CAMPAIGN FINANCIAL DISCLOSURE STATEMENT For State and Local Candidates For Single-Candidate Committees
1. Date: 2-26-24 2.a. Candidate or Committee Name: Todd Kerr
2.b. If Committee, Name of Candidate:
4. Campaign Address: 102 Green Meadows Dr.
City: Hendersonville State: TN Zip Code: 37075 Phone: 615 420-070 5. Candidate Home Address: 102 Green Meadows Dr
City: Hendersonville State: TN Zip Code: 37075 Phone: 615 420-0708 Candidate Email Address: Todd Kerre Concast. NET
6. Office Sought: (include district number, if applicable) School Board District 4
7. Name of Political Treasurer (may be candidate): Math Ricker
Political Treasurer Email Address: MRICKETISC COMCAST. NET
8. Category or Report: (check one)
First Quarter Second Quarter Third Quarter Fourth Quarter Pre-Primary Pre-General Mid-Year Supplemental Year-End Supplemental
9. Reporting Period: Start Date: 1-16-24 End Date: 2-24-24
10. Detailed Disclosure: (Check one)
This campaign is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)
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.
1. 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.
Candidate Signature Date 2-26-24 MA Political Treasurer Signature Date Date Date
Witness Signature Date Date Witness Signature Date Date
2. Summary:
a. Balance On Hand Last Report
D. Total Receipts This Period
c. Total Disbursements This Period
A INTELLOOPE () Utetopodine
f. Total Obligations Outstanding

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SUMMARY PAGE - CANDIDATE

13. N	ame of Candidate or Committee: Todd Kerr
	eporting Period: Start Date: 1-16-24 End Date: 2-24-24
	eceipts:
a	. Unitemized Contributions (\$100 or less from each source this period)
b	
с.	Loans Received This Reporting Period
d.	
e.	
16. Di	sbursements:
a.	Total Expenditures (other than loan payments)
b.	Loan Repayments Made This Period \$
c.	Total Obligation Payments Made This Period
d.	Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)
17. In-	Kind Contributions:
a.	Unitemized In-Kind Contributions Received This Period
b.	Itemized In-Kind Contributions Received This Period \$
с.	Total In-Kind Contributions Received This Period
8. Ob	ligations:
a.	Total Obligations Outstanding (must be shown in item 12.f.)



INTEMENT OF CONTRIBUT	IONS - CANDIDATE	
	24	_
	-0-	_
ITEMS FOR EACH ITEMIZED CONTRIBUTION.		
e:		OR
Middle Name:	Last Name: Kerr	
Padous Dr City: Hendersonui	Ile State: TN Zin Code: 3707	5
Employer: Seff'	- Employed	-
Primary Election General Election	Runoff (Local Elections Only)	
0.00 Date of Contribution: 1-29-2	Aggregate This Election: \$ 17, 40	0.0
		_
Middle Name:	Last Name:	OR
City:	State: Zin Code:	
Employer:	Suite Zip code	
Primary Election General Election	Bupoff (Local Elections Only)	
Date of Contribution:	Aggregate This Election: \$	
2:		OR
Middle Name:	Last Name:	ON
City:	State: Zip Code:	
Employer:		
Primary Election General Election	Runoff (Local Elections Only)	
Date of Contribution:	Aggregate This Election: \$	
:		OR
Middle Name:	Last Name:	Un
City:	State: Zip Code:	
Employer:	2.p code	
Primary Election General Election	Runoff (Local Elections Only)	
Date of Contribution:	Aggregate This Election: \$	
	ame: Todd Kerr tte: 1-16-2.1 ans from preceding page (enter \$0 if first page) ITEMS FOR EACH ITEMIZED CONTRIBUTION. e: Middle Name: Employer: Set Middle Name: City: City: City: Middle Name: City: Primary Election General Election City: Date of Contribution: I-29-2 I Primary Election General Election City: City: Date of Contribution: I Primary Election General Election City: Date of Contribution: Employer: On Date of Contribution: City: City: Middle Name: City: Middle Name: City: City: Middle Name: City: Middle Name: City: Middle Name: City: Employer: Middle Name: City: Employer: Middle Name: City: Employer: Employer: Middle Name: City: Employer: Employer: Primary Election General Election Date of Contribution: Employer: Primary Election General Election Date of Contribution: Employer: Primary Election General Election Date of Contribution: Employer: Primary Election Middle Name: City: Primary Election General Election On the of Contribution: Employer: Primary Election On the of Contribution: Employer: Primary Election Date of Contribution: Employer: Primary Election Date of Contribution: Primary Election Date of Contribution: Primary Election Middle Name: Primary Election Primary	Ite: I-16-2Y End Date: If ifst page) \$

