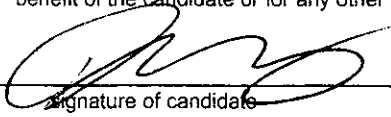
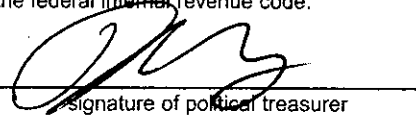




CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

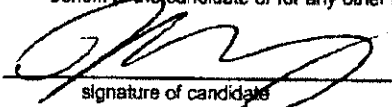
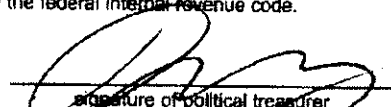
1. DATE OF REPORT <u>7/28/22</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>Josh Graham</u>
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE <u>8/9/22</u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>306 Wildcat Run</u> <u>Gallatin</u> <u>TN</u> <u>37066</u> <u>615-426-7734</u>	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone	
5. OFFICE SOUGHT (include district number, if applicable) <u>School Board District 9</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>Josh Graham</u>
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input checked="" type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD <u>7/1/22</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>7/25/22</u>
9. (Check one) a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. <input type="checkbox"/> 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 is true and that this report is an 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. <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  _____ signature of candidate </div> <div style="text-align: center;"> <u>7/28/22</u> date </div> <div style="text-align: center;">  _____ signature of political treasurer </div> <div style="text-align: center;"> <u>7/28/22</u> date </div> </div>	
11. WITNESS SIGNATURE <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  _____ signature of witness </div> <div style="text-align: center;"> <u>7/28/22</u> date </div> <div style="text-align: center;">  _____ signature of witness </div> <div style="text-align: center;"> <u>7/28/22</u> date </div> </div>	
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ <u>1.44</u>
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>1340.00</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>1205.34</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <u>134.61</u>
e. TOTAL LOANS OUTSTANDING	\$ <u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>0</u>

FILED
JUL 28 2022
SUMNER COUNTY
ELECTION COMMISSION



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>7/11/22</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>Josh Graham</u>		
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE <u>8/4/22</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route <u>306 Wildcat Run</u> City <u>Gallatin</u> State <u>TN</u> Zip Code <u>37066</u> Phone <u>615-426-4734</u>			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route _____ City _____ State _____ Zip Code _____ Phone _____			
5. OFFICE SOUGHT (include district number, if applicable) <u>School Board District 4</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>Josh Graham</u>	
7. CATEGORY OR REPORT (Check one)			
<input type="checkbox"/> FIRST QUARTER <input checked="" type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD <u>4/23/22</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>6/30/22</u>	
9. (Check one)			
a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. <input checked="" type="checkbox"/> 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 is true and that this report is an 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.			
 signature of candidate		 signature of political treasurer	
<u>7/11/22</u> date		<u>7/11/22</u> date	
11. WITNESS SIGNATURE <u>Jonya Graham</u> signature of witness		<u>[Signature]</u> signature of witness	
<u>7/11/22</u> date		<u>7/11/22</u> date	
12. SUMMARY			
AM FILED PM JUL 11 2022 SUMNER COUNTY ELECTION COMMISSION			
a. BALANCE ON HAND LAST REPORT			\$ <u>112.60</u>
b. TOTAL RECEIPTS THIS PERIOD			\$ <u>1225.00</u>
c. TOTAL DISBURSEMENTS THIS PERIOD			\$ <u>1347.16</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)			\$ <u>1.44</u>
e. TOTAL LOANS OUTSTANDING			\$ <u>0</u>
f. TOTAL OBLIGATIONS OUTSTANDING			\$ <u>0</u>



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
	FROM: <u>7/1/22</u> TO: <u>7/25/22</u>

RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ 690.00

b. Itemized Contributions (over \$100 from each source this period) \$ 650.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 1340

16. LOANS RECEIVED THIS REPORTING PERIOD \$ 0

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ 0

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 1340

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)

<u>Fuel</u>	\$ <u>90.70</u>
<u>Postage USPS</u>	\$ <u>300.00</u>
<u>Facebook Advertising</u>	\$ <u>146.69</u>
<u>Printing/Mailing</u>	\$ <u>668.16</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total of Expenditures (\$100 or less each payee) \$ 90.70

b. Itemized Expenditures (Over \$100 each payee this period) \$ 1114.69

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 1205.39

20. LOAN REPAYMENTS MADE THIS PERIOD \$ 0

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 1205.39

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ ~~690.00~~

b. Itemized in-kind contributions (over \$100 from each source this period) \$ ~~650.00~~

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ 1340.00

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ 0

b. Itemized Obligations Outstanding (Over \$100 each) \$ 0

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) \$ 0



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Josh Graham			2. REPORT COVERING THE PERIOD FROM: 7/1/22 TO: 7/25/22	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 1205.39	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)				
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name SOS Printing		Printing / Mailing		668.06
Address 706 Space Park N				
City Goodlettsville	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name USPS		Postage		300.00
Address 380 Maple St				
City Gallatin	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Facebook		Advertising		146.69
Address 1 Hacker Way				
City Menlo Park	State CA			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State	Zip Code		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State	Zip Code		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State	Zip Code		
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)				\$1114.75

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Josh Graham				2. REPORT COVERING THE PERIOD FROM: 7/1/22 TO: 7/25/22			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 1,340.00		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)							
First Name John		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Geners		Address 1100 Lock Four Rd		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		300.00	
City Gallatin		State TW		Zip Code 37066			
Occupation unknown		Employer unknown		Date of Contribution 7/20/22		Aggregate This Election \$300.00	
First Name Mark		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Brydort		Address 138 Riviera Dr.		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election			
City Hendersonville		State TW		Zip Code 37075			
Occupation unknown		Employer unknown		Date of Contribution 7/20/22		Aggregate This Election \$150.00	
First Name David		Middle Name David		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Klein		Address 348 Buchanan Mill Rd		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		\$ 200.00	
City Gallatin		State TW		Zip Code 37066			
Occupation Self-Employed		Employer N/A		Date of Contribution 7/22/22		Aggregate This Election \$200.00	
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
City		State		Zip Code			
Occupation		Employer		Date of Contribution		Aggregate This Election	
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					\$650.00		

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD
	FROM: _____ TO: _____

3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)

Complete the Following for the Source of the Loan

First Name	Middle Name	Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)
Last Name/Organization Name					
Address		Loan Received For:		Date of Loan	
City		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)			
	State	Zip Code			

List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)

First Name	Middle Name	First Name	Middle Name
Last Name/Organization Name		Last Name/Organization Name	
Address		Address	
City	State	City	State
	Zip Code		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	City	State
	Zip Code		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	City	State
	Zip Code		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	City	State
	Zip Code		Zip Code
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	

4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16, on summary page.) (Total loan payments 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.)	Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
				FROM:		TO:	
3. 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							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
4. TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)							