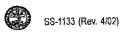
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1.	DATE OF REPORT	2.a. NAME OF CA	ANDIDATE OR (COMMITTEE		
	1-27-22		Steve	GRAY	es	
2.b.	IF COMMITTEE, NAME OF CANDIDATE	··· · · · · · · · · · · · · · · · · ·			3. ELECTION DATE	
	CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City 🔿 .		State	Zip Code	Phone
1	39 Chipman Rd	" Both	hsace	TAL	37622	615-330-06\$
4.b.	CANDIDATE'S HOME ADDRESS (if different	t than 4.a.)	The state of the s	179_		
	Street or Rural Route	City		State	Zip Code	Phone
	Same as above			05.00 (7:04)	TOT 401 10 CD / b -	
5.	OFFICE SOUGHT (include district number, if		1		TREASURER (may be	candidate)
		sioner	<u>. </u>	TEIRSA	GRANES	
7.	CATEGORY OR REPORT (Check one) FIRST SECOND THIRD	FOURTH	PRE-	PRE-	MIO-YEAR	YEAR-END
9.5	QUARTER QUARTER QUARTER BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY 8 h ENDING	GENERAL DATE OF REPO	SUPPLEMENTAL DRTING PERIOD	SUPPLEMENTAL
o.a.	auly 1. 202	1	0.b. ENDIN	_		\J 3
9. (0	Check one)	1	<u> </u>	Janua	Ry 13, 20) , , , , , , , , , , , , , , , , , , ,
	a. This campaign is exempt from detaile	ad dieglocure becaus	se contribution	e (including in-ki	nd) received total \$1.00	10 or less AND expendi-
	tures total \$1,000 or less for this repo	orting period. (Com	plete items 120	l., 12e. and 12f.)	o or less rate experior
	b. This campaign is required to file a de	tailed financial discl	osure because	contributions (i	ncluding in-kind) receive	ed total more than \$1,000
	and/or expenditures total more than	\$1,000 for this repor	ting period.	,	• ,	
			•			
10.	I/we do solemnly swear or affirm that the in accurate accounting of campaign contribution	nformation containe	d in this camp	aign financial dis	sclosure report is true a	and that this report is an
	Financial Disclosure Act. Additionally, I/we	swear or affirm that	t no campaign	contributions ha	ve been expended for t	the personal financial
ļ	benefit of the candidate or for any other nor	npolitical purpose as	s defined by th	e federal interna	revenue code.	
	la Marie	1-70-	22	MAICA	A GARRES	1-27-22
	signature of candidate	date	~ _	signature	of political treasurer	date
11.	WITNESS SIGNATURE					
	signature of witness	date	_	siana	ature of witness	date
	Signaturo er minoso					
12.	SUMMARY				_	
	a. BALANCE ON HAND LAST REPORT				, O	
ļ	a, BALANCE ON HAND LAST REPORT	******************************		•••••••		
-	b. TOTAL RECEIPTS THIS PERIOD				\$	-
	c. TOTAL DISBURSEMENTS THIS PERIOD	AL	, FILE	ED	¢	
	c. TOTAL DISBURSEMENTS THIS PERIOD	530	TT	PM	y	
	d. BALANCE ON HAND (12.a. plus 12.b.	minus 12.c.)	JAN 27	2022		\$
	TOTAL LOANS OUTSTANDING		SUMNEDA	OHATS		
	e. TOTAL LOANS OUTSTANDING	EL	ECTION COL	HISSION		¥
	f. TOTAL OBLIGATIONS OUTSTANDING.					s_O
1	ii 10 i/ ii 052io/ii 10ii 0 00 i 0 i/ ii 10ii 10 .					=

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
	FROM: TO:
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Uniternized 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	\$
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$
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)
<u> </u>	
<u> </u>	
<u> </u>	
\$	
\$	
\$	
\$	
\$	
s	
	•
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. and 19.b.)	
20. LOAN REPAYMENTS MADE THIS PERIOD	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	<u> </u>
22.IN-KIND CONTRIBUTIONS	
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 2	2.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.)\$