Total Contributions: \$ **1600.00** (Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE
1. Candidate or Committee Name: Todd Kerr
2. Reporting Period: Start Date: 1-16-24 End Date: 2-24-24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$
COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in- kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.
Business or Organization Name: Mr. Sign MAN
First Name: Middle Name: Last Name:
Address: 129 Conimerce Dr City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Campaign Signs
Amount of Expenditure: \$ 1,312.36 Date of Expenditure: 2-8-24
Business or Organization Name: Do DAT Communications OR First Name: Middle Name: Last Name: OR Address: 1026 Lavern Circle City: Hendersonville State: TN Zip Code: 37075 Purpose of Expenditure: Campaign Advertising Date of Expenditure: 1-16-21
Business or Organization Name: OR First Name: Kay Address: 123 Trousdale City: Hendersonulle State: Trousdale Purpose of Expenditure: Social Media Sapport Amount of Expenditure: 506.00 Date of Expenditure: 2-8-24
Business or Organization Name: Music City Digital Media OR First Name: Middle Name: Last Name: Address: 120 Gallatin Rd City: Henderson ville State: TN Zip Code: 37075 Purpose of Expenditure: Debsite Date of Expenditure:
Business or Organization Name: Tractor Supply CO OR First Name:
Total Expenditures: \$ 3,757.94

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED S	STATEMENT OF EXPEN	IDITURES - CANDIDATE
1. Candidate or Committee Na	me: Todal Ker-	
2. Reporting Period: Start Dat	te: 1-16-24 End Date:	2-24-24
5. Total campaign expenditure	es from preceding page (enter \$0 if fire	st page) \$ 3,757.94
COMPLETE THE APPROPRIATE kind contribution to a candidate, plea candidate's name in the purpose of the	ITEMS FOR EACH EXPENDITURE. All ex ase remember to include the purpose of the ex he expenditure section.	xpenditures must be itemized. If the expenditure is an in- expenditure (e.g., postage, printing, etc.) along with the
Business or Organization Name	: The Home Dean	0T0
First Name:	Middle Name:	O Last Name: O
		Last Name: Last Name: Last Name: Zip Code: 37075
Amount of Expenditure: \$	Date of Expenditu	ure: 1-28-24
Business or Organization Name	Wix. com	
	whole Name:	Lact Name
	(ITV.	6: .
The strandice VVC	USITC FEES	
Amount of Expenditure: \$ 4	Date of Expenditu	re: 2-5-24
First Name	FaceBook	OR
	WILLIE Name	
	mpaign Ad	Last Name: State: Zip Code:
	69 Date of Expenditur	
	Date of Expenditur	re: <u>2-5-24</u>
Business or Organization Name:		
	inidule Name:	OR
Address:	Citv:	Last Name:
Address: Purpose of Expenditure:	City:	Last Name: State: Zip Code:
Address: Purpose of Expenditure:	City:	Last Name: State: Zip Code:
Address: Purpose of Expenditure: Amount of Expenditure: \$	City: Date of Expenditure	Last Name: State: Zip Code: e:
Address: Purpose of Expenditure: mount of Expenditure: \$ usiness or Organization Name: irst Name:	City: Date of Expenditure Middle_Name:	Last Name: State: Zip Code: e: OR
Address: Purpose of Expenditure: Amount of Expenditure: \$ susiness or Organization Name: irst Name: ddress:	City: Date of Expenditure Date of Expenditure Middle Name: City:	Last Name: State: Zip Code: e: e: Last Name: OR
Address: Purpose of Expenditure: amount of Expenditure: \$ usiness or Organization Name: irst Name: ddress: urpose of Expenditure:	City: Date of Expenditure Middle_Name:	Last Name: State: Zip Code: e: OR Last Name: OR State: Zip Code:

