

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 7-1-23 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: ToddKess @ Comcust. Net
6. Office Sought: (include district number, if applicable) School Board - District 4
7. Name of Political Treasurer (may be candidate):
Political Treasurer Email Address: Mricker 13 @ Comcast. NeT
8. Category or Report: (check one)
☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☐ Pre-Primary ☐ Pre-General
Mid-Year Supplemental
9. Reporting Period: Start Date: 6-1-23 End Date: 6-30-23
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.
7-1-23 MARi 712/23
Candidate Signature Date Political Treasurer Signature Date
Q-17V. 7/2/22 N. d. 7/2/23
Witness Signature Date Witness Signature Date
12. Summary: FILED PM
a. Balance On Hand Last Report\$
b. Total Receipts This Period JUL 0 3 2023 \$ 7,300
c. Total Disbursements This PeriodsumER COUNTY \$ 2,475
d. Balance On Hand (12.a. plus 12.b. minus 12.b. minus 12.c.) COMMISSION \$ 4,825
e. Total Loans Outstanding\$
f. Total Obligations Outstanding\$
SS-1109 (Rev. 1/2023)

SUMMARY PAGE - CANDIDATE

13. Nar	me of Candidate or Committee: Todd Kerr	
	porting Period: Start Date: 6-1-23 End Date: 6-30-	23
15. Red		
a.	Unitemized Contributions (\$100 or less from each source this period)	ions for more information.)
b.	Itemized Contributions (over \$100 from each source this period)\$	7,300
c.	Loans Received This Reporting Period\$	
d.	Interest Received This Reporting Period\$	-0-
e.	Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.)	7,300
16. Dis	bursements:	
a.	Total Expenditures (other than loan payments)	2,475
b.	Loan Repayments Made This Period\$	-0-
c.	Total Obligation Payments Made This Period\$	-0-
d.	Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)\$	
17. ln-	Kind Contributions:	
a.	Unitemized In-Kind Contributions Received This Period\$	-0-
b.	Itemized In-Kind Contributions Received This Period\$	-0-
c.	Total In-Kind Contributions Received This Period\$	0-
18. Ob	ligations:	
	Total Obligations Outstanding (must be shown in item 12.f.)	-0-

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Todd Kerr	
2. Reporting Period: Start Date: 6-1-23 End Date: 6-30-3	13
3. Total campaign contributions from preceding page (enter \$0 if first page) \$	
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.	
Business or Organization Name:	OR
First Name: Todd Middle Name:	Last Name: Kerr
Address: 102 Green Meadows Dr City: Hendersonville	State: TN Zip Code: 37075
Occupation: CPA Employer: Scif- E	nployed
Contribution Received For: ☐ Primary Election ☐ General Election	Runoff (Local Elections Only)
Amount of Contribution: \$ 500. Date of Contribution: 6423	Aggregate This Election: \$ 500
Business or Organization Name:	OR
First Name: Middle Name:	Last Name: RICKET
Address: 1010 Ralph Hollow Rd City: Goodlettsville	_ State: IN Zip Code: 37072
Occupation: Bank President Employer: Retire	d
Contribution Received For: Primary Election General Election	Runoff (Local Elections Only)
Amount of Contribution: \$ 1,600. Date of Contribution: 6-1-23	Aggregate This Election: \$ 1,600
Business or Organization Name:	OR
First Name: Russ Middle Name: F.	Last Name: Edwards
Address: 133 Windham Cir City: Hendersonville	State: [N Zip Code: 37675
Occupation: Attorney / Judge Employer: City	of Hendersonville
Contribution Received For: Primary Election General Election	Runoff (Local Elections Only)
Amount of Contribution: \$ 500 00 Date of Contribution: 6-23-23	Aggregate This Election: \$ 500
Business or Organization Name:	OR
First Name: Todd Middle Name: A.	Last Name: Alexander
Address: 217 Strange Cir City: Gallatin	State: TN Zip Code: 37066
Occupation: Minister Employer: House	of Grace
	Runoff (Local Elections Only)
Amount of Contribution: \$ 2000 Date of Contribution: 6-20-23	Aggregate This Election: \$ 2000
Total Contributions: \$ 7,300 06	
(Carry forward to the next page if additional pages of this form are used. If the amount must be shown in the summary on first page.)	is is the last page of contributions, this
amount must be shown in the summary on mist page.)	

