CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

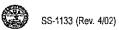
For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAME OF C				
4.7.22	Z.a. NAWEUFU	ANDIDATEOR	ì		
	<u> Jle</u>	леп G	RAVES		•
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DATE	
				8141	22
4.a. CAMPAIGN ADDRESS AND PHONE	-			<u> </u>	
Street or Rural Route	City	(State	Zip Code	Phone
139 Chipman Rd	5ct	lpage	TN	37025	
4.b. CANDIDATE'S HOME ADDRESS (if differen	t than 4.a.)	' 0		2,000	(613-320-068
Street or Rural Route	City		State	Zip Code	Phone
				•	1 110110
5. OFFICE SOUGHT (include district number, if	annlicable)	6. NAME C	DE DOLLTICAL 3	EDE A OU DED /	
	•	0. 10/10/12 0	- COLITICAL I	REASURER (may be	candidate)
	sioner		eresa c	PRAVES	
7. CATEGORY OR REPORT (Check one)	_				
FIRST SECOND THIRD	L_/ FOURTH	L.J. PRE⊷	L_J PRE-	MIDVEAD	\
QUARTER QUARTER QUARTER	QUARTER	PRIMARY	GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD			DATE OF REPOR	RTING PERIOD	SOFFEENENTAL
1/16/22			マ -	31-22	
9. (Check one)					
a. This campaign is exempt from detaile tures total \$1,000 or less for this repo	d disclosure becaus	e contributions	(including in-kin	d) received total \$1,00	00 or less AND expendi-
tures total \$1,000 or less for this repo	rting period. (Comp	ilete items 12d.,	12e. and 12f.)	•	
b. This campaign is required to file a det	ailed financial discl	sure hecause (contributions (in	alization as in tale at a second	
and/or expenditures total more than \$	1,000 for this report	ing period.	ontributions (in	ciuding in-kind) receive	ed total more than \$1,000
10. I/we do solemply swear or affirm that the in	£				
I/we do solemnly swear or affirm that the in accurate accounting of campaign contribution Einancial Disclosure Act. Additionally, laws at the contribution of the	rormation contained	I in this campai	gn financial disc	closure report is true a	and that this report is an
I The state of the	SWCat of allitin man	no campaign cr	INTERNITIONS NAME	n hoon overanded for it	by the Campaign
benefit of the candidate or for any other non	political purpose as	defined by the	federal internal	revenue code.	te personar linanciai
() () () () () () () () () ()			_ /)		
Dew Drive	4-2-25	7	C YOLL	a GRAVEN	4777
signature of candidate	date		signature of	political treasurer	<u>4.7.22</u>
				pointed treasurer	Gale
11. WITH SS SIGNATURE					
	, ,		1/ /		
/ Kil	4/7/20		124	 -	4/-1
	1/100				1/1/22
signature of witness	date		signatu	re of witness	date
					
12. SUMMARY					
C. DAYANGE CALLIAND LAGT DEPORT	E	LED		<i>/</i> X	
a. BALANCE ON HAND LAST REPORT		·		\$	
L TOTAL DEGELETO THE TOTAL	PRIVE	P	M .	· /×	
b. TOTAL RECEIPTS THIS PERIOD		4 0000		s	İ
TOTAL DISPLICATION OF THE PARTY	APR	1 1 2022		α	
c. TOTAL DISBURSEMENTS THIS PERIOD	Ol take or			\$	
d DALANGE ON THE	SUMNE	RCOUNTY		,	PY.
d. BALANCE ON HAND (12.a. plus 12.b. mi	nus 1250-ESTION	COMMISSION	4.	\$	
e. TOTAL LOANS OUTSTANDING				•	α
f. TOTAL OBLIGATIONS OF ITSTANDING					X
f. TOTAL OBLIGATIONS OUTSTANDING	••••••	***************************************	***************************************	\$	



SUMMARY PAGE - CANDIDATE

3. NAME OF CANDIDATE OR COMMITTÉE (In Full)	14. REPORT	ORT COVERING THE PERIC		
	FROM:	TO:		
RECEIPTS 5. 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)	\$	MANUTAL CO.		
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15	.b.)	\$		
6. LOANS RECEIVED THIS REPORTING PERIOD	\$			
7. INTEREST RECEIVED THIS REPORTING PERIOD	\$			
8. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$			
DISBURSEMENTS		-		
9. EXPENDITURES (other than loan payments)				
a. Expenditures (\$100 or less each payee this period) (must be listed by catego	ry - e.g., printing, pos	stage, gasoline)		
<u> </u>		•		
\$				
`				
\$				
\$				
\$				
•	<u> </u>			
<u> </u>				
\$				
Total of Expenditures (\$100 or less each payee)	\$			
b. Itemized Expenditures (Over \$100 each payee this period)	\$	<u> </u>		
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		\$		
0. LOAN REPAYMENTS MADE THIS PERIOD	•••••	\$		
11. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.))	\$		
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)	\$			
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and	d 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	ı i item 12.f.)	 \$		



