

## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

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

1. Date: 1/15/24 2.a. Candidate or Committee Name: Deborne HISTON
2.b. If Committee, Name of Candidate: 3. Election Date:
4. Campaign Address: 222 Topper Dr
City: Gallation State: TN Zip Code: 37066 Phone: 615-479-7184
5. Candidate Home Address: Same
City: State: Zip Code: Phone:
Candidate Email Address: ddmministry & msn. com
6. Office Sought: (include district number, if applicable) CCD 8
7. Name of Political Treasurer (may be candidate):
Political Treasurer Email Address: dmmnisty & msn com
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: July 1 End Date: Jan 15th Z4
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.
11. 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   Political Treasurer Signature   Date   Date
12. Summary:  a. Balance On Hand Last Report \$ 70 ' 40 Closed 11/7/2  b. Total Receipts This Period FILED \$  c. Total Disbursements This Period AM PM \$ 78,40 Bank Fees
a. Balance On Hand Last Report \$ 70:40 Closed 117 (Co
b. Total Receipts This Period SAM PM SAM BOOK FILED
c. Total Disbursements This Period
d. Balance On Hand (12.a. plus 12.b. minus 1220). 1.2024 \$ PAID Plus  Total Leave Outstanding
e. Total Loans Outstanding
f. Total Obligations Outstanding
SS-1109 (Rev. 1/2023)

## **SUMMARY PAGE - CANDIDATE**

13. Nar	ne of Candidate or Committee: Death Alst
14. Rep	orting Period: Start Date: Suly   End Date: Saw 15, 2029
15. Rec	eipts:
a.	Unitemized Contributions (\$100 or less from each source this period)
b.	Itemized Contributions (over \$100 from each source this period)\$
c.	Loans Received This Reporting Period
d.	Interest Received This Reporting Period\$\$
e.	Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.)
16. Dis	pursements:
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. ln-ł	ind Contributions:
a.	Unitemized In-Kind Contributions Received This Period \$\$
b.	Itemized In-Kind Contributions Received This Period \$\$
c.	Total In-Kind Contributions Received This Period \$\$
18. Obl	gations:
a.	Total Obligations Outstanding (must be shown in item 12.f.)