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

Todd Kerr						
-1-23 End Date: 6-3	30-23					
receding page (enter \$0 if first pag	ge)\$					
as mariad marret has remarked	N. In-kind contributions totaling more than one hundred					
	OR					
Middle Name:	Last Name:					
City:	State: Zip Code:					
Employer:						
Primary Election Gene	eral Election Runoff (Local Elections Only)					
In-Kind Contribution Date:	Aggregate This Election: \$					
	OR					
Middle Name:	Last Name:					
City:	State: Zip Code:					
Employer:						
☐ Primary Election ☐ Gene	eral Election Runoff (Local Elections Only)					
In-Kind Contribution Date:	Aggregate This Election: \$					
	OR					
Middle Name:	Last Name:					
City:	State: Zip Code:					
Employer:						
	eral Election Runoff (Local Elections Only)					
	Aggregate This Election: \$					
	OR					
	Last Name:					
City:	State: Zip Code:					
	ral Election Runoff (Local Elections Only)					
n-Kind Contribution Value: \$ In-Kind Contribution Date: Aggregate This Election: \$ Description of In-Kind Contribution:						
	FOR EACH IN-KIND CONTRIBUTION period must be reported. Middle Name: City: Employer: In-Kind Contribution Date: City: Employer: Primary Election					

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

Candidate or Committee Name:	Todd k	Cerr				
2. Reporting Period: Start Date: 6			1-23			
3. Total campaign expenditures from				-0-		
COMPLETE THE APPROPRIATE ITEMS kind contribution to a candidate, please reme candidate's name in the purpose of the expe	ember to include t	PENDITURE. All expend the purpose of the expend	litures mu: liture (e.g.,	st be itemized. postage, printir	If the expen	diture is an in- g with the
Business or Organization Name:	Jusic C	ity Digital	Med:	a		OR
First Name:	Middle N	lame:		Last Name:		
First Name:Address: 120 Gallatin	Rd c	city: Hendersowi	lle	State: TA	Zip Code:	37075
Purpose of Expenditure: Campo	righ web	site Developn	NENT			
Amount of Expenditure: \$ 1,375		Date of Expenditure:	6-5	5-23		
Business or Organization Name:	.K. Me	dia				OR
First Name:	Middle N	Name:		Last Name:		
Address: 100 Merrimac	Rd c	ity: Henderson	ille	State: TN	Zip Code:	37075
Purpose of Expenditure: Cam	Daigh P	hotos Rusiva	ess Co	ards + 11	vitatio	WS
		- 1-		2 12		
Amount of Expenditure: \$ 825	x [Date of Expenditure:	6-1	2-25		
Purpose of Expenditure: Campanda Amount of Expenditure: \$ 25				William William		
Business or Organization Name:	.K. Med	lia				OF
Business or Organization Name:	.K. Med	lia Name:		Last Name:		OF
Business or Organization Name: C First Name: Address: OO Merrings	.K. Med Middle N	lia Name:	ille	Last Name: State: TN	Zip Code:	3707.5
Business or Organization Name: C First Name: Address: OO Merrings	.K. Med Middle N	lia Name:	ille	Last Name: State: TN	Zip Code:	3707.5
Business or Organization Name:	.K. Med Middle N	lia Name:	ille	Last Name: State: TN	Zip Code:	3707.5
Business or Organization Name: C First Name: Address: OO Merrings	.K. Med Middle N	lia Name:	ille	Last Name: State: TN	Zip Code:	3707 <i>5</i>
Business or Organization Name: C First Name: Address: 100 Merrings Purpose of Expenditure: Canoba Amount of Expenditure: \$ 275. Business or Organization Name: First Name:	Middle Maign Pho	Name:	ille NK YO 6-3	Last Name: State: TN Su Card D-23 Last Name:	Zip Code:	3707.5 OF
Business or Organization Name: C First Name:	Middle M	Name:	ille NK YO 6-3	Last Name: State: TN Su Card D-23 Last Name:	Zip Code:	3707.5 OF
Business or Organization Name:	Middle M	Name:	ille NK YO 6-3	Last Name: State: [N_Su Card 5-23 Last Name: State:	Zip Code:	3707.5 OF
Business or Organization Name: C First Name:	Middle M	Name:	ille NK YO 6-3	Last Name: State: [N_Su Card 5-23 Last Name: State:	Zip Code:	3707.5 OF
Business or Organization Name:	Middle M	Name:	ille NK YC 6-3	Last Name: State: [N_Su Card 5-23 Last Name: State:	Zip Code:	3707.5 OF
Business or Organization Name: C First Name: Address: LOO Merrings Purpose of Expenditure: Canobi Amount of Expenditure: \$ 275. Business or Organization Name: First Name: Address: Purpose of Expenditure: \$ Amount of Expenditure: \$	Middle Maign Pho	Name:	ille NK YO 6-3	Last Name: State: TN Su Card D-23 Last Name: State:	Zip Code:	0F
Business or Organization Name: C First Name: Address: LOO Merrings Purpose of Expenditure: Canox Amount of Expenditure: \$ 275. Business or Organization Name: First Name: Address: Purpose of Expenditure: \$ Business or Organization Name: Business or Organization Name:	Middle Mi	Name:	ille NK YO 6-3	Last Name: State: TN Sy Card S-23 Last Name: State:	Zip Code:	0F
Business or Organization Name:	Middle Mi	Name:	ille NK YC 6-3	Last Name: State: [N] Sy Card S-23 Last Name: State:	Zip Code: Zip Code: Zip Code:	0F