Page _____ of ____

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

 NAME OF CANDIDATE OR C 	COMMITTEE			2 REPORT COVE				
				FROM:	TO:			
3. TOTAL ITEMIZED CAMPAIGN (CONTRIBUTIONS FR	PAGE (enter \$0 if first itemized	nade)	Amount				
4. COMPLETE THE APPROPRIATE IT			 					
First Name	Middle Nan			Contribution Received For:				
Last Name/Organization Name			Primary Election	L_I General Election	1			
Address			Runoff (Local Election	Runoff (Local Elections Only)				
City	State	Zip Code	Date of Contribution	Date of Contribution				
Occupation			_					
Employer								
First Name	Middle Na	ume .	Contribution Received	For:	Amount of Contribution			
Litst Name	widote Na	mic		_	Princery of Constitution			
Last Name/Organization Name	<u> </u>		Primary Election	General Election				
Address		· · · - · · · · · · · · · · · · · · · ·	Runoff (Local Elect	Runoff (Local Elections Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation	<u></u>	_ .						
Employer	· · · · · · · · · · · · · · · · · · ·							
First Name	Middle Na	me	Contribution Received	For:	Amount of Contribution			
Last Name/Organization Name			Primary Election	General Election				
Address			Runoff (Local Elect	tions Only)				
City	State	Zip Code	Date of Contribution	Date of Contribution				
Occupation		1						
Employer								
First Name	Middle Na	me	Contribution Received F	For:	Amount of Contribution			
Last Name/Organization Name			Primary Election	General Election				
			Runoff (Local Elec	tions Only)				
Address					Aggregate This Election			
Address	State	Zip Code	Date or contournou		, .aa -gale (, lo blocholl			
City	State	Zip Code	Date of Contribution					
City	State	Zip Code	Date of Contribution					
City	State	Zip Code	Date of Contribution					

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE	OR COMMITTEE			2		ING THE PERIOD		
					FROM:	TO:		
3. TOTAL ITEMIZED IN-KIND	CONTRIBUTIONS	FROM	PRECEDING PAGE	E (enter \$0 if first itemized page	e)	Amount		
	_			BUTION (in-kind contributions totaling		ontributor during the period)		
First Name	ı	idle Nan		In-Kind Contribution Receiv		Value of In-Kind Contribution		
			 	Primary Election		The state of the s		
Last Name/Organization Name				Runoff (Local Election	ins Only)			
Address				Date of In-Kind Contribution	· ···	Aggregate this Election		
Cify	Ţ	tate	Zip Code	Description of In-Kind Contribution		<u> </u>		
·			Lab dodg	- Decomposition in Figure Continues	•			
Occupation	Employer							
	1					VI		
First Name Viddle Name Last Name/Organization Name				In-Kind Contribution Recei		Value of In-Kind Contribution		
				Runoff (Local Election				
Address				Date of In-Kind Contribution Aggregate this Election				
, mailes						3gg		
City	S	State	Zip Code	Description of In-Kind Contributio	n			
Occupation	Employer			T.				
First Name	First Name Middle Name				ved For:	Value of In-Kind Contribution		
Last Name/Organization Name				Primary Election				
			<u> </u>	Runoff (Local Election	ons Only)	A		
Address				Date of In-Kind Contribution		Aggregate this Election		
City		State Zip Code		Description of In-Kind Contribution	n			
Occupation	Employer		I	 •				
First Name		iddle Na	me	In-Kind Contribution Rece		Value of In-Kind Contribution		
Last Name/Organization Name				Primary Election				
ELSC HAMO/OTGANIZATION HAME				Runoff (Local Elections Only)				
Address				Date of In-Kind Contribution		Aggregate this Election		
City		State	Zip Code	Description of In-Kind Contribution	n			
Occupation	Employer		1	_				
•								
First Name	1	Viddle Na	те	In-Kind Contribution Rec	eived For:	Value of In-Kind Contributio		
				Primary Election	General Election			
Last Name/Organization Name				Runoff (Local Electi	ons Only)			
Address				Date of In-Kind Contribution		Aggregate this Election		
City		State	Zip Code	Description of In-Kind Contribution	n .			
Occupation	Employer		<u> </u>					
5. TOTAL ITEMIZED IN-KIN	D CONTRIBUTION	S						
(Carry forward to item 3. of next)				mary.)				
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(E) 00-1120 (NEV. 2100)				Г	~3~ oi			

