CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

DATE OF REPORT	or single-cal			ees		
1 1-1	2.a. NAME OF C	_				
2.b. IF COMMITTEE, NAME OF CANDIDATE	1 100	TH FE	ENNEL			
LIB. II GOWINITTEE, NAME OF CANDIDATE				3. ELECTION	DATE	
4.a. CAMPAIGN ADDRESS AND PHONE				NOVEM	BER	8,2022
Street or Rural Route	City		State	Zip Code		
1049 BLUE JAYWAY	GALLATIN		70 /			Phone -975-7884
4.b. CANDIDATE'S HOME ADDRESS (if differ	ent than 4.a.)		//	37066	6/3	-973-1809
Street or Rural Route	City		State	Zip Code	ı	Phone
OFFICE SOUGHT (include district number	, if applicable)	6. NAME	OF POLITICAL	TREASURER (ma	av be can	didate)
GALLATIN CITY C	OUNCIL		RUTH	FENNE	16	ndato)
7. CATEGORY OR REPORT (Check one)		_	, , ,	1 KINDE	CC	
FIRST SECOND THIRD QUARTER QUARTER QUARTE	FOURTH	PRE-	PRE-	MID-YEA	R	YEAR-END
8.a. BEGINNING DATE OF REPORTING PERIOD	R QUARTER	PRIMARY 8.b. ENDING	GENERAL DATE OF REPO	SUPPLEMEN PRTING PERIOD	ITAL S	UPPLEMENTAL
J441, 20	22		PTEMB)) 1	2.2
9. (Check one)		3 K	/ / CM/D	RC SU	,20.	11
a. This campaign is exempt from deta tures total \$1,000 or less for this re	iled disclosure becaus	e contributions	(including in-ki	nd) received total	\$1,000 or	less AND expendi-
9 7 7 1 W Constant Constant	ering poriod. (Comp	icte items 12u.	, 12e. and 12f.)			
b. This campaign is required to file a cand/or expenditures total more than	etailed financial disclo \$1,000 for this reporti	sure because on period.	contributions (ir	ncluding in-kind) re	eceived tot	al more than \$1,000
I/we do solemnly swear or affirm that the accurate accounting of campaign contributed Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other not signature of candidate. WITNESS SIGNATURE	swear or affirm that	o compoian as	pontributions have federal internal	e candidate comm	nittee by the for the pe	at this report is an le Campaign rsonal financial
Signature of witness	10/5/22 date	J	MU ((signati	ure of witness	_	10 5 22 date
12. SUMMARY						
a. BALANCE ON HAND LAST REPORT				\$		
b. TOTAL RECEIPTS THIS PERIOD				\$ 7013. 8	0	
c. TOTAL DISBURSEMENTS THIS PERIOD				\$ 2360,1	17	
d. BALANCE ON HAND (12.a. plus 12.b. r	ninus 12.c.)	LEO			\$ _4	653,03
	A 8.0	0	M			_
e. TOTAL LOANS OUTSTANDING	OCT	0 5 2022	•••••		\$	0
f. TOTAL OBLIGATIONS OUTSTANDING					c	0
		COMMISSIO			\$ —	
	Distriction of 1 1 400 1 4					

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14 DEDOTE CO.
PECEIPTE FENNELL.	14. REPORT COVERING THE PERIOR FROM: 7-1-12 TO: 9-30-30
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	FROM: 7-1-12 TO: 9-30-33
a. Unitemized Contributions (\$100 or less from each source this period)	s 1633.00
b. Itemized Contributions (over \$100 from each source this period)	(0)
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15	
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ #
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ 8
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ 7013.20
DISBURSEMENTS	7 7,50
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by catego	ry - e.g., printing postage gasoline)
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
Total of Expenditures (\$100 or less each payee) See attached spends	heet = 15901
b. Itemized Expenditures (Over \$100 each payee this period) See a Hu ched	\$ 2201/6
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	27/4/7
20. LOAN REPAYMENTS MADE THIS PERIOD	2360117
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 2360.17
22.IN-KIND CONTRIBUTIONS	\$ 3500,17
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ \$
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ 0
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 2	(22.b.) s Q
23. OBLIGATIONS	Φ
a. Unitemized Obligations Outstanding (\$100 or less each)	\$
b. Itemized Obligations Outstanding (Over \$100 each)	s Ø
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i i	item 12.f.) \$