ITEMIZED STATEMENT OF LOANS - CANDIDATE

 Candidate or Committee Name: Reporting Period: Start Date: Complete the appropriate items 	1-23 Er	nd Date: 6		ollars (\$100).	
Complete the following for the source of						
Business or Organization Name:						OR
First Name:						
Address:					Zip Code:	
Outstanding Loan Balance (Beginnin						
Loans Received						
Loan Payments						
Outstanding Loan (End) Loan Received For: Primary E Date of Loan:				Electi	ons Only)	
List all endorsers or guarantors for above	loan (If more space is	needed, please	attach additional pag	ges.)		
Business or Organization Name:						
First Name:						
Address:	City:		State:		Zip Code:	
Amount Guaranteed Outstanding: \$						
Business or Organization Name:						OR
First Name:	Middle Name	2:	Last	Name:		
Address:	City:		State:		Zip Code:	
Amount Guaranteed Outstanding: \$						
Business or Organization Name:						OR
First Name:				Name:		
Address:	City:	Marie Care	State:		Zip Code:	
Amount Guaranteed Outstanding: \$						
Business or Organization Name:						OR
First Name:						
Address:						
Amount Guaranteed Outstanding: \$_						
Totals for all loans (Complete this page Total loans received and loan payments shou	for each outstanding lo	oan during the p ory page. Outsta	eriod. Complete this sending loan balance sho	ection o	nly on last page of shown on front pag	loans. ge.)
Balance (Beginning)	\$ <u>.</u>	-0-			,	
Loans Received	\$	-0-				
Loan Payments						
Outstanding Loan (End)	¢	-0				

ITEMIZED STATEMENT OF	OBLIGATIO	NS - CA	NDIDAT	E
1. Candidate or Committee Name: Todd Kerr				
2. Reporting Period: Start Date: 6-1-23 End D	ate: 6-30-2	3		
3. Complete the appropriate items for each obligation owed t	o a person/vendor at t	he end of the r	reporting perior	d.
Business Name:				
First Name: Middle Name:	Obligation:			
Last Name:				
Address:	A STATE OF THE PARTY OF THE PAR	Debt	Payments	Outstanding
City:	Balance (Period Beginning)	Incurred This Period	This Period	Balance (Period End)
State: Zip Code:	\$	\$	\$	\$
D i N	Description of	T		
Business Name: Middle Name:	Obligation:			
Last Name: Middle Name:				
	Outstanding	Debt	Payments	Outstanding
Address:	Balance (Period	Incurred This Period	This Period	Outstanding Balance (Period End)
State: Zip Code:	\$	\$	\$	\$
			Waller Company of the	
Business Name:	Description of Obligation:			
First Name: Middle Name:				
Last Name:				
Address:	Outstanding Balance (Period	Debt	Payments	Outstanding
City:	Beginning)	Incurred This Period	This Period	Balance (Period End)
State: Zip Code:	\$	\$	\$	\$
	Description of			
Business Name:	Obligation:			
First Name: Middle Name:	-			
Last Name:				11.00
Address:	Outstanding Balance (Period	Debt Incurred	Payments This Period	Outstanding Balance
City:	Beginning)	This Period		(Period End)
State: Zip Code:	\$	\$	\$	\$
TOTALS				
(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the	Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period End)
Total from "Outstanding Balance - (Period End)" column	\$ -0-	5-0-	5-0-	\$-0-

must also be shown on the summary on first page.)