIONS (other than loans and interest)	, ,	, ,
	a. Uniterized Contributions (\$100 or less from each source this period)	\$ -0-	
	b. Itemized Contributions (over \$100 from each source this period)	\$ 180.00	
	c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	\$	180,00
14.	LOANS RECEIVED THIS REPORTING PERIOD		- 11 -
	INTEREST RECEIVED THIS REPORTING PERIOD		8
	TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)		10000
	SBURSEMENTS		
17.	EXPENDITURES (other than loan payments)		
а	. Unitermized Expenditures (\$100 or less each payee this period) (must be listed by oline)	category - e.g., printing	, postage,
gas	ss	-	
	s		
	\$\$		
			
Т Т	otal of Expenditures (\$100 or less each payee)	\$	
b.	Itemized Expenditures (Over \$100 each payee this period)	\$	
C.	Independent Expenditures	\$	
d.	TOTAL EXPENDITURES (other than loan repayments)(add 17.a., 17.b. and 17.c.)	\$	
1	LOAN REPAYMENTS MADE THIS PERIOD		4'
19.	TOTAL DISBURSEMENTS (add 17.d. and 18.) (must be shown in item 10.c.)	\$	-0-
20	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 20.a. and 20.b.)\$	-0-
21	LOANS		<u></u>
	LOANS OUTSTANDING (must be shown in item 10.e.)	\$	-0-
22	OBLIGATIONS	\cap	
а.	Unitemized Obligations Outstanding (\$100 or less each)	\$	
b.	Itemized Obligations Outstanding (Over \$100 each)	\$	
C.	TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i item	10.f.)\$	
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ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE	audill	for Commissioner FROM FROM ON I	OVERING THE PERIOD TO: 03.3
0.,		IONS FROM PRECEDING PAGE (enter \$0 if first itemized page)	# Amount / On . CO
		CH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contrib	utor during the period)
First Name Kim	M,l.	Last Namy Organization Name	Amount of Contribution
Address 1143 Palley	Chape	Q PA	7 * /80, W
Partland	TV	Zip Code 37/48	Date of Contribution
Occupation Asst. Principal	- PHS	Employer Portland High School	03/01/20
First Name	M.J.	Last Name/Organization Name	Amount of Contribution
Address	· · · ·		
City	State	Zip Code	Date of Contribution
Occupation	<u></u>	Employer	
First Name	M.I.	Last Name/Organization Name	. Amount of Contribution
Address	<u> </u>		
City	State	Zip Code	Date of Contribution
Occupation		Employer	
First Name	M.L	Last Name/Organization Name	Amount of Contribution
Address	+ -		
City	State	Zip Code	Date of Contribution
Occupation		Employer	
First Name	M.I.	Last Name/Organization Name	Amount of Contribution
Address	1	<u></u>	
City	State	Zip Code	Date of Contribution
Occupation		Employer	
First Name	M.I.	Last Name/Organization Name	Amount of Contribution
Address		1	
City	State	Zip Code	Date of Contribution
Occupation		Employer	
5.TOTAL ITEMIZED CONTRIBUTIONS	3	1	
(Carry forward to item 3, of next pa (If this is the last page of contribution		pages of this form are used.) must be shown in item 13b. of summary.)	# 180,00

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