CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1 PATE OF PEPOPT	
9/20/22 26	CANDIDATE OR COMMITTEE
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE
Comite to Gleco Belo Ganza	
4.a. CAMPAIGN ADDRESS AND PHONE	1000.8,2022
Street or Rural Route City	State Zip Code Phone
212 Savery DR. Henders	ionville TN 37075 615-714-7921
4.b. CANDIDATE'S HOME ADDRÉSS (if different than 4.a.) Street or Rural Route City	State Zip Code Phone
5. OFFICE SOUGHT (include district number, if applicable)	NAME OF POLITICAL TREASURER (may be candidate)
ALDERMAN WARD 3	Kathleen garza
7. CATEGORY OR REPORT (Check one)	
FIRST SECOND THIRD FOURTH	PRE- PRE- MID-YEAR YEAR-END
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL 8.b. ENDING DATE OF REPORTING PERIOD
C+ 2012 - 1'00	Developed the control of the control
9. (Check one)	SEPT 30, '22
tures total \$1,000 or less for this reporting period. (Com	losure because contributions (including in-kind) received total more than \$1,000
accurate accounting of campaign contributions and expenditure	d in this campaign financial disclosure report is true and that this report is an es required to be reported by the candidate committee by the Campaign to no campaign contributions have been expended for the personal financial sidefined by the federal internal revenue code. 1
11. WITNESS SIGNATURE	2
B. 1 11 3 111	(1) R 1/1 9 2022
The Jundeaux 7.18.22	Se (m) 15+6) 7-4.64
signature of witness date	signature of witness date
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT	s <u>Ø</u>
b. TOTAL RECEIPTS THIS PERIOD	\$ 125,00
c. TOTAL DISBURSEMENTS THIS PERIOD	s
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$\$125.00
EII 1	
e. TOTAL LOANS OUTSTANDING	PM S Y
f. TOTAL OBLIGATIONS OUTSTANDING	9.2022



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD							
Bob Garza	FROM 7/1/22 TO:9/30/22							
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)								
a. Unitemized Contributions (\$100 or less from each source this period)\$\$								
b. Itemized Contributions (over \$100 from each source this period)\$								
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)\$								
16. LOANS RECEIVED THIS REPORTING PERIOD								
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$_O							
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>125 00</u>							
DISBURSEMENTS								
19. EXPENDITURES (other than loan payments)								
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	.g., printing, postage, gasoline)							
s								
\$								
\$ <u></u>								
\$								
\$								
\$								
\$								
\$								
\$								
	~							
Total of Expenditures (\$100 or less each payee)								
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 2,280.10							
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)								
20. LOAN REPAYMENTS MADE THIS PERIOD	- /							
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	s <u>2 1280.1/</u>							
22.IN-KIND CONTRIBUTIONS	,							
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$							
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)\$								
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)\$								
23. OBLIGATIONS								
a. Unitemized Obligations Outstanding (\$100 or less each)	\$							
b. Itemized Obligations Outstanding (Over \$100 each)\$								
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)\$								

Page 2 of 7

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER	ITO.
500 (Farza			FROM: 1/22	TO:9/30/22	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU			0 /	$\square \emptyset$	
4. COMPLETE THE APPROPRIATE ITEMS FOR	to Name and Administration of the Parket	TRIBUTION (d		\$100 from any contributor	THE RESIDENCE OF THE PARTY OF T
First Name Eddic Good goos	Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	1000
Hodges Address DE 1 1 C			Runoff (Local Election	ns Only)	\$20.00
City 11 Lynhust C	State Zip Code	1075	Date of Contribution		Aggregate This Election
Hendersonville Occupation	17N 3/	1075	9/2/22		
retired					
Employer					
First Name	Middle Name		Contribution Received For	: /	Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	t= 00
Waldron			Downer (Land Sharks	0-13	\$5.00
Address 125 Lynhurst Cre		1811	Runoff (Local Election	ns Only)	
City Hendersonville	State Zip Code	1075	Date of Contribution		Aggregate This Election
Occupation homenaker			8/25/22	2	
Employer					
Luisa Fo	Middle Name		Contribution Received For		Amount of Contribution
Last Name/Organization Name FREEMAN			Primary Election	General Election	\$100.00
Address 113 Chapanel D	C.		Runoff (Local Election	ns Only)	7100.
City Lead a converted	State Zip Code	1075	Date of Contribution		Aggregate This Election
Occupation C	1/1	1010	8/19/23	2	
Consultant	1010				
TRC Compar	res				
First Name	Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name	1		☐ Primary Election ☐	General Election	
Address	Runoff (Local Election	ns Only)			
City	State Zip Code		Date of Contribution		Aggregate This Election
Occupation					
Employer					
5. TOTAL ITEMIZED CONTRIBUTIONS					king m
(Carry forward to item 3. of next page if additional page (If this is the last page of contributions, this amount must		summary.)			\$126.00
Last Name/Organization Name Address City			☐ Primary Election ☐ ☐ Runoff (Local Election		