SS-1133 (Rev. 4/02)

Page 2 of 9

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVI	ERING THE PERIOD
RUTH FEN	NECC			FROM:7-1-2:	2 TO: 9-30-22
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU	ITIONS FR	ROM PRECEDING PA	AGE (enter \$0 if first itemized p	page)	Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR	EACH ITEM	IZED CONTRIBUTION	(contributions totaling more than	\$100 from any contribut	or) see a Hacke
First Name	Middle Na	me	Contribution Received For:	A CONTRACTOR OF THE PARTY OF TH	Amount of Contribution
Last Name/Organization Name See Attached 5 per	Orhe	et	Primary Election	General Election	See hed
Address	-0,-		Runoff (Local Election	ns Only)	attribed attribed
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation			-		
Employer					
First Name	Middle Nar	me	Contribution Received For:	V	Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
Address			Runoff (Local Election	s Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation			†		
Employer			-		
First Name	middle ivalme				Amount of Contribution
Last Name/Organization Name		Primary Election	General Election		
Address	ddress				
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation			1		
Employer			-		
First Name	Middle Name		Contribution Received For:	Amount of Contribution	
Last Name/Organization Name			☐ Primary Election ☐	,	
Address			Runoff (Local Elections	Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer					
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3, of next page if additional pages of (If this is the last page of contributions, this amount must be.)	f this form are e shown in ite	used.) m 15b. of summarv.)			5380,20
					9 30 1

SS-1131(Rev. 2/06)

Page _ 3_ of _ 9

From	Occupation/Category	Street	City, State	ZIP Phone	Deposit / Expense	Category	Activity Date	CASH	CHECK	VENMO	STMT VERFD	Deposit Amt	Expense Amt	Balance
Karen Dixon	Retired	100 Clarendon Place	Hendersonville, TN	37075 615-766-5739	739 Deposit	Contribution - Venmo	9/3/2022			\$ 125.00	1475	\$ 125.00		\$ 125,00
Courtney Rogers	Retired Military	3505 New Hope Road	Hendersonville, TN	27075 615-969-5201	101 Deposit	Contribution - check	9/13/2022		\$ 150.00		400	\$ 150.00		\$ 275.00
DJ Shooter	Business Owner-Self	5447 East Lafayette Blvd.	Phoenix, AZ	85018 928-503-78	928-503-7814 Deposit	Contribution - Venmo	9/6/2022			\$ 177.60	355.2	\$ 177.60		\$ 452.60
DJ Shooter	Business Owner-Self	5447 East Lafayette Blvd.	Phoenix, AZ	85018 928-503-7814	314 Deposit	Contribution - Venmo	9/6/2022			\$ 177,60	355.2	\$ 177.60		\$ 630.20
Jeff Huey	Small Business Owner-Self	201 Mahia Mar Point	Hendersonville, TN	37075 615-881-9992	992 Deposit	Contribution - check	8/25/2022		\$ 200.00	STATE STATE	700	\$ 200.00		\$ 830.20
Ken Jakes	Retired Business Owner	5920 Clarksville Pike	Joelton, TN	37080 615-347-3379	179 Deposit	Contribution - check	9/14/2022	Here age of the same	\$ 200,00		200	\$ 200.00		\$ 1,030,20
Ben Cunningham	Retired	140 Mockingbird Trail	Gallatin, TN	37066 615-496-3881	181 Deposit	Contribution - Venmo	9/17/2022			\$ 250.00	650	\$ 250.00		\$ 1,280.20
Jeremy Mansfield	Design Director-Self	105 Copper Creek Drive	Goodlettsville, TN	37072 615-815-0250	50 Deposit	Contribution - Venmo	9/6/2022		ATTORISM NAMES OF	\$ 250.00	1475	\$ 250.00		\$ 1,530.20
Jim Egan	Retired	14511 Perdido Key Drive #1001	Pensacola, FL	32507 615-403-3685	85 Deposit	Contribution - check	9/13/2022	The second	\$ 250.00		400	\$ 250.00		\$ 1,780,20
Jim Egan	Retired	14511 Perdido Key Drive #1001	Pensacola, FL	32507 615-403-3685	85 Deposit	Contribution - check	9/19/2022		\$ 250.00		1340	\$ 250.00		\$ 2,030.20
Scott McBain	Retired	297 Brangus Way	Mocksville, NC	27028 336-770-9885	85 Deposit	Contribution - check	9/20/2022		\$ 250.00		1340	\$ 250.00		\$ 2,280.20
John Genung	Retired	1100 Lock Four Road	Gallatin, TN	37066 615-330-7655	55 Deposit	Contribution - check	9/1/2022		300.00		720	\$ 300.00		\$ 2,580,20
Roger Hill	Retired	1031 Briardiff Road	Monrovia, CA	91060 650-380-9712	12 Deposit	Contribution - Venmo	9/19/2022			\$ 300.00	650	\$ 300.00		\$ 2,880.20
David Klein	Business Owner-Self	398 Branham Mill Road	Gallatin, TN	37066 615-230-7961	61 Deposit	Contribution - check	9/17/2022		\$ 500.00		1340	\$ 500.00		\$ 3,380,20
Jim Vaughn	Law Enforcement-TN State	2981 Cages Bend Road	Gallatin, TN	37066 615-973-6813	13 Deposit	Contribution - Venmo	9/9/2022			\$ 500.00	200	\$ 500.00		\$ 3.880.20
Ruth Fennell	Retired	1049 Blue Jay Way	Gallatin, TN	37066 615-975-7884	84 Deposit	Contribution - check	8/25/2022		\$ 500.00		700	\$ 500.00		\$ 4.380.20
		1489 Upper Station Camp Creek												
JK Brister	Business Owner-Self	Road	Cottontown, TN	37066 615-438-00	615-438-00142 Deposit	Contribution - Venmo	9/6/2022			\$ 1,000.00	1475	\$ 1,000.00		\$ 5,380.20
		1800年				AUGUST to SEPTEMBER 30			\$ 2,600.00	\$ 2,780.20		\$ 5,380.20	5	

