## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

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

1. DATE OF REPORT	2.a. NAME OF CANDI	DATE OR COMMIT	TEE		
7-11-22 Deborah Alston					
2.b. IF COMMITTEE, NAME OF CANDIDATE  3. ELECTION DATE					
Chorah Histor			84	122	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	State	Zip Code	Phone	
222 Tupper Dr.	Callatin	HT	37010/0	1015-479-7784	
4.b. CANDIDATE'S HOME ADDRESS (if differen Street or Rural Route	•	0, 1		<u> </u>	
Sueet of Marai Noute	City	State	Zip Code	Phone	
OFFICE SOUGHT (include district number, if applicable)		NAME OF POLI	TICAL TREASURER (may be	a candidate)	
LOINHU COMMISSIOREX	fapplicable) 6. $\mathcal{D}(A, S)$		TO TE THE TOOKER (May be	s valididate)	
7. CATEGORY OR REPORT (Check one)					
FIRST SECOND THRD	EJ L FOURTH P	_   RE- PF	] [] E- MID-YEAR	YEAR-END	
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD		MARY GENI		SUPPLEMENTAL	
4 24 2022	0.0	Mo 30	No man		
9. (Check one)		W OL	MAL		
a. This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expendi-					
tures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)					
b. This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000					
and/or expenditures total more than \$1,000 for this reporting period.					
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report in this campaign financial disclosure report in the end that this campaign financial disclosure report in the end that this campaign financial disclosure report in the end that this campaign financial disclosure report in the end that the end					
accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign					
Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.					
	7/2/22	X Ju	ll hus	- 1-2-22	
signature of candidate	/ da/ite	sign	ature of political treasurer	date	
11. WITNESS SIGNATURE					
In an all					
<u>bresal Walker</u>	· <u>113/55</u>	XDO	rether & Wal	N 7-2-22	
signature of witness	date		signature of witness	date	
12. SUMMARY		· · · · · · · · · · · · · · · · · · ·			
			1. lala/		
a. BALANCE ON HAND LAST REPORT		***************************************	s <u>10,10101</u>	-	
b. TOTAL RECEIPTS THIS PERIOD		***************************************	ss	-	
c. TOTAL DISBURSEMENTS THIS PERIOD	The state of the s	***************************************	s_1,989.5 <del>4</del>		
d. BALANCE ON HAND (12.a. plus 12.b. m	「ILEU IMUS 12.c.)	РМ		s # 4.670.46	
	JUL 11 2022				
e. TOTAL LOANS OUTSTANDING		***************************************		5	
f. TOTAL OBLIGATIONS OUTSTANDING	SUMNER COUNTY ELECTION COMMISS		· · · · · · · · · · · · · · · · · · ·	8	

## SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	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)	\$ <u>&amp;</u>				
b. Itemized Contributions (over \$100 from each source this period)	\$				
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	s <u>O</u>				
16. LOANS RECEIVED THIS REPORTING PERIOD	* <u>8</u>				
17. INTEREST RECEIVED THIS REPORTING PERIOD	s_&				
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	s <u>&amp;</u>				
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)				
FIGURATISMO (T-SMIT SIGNS PUSH-UP BOHLONS) 138.					
POSTAGE STAMPS 558.					
MISC (Air Puritions for wolking) = 52.	34				
\$					
\$					
<del></del>					
<del></del> \$					
<del></del> \$	<del></del>				
<del></del>					
Total of Expenditures (\$100 or less each payee)					
b. Itemized Expenditures (Over \$100 each payee this period)	- <del>- λ</del>				
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	1080 54				
20. LOAN REPAYMENTS MADE THIS PERIOD	s &				
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.	M. m. M.				
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 INDEPENDENT EXPENDITURES - PAC NAME OF COMMITTEE 2. REPORT COVERING THE PERIOD FROM: TO: iq Amount TOTAL ITEMIZED INDEPENDENT EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED INDEPENDENT EXPENDITURE (expenditures totaling more than \$100 to any payee during the period). Please remember to include the purpose of the expenditure (e.g. postage, printing) and the name of the candidate supported or opposed. First Name Middle Name Purpose of Expenditure Amount of Expenditure Last Name/Business Name Address Candidate Supported or Opposed & Office Sought Opposed City Supported ... First Name Middle Name urpose of Expenditure Amount of Expenditure Last Name/Business Name Address Opposed 🗍 City Supported 🔲 First Name Purpose of Expenditure Amount of Expenditure Last Name/Business Name Address Candidate Supported or Opposed & Office Sought Date of Expenditure Opposed City Zip Code Supported First Name Middle Name Purpose of Expenditure Amount of Expenditure Last Name/Business Name Address Candidate Supported or Opposed & Office Sought Date of Expenditure Opposed City State Zip Code Supported [ First Name Middle Name Purpose of Expenditure Amount of Expenditure Last Name/Business Name Address Candidate Supported or Opposed & Office Sought Date of Expenditure Opposed City State Zip Code Supported [ First Name Middle Name Purpose of Expenditure Amount of Expenditure Last Name/Business Name Address Date of Expenditure Candidate Supported or Opposed & Office Sought Opposed City State Zip Code Supported Itemized Independent Expenditures ..... 5 (a) Uniternized Independent Expenditures Total Independent Expenditures (If this is the last page of ind. expenditures, this amount must be showin in item 17c. of summary page.)