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

1. Candidate or Committee Name:		TRIBUTIONS - CANDIDATE
2. Reporting Period: Start Date:		71-7V
		e)\$
COMPLETE THE APPROPRIATE ITEMS dollars (\$100) from any contributor during the		N. In-kind contributions totaling more than one hundred
Business or Organization Name:		OR
First Name:	Middle Name:	Last Name:
Address:	City:	State: Zip Code:
Occupation:	Employer:	
In-Kind Contribution Value: \$	In-Kind Contribution Date:	eral Election 🛛 Runoff (Local Elections Only) Aggregate This Election: \$
		OR
		Last Name:
		State: Zip Code:
In-Kind Contribution Value: \$	_ In-Kind Contribution Date:	eral Election 🛛 Runoff (Local Elections Only) Aggregate This Election: \$
		OR
First Name:	Middle Name:	Last Name:
Address:	City:	State: Zip Code:
Occupation:	Employer:	
In-Kind Contribution Value: \$	In-Kind Contribution Date:	eral Election Runoff (Local Elections Only) Aggregate This Election: \$
Business or Organization Name:		OR
First Name:	Middle Name:	Last Name:
Address:	City:	State: Zip Code:
Occupation:	Employer:	
In-Kind Contribution Value: \$	In-Kind Contribution Date:	eral Election Runoff (Local Elections Only) Aggregate This Election: \$
Total In-Kind Contributions: \$	-0-	

(Carry forward to the next page if additional pages of this form are used. If this is the last page of in-kind contributions, this amount must be shown in the summary on first page.)

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1. Candidate or Committee Name:	Tode	d Kerr			
2. Reporting Period: Start Date:			-24-24		
3. Complete the appropriate items fo				(\$100).	
Complete the following for the source of ea					
Business or Organization Name:					OR
First Name:					
Address:					
Outstanding Loan Balance (Beginning					
Loans Received		\$			
Loan Payments		\$			
Outstanding Loan (End)		\$			
Loan Received For: Primary Ele	ction	General Election	Runoff (Local Elect	ions Only)	
Date of Loan:					
List all endorsers or guarantors for above lo	an (If more s	nace is needed, nlease	attach additional pages)		
Business or Organization Name:					OR
First Name:					
Address:					
Amount Guaranteed Outstanding: \$					
Business or Organization Name:					
First Name:					
Address:				_ Zip Code:	
Amount Guaranteed Outstanding: \$					
Business or Organization Name:					OR
First Name:					
Address:					
Amount Guaranteed Outstanding: \$					
Business or Organization Name:					
First Name:					
Address:		City:	State:	Zip Code:	

Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning)	\$ -0 -
Loans Received	\$ -0-
Loan Payments	\$ -0-
Outstanding Loan (End)	\$ -0-

1. Candidate or Committee Name:	Tode 1	Kerr			
2. Reporting Period: Start Date:	-16-24 End	Date: 2-24-:	24		
3. Complete the appropriate items	for each obligation owed	d to a person/vendor at th	ne end of the r	eporting period	l.
Business Name:		Description of Obligation:			
First Name:	Middle Name:				
Last Name:		in the second second			
Address:		Balance (Period	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
State: Zip Code:			\$	\$	\$
	Land and the second	L:	ŀ		1.
Business Name:		Obligation:			
First Name:	Middle Name:		1		
Last Name:	A CARLEN AND A CARLEN		S. Marcal		
Address:		Outstanding Balance (Period	Debt Incurred	Payments This Period	Outstanding Balance
City:	State of the second	Beginning)	This Period	This renou	(Period End)
State: Zip Code:		\$	\$	\$	\$
Business Name:		Description of			
First Name:		Obligation:			
Last Name:					
Address:		Outstanding	Debt	Payments	Outstanding
City:		Balance (Period Beginning)	Incurred This Period	This Period	Balance (Period End)
State: Zip Code:		\$	\$	\$	\$
			1		
Business Name:		Description of Obligation:			
First Name:	Middle Name:				
Last Name:					
Address:		Outstanding	Debt	Payments This Deviced	Outstanding
		Balance (Period Beginning)	Incurred This Period	This Period	Balance (Period End)
City:			1	1	1
City: Zip Code:		\$	\$	\$	\$

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period End)
\$ -0-	\$ -0-	\$ -0-	5-0-