CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT
November 1, 22 Junes Brian Smalling
2.b. IF COMMITTEE, NAME OF CANDIDATE 3. ELECTION DATE Were bes 8
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City
4202 Hawkins Dr. Westmore and TN 37186 615-319-005
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone
4202 Harkins Dr. Westmareland TN 37184 615.319.0056
5. OFFICE SOUGHT (include district number, if applicable) May of Strong and Smalling 6. NAME OF POLITICAL FREASURER (may be candidate) Tours Smalling
7. CATEGORY OR REPORT (Check one)
8.a. BEGINNING DATE OF REPORTING PERIOD 8.b. ENDING DATE OF REPORTING PERIOD
9. (Check one) October 29, 2022
a. This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expendi-
tures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)
b. 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.
10. 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.
11. WITNESS SIGNATURE
Jan G. Real 1/1/22
signature of witness date signature of witness date
12. SUMMARY
a. BALANCE ON HAND LAST REPORT\$
b. TOTAL RECEIPTS THIS PERIOD\$
c. TOTAL DISBURSEMENTS THIS PERIOD\$
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)
e. TOTAL LOANS OUTSTANDING
f. TOTAL OBLIGATIONS OUTSTANDING ELECTION COMMISSION \$



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD FROM: 10/11/20 TO: 10/09/21
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	0
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	11/14
17. INTEREST RECEIVED THIS REPORTING PERIOD	1/1
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	0000
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	Se Se
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	a printing postage gasoline)
s	.g., printing, postago, gasonito)
	_
	
\$	_
Total of Expenditures (\$100 or less each payee)	\$
b. Itemized Expenditures (Over \$100 each payee this period)	s 900.3
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	<u> 900.3</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	s_O
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	s 900.3
22.IN-KIND CONTRIBUTIONS	
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)	\$O
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b	.) <u>\$</u>
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	n 12.f.)\$

SS-1133 (Rev. 4/02)

Page _____ of ____

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	B.:	~ Sm	Mine	2. REPORT COVER	RING THE PERIOD TO: (0/29/22			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT				27.122	Amount			
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)								
First Name	Middle Nam	Below	Contribution Received For:	/	Amount of Contribution			
Last Name/Organization Name Small		///401	☐ Primary Election ☐	General Election	900.3			
Address 4200 Horack Mrs.	Dr.		Runoff (Local Election	ns Only)				
City Westmare land	State	Zip Code 37184	Date of Contribution		Aggregate This Election			
			10/15/	122	2858.55			
Senles Employer Way Mrz	r t		10/10/					
First Name	Middle Nan	ne	Contribution Received For		Amount of Contribution			
Last Name/Organization Name			Primary Election	General Election				
Address			Runoff (Local Electio	ins Only)				
City	State	Zip Code	Date of Contribution	/	Aggregate This Election			
Occupation								
Employer								
First Name	Middle Nam	ne	Ontribution Received For	r.	Amount of Contribution			
Last Name/Organization Name			☐ Primary Election	General Election				
Address		-/	Runoff (Local Election	ns Only)				
City	State	Zip Cope	Date of Contribution		Aggregate This Election			
Occupation		/	-		_			
Employer	-/	/			Albert Telephone			
E-AN-	Middle Nan		Contribution Received For:		Amount of Contribution			
First Name	vildale Nan	ne	_	3 era - 65mass - 2	Amount of Contribution			
Last Name/Organization Name		Primary Election	General Election					
Address			Runoff (Local Election	ons Only)				
City	State	Zip Code	Date of Contribution	19.	Aggregate This Election			
Occupation								
Employer								
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages (If this is the last page of contributions, this amount must					\$900.3			