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO	MMITTEE			ERING THE PERIOD		
			FROM:	TO:		
3. TOTAL ITEMIZED CAMPAIGN CO	NTRIBUTIONS FR	OM PRECEDING	PAGE (enter \$0 if first itemized page)	Amount		
			ON (contributions totaling more than \$100 from any contr	butor)		
First Name	Middle Nan		Contribution Received For:	Amount of Contribution		
ast Name/Organization Name		·· ·	Primary Election General Election			
Address			Runoff (Local Elections Only)			
City	State	Zip Code	Date of Contribution	Aggregate This Election		
Occupation						
Employer						
First Name	Middle Na	me	Contribution Received For:	Amount of Contribution		
Last Name/Organization Name	<u> </u>		☐ Primary Election ☐ General Election	1		
Address			Runoff (Local Elections Only)			
City	State	Zip Code	Date of Contribution	Aggregate This Election		
Occupation		·l				
Employer						
First Name	Middle Na	me	Contribution Received For:	Amount of Contribution		
Last Name/Organization Name			Primary Election General Election	1		
Address		<u></u>	Runoff (Local Elections Only)	1		
City	State	Zip Code	Date of Contribution	Aggregate This Election		
Occupation						
Employer						
First Name	Middle Na	me	Contribution Received For:	Amount of Contribution		
Last Name/Organization Name			Primary Election General Electio	1		
Address			Runoff (Local Elections Only)			
City	State	Zip Code	Date of Contribution	Aggregate This Election		
Occupation						
Employer						
5. TOTAL ITEMIZED CONTRIBUT (Carry forward to item 3. of next page if ad (If this is the last page of contributions, this	ditional pages of this form	are used.) n item 15b. of summary	s)			

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR C	OMMITTEE		2	REPORT COVER					
				FROM:	TO:				
3. TOTAL ITEMIZED IN-KIND CON	TRIBUTIONS FRO	(enter \$0 if first itemized page	·)	Amount					
4. COMPLETE THE APPROPRIATE ITE	MS FOR EACH ITEM	IZED IN-KIND CONTRIB	UTION (in-kind contributions totaling	more than \$100 from any co	ontributor during the period)				
First Name	Middle N	ame	In-Kind Contribution Received For: In-Kind Contribution Received For: Value of In-Kind Contribution Primary Election General Election Value of In-Kind Contribution Value of In-K						
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	Aiddle N	lame	In-Kind Contribution Receiv	ed For:	Value of In-Kind Contribution				
Last Name/Organization Name		· · · · · ·		General Election					
Address		. <u>. </u>	Runoff (Local Election Date of In-Kind Contribution	ns Only)	Aggregate this Election				
	State	Zip Code	Description of In-Kind Contribution	, , , , , , , , , , , , , , , , , , ,					
City	Employer	Др Code	Description of the Kind Contribution						
Оссираноп	Zniployo								
First Name	Middle I	Name	In-Kind Contribution Received	/ed For. ☐ General Election	Value of In-Kind Contribution				
Last Name/Organization Name			Runoff (Local Election						
Address	<u> </u>		Date of In-Kind Contribution	Aggregate this Election					
City	State	Zip Code	Description of In-Kind Contribution	1					
Occupation	Employer								
First Name	Middle	Name	In-Kind Contribution Recei		Value of In-Kind Contribution				
Last Name/Organization Name			☐ Primary Election ☐ Runoff (Local Election						
Address			Date of In-Kind Contribution	, iii Oniy	Aggregate this Election				
City	State	Zip Code	Description of In-Klnd Contribution						
Occupation	Employer								
First Name	Middle	Name	In-Kind Contribution Rece	eived For:	Value of In-Kind Contribution				
Last Name/Organization Name	moule		Primary Election		Sas S. M. Carlo Control Control				
			Runoff (Local Election	ns Only)					
Address			Date of In-Kind Contribution		Aggregate this Election				
City	State	Zip Code	Description of In-Kind Contribution	1					
Occupation	Employer								
5. TOTAL ITEMIZED IN-KIND CO (Carry forward to item 3. of next page if a		rm are used)							
(Larry forward to item 3, or next page in a (If this is the last page of in-kind contribu	itions, this amount must b	e shown in item 22b. of summ	ary.)						

