# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

| For Single-Candidate Committees  |
|--|
| 1. DATE OF REPORT 10/12/2022 2.a. NAME OF CANDIDATE OR COMMITTEE  Tames Bolan Smalling for Westmareland Margon   |
| 2.6. IF COMMITTEE, NAME OF CANDIDATE Spralling Jovennes 8 2020   |
| 4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route 4202 Hawkins Dr. Westmore and TN 37184 615-39-005.   |
| 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route 4202 Hawkins Dr. Westmoreland TN 37186 615-319-2056   |
| 5. OFFICE SOUGHT (include district number, if applicable) My or of Vertmore and  6. NAME OF POLITICAL TREASURER (may be candidate)  Tunes Brian Smalling   |
| 7. CATEGORY OR REPORT (Check one)  FIRST SECOND THIRD FOURTH PRE- PRE- MID-YEAR YEAR-END QUARTER QUARTER QUARTER PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL  8.a. BEGINNING DATE OF REPORTING PERIOD  8.b. ENDING DATE OF REPORTING PERIOD  |
| 8.a. BEGINNING DATE OF REPORTING PERIOD  September 30, 2022  9. (Check one)  |
| <ul> <li>a.  This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)</li> <li>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.</li> </ul>   |
| 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.    Comparison   Compari |
| 11. WITNESS SIGNATURE  All Pales 10/12/22  Signature of witness date  Moving Page 10/12/23  Signature of witness date  |
| 12. SUMMARY  |
| a. BALANCE ON HAND LAST REPORT   |
| b. TOTAL RECEIPTS THIS PERIOD  |
| d. BALANCE ON HAND (12.a. plus 12.b. minus 12.2)   |
| e. TOTAL LOANS OUTSTANDING   |
| f. TOTAL OBLIGATIONS OUTSTANDING SUMNER COUNTY S  ELECTION COMMISSION  |



#### SUMMARY PAGE - CANDIDATE

| 13            | NAME OF CANDIDATE OF COMMITTEE # 5 TO   |                        |                 |
|---------------|---|------------------------|-----------------|
| 13            | NAME OF CANDIDATE OR COMMITTEE (In Full)  Janes Bilan Smalling                        | EDOM: 21. 10           | ERING THE PERIO |
|               | ECEIPTS  CONTRIBUTIONS (other than loans and interest)                                | FROM: 7/1/22           | TO: 4/90/22     |
|               | 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.)           |                        | - 1958.25       |
| 16.           | LOANS RECEIVED THIS REPORTING PERIOD  |                        |                 |
|               | INTEREST RECEIVED THIS REPORTING PERIOD   |                        | 79              |
|               | TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)                |                        |                 |
|               | SBURSEMENTS   |                        | \$ 2            |
| 19.           | EXPENDITURES (other than loan payments)   |                        |                 |
|               | Expenditures (\$100 or less each payee this period) (must be listed by category - e.g | nrinting postage       | analiaa)        |
|               | t e.g   | j., printing, postage, | gasoline)       |
|               | \$ S  |                        |                 |
|               |   |                        |                 |
| 0             | \$  |                        |                 |
| 2 <del></del> | 5   |                        |                 |
| _             | \$  |                        |                 |
| _             | \$  | _                      |                 |
| _             | \$  |                        |                 |
| -             | \$  | _                      |                 |
| -             | \$  | _                      |                 |
| Tot           | al of Expenditures (\$100 or less each payee)   | s                      |                 |
| b. I          | temized Expenditures (Over \$100 each payee this period)                              | 2958.25                | -               |
| c. T          | OTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)                   |                        | \$ 2958.25      |
|               | OAN REPAYMENTS MADE THIS PERIOD   |                        | ^               |
|               | OTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)                  |                        |                 |
|               | N-KIND CONTRIBUTIONS  | ~                      |                 |
| a. U          | Initemized in-kind contributions (\$100 or less from each source this period)\$       | . 0                    |                 |
|               | emized in-kind contributions (over \$100 from each source this period)\$              |                        |                 |
|               | OTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)                 |                        | 0               |
|               | BLIGATIONS  |                        |                 |
| a. U          | nitemized Obligations Outstanding (\$100 or less each)\$                              | 0                      |                 |
|               | emized Obligations Outstanding (Over \$100 each)\$                                    |                        |                 |
|               | OTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12           |                        | 0               |
|               |   | 10                     |                 |



### ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMITTEE                               | Bilm Smilling                     |                                    | 2. REPORT COVE            | RING THE PERIOD  |
|---|-----------------------------------|------------------------------------|---------------------------|--|
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIB                              | UTIONS FROM PRECEDING PA          | GE (enter \$0 if first itemized o  | 4/2                       | Amount 0   |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR                           | EACH ITEMIZED CONTRIBUTION        | contributions totaling more than 6 | (100 from any analytic to | 1  |
| First Name  | Middle Name Brian                 | Contribution Received For:         | s too from any contribute | Amount of Contribution   |
| ) ames  | Brian                             |                                    |                           | Amount of Contribution   |
| Last Name/Organization Name  Syma II;                           | n //                              | Primary Election                   | General Election          | \$2958.25  |
|   | 7()                               | Runoff (Local Election             | e Only\                   | P2120.23   |
| 4202 Hawkins  | Ur.                               | Manon (Local Election              | s Only)                   |  |
| City Westmore land  | State Zin Code 87186              | Date of Contribution               |                           | Aggregate This Election  |
|   | 11.0 127.80                       | 9/5/                               | 1000                      | 120000   |
| Occupation Sales  |                                   |                                    | 707.7                     | 82958.25   |
| Employer  | +                                 |                                    |                           | The state of the s |
| First Name  | Middle Name                       | Contribution Received For:         |                           | Amount of Contribution   |
| Last Name/Organization Name                                     |                                   |                                    |                           | 74 TOUR OF CONTRIDUCT  |
| Last Namer Organization Name                                    |                                   | Primary Election                   | General Election          |  |
| Address   |                                   | Runoff (Local Election             | Only)                     |  |
| City  | State Zip Code                    | Date of Contribution               | - Individual -            | Aggregate This Election  |
| Occupation  |                                   |                                    |                           |  |
|   |                                   |                                    |                           |  |
| Employer  |                                   |                                    |                           |  |
| First Name  | Middle Name                       | Contribution Received For:         |                           | Amount of Contribution   |
| Last Name/Organization Name                                     |                                   |                                    | _                         | various or Contribution  |
| 2001 Namer Organization Name                                    |                                   | Primary Election                   | General Election          |  |
| Address   |                                   | Runoff (Local Elections            | Only)                     | 9001 1   |
| City  | State Zip Code                    | te of Contribution                 |                           | Assessed This Florid   |
|   |                                   | PAG SI COMBIDATION                 |                           | Aggregate This Election  |
| Occupation  |                                   |                                    |                           |  |
| Employer  | /                                 |                                    |                           |  |
|   |                                   |                                    |                           |  |
| First Name  | Middle Name                       | Contribution Received For:         |                           | Amount of Contribution   |
| Last Name/Organization Name                                     |                                   | ☐ Primary Election ☐ (             | Connect Florida           |  |
|   |                                   | Trimary Election                   | General Election          | 1  |
| Address   |                                   | Runoff (Local Election)            | Only)                     |  |
| City  | State Zip Code                    | Date of Contribution               |                           | Aggregate This Election  |
| Occupation  |                                   |                                    |                           |  |
| mployer   |                                   |                                    |                           |  |
| ampoyer - /   |                                   |                                    | 7                         |  |
| 5. TOTAL ITEMIZED CONTRIBUTIONS                                 |                                   |                                    |                           | 2-054  |
| (Carry forward to item 3. of next page if additional pages of   | f this form are used.)            |                                    | 14                        | 52958.25   |
| (If this is the last page of contributions, this amount must be | e shown in item 15b. of summary.) |                                    |                           |  |
| CC 1131/D 2/00  |                                   |                                    | 0 7                       |  |

SS-1131(Rev. 2/06)