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR CON	MITTEE	6	11	2. REPORT COVER			
oms	s It lu	- me	Jury	FROM: 10/1/22	TO: 10/29/22		
3. TOTAL ITEMIZED IN-KIND CON					0		
4. COMPLETE THE APPROPRIATE ITE	MS FOR EACH ITEM	IZED IN-KIND CONTR	IBUTION (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				
Last Name/Organization Name			Runoff (Local Election				
Address		Date of In-Kind Contribution					
City	State State		Description of In-Kind Contribution	Description of In-Kind Contribution			
Occupation	Employer						
First Name	Middle Na	ame	In-Kind Contribution Receive	d For	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 Na	ame	In-Kind Contribution Received	CONTRACTOR OF THE PROPERTY OF	Value of In-Kind Contribution		
Last Name/Organization Name			Primary Election Runoff (Local Election	General Election			
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 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				- 1		
First Name	/						
First Name	Middle Nan	ne	In-Kind Contribution Receive Primary Election	ed For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name	/		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						
5. TOTAL ITEMIZED IN-KIND CONT							
(Carry forward to item 3. of next page if addi (If this is the last page of in-kind contribution	itional pages of this form a ns, this amount must be sh	are used.) nown in item 22b. of summa	ary.)		\mathcal{O}		
SS-1128 (Rev. 2/06)			Page	e of	RDA 1159		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	, < 11		2. REPORT COVERING THE PERIOD
		//	FROM: 10/1/22 TO: 10/29/29
3. TOTAL ITEMIZED CAMPAIGN EXPENDIT			ge) 920 .3
COMPLETE THE APPROPRIATE ITEMS FOR First Name	Middle Name	SECURITY OF THE PARTY OF THE PA	STATE OF THE PARTY
	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name	Place	0	1 0000
Address 1130 Ace H.	East	2× mais	les 900.2
City Arlineton	State Zip Code 760/		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		Control of State States	/
Address		. /	'
City	State Zip Code	/	
	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State Zip Code	ſ	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State Zip.Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State Zip Code		
First Name (Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State Zip Code		1 100
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount must	of this form are used.) t be shown in item 19b. of summary.)		

SS-1129 (Rev. 4/02)

Page _____ of ____

RDA 1159

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDID	ATE OR COMM	IITTEE							2. REPOR	RT COVI		THE PERIOD
									FROM:		TO	D:
3. COMPLETE THE A	PPROPRIATE IT	TEMS F	OR EACH	ITEMIZ	ZED LOAN	(loans totaling n	nore than \$1	100 from any s	ource during the	e period)		
Complete the Following for	or the Source of th	e Loan										
First Name		iddle Name	е			Outstanding Loan Balance Loans (Beginning of Period) Received			Loan Payments		Outstanding Loan Balance (End of Period)	
Last Name/Organization Nam	ne				1						,	
Address					Loan Recei	eceived For: Date of Loan						
City	Sta	State Zip Code			Prima	ry Election (Local Elections		ral Election		/		
	List A	II Endors	ers or Guar	rantors fo		an (If more spa	1332	ed please at	tach a page			
First Name			Middle Nam			First Name			/	Midd	dle Nam	е
Last Name/Organization Nam	е					Last Name/Org	anization N	ame	$\overline{}$			
Address						Address		-/				
City			State	Zip Co	ode	City		$\overline{}$		State	9	Zip Code
Amount Guaranteed Outstandi	ing					Amount Guaran	teed Outsta	nding				
First Name			Middle Name		- 5-4.194	First Name	_/					
Middle Name					Hirst Name Middle Name						9	
Last Name/Organization Name)					Last Name/Orga	anization Na	ame				
Address						Address						
City	City State Zip Coo			de	City State Zip Co					Zip Code		
Amount Guaranteed Outstandin	ng					Amount Guarant	eed Outstar	nding				
First Name Middle Name				/	First Name	- 10-24			Midd	lle Name	9	
ast Name/Organization Name	S.				$\overline{}$	Last Name/Organization Name						
Address				-/		Address						
City		1	State	7 p Cod	le	City				State		Zip Code
mount Guaranteed Outstandin	g					Amount Guarante	eed Outstan	ding				
First Name		N	Middle Name			First Name				Middle	e Name	
ast Name/Organization Name			$\overline{}$			Last Name/Organ	nization Nar	ne				
Address		-/				Address						
City	-	/ s	State	Zip Code	е	City			State Zip Co		Zip Code	
mount Guaranteed Outstanding						Amount Guarante	ed Outstand	ding				P. XXXV
Totals for all Leans /co-	mnlote an I-1	na - £"	mbs II									
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 Loan (Beginning of F		Loans Received	Loa Payn		Outst (anding Loan Balance (End of Period)	
Total obtaining loan balance	2ourd dido be stillwill	mileili 12	e. on front pa	ye.)								

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTE	E			2 PEROPT COV	EDING THE DE	DIOD	
I WANTE OF GANDIDATE OR GOMINITTE				2. REPORT COVERING THE PERIOD FROM: TO:			
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)			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 N	ame	T /	1			
Last Name/Business Name			/				
Address			/				
City	State	Zip Code	/				
Description of Obligation							
First Name	Middle Na	ame	/				
Last Name/Business Name			1				
Address							
City	State	Zip Code					
Description of Obligation						•	
First Name	Middle Na	ame					
Last Name/Business Name		/	1				
Address			-				
City	State	Zip Code	1				
Description of Obligation				1			
First Name	Middle Na	nme					
Last Name/Business Name			1				
Address			1				
City	State	Zip Code	1				
Description of Obligation							
TOTALS (Total from Outstanding Balance - (End of Period) column mu	et also ho shown					
in item 23b. on summary page.)	, widinii mus	or discible stiomu					