CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 2.a. NAME O	F CANDIDATE OR COMMITT	nitees	
			1 -11 - 1 - 1
2.b. IF COMMITTEE, NAME OF CANDIDATE	Cripps, an I Co.	3, ELECTION DATE	+ Eddil Crops-Te
Eddie R. Crops, Ja		5-3-2	"
4.a. CAMPAIGN ADDRESS AND PHONE		3,2,4	
Street or Rural Route City	State	Zip Code	Phone
1136 Wynnewood De Ca	stalian Sprin	5. TN 37031	615-260-660
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City Same a 4a.	State	Zip Code	Phone
OFFICE SOUGHT (include district number, if applicable)	6. NAME OF POLIT	TICAL TREASURER (may be	e randidate)
County Commission District 6		Crops, Jr	o dandidate)
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD FOURTH QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	PRE- PR	E- MID-YEAR ERAL SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
April 1, 2022	April 2	3, 2022	
9. (Check one)			
 a. Y This campaign is exempt from detailed disclosure bed tures total \$1,000 or less for this reporting period. (C b. This campaign is required to file a detailed financial d and/or expenditures total more than \$1,000 for this re 	omplete items 12d., 12e. an isclosure because contribut	nd 12f.)	
10. I/we do solemnly swear or affirm that the information conta accurate accounting of campaign contributions and expendi Financial Disclosure Act. Additionally, I/we swear or affirm benefit of the candidate or for any other nonpolitical purpose signature or pandidate. 4-23- date	tures required to be reporte that no campaign conflibution as defined by the rederal in	d by the candidate committe	e by the Campaign
11. WITNESS SIGNATURE	\sim	. ().	110000
signature of witness 4 date	d And	agnature of witness	4 d 3 d d
12. SUMMARY		= .0	,
a. BALANCE ON HAND LAST REPORT		, <u>709.6</u> 4	$ \underline{f}$
b. TOTAL RECEIPTS THIS PERIOD			_
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ 106.46	-
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	FILED		\$ 603.18
АМ	PM		
e. TOTAL LOANS OUTSTANDING	DD 0 E 2022		\$
			-
f. TOTAL OBLIGATIONS OUTSTANDING	MNER COUNTY		\$

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVER	RING THE PERIOD						
Eddick. Crops. Ja/Committee to Eled Eddick Crops of	TO: 4-23-22							
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)								
a. Uniternized 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.)	\$ <u>~</u>							
16. LOANS RECEIVED THIS REPORTING PERIOD	•••••	\$ _						
17. INTEREST RECEIVED THIS REPORTING PERIOD		\$ <u> </u>						
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	•••••	\$ <u>~</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, g	asoline)						
Printing \$ 16.30	<u>}</u>							
Printing \$ 33.8	<u>M_</u>							
Printing \$ 27.8	<u>5</u>							
<u>Signal</u> \$ 28.3	5							
- <i>d</i>								
<u> </u>								
s								
								
s								
								
Total of Expenditures (\$100 or less each payee)	\$ 106.46							
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>-0-</u>							
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		s <u>106.46</u>						
20. LOAN REPAYMENTS MADE THIS PERIOD		\$ <u> </u>						
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		\$ <u>10b.4b</u>						
22.IN-KIND CONTRIBUTIONS								
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u> </u>							
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	.)	\$ -0-						
23. OBLIGATIONS	23. OBLIGATIONS							
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u> </u>							
b. Itemized Obligations Outstanding (Over \$100 each)	\$							
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	ı 12.f.)	s <u>-&-</u>						