Page of T RDA 1159

## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

| 1. NAME OF CANDIDATE OR COM  | IMITTEE D.   | iar Sm                               | 111/2  | REPORT COVE  | RING THE PERIOD               |
|--|--|--------------------------------------|--|--|-------------------------------|
| 1  |  |                                      | ( )  | KOW. 7/1/22  | TO: 9/30/22<br>Amount         |
| 3. TOTAL ITEMIZED IN-KIND CON  | TRIBUTIONS FRO                                       | M PRECEDING PAC                      | GE (enter \$0 if first itemized page)              |  |                               |
| 4. COMPLETE THE APPROPRIATE ITE  |  | The second second                    | AND STREET STREET STREET STREET STREET             | THE RESERVE OF THE PARTY OF THE |                               |
|  | Middle N   | lame                                 | In-Kind Contribution Received For Primary Election | or:<br>General <mark>Election</mark>   | Value of In-Kind Contribution |
| Last Name/Organization Name  |  |                                      | Runoff (Local Elections (                          | /  |                               |
| Address  |  |                                      | Date of In-Kind Contribution                       | M  | Aggregate this Election       |
| City   | State  | Zip Code                             | Description of In-Kind Contribution                | N  |                               |
| Occupation   | Amployer   |                                      |  | *  |                               |
| First Name   | Middle N   | ame                                  | In-Kind Contribution Regeived Fo                   |  | Value of In-Kind Contribution |
| Last Name/Organization Name  |  |                                      | ☐ Primary Election ☐ G ☐ Runoth Local Elections O  | To the Block   |                               |
| Address  |  | /                                    | Date of In-Vivid Egitribution                      | ,,   | Aggregate this Election       |
| City   | State  | Xip Code                             | Description of In-Kind Contribution                |  |                               |
| Occupation   | Employer   |                                      |  |  |                               |
| First Name   | Middle Na  | me                                   | h-Kind Contribution Received For                   |  | Value of In-Kind Contribution |
| ast Name/Organization Name   |  |                                      | Runoff (Local Elections Or                         | eneral Election  |                               |
| Address  |  | ///                                  | Date of In-Kind Contribution                       |  | Aggregate this Election       |
| City   | State  | Zip Code                             | Description of In-Kind Contribution                |  |                               |
| Decupation E   | mployer  |                                      |  |  |                               |
| First Name   | Middle Nan   | 4/                                   | In-Rind Contribution Received For:                 |  | /alue of In-Kind Contribution |
| ast Name/Organization Name   |  | /                                    | Runoff Acal Elections Onl                          | neral Election   |                               |
| ddress   |  |                                      | Date of In-Kind Contribution                       |  | aggregate this Election       |
| ity  | State  | Zip Code                             | Description of In-Kind Contribution                |  |                               |
| ccupation Er   | nploye   | L                                    |  |  |                               |
| st Name  | Middle Name  |                                      | In-Kind Contribution Received for                  |  | alue of In-Kind Contribution  |
| st Name/Organization Name  | /  |                                      | Runoff (Local Elections Only                       | eral Election  |                               |
| dress  |  |                                      | Date of In-Kind Contribution                       | Ag   | gregate this Election         |
|  | State  | Zip Code                             | Description of In-Kind Contribution                | 7  |                               |
| cupation // Em   | ployer   |                                      |  |  |                               |
| TOTAL ITEMIZED IN-KIND CONTRI  |  |                                      |  |  | 0                             |
| (Carry forward to item 3. of next page if addition (If this is the last page of in-kind contributions, the | al pages of this form are<br>his amount must be show | used.)<br>vn in item 22b. of summary | )  |  | $\bigvee$                     |
| SS-1128 (Rev. 2/06)  |  |                                      | Page 4   | 17   | PDA 1150                      |

### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

| NAME OF CANDIDATE OR COMMITTEE  |   | // !                              | 2. REPORT COVER               |                         |
|---|---|-----------------------------------|-------------------------------|-------------------------|
|   | es Brian Sn   | - 1                               | FROM: 7/1/22                  | TO: 9/30/22<br>Amount 0 |
| TOTAL ITEMIZED CAMPAIGN EXPENDI     COMPLETE THE APPROPRIATE ITEMS FOR  | REACH ITEMIZED EXPENDITURE I                                  | GE (enter \$0\f first itemized pa | age)                          | I Ø                     |
| First Name John   | Middle Name   | Purpose of Expenditure            | o to any payee during the per | Amount of Expenditure   |
| Last Name/Business Name   | Γ.  | 10                                | ^                             | 1                       |
| Address 538 Ovendale  | Dr.   | Political (                       | Consulting                    | \$2000                  |
| City Nashville  | State Zip Code 3 7013   |                                   |                               |                         |
| First Name  | Middle Name   | Purpose of Expenditure            |                               | Amount of Expenditure   |
| Last Name/Business Name Impact (F<br>Address 701 Must rees book<br>City Nashville   | Paymess & Signs<br>ors Pike State Zip Code TN 87210           | Signs                             | State                         | \$658.24                |
| First Name  | Middle Name   | Purpose of Expenditure            |                               | Amount of Expenditure   |
| Last Name/Business Name  Address  | )M  | Websit                            | -e                            | \$ 300                  |
| City  | State Zip Code  |                                   |                               |                         |
| First Name  | Middle Name   | Purpose of Expenditure            |                               | Amount of Expenditure   |
| Last Name/Business Name   |   |                                   |                               | •                       |
| Address   |   |                                   |                               | 1.1                     |
| City  | State Zip Code  |                                   |                               | 4                       |
| First Name  | Middle Name   | Purpose of Expenditure            | A                             | mount of Expenditure    |
| Last Name/Business Name   |   |                                   | *                             |                         |
| Address   |   |                                   |                               |                         |
| City  | State ZTp Code  |                                   |                               |                         |
| First Name  | Middle Name   | Surpose of Expenditure            | A                             | mount of Expenditure    |
| ast Name/Business Name  |   |                                   |                               |                         |
| Address   |   |                                   |                               |                         |
| Sity  | State Zip Code  |                                   |                               |                         |
| <ol> <li>TOTAL ITEMIZED EXPENDITURES         (Carry forward to item 3. of next page if additional pages of (If this is the last page of expenditures, this amount must</li> </ol> | of this form are used.)<br>be shown in item 19b. of summary.) |                                   | 4                             | S2958.25                |
| A   |   |                                   | C -                           |                         |

