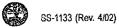
## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

# For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAME OF C	ANDIDATE OR (	COMMITTEE						
7-10-2022		GENE	FH00E3						
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DATE	-				
Gene FHOORS				5/3/22					
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		State	Zip Code	Phone				
_		d	State (	•	615 Case				
4.b. CANDIDATE'S HOME ADDRESS (if different	nt than 4 a )	OCH PL	<i></i>	37075	47/88				
Street or Rural Route	City		State	Zip Code	Phone				
5. OFFICE SOUGHT (include district number,	if applicable)	6. NAME		TREASURER (may be o	andidate)				
Cont Comm. Dist	23		GENE!	KHURKS					
7. CATEGORY OR REPORT (Check one)		p=q							
FIRST SECOND THIRD	FOURTH	LLI PRE-	PRE-	L.J MID-YEAR	L_J YEAR-END				
QUARTER QUARTER QUARTE  8.a. BEGINNING DATE OF REPORTING PERIOD	R QUARTER	PRIMARY	GENERAL DATE OF REPO	SUPPLEMENTAL PERIOD	SUPPLEMENTAL				
		O.D. ENDING							
9. (Check one)			- /-	1-22					
, , , , , , , , , , , , , , , , , , , ,									
<ul> <li>a.  This campaign is exempt from detain tures total \$1,000 or less for this representation.</li> </ul>				,	or less AND expendi-				
b. 📶 This campaign is required to file a c	etailed financial discl	osure because	contributions (in	ocluding in-kind) receive	d total more than \$1,000				
and/or expenditures total more than				1					
accurate accounting of campaign contribu Financial Disclosure Act. Additionally, I/w	10. I/we do solemnly swear or affirm that the information contained in this campaign financial disposure 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 happing the candidate or for any other nonpolitical purpose as defined by the fedgral internal revenue code.								
1/17	7-11 77		17/_		7				
signature of candidate	7-//-22_	<i>d</i>	signature o	of political treasurer	- 11-2z				
signature of candidate	date		signature c	r political treasurer	date				
11. WITNESS SIGNATURE			<u> </u>						
hara Mara	7-11-02		hime	· 0	7-11-2)				
signature of witness	date	\ <u></u>	signat	ture of witness	tate 7				
J ograda o si misodo			J	tare of withess	- uate				
12. SUMMARY									
a. BALANCE ON HAND LAST REPORT				.\$ 833.71					
b. TOTAL RECEIPTS THIS PERIOD	***************************************	***************************************	*******************	s 1450,00					
TOTAL BIRDLINGS 45:				\$ 1629.2	,				
c. TOTAL DISBURSEMENTS THIS PERIOD				.\$ 100 1. 6	_				
d. BALANCE ON HAND (12.a. plus 12.b.	minus FALED	PM		, \$	354.47				
A TOTAL LOANS OUTSTANDING					-0-				
e. TOTAL LOANS OUTSTANDING	111 1 20	22		**************************************					
f. TOTAL OBLIGATIONS OUTSTANDING		NTY		*	-0-				
i. FOTAL OBLIGATIONS OUTSTANDING	SUMNER COU	IISSION	***************************************	\$ · 	<del></del>				
	ELECTION CUM		··· <del></del>	<del></del>					

#### SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)			VERING THE PERIOD
Geve PHODES		FROM: 4-24	TO: 5-3
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)		d and	
a. Unitemized Contributions (\$100 or less from each source this pe	eriod)	s 650 s 500	<del></del>
b. Itemized Contributions (over \$100 from each source this period)			
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 1	\$ //50		
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>-0-</u>		
17. INTEREST RECEIVED THIS REPORTING PERIOD			
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in iter	n 12.b.)	,	\$ _1/50
DISBURSEMENTS			
19. EXPENDITURES (other than loan payments)			
a. Expenditures (\$100 or less each payee this period) (must be listed	i by category -	e.g., printing, postag	ge, gasoline)
GAS	\$ <u>100</u>		
From For Poll worke	\$ <u>25.9</u>	<u>o</u>	
FOUD FOR WALKERS	\$ <u>44.4</u>	<u>'/</u>	
Prints	\$ _ 8.9	3	
Gns	\$ 51.6	0	
Community Life Downton	\$ 100	<del>-</del> 	
Food For Poll works	\$ 37.1	1	
FreeBook ADO	\$ <u>56.8</u>	r./	
FOOD FOR PSH woon	\$ <u>77</u> .	85	
		. 5.2.3	1-2
Total of Expenditures (\$100 or less each payee)			
b. Itemized Expenditures (Over \$100 each payee this period)			
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a.			<b>—</b>
20. LOAN REPAYMENTS MADE THIS PERIOD			
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in	item 12.c.)		\$ <u>1629.29</u>
22. IN-KIND CONTRIBUTIONS		<b>~</b> \	
a. Unitemized in-kind contributions (\$100 or less from each source the	nis period)	\$ <u>- 0 -</u>	
b. Itemized in-kind contributions (over \$100 from each source this pe	eriod)	\$O	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (ac	ld 22.a. and 22.	b.)	\$ <u>- 0 - </u>
23. OBLIGATIONS			
a. Unitemized Obligations Outstanding (\$100 or less each)      b. Itemized Obligations Outstanding (Over \$100 each)		\$ <u>- 0 -</u>	
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must	st be shown i ite	em 12.f.)	\$ <u>-0 -</u>



### ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

<ol> <li>NAME OF CANDIDATE OR COMMITTEE</li> </ol>	=		•	Z KLI OKI GOVEKI	ING THE PERIOD		
Gene RH	7047			FROM: 4-8-1	_		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTI	page)	Amount					
4. COMPLETE THE APPROPRIATE ITEMS FOR EA					r)		
First Name	diddle Name		Contribution Received Fo	r;	Amount of Contribution		
Last Name/Organization Name	Summa Assouty of Realton			General Election	50000		
Address		Runoff (Local Election	ons Only)				
City	State Zip Code		Date of Contribution				
Occupation		5/2/	122				
Employer			•				
First Name	Middle Nam	e	Contribution Received	For:	Amount of Contribution		
Last Name/Organization Name				General Election			
Cast Narrier Organization Home							
Address			Runoff (Local Electi	ons Only)			
City	State Zip Code			<del></del>	Aggregate This Election		
Occupation			7				
Employer			-				
First Name	Middle Nam	8	Contribution Received	For:	Amount of Contribution		
Last Name/Organization Name	<u> </u>		Primary Election	General Election			
Address			Runoff (Local Electi	ions Only)			
City	State	Sity State Zip Code			l l		
				Aggregate This Election			
Occupation	1				Aggregate This Election		
Occupation . Employer			_		Aggregate This Election		
Employer	Middle Nam	e	Contribution Received Fo	or:	Aggregate This Election  Amount of Contribution		
Employer First Name	Middle Nam	e		or: □ General Election			
Employer  First Name  Last Name/Organization Name	Middle Nam	e	Primary Election	General Election			
Employer  First Name  Last Name/Organization Name  Address			Primary Election  Runoff (Local Electi	General Election	Amount of Contribution		
Employer  First Name  Last Name/Organization Name  Address  City	Middle Nam	e Zip Code	Primary Election	General Election			
Employer  First Name  Last Name/Organization Name  Address  City  Occupation			Primary Election  Runoff (Local Electi	General Election	Amount of Contribution		
Employer  First Name  Last Name/Organization Name  Address  City			Primary Election  Runoff (Local Electi	General Election	Amount of Contribution		

#### **ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE**

1. NAME OF CANDIDATE OR (	COMMITTEE		2	REPORT COVERI					
				FROM:	TO:				
					Amount				
3. TOTAL ITEMIZED IN-KIND COM	NTRIBUTIONS FROM	PRECEDING PAGE	(enter \$0 if first itemized page	)					
4. COMPLETE THE APPROPRIATE IT	EMS FOR EACH ITEM	ZED IN-KIND CONTRIE	BUTION (in-kind contributions totaling r	nore than \$100 from any cor	tributor during the period)				
First Name	∕liddle Na	me	In-Kind Contribution Receive	ed For: General Election	Value of In-Kind Contribution				
Last Name/Organization Name			Runoff (Local Election						
Address			Date of In-Kind Contribution		Aggregate this Election				
City	State Zip Code		Description of In-Kind Contribution						
Occupation	Employer								
First Name	/liddle Na	me	In-Kind Contribution Receive		Value of In-Kind Contribution				
Last Name/Organization Name			Runoff (Local Election						
Address			Date of In-Kind Contribution	Received For:  No General Election  Elections Only)  No Aggregate this Election  Received For:  No General Election  Value of In-Kind Contribution  Flections Only)  Aggregate this Election  Aggregate this Election					
City	Stale	Zip Code	Description of In-Kind Contribution		<u>-l</u>				
Occupation	Employer								
First Name	First Name Middle Name				Value of In-Kind Contribution				
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 Contribution						
Occupation	Employer								
First Name	Middle Na	ime	In-Kind Contribution Receiv		Value of In-Kind Contribution				
Last Name/Organization Name			Runoff (Local Election	ns Only)					
Address			Date of In-Kind Contribution		Aggregate this Election				
City	State	Zip Code	Description of In-Kind Contribution						
Occupation	Empłoyer	·····							
First Name	Middle Na	me	In-Kind Contribution Recei		Value of In-Kind Contribution				
Last Name/Organization Name			Primary Election						
Address			Date of In-Kind Contribution		Aggregate this Election				
City	State	Zip Code	Description of In-Kind Contribution		<u></u>				
Occupation	Employer		1						
E TOTAL ITEMPED IN COMP. CO.	MITDIDI ITIONO								
5. TOTAL ITEMIZED IN-KIND CO (Carry forward to Item 3. of next page if a (If this is the last page of in-kind contribu	additional pages of this form		ary )						
SS-1128 (Rev. 2/06)			Pag	e <b>4</b> of <b>7</b>	RDA 1159				

#### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	<u> </u>			2. REPORT COVER				
Grave	Lo	on		FROM: 4-27	TO: 5'-3			
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	RES FROI	M PRECEDING PAGE	E (enter \$0 if first itemized pa	ge)	Amount			
4. COMPLETE THE APPROPRIATE ITEMS FOR E.	ACH ITEME	ZED EXPENDITURE (e	xpenditures totaling more than \$100	to any payee during the per	iod)			
First Name	Middle Nan	ne .	Purpose of Expenditure	•	Amount of Expenditure			
Last Name/Business Name			2 .		1101			
Address			Print		496.03			
City Hermoty	State	Zip Code						
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name  MA Sign was	·							
Address			Signs		117.99			
City Hangustle	State	Zip Code			111.11			
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name Kelly McKinly Address		Marlen		262.50				
City Hewardle	State TW	Zip Code						
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name  Ocane  Den, H F	-	House		. L.				
Address			Downer	^ , ·	250.00			
City Geelletw	Stale 1	Zip Code	1)conve	but				
First Name	Middle Nam	ie	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name			1					
Address								
City	State	Zip Code						
First Name	Middle Nam	le	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name	<u> </u>		-					
Address			-					
City	State	Zip Code	-					
TOTAL ITEMIZED EXPENDITURES     (Carry forward to item 3. of next page if additional pages)	of this form a	re used.)	<u> </u>	· · · · · ·				
(If this is the last page of expenditures, this amount mus				·				

#### **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE  2. REPORT COVERING THE PERIOD FROM: TO:								HE PERIOD			
3. COMPLETE THE APPROI	PRIATE ITEMS F	OR EACH I	TEMIZ	ED LOAN (	loans totaling n	nore than \$100	) from any source	e during the pe	riod)		
Complete the Following for the S											
First Name Middle Name			Outstanding L (Beginning o	Loan Balance Loans Loan of Period) Received Payments				Outs	tanding End t	Loan Balance of Period)	
Last Name/Organization Name											
			Loan Receive		☐ Genera	Election	Date of Loa	n			
City	State	Zip Code		Runoff (Local Elections Only)							
	List All Endor	sers or Guara	entors f	or Above Loa	n (if more spa	ice is neede	d piease attaci	h a page)			
First Name		Middle Name	<b>:</b>		First Name				Middle	Name	.,
Last Name/Organization Name					Last Name/Or	ganization Nai	me				
Address	•				Address					•	
City		State	Zip C	ode	City	•			State		Zip Code
Amount Guaranteed Outstanding					Amount Guara	inteed Outstan	iding		•		,
First Name Middle Name			$\overline{/}$	First Name Middle Name							
Last Name/Organization Name			/	Last Name/Organization Name							
Address		/			Address			, ,			
City		State	Zip C	ode	City				State		Zip Code
Amount Guaranteed Outstanding		7			Amount Guaranteed Outstanding						
First Name		Middle Name	)		First Name				Middl	e Name	2
Last Name/Organization Name		<del></del>			Last Name/Organization Name						
Address					Address						
City	/	State	Zip C	ode	City				State		Zip Code
Amount Guaranteed Outstanding	<del></del>	1		• •	Amount Guara	inteed Outstan	ding	<del></del>	4		
First Name		Middle Name	:		First Name				Middle	Name	<u> </u>
Last Name/Organization Name		<u>i</u>			Last Name/Or	ganization Nar	ne		1		
Address		<del> </del>			Address						
City		State	Zîp C	ode	City				State		Zip Code
Amount Guaranteed Outstanding					Amount Guara	nteed Outstan	ding		•		I. <del>-</del> -
Totals for all Loans (comple (Total loans received should also be (Total loan payments should also be (Total outstanding loan balance should)	shown in item 16. on shown in item 20. on	summary page.] summary page.]	)		Outstanding L (Beginning		Loans Received	Loa Paym		Outs	tanding Loan Balance (End of Period)

#### **ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
OBLIGATION (obligations totaling more that	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)			FROM:  Debt Incurred  This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	ame			/	
Last Name/Business Name	ı	,		/		
Address					ĵ	
City	State	Zip Code				
Description of Obligation	<del></del>	<b>!</b>			<u>.</u>	<u></u>
First Name	Middle Na	ame				
Last Name/Business Name	<u> </u>		/			
Address			$\dashv$ /			
City	State	Zip Code				
Description of Obligation	<u> </u>			1	. <b>L</b>	
First Name	Middle Na	ame /		1	1	
Last Name/Business Name	<u> </u>		_			
Address		/				
City	State	Zip Code	_			
Description of Obligation	7			<u> </u>		
Description of Obligation						
First Name	Middle Na	ame				
Last Name/Business Name	· · · · · · · · · · · · · · · · · · ·					
Address						
City	State	Zip Code				
Description of Obligation	<u> </u>					
First Name	Middle Na	ıme				
Last Name/Business Name	<u>i</u>		<del>-</del>			
Address						
City	State	Zip Code				
Description of Obligation	1	<u> </u>	, I.	<u></u>	I	<u> </u>
4. TOTALS (Total from Outstanding Balance - (End of Period) in Item 23b. on summary page.)	column mus	st also be shown				