Page 4 of 9

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMIT	TEE FENI			2. REPORT COVE	RING THE PERIOD		
				FROM: 7-1-22	TO: 9-30-2		
TOTAL ITEMIZED CAMPAIGN EXPE COMPLETE THE APPROPRIATE ITEMS First Name	FOR EACH ITE	ROM PRECEDING	B PAGE (enter \$0 if first itemized p	page)	A		
, not traine	Middle I	Name	Purpose of Expenditure	00 to any payee during the pe	Amount of Expenditure		
Last Name/Business Name See Attached Address	speads	heet			sufactor M.		
City	State	Zip Code			br 200		
First Name	Middle N	lame	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Nar	me	Purpose of Expenditure		Amount of Expenditure		
ast Name/Business Name					or any		
Address			- 				
City	State	Zip Code					
First Name	Middle Nan	10	Purpose of Expenditure		Amount of Expenditure		
ast Name/Business Name							
ddress							
ity	State	Zip Code					
irst Name	Middle Nam	e	Purpose of Expenditure	A	mount of Expenditure		
st Name/Business Name							
Idress							
у	State	Zip Code					
Carry forward to item 3. or next page if additional page (If this is the last page of expenditures, this amount it	ages of this form an	e used.) em 19b. of summarv.)		۶	2201.16		
					2 1		

SS-1129 (Rev. 4/02)