#### ITEMIZED STATEMENT OF LOANS - CANDIDATE

| 1. NAME OF CANDIDATE OR CO  Jumes  3. COMPLETE THE APPROPRIA  | Be:                    | Sme         | a U In                       | и               |                       |                    | 2. REPORT                               | COVER      | RING THE PERIOD TO: 9/30/22                |
|---|------------------------|-------------|------------------------------|-----------------|-----------------------|--------------------|---|------------|--|
| 3. COMPLETE THE APPROPRIA   | TE ITEMS FOR EA        | CH ITEMIZED | LOAN (lo                     | ang totaling n  | nore than \$1         | 00 from any so     | urce during the                         | period)    | 11 10/22                                   |
| Complete the Following for the Source   |                        |             | and the second               | 3000            | and the second second |                    | Maria Constitution of                   |            |  |
| First Name  | Middle Name            |             | standing Loa<br>Beginning of |                 | Loar<br>Recei         |                    | Loan<br>Payments                        | Outs       | tanding Loan Balance                       |
| Last Name/Organization Name   |                        |             | regiming of                  | criody          | Necei                 | ved                | rayments                                | 1/         | (End of Period)                            |
| Address   | #                      | Loa         | an Received                  | For:            |                       |                    | Date of Lo                              | 7          |  |
| City  | State Xip Co.          | de $\Box$   | Primary E                    | ection          | ☐ Gener               | al Election        | //                                      |            |  |
|   |                        |             |                              | cal Elections ( |                       |                    |   |            |  |
|   | ist All Endorsers of   |             | ove Loan (                   | If more space   | ce is neede           | ed please atta     | ach a page)                             |            |  |
| First Name  | Middle I               | Vame /      | F                            | irst Name       |                       | /                  |   | Middle I   | Namé                                       |
| Last Name/Organization Name   |                        |             | La                           | st Name/Org     | anization Na          | ame //             |   |            |  |
| Address   |                        | 1           | Ac                           | ddress          |                       | //                 | ******                                  |            |  |
| City  | State                  | Zip Code    | Ci                           | ty              |                       | /                  |   | State      | Zip Code                                   |
| Amount Guaranteed Outstanding   |                        |             | 1/4                          | nount Guarant   | teed Jutstan          | nding              |   |            |  |
| First Name  | Middle N               | lame        | V                            | st Name         |                       | 5.80e.7            |   | Middle N   | ame  |
| Last Name/Organization Name   |                        |             | Las                          | st Nave Orga    | nization Nar          | me                 |   |            |  |
| Address   |                        |             | Agy                          | SSS N           | <del>\</del>          |                    |   |            | 1.   |
| City  | State                  | Zip Code    | ///Cit                       | ty              | 1                     |                    | *************************************** | State      | Zip Code                                   |
| Amount Guaranteed Outstanding   |                        | /           | Ami                          | ount Guarante   | eed Outstand          | Ying               |   |            |  |
| First Name  | Middle Na              | ame ///     | Firs                         | l Name          |                       |                    |   | Middle N   | ame  |
| Last Name/Organization Name   | 1                      |             | Lasi                         | Name/Organ      | ization Nam           | ne                 |   |            |  |
| Address   | /                      |             | Add                          | ress            |                       | _///               | \                                       |            |  |
| City  | State                  | Zip Code    | City                         |                 |                       | /                  | 1                                       | State      | Zip Code                                   |
| amount Guaranteed Outstanding   |                        | 0.00        | Amo                          | unt Guarantee   | ed Outstand           | ing                | 111                                     |            |  |
| irst Name   | Middle Na              | ne          | First                        | Name            | ALEXANDER A           | MANAGE DESCRIPTION |   | Middle Nar | me   |
| ast Name/Organization Name  |                        | ***         | Last                         | Name/Organi     | zation Name           | )                  | W                                       | 1          |  |
| Address   | /                      |             | Addr                         | ess             |                       |                    |   | 1          |  |
| City  | State                  | Zip Code    | City                         |                 |                       | -                  |   | State      | Zip Code                                   |
| nount Guaranteed Outstanding  |                        |             | Amou                         | nt Guarantee    | d Outstandin          | ng                 |   | 1          | A  |
| Totals for all Loans (consplete on last<br>Total loans received should and be shown in it<br>Total loan payments should also be shown in it<br>Total outstanding loan balance should also be sh | em 16. on summary page | e.)         |                              | anding Loan E   |                       | Loans<br>Received  | Loan<br>Paymen                          |            | Itstanding Loan Balance<br>(End of Period) |
| SS-1132 (Rev. 4/02)   |                        |             |                              |                 | Pag                   | je <b>4</b>        | of 2                                    |            | RDA 1159                                   |

## ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

| NAME OF CANDIDATE OR COMM     O  | TEMS FOR EA<br>ore than \$100                   | owed to any                             | Oustanding Balance<br>(Beginning of Period) | 2. REPORT COV<br>FROM: 7/1/<br>Debt Incurred<br>This Period | 2 2 TO:<br>Payments<br>This Period | 9/30/22<br>Outstanding Balanc<br>(End of Period) |
|--|---|---|---|---|------------------------------------|--|
| OBLIGATION (obligations totaling mperson/vendor at the end of the report | TEMS FOR EA<br>ore than \$100<br>orting period) | CH ITEMIZED<br>owed to any<br>Name      | Ourstanding Balance                         | Debt Incurred   | Payments                           | Outstanding Balance                              |
| Last Name/Business Name Address City   |   |   |   |   |                                    |  |
| Address  | State   | Zip Code                                |   |   |                                    |  |
| City   | State   | Zip Code                                |   |   |                                    |  |
|  | State   | Zip Code                                | -   |   |                                    |  |
| Description of Obligation  |   |   |   |   |                                    |  |
|  |   |   |   |   |                                    |  |
| First Name   | Middle N  | Vame                                    |   | /   | PROVINCE OF STREET                 |  |
| Last Name/Business Name  | #/  |   | $\dashv$ $\land$                            |   |                                    |  |
| Address  |   | \                                       | /   |   |                                    |  |
| City   | State   | Zip Oode                                | /   |   |                                    |  |
| Description of Obligation  |   | #/-                                     |   |   |                                    |  |
| and the second   |   |   |   | en a  | man and the second                 | No. When a constituting over 1                   |
| First Name   | Middle N  | ame                                     |   |   |                                    |  |
| ast Name/Business Name   |   | <b>X</b>                                |   |   |                                    |  |
| Address  | (//   |   | 1//   |   | (k.)                               | ·  |
| City   | State   | Zip Cope                                |   |   |                                    |  |
| Description of Obligation  |   |   |   |   |                                    |  |
| First Name   | Middle  | me                                      |   |   |                                    |  |
| ast Name/Business Name   |   | *************************************** |   |   |                                    |  |
| ddress   |   |   | 1   |   |                                    |  |
| ity  | State   | Zip Code                                |   |   |                                    |  |
| escription of Obligation   |   |   |   |   |                                    |  |
|  |   |   |   |   |                                    |  |
| rst Name   | Middle Nan                                      | ne                                      |   | X   |                                    |  |
| st Name/Business Name  |   |   |   |   |                                    |  |
| dress  |   |   |   |   | 1//                                |  |
| ly /   | State   | Zip Code                                |   |   | 11                                 |  |
| scription of Obligation  |   |   |   |   |                                    | 7  |
| TOTALS /   |   |   |   |   |                                    |  |
| otal from outstanding Balance - (End of Perio<br>in item 23b. on summary page.)  | d) column must                                  | also be shown                           |   |   |                                    |  |
| SS-1127 (Rev. 4/02)  |   |   |   | Page Z of _   | 7                                  | RDA 1159   |