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER	/ERING THE PERIOD		
				FROM:	TO:		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	IRES EROI	M PRECEDING PAGE	F (enter \$0 if first itemized pa	ae)	Amount		
4. COMPLETE THE APPROPRIATE ITEMS FOR E					iod)		
First Name	Middle Nan		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	<u> </u>		_				
Cost (Yell 10) Degrees Harrie							
Address			,				
City	State	Zip Code					
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	J		1				
Address							
City	State	Zip Code					
First Name	Middle Nar	me	Purpose of Expenditure	Purpose of Expenditure			
Last Name/Business Name	<u> </u>		_				
Address							
City	State	Zip Code		·			
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name		1					
Address	Address						
City	State	Zip Code			-		
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	J						
Address							
City	State	Zip Code					
First Name	Middle Nar	па	Purpose of Expenditure	Purpose of Expenditure			
Last Name/Business Name							
Address	Address						
City	State	Zip Code					
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional page)	es of this form	are used)					
(If this is the last page of expenditures, this amount m							

3-1129	(Rev.	4/02)
	3-1129	S-1129 (Rev.

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDAT	E OR COMMITTEE							REPOR		NG THE PERIOD TO:
3. COMPLETE THE APP	ROPRIATE ITEMS	FOR EACH I	TEMIZ	ZED LOAN (1	oans totaling n	nore than \$100	from any sourc	e during the	e period)	
Complete the Following for t	he Source of the Loan									
First Name	irst Name Middle Name (oan Balance of Period)	Loans Received		Loan syments		inding Loan Balance End of Period)
Last Name/Organization Name	<u> </u>			``						
Address		······		Loan Receive		☐ General	Election	Date of	f Loan ,	
City	State	Zip Code		Runoff (Local Elections Only)						
	List All Endo	rsers or Guara	antors f	for Above Loa	n (If more spa	ace is needed	l please attac	h a page))	
First Name	First Name Middle Name								Middle	larne
Last Name/Organization Name					Last Name/Or	ganization Nam	ne			
Address				· · · · · · · · · · · · · · · · · · ·	Address					
City		State	Zip C	Code	City				State	Zìp Code
Amount Guaranteed Outstandin	9		٠		Amount Guard	anteed Outstan	ding		L	i
First Name Middle Name					First Name Middle Name					
Last Name/Organization Name					Last Name/O	rganization Nan	ne			
Address					Address		· · · · · · · · · · · · · · · · · · ·			
City		State	Zip C	Code	City				State	Zip Code
Amount Guaranteed Outstandin	g	· ····			Amount Guar	anteed Outstan	ding			
First Name		Middle Nam	e		First Name	· · · · · · · · · · · · · · · · · · ·			Middle	Name
Last Name/Organization Name		<u> </u>			Last Name/O	rganization Nar	пе	_		
Address					Address					
Ćity	··· · -	State	Zip (Code	City		•		State	Zip Code
Amount Guaranteed Outstandin	g	<u> </u>			Amount Guar	anteed Outstan	ding		l	
First Name		Middle Nam	е		First Name				Middle	Name
Last Name/Organization Name			_		Last Name/O	rganization Nar	me			
Address		······································	· · · · · ·		Address	· · · · · · · · · · · · · · · · · ·	·····			***************************************
City	<u> </u>	State	Zip (Code	City				State	Zip Code
Amount Guaranteed Outstandin	ng		.l		Amount Guar	anteed Outstan	ıding	····	i.	<u>, , , , , , , , , , , , , , , , , , , </u>
Totals for all Loans (co Total loans received should a						Loan Balance g of Period)	Loans Received		Loan Payments	Outstanding Loan Balanc (End of Period)
(Total loan payments should a (Total outstanding loan balanc	also be shown in item 20. o	n summary page	e.)		Codmin	, or r ondu	1 CCC 14CC	+-	, aymanta	true di Londa)



SS-1132 (Rev. 4/02)

RDA 1159

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
				FROM:	TO:	
COMPLETE THE APPROPRIATE ITEMS F OBLIGATION (obligations totaling more than person/vendor at the end of the reporting person.)	1 \$100 owe		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						
Address						
City	State	Zip Code				
Description of Obligation	J			1,		
First Name	Middle Nar	ne				
Last Name/Business Name	<u>l , , , , </u>		_		1	
Address						
City	State	Zip Code				
Description of Obligation		<u> </u>			•	
First Name	Middle Na	me				
Last Name/Business Name	1,	.,				
Address		····				
City	State	Zip Code				:
Description of Obligation						<u> </u>
First Name	Middle Na	me				
Last Name/Business Name					,	
Address						
City	State	Zip Code	_			
Description of Obligation		1			<u>-L</u>	<u>L</u>
First Name	Middle Na	me				
Last Name/Business Name	<u> 1</u>					
Address			<u> </u>			
City	State	Zip Code				
Description of Obligation		L		1	<u> </u>	<u> </u>
4. TOTALS				<u> </u>		
(Total from Outstanding Balance - (End of Period) in item 23b. on summary page.)	colums mu	st also be shown				