Page _5 of _9 RDA 1159

rom	Occupation/Category	Street	City, State	ZIP Phone	Deposit / Expense	Category	Activity Date	CASH	CHECK	VENMO	STMT VERFD D	Deposit Amt	Expense Amt	Balance
Dollar Tree	Office Supplies	825 B Nashville Pike	Gallatin, TN	37066 615-989-9412	Expense, Card	Envelopes & Clips Boards	9/20/2022				Pd		\$ 20.48	\$ (20.48
Office Depot	Campaign Expense	252 East Main Street	Hendersonville, TN	37075 615-824-4585	Expense, card	Pushcard stamp	9/3/2022				Pd		\$ 21.84	
sandra Kelley	Retired, Debate organizer	103 Jones Street	Gallatin, TN	37066 615-826-1430	Expense, Check	Debate Location Candidate Fee	9/19/2022				Pd		\$ 25.00	45
Ruth Fennell/Go Daddy	Retired	1049 Blue Jay Way	Gallatin, TN	37066 615-975-7884	Expense, Ck #98	Website Domain/Hosting	8/24/2022				Pd		\$ 91.69	5
Val-Mart	Office Supplies	1112 Nashville Pike	Gallatin, TN	37066 615-452-8452	Expense, Card	Mailing Labels & Ink	9/20/2022				Pd		\$ 163.14	\$
SOS Printing	Campaign Expense	706 Space Park North	Goodlettsville, TN	37072 615-859-0029	Expense, Card	Business Cards	9/21/2022				Pd		\$ 229.43	
OS Printing	Campaign Expense	706 Space Park North	Goodlettsville, TN	37072 615-859-0029	Expense, Ck #97	1000 Pushcards	8/26/2022				Pd		\$ 229.43	5
Southern Promotions, Inc.	Campaign Expense	146 Volunteer Drive	Hendersonville, TN	37075 615-826-0003	Expense, Card	T-shirts (25)	9/23/2022				Pd		\$ 276.95	\$ (1,057.96
						Car Magnets, 1000 Pushcards,								
SOS Printing	Campaign Expense	706 Space Park North	Goodlettsville, TN	37072 615-859-0029	Expense, Card	Business Cards	9/21/2022				Pd		\$ 392.21	\$ (1.450.17
.G.E. Graphics	Campaign Expense	52231 State Route 248	Long Bottom, OH	45743 740-989-0006	Expense, Card	Yard Signs (200)	9/7/2022				Pd		\$ 910.00	45
						AUGUST to SEPTEMBER 30		\$			*		\$ 236017	

Page 6 of 9

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE O	R COMMITTEE				2. REPORT COVE	RING THE PERIOD
Rut	H FENI	ELC			FROM:フーーンン	TO: 9-30 22
3. TOTAL ITEMIZED IN-KIND	O CONTRIBUTION	NS FRO	M PRECEDING PA	GE (enter \$0 if first itemized page	a)	Amount
4. COMPLETE THE APPROPRIA	ATE ITEMS FOR EA	ACH ITEM	IIZED IN-KIND CONT	RIBUTION (in-kind contributions totaling	more than \$100 from any co	ntributor during the period)
First Name	G Revenue and American	Middle N		In-Kind Contribution Receive	d For:	Value of In-Kind Contribution
Last Name/Organization Name		-		Primary Election		
Address				Runoff (Local Election	ns Only)	
0,4				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer					
First Name		Middle N	ame	In-Kind Contribution Received		Value of In-Kind Contribution
Last Name/Organization Name		-		☐ Primary Election ☐ Runoff (Local Election	General Election	
Address				Date of In-Kind Contribution	is only)	Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer					
First Name		Middle Na	ame	In-Kind Contribution Received	For:	Value of In-Kind Contribution
Last Name/Organization Name					General Election	
Address				Date of In-Kind Contribution	s Uniy)	Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer		-	-		
First Name		Middle Na	me	In-Kind Contribution Received	For	Value of In-Kind Contribution
Last Name/Organization Name			X	Primary Election	General Election	value of in-kind Contribution
Address				Runoff (Local Elections	s Only)	
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer					
First Name		Middle Nam	ne	In-Kind Contribution Received	11.000	Value of In-Kind Contribution
.ast Name/Organization Name				☐ Primary Election ☐ ☐ Runoff (Local Elections	General Election	
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer					
5. TOTAL ITEMIZED IN-KIND					T	
(Carry forward to item 3. of next pag (If this is the last page of in-kind cont	e if additional pages of tributions, this amount	this form ar must be sho	re used.) own in item 22b. of summ	ary.)		6
SS-1128 (Rev. 2/06)				Page	7 of 9	RDA 1159