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO	2. REPORT COVER							
Job Gan	FROM) (22	TO: 9/30/22						
3. TOTAL ITEMIZED IN-KIND CO					125.00			
4. COMPLETE THE APPROPRIATE I	TEMS FOR EACH ITE	MIZED IN-KIND CONTRI	BUTION (in-kind contributions totaling	more than \$100 from any cor	ntributor during the period)			
First Name	Middle	Name	In-Kind Contribution Received For: Primary Election General Election Value of In-Kind Contribution					
Last Name/Organization Name			Runoff (Local Election	Runoff (Local Elections Only)				
Address			Date of In-Kind Contribution	Date of In-Kind Contribution Aggregate this Election				
City	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer							
First Name	Middle	Name	In-Kind Contribution Received	d 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	Middle	Name	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	The state of the s				
City	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer							
First Name	Middle	Name	In-Kind Contribution Received		Value of In-Kind Contribution			
Last Name/Organization Name		landy is a second seco	☐ Primary Election ☐ Runoff (Local Election	General Election os Only)				
Address			Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer							
First Name	Middle N	lame	In-Kind Contribution Receive	ed For: General Election	Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Elections	-				
Address		7-12-13-32-32-32-3-34-7-40-III-III-III	Date of In-Kind Contribution	,,	Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution		L			
Occupation	Employer							
TOTAL ITEMIZED IN-KIND CO (Carry forward to item 3. of next page if a (If this is the last page of in-kind contribution)	additional pages of this for		ary.)	,	Ø			
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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE 2. REPORT COVERING THE PERIOR FROM 1/122 TO: 9/30								
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	age)	Amount						
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)								
Summer Co. Election	Middle Nar	ne nussion	Purpose of Expenditure	MANAGER POR MANAGER	Amount of Expenditure			
Last Name/Business Name	TOOTA	1000101	Walking 115	15.00				
Address	······································		,					
City	State	Zip Code						
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name ASAP Printing			Remotenuel	opes	53.53			
Address 116 Imperal Blod	L							
Herdesonville	State	Zip Code 37075						
First Name	Middle Nan	ne	Purpose of Expenditure	The Anna Mondale Line Control	Amount of Expenditure			
Last Name/Business Name			Pushcaro	15	276.40			
Address 116 Imperial Blos	L							
Hendusorulle	State 77V	Zip Code 37075						
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name			11 1 2 2 11 /	622.73				
Address 29 Commerce D	1.		48 x 32" 8	ngns	400.12			
Herdersonville	State	Zip Code 37075						
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name			24×19 519	12.0				
Address 129 Commerce I	N.				1,312.50			
Address 129 Commerce I	State 77	Zip Code 37025						
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
Address								
City	State	Zip Code						
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages)					2,280.16			
(If this is the last page of expenditures, this amount mus	st be shown in	item 19b. of summary.)			-1-00.			

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR Bob Go			***************************************					ROM: /	TO	G THE PERIOD
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)										
Complete the Following for the Source of the Loan										
First Name	Middle Nar			Outstanding (Beginning	ig Loan Balance Loans Loan Outstanding Loan Balance					ding Loan Balance
Last Name/Organization Name				(Deginning	g of Period) Received Payments (End of Period)					na of Perioa)
4000000			Loan Receiv	eived For: Date of Loan Date of Loan						
City	State	Zip Code	Zip Code			ff (Local Elections Only)				
	List All Endo	rsers or Guar	antors fo	or Above Loa	n (If more spa	ce is needed ple	ase attach	n a page)		
First Name		Middle Name	е		First Name				Middle Nar	me
Last Name/Organization Name					Last Name/Or	ganization Name				
Address					Address					
City		State	Zip Co	ode	City				State	Zip Code
Amount Guaranteed Outstanding			1		Amount Guara	nteed Outstanding				
First Name		Middle Name			First Name				Middle Nan	ne
Last Name/Organization Name				Last Name/Organization Name						
Address				Address						
City	City State Zip Co			ode	City				State	Zip Code
Amount Guaranteed Outstanding		1	1		Amount Guara	nteed Outstanding			<u> </u>	
First Name		Middle Name			First Name				Middle Nar	me
Last Name/Organization Name					Last Name/Org	anization Name				
Address					Address	-170				
City		State	Zip Co	de	City State Zip Code					Zip Code
Amount Guaranteed Outstanding		l			Amount Guaranteed Outstanding					
First Name	- 1 / House 1	Middle Name			First Name Middle Name					
Last Name/Organization Name	Marilla Company				Last Name/Organization Name					
Address					Address		-			
City		State Zip Code			City			State	Zip Code	
Amount Guaranteed Outstanding			1		Amount Guaran	teed Outstanding			<u> </u>	
4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.) (Total loan payments should also be shown in item 20. on summary page.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)				Outstanding Lo (Beginning o	f Period)	Loans Received	Loan Payme		tstanding Loan Balance (End of Period)	
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ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COV		1130/22			
COMPLETE THE APPROPRIATE ITEMS F OBLIGATION (obligations totaling more than person/vendor at the end of the reporting person)	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	outstanding Balance (End of Period)		
First Name	Middle Nar	ne				
Last Name/Business Name					Y	
Address			-		11/6	
City	State Zip Code		+		10/4	
Description of Obligation		J				
First Name	Middle Nar	ne				
Last Name/Business Name			+			
Address			× ×			
City	State	Zip Code				
Description of Obligation						
First Name	Middle Nar	ne	1			
Last Name/Business Name						
			_			
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Nan	ne				
Last Name/Business Name	<u> </u>					
Address						
City	State	Zip Code				
Description of Obligation	L				A	
First Name	Middle Nan	ne				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation		1		L		
4. TOTALS	-/					\rightarrow
(Total from Outstanding Balance - (End of Period) c in item 23b. on summary page.)						
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