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING			
	FROM:	TO:				
		Amount				
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU						
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMI	ZED EXPENDITURE	**	to any payee during the		
irst Name Middle Name			Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name	1		┪			
Address						
City	Zip Code	_				
First Name	ne	Purpose of Expenditure		Amount of Expenditure		
	<u> </u>					
Last Name/Business Name						
Address	•					
	12	T = a .	4			
City	State	Zip Code				
		L				
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	l		\dashv			
				•		
Address						
City	State	Zip Code	-	•		
* .			•		:	
First Name	Middle Nam)e	Purpose of Expenditure		Amount of Expenditure	
The street in						
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
		<u> </u>		<u> </u>		
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure	
Leat News (Dusiness Name				ļ		
Last Name/Business Name						
Address						
City	7in Code					
City	State Zip Code					
5. TOTAL ITEMIZED EXPENDITURES	•	•				
(Carry forward to item 3, of next page if additional page:	s of this form :	are used.)				
(If this is the last page of expenditures, this amount must	st be shown in	item 19b, of summary.)				

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE O	OR COMMITTEE						2. R	EPORT CO	OVERIN	IG THE	PERIOD
							FRO			0:	
3. COMPLETE THE APPRO	PRIATE ITEMS F	OR EACH IT	remiz	ZED LOAN (14	oans totaling n	vore than \$100 fr	rom any source d	luring the perio	od)		
Complete the Following for the	Source of the Loan										
First Name	Middle Nar	ne		Outstanding Loan Balance Loans (Beginning of Period) Received		I	Loan Outstanding Loan B Payments (End of Period				
Last Name/Organization Name											
Address					an Received For: Date of Loan Primary Election General Election						
City	State	Zip Code]	Local Elections		- COUNTY				
	List All Endo	rsers or Guara	antors f	for Above Loa	n (If more spa	ice is needed	please attach	a page)			
First Name		Middle Name		·	First Name				Middle N	lame	<u> </u>
Last Name/Organization Name				·	Last Name/O	ganization Nam	e				
Address	·				Address						
City		State	Zip (Code	City		-		State	Z	ip Code
Amount Guaranteed Outstanding			1	-	Amount Guar	anteed Outstand	ling				
First Name		Middle Name	е	First Name				Middle Name			
Last Name/Organization Name				Last Name/Organization Name			ne				
Address					Address						
City		State	Zip	Code	City State Zip Code					ip Code	
Amount Guaranteed Outstanding	·····	, '	-		Amount Gua	anteed Outstand	ding				
First Name	· · · · · · · · · · · · · · · · · · ·	Middle Nam	e		First Name			•	Middle	Name	
Last Name/Organization Name		<u> </u>	,		Last Name/C	rganization Nan	me		- !		
Address					Address			,			
City		State	Zip	Code	City				State	T	Zip Code
Amount Guaranteed Outstanding			!		Amount Gua	ranteed Outstan	ding		<u> </u>	<u>+</u> _	
First Name		Middle Nam	ne		First Name	 -			Middle	Name	
Last Name/Organization Name		1.			Last Name/0	Organization Nar	те		<u> </u>		
Address					Address						
City		State	Zip	Code	City				State		Zip Code
Amount Guaranteed Outstanding					Amount Gua	ranteed Outstan	nding				
Totals for all Loans (com (Total loans received should also (Total loan payments should also	be shown in item 16.	on summary pagi on summary pagi	e.) e.)	,		Loan Balance g of Perlod)	Loans Received	Loa Payn	ari nents		anding Loan Balance End of Period)
(Total outstanding loan balance st	nould also be shown in	item 12.e. on fror	n page.	<u> </u>			L			1	

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

WALE OF GAMPIDATE OF COMMITTEE	2. REPORT COVERING THE PERIOD					
NAME OF CANDIDATE OR COMMITTE				FROM:	TO:	Outstanding Balance
COMPLETE THE APPROPRIATE ITEMS OBLIGATION (obligations totaling more to person/vendor at the end of the reporting	nan proo owe	ITEMIZED ed to any	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	(End of Period)
t Name Middle Name				-		
t Name/Business Name						
iress		· ·				
ty	State	Zip Code				
escription of Obligation		J				
Irst Name	Middle Na	ame				
st Name/Business Name						
ddress						
Dity	State	Zip Code				
Description of Obligation						
Clash Nama	Middle N	lame				
First Name						
Address	State	Zip Code			İ	
City						1
Description of Obligation					_	
First Name	Middle	Name				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middl	e Name				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
TOTALS (Total from Outstanding Balance - (End of in item 23b. on summary page.)	Period) columi	n must also be sh	iown			1