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMIT	TEE			2. REPORT CO	VERING THE PE	RIOD
RUTH FEA	MECC				->2 TO:	9-30-22
COMPLETE THE APPROPRIATE ITE OBLIGATION (obligations totaling more person/vendor at the end of the reporting the second se	MS FOR EAC e than \$100 o	H ITEMIZED wed to any	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle N	ame				
Last Name/Business Name			-			
Address			-			
City	State	Zip Code	-			
Description of Obligation						
First Name	Middle Na	ame				
Last Name/Business Name			-			
Address			\dashv			
City	State	Zip Code	-			
Description of Obligation		L				
First Name	Middle Na	me				
Last Name/Business Name			_			
Address			-			
City	State	Zip Code	-			
Description of Obligation		Lip oods			·	
- Congain						
First Name	Name Middle Name			TOWN CAN		
Last Name/Business Name			1			
Address			-			
City	State	Zip Code	1			
Description of Obligation	Otate	Zip Code				
Description of Obligation						
First Name	Middle Nam	e				
Last Name/Business Name			-			
Address	-		-			
City	State	Zip Code	4 1			
Description of Obligation	3,000	_p 0006				
4. TOTALS						
(Total from Outstanding Balance - (End of Period in item 23b. on summary page.)	i) column must a	also be shown	0	0	0	0
00 4407 /7						

SS-1127 (Rev. 4/02)

Page 8 of 9

RDA 1159

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR CO								2. REF	PORT COV	FRING	THE PERIOD
RUTH	FEI	NNFL	C					FROM:	1-22	TC	9-30-32
3. COMPLETE THE APPROPRIAT	TE ITEMS F	OR EACH	ITEMIZ	ZED LOAN	(loans totaling n	nore than \$1	100 from any	source durin	g the period)		F-30-32
Complete the Following for the Source										25.70	
First Name	Middle Nam	ne		Outstanding (Beginning	Loan Balance	Loar Recei		Loan	(ing Loan Balance
Last Name/Organization Name	Δ.			Cogming	or r criody	Necei	ved	Payment	S	(End	d of Period)
Address	17			Loan Receiv	ed For:			Dat	te of Loan		
City	State	Zip Code		☐ Primary	y Election	☐ Gener	ral Election				
					(Local Elections	7/257					
L First Name	ist All Endor	_		or Above Loa	n (If more spa	ce is need	ed please a	attach a pa	ge)		
		Middle Name	9		First Name				Mic	ldle Nam	е
Last Name/Organization Name					Last Name/Org	anization Na	ame				
Address					Address						
City		State	Zip Co	de	City				Sta	te	Zip Code
Amount Guaranteed Outstanding					Amount Guaran	teed Outsta	nding				
First Name		Middle Name			First Name				Mid	dle Name	
Last Name/Organization Name					Last Name/Orga	anization Na	ime				
Address					Address						W. av. d
City State Zip Code				de	City				State	е	Zip Code
Amount Guaranteed Outstanding					Amount Guarant	teed Outstar	nding		111		L
First Name		Middle Name			First Name Middle Name						9
Last Name/Organization Name					Last Name/Organization Name						
Address					Address						
City		State	Zip Cod	e	City State Zip Code						Zip Code
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding						
First Name		Middle Name	GEO CO		First Name		WWW.		Less	la No-	
Last Name/Organization Name					ast Name/Organ	nization Nan	ne		Midd	le Name	
Address			-			neddorf ffdir					
Cit.					Address						
City		State	Zip Code	е (City				State		Zip Code
Amount Guaranteed Outstanding				A	mount Guarante	ed Outstand	ding				
 Totals for all Loans (complete on las (Total loans received should also be shown in it 	item 16 on cun	mmon, nogo l	s)	C	Outstanding Loar	Balance	Loans		Loan		anding Loan Balance
(Total loan payments should also be shown in it (Total outstanding loan balance should also be s	item 20 on eun	mmony nago	ge)	1	(Beginning of F	eriod)	Receive	ed f	Payments	1	End of Period)
00 4400 /5 4400		- s. s. none pa	30.1				0		0		0

SS-1132 (Rev. 4/02)

Page 9 of 9 RDA 1159