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

Edich Crops Ja/Con	•		+ Fadial Cope FROM: 4-1-22	NG THE PERIOD	
**	TO: 4-23-22 Amount				
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTI				<u> </u>	
	CH ITEMIZI fiddle Name		ontributions totaling more than \$100 from any contributor Contribution Received For:	Amount of Contribution	
FRSCINAINE IV	PURKI SIDON	· 		anodist of Contribution	
Last Name/Organization Name			Primary Election General Election		
Address			Runoff (Local Elections Only)		
				A The First	
City	State	Zip Code	Date of Contribution	Aggregate This Election	
Occupation		·			
Employer					
First Name	Middle Nam	e	Contribution Received For:	Amount of Contribution	
Last Name/Organization Name		-	☐ Primary Election ☐ General Election		
				-	
Address			Runoff (Local Elections Only)		
City	State	Zip Code	Date of Contribution	Aggregate This Election	
Occupation	<u> </u>	L	†		
Employer			_		
First Name	Middle Nam	e	Contribution Received For:	Amount of Contribution	
Last Name/Organization Name			Primary Election General Election		
			i contract of the contract of		
			Runoff // goal Flactions Only\	_	
Address			Runoff (Local Elections Only)	_	
Address City	State	Zip Code	Runoff (Local Elections Only) Date of Contribution	Aggregate This Election	
	State	Zip Code		Aggregate This Election	
City Occupation	State	Zip Code		Aggregate This Election	
City	State	Zip Code		Aggregate This Election	
City Occupation Employer	State			Aggregate This Election Amount of Contribution	
City Occupation Employer			Date of Contribution		
City Occupation Employer First Name			Date of Contribution Contribution Received For:		
City Occupation Employer First Name Last Name/Organization Name			Date of Contribution Contribution Received For: Primary Election General Election		
City Occupation Employer First Name Last Name/Organization Name Address	Middle Nam	e	Date of Contribution Contribution Received For: Primary Election General Election Runoff (Local Elections Only)	Amount of Contribution	
City Occupation Employer First Name Last Name/Organization Name Address City Occupation	Middle Nam	e	Date of Contribution Contribution Received For: Primary Election General Election Runoff (Local Elections Only)	Amount of Contribution	
City Occupation Employer First Name Last Name/Organization Name Address City	Middle Nam	e	Date of Contribution Contribution Received For: Primary Election General Election Runoff (Local Elections Only)	Amount of Contribution	
City Occupation Employer First Name Last Name/Organization Name Address City Occupation Employer	Middle Nam	e	Date of Contribution Contribution Received For: Primary Election General Election Runoff (Local Elections Only)	Amount of Contribution	
City Occupation Employer First Name Last Name/Organization Name Address City Occupation	Middle Nam	Zip Code	Date of Contribution Contribution Received For: Primary Election General Election Runoff (Local Elections Only)	Amount of Contribution	

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR	COMMITTE	Ε		1 = 1 1 1 2 = 2	REPORT COVERI				
1. NAME OF CANDIDATE OR (Eddial Crops T	-/(Von	mitte	e to Elect	thdisk Cypeda	FROM: 4-1-Z	TO: 4-23-22 Amount			
3. TOTAL ITEMIZED IN-KIND CO	NTRIBUTIO	NS FROM	PRECEDING PAGE	E (enter \$0 if first itemized page	2)				
4. COMPLETE THE APPROPRIATE IT	TEMS FOR EA	ACH ITEMIZ	ED IN-KIND CONTRI	BUTION (in-kind contributions totaling	more than \$100 from any cor	ntributor during the period)			
First Name Viiddle Name				In-Kind Contribution Received For: In-Kind Contribution Received For: Value of In-Kind Contribution					
Last Name/Organization Name				Runoff (Local Elections Only)					
Address			Date of In-Kind Contribution	Date of In-Kind Contribution Aggregate this Election					
City	State Zip Code			Description of In-Kind Contribution					
Occupation	Employer		. <u>L</u>						
First Name		Middle Nar	ne	In-Kind Contribution Received Primary Election		Value of In-Kind Contribution			
Last Name/Organization Name		<u> </u>		Runoff (Local Election		_			
Address				Date of In-Kind Contribution	onij)	Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer				•				
Состроного									
First Name	<u></u>	Middle Na	ne	In-Kind Contribution Recei	ved For:	Value of In-Kind Contribution			
Last Name/Organization Name			Primary Election General Election						
-				Runoff (Local Elections Only)					
Address				Date of In-Kind Contribution		Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution	n				
Occupation	Employer		1						
	_								
First Name		Middle Na	me		In-Kind Contribution Received For: ✓ lue of In-Kind Contribution ☐ Primary Election ☐ General Election				
Last Name/Organization Name				Runoff (Local Elections Only)					
Address				Date of In-Kind Contribution Aggregate this Election					
City		State	Zip Code	Description of In-Kind Contributio	Description of In-Kind Contribution				
Occupation	Employer	<u> </u>	<u> </u>						
				_					
First Name	•	Middle Na	пе	In-Kind Contribution Reco		Value of In-Kind Contribution			
Last Name/Organization Name		1 -	-	Primary Election General Election					
Address			Runoff (Local Elections Only) Date of In-Kind Contribution Aggregate this Election						
City		State	Zip Code	Description of In-Kind Contribution	<u> </u>				
Occupation	Employer		1-						
5. TOTAL ITEMIZED IN-KIND C			are used \						
(Carry forward to item 3. of next page i (If this is the last page of in-kind contril				nmary.)					
SS-1128 (Rev. 2/06)				Pa	age 4 of 7	RDA 1159			

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	TO: 4-23-22 Amount				
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURE					
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	penditures totaling more than \$100 to any payee during the peri	od)			
First Name	Middle Name		Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name			_		
Address					
City	State Zip Code				
First Name	Middle Nam	ne	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name					
Address				_	
City	State	Zip Code			
First Name	Middle Nam	1e -	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name	l				
Address	Address				
City	State	Zip Code	_	_	
First Name Middle Name			Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name	· · · · · · · ·				
Address					
City	State	Zip Code	<u> </u>		
First Name	Middle Nam	le	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				,	
Address					
	Γ	l m a s			
City	Stale	Zip Code			
First Name	Middle Name		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 must	s of this form : st be shown in	are used.) nitem 19b. of summary.)			

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE							2. REPORT COVERING THE PERIOD				
Edick Countle to Elect E 3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN					Eding Cross & 4-1-22 4-23-				TO: 4-23-22		
3. COMPLETE THE APPROPRI	ATE ITEMS F	OR EACH IT	EMIZ	ED LOAN (I	cans totaling r	nore than \$100 t	from any source	during th	e period)	7-63-66	
				<u> </u>			<u> </u>				
Complete the Following for the Soun First Name	ce of the Loan Middle Nan	ne		Outstanding L	nan Balance	Loans		oan	Outst	anding Loan Balance	
THOPPEANS				(Beginning o						(End of Period)	
Last Name/Organization Name				1 —	_ -				-		
1.00.000				1	Received For: Date of Loan						
City	State Zip Code			Primary	☐ Primary Election ☐ General Election						
				<u></u>	Local Elections			<u> </u>			
	List All Endo	rsers or Guara		or Above Loa	_	ace is needed	please attac	n a page			
First Name		Middle Name			First Name				Middle	Name	
Last Name/Organization Name					Last Name/O	ganization Nam	ne				
Address		_			Address						
City		State	Zip C	Code	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		State	Zip C	Code	City State Zip Code					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/Organization Name						
Address				_	Address						
City		State	Zip (Code	City				State	Zip Code	
Amount Guaranteed Outstanding		1	ı		Amount Guaranteed Outstanding						
First Name		Middle Name			First Name				Viidell	Name	
		- With the state of the state o			First Name Middle Name Last Name/Organization Name					, maile	
Last Name/Organization Name					_	rganization Nar	ne ·				
Address				Address							
City		State	Zip (Code —	City				State	Zi <u>p Co</u> de	
Amount Guaranteed Outstanding					Amount Gua	ranteed Outstan	ding				
	4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 15. on summary page.)					Loan Balance g of Period)	Loans Received		Loan Payments	Outstanding Loan Balance (End of Period)	
(Total loans received should also be shown in item 20. on summary page.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)				- Locgium	3	- C		- C	(End of Fation)		
(Total outstanding loan balance should also be shown in item 12.6. on nort page.)				 							

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD						
3. COMPLETE THE APPROPRIATE ITEMS FOR	ee to Fle	of Eduk Rose &	FROM: 4-1-22 TO: 4-23-22				
COMPLETE THE APPROPRIATE ITEMS FOR OBLIGATION (obligations totaling more than	ITEMIZED	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)		
person/vendor at the end of the reporting pe	eriod)	50 to ally	(Degrining of Ferrod)		1113 1 61100	(End of Lenou)	
First Name	Middle Nar	пе					
Last Name/Business Name		7					
Address			 	_	_	_	
City	State Zip Code						
Description of Obligation				<u> </u>			
Description of Outgation							
First Name	Middle Nar	me					
Last Name/Business Name	I	-	-				
Address	······································			_			
City	State	Zip Code]			
Description of Obligation		-		<u> </u>			
First Name	Middle Na	me					
Last Name/Business Name				-			
Address					_		
City	State	Zip Code	- 				
Description of Obligation	-	-		<u> </u>	<u> </u>	ļ	
First Name	Middle Na	me					
Last Name/Business Name	<u>.l</u>		7				
Address			_				
City	State	Zip Code	-	_	_	_	
Description of Obligation	_	1-					
First Name	Middle Na	me					
Last Name/Business Name	L -		-				
Address				_		_	
City	State	Zip Code	-				
Description of Obligation	L <u></u>	1 -			<u></u>		
				,			
4. TOTALS (Total from Outstanding Balance - (End of Period) (column mus	st also be shown					
in item 23b. on summary page.)							