# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

#### For State and Local Candidates For Single-Candidate Committees

4 SATTOTOTOTO	
	OF CANDIDATE OR COMMITTEE
APRIL 7. 2022   ROXI	E E. KELSEY
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE
	MAY 3, 2022
4.a. CAMPAIGN ADDRESS AND PHONE	
Street or Rural Route City	State Zip Code Phone
900 LAURA St. GALLATIN	TN 37066 615-969-6771
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)	
Street or Rural Route City	State Zip Code Phone
5. OFFICE SOUGHT (include district number, if applicable)	6. NAME OF POLITICAL TREASURER (may be candidate)
SCHOOL BUARD DISTRICT 9	Divnicia KELSEY
7. CATEGORY OR REPORT (Check one)	
DAL	
QUARTER QUARTER QUARTER QUARTER	D DDI ADV
8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. ENDING DATE OF REPORTING PERIOD
JANUARY 16, 2022	MARCH 31, 2022
9. (Check one)	
a D This compaign is everything detailed disclosure to	
tures total \$1,000 or less for this reporting period. (	ecause contributions (including in-kind) received total \$1,000 or less AND expendi-
	·
b. A This campaign is required to file a detailed financial	disclosure because contributions (Including in-kind) received total more than \$1,000 reporting period.
and a sperimines total filore mail \$1,000 for this	reporting period.
10. I/we do solemnly swear or affirm that the information con-	tained in this campaign financial disclosure report is true and that this report is an
I greatered processing very verdifficalists had switch of stillur	ditures required to be reported by the candidate committee by the Campaign of that no campaign contributions have been expended for the personal financial
benefit of the candidate or for any other nonpolitical purpo	se as defined by the federal internal revenue code.
6/1/2/1/2	$\sim$ 120
Moules Holy 4-1-26	22 Umicia Kelsy 4-7.203
signature of candidate () date	signature of political treasurer date
11. WITNESS SIGNATURE	
$\frac{\partial}{\partial x}$ $\frac{\partial}{\partial x}$	$\mathcal{A}$
Muka Bulk 4-7-20	Danika Bush 4-7-2022
signature of witness date	signature of witness date
12. SUMMARY	
DAI AMPE ON HAND! ACT DEPORT	<del>_</del>
a. BALANCE ON HAND LAST REPORT	\$
b. TOTAL RECEIPTS THIS PERIOD	. 5300.00
TO I BE WORTH IN IN INC. LANGUE CO.	<u>\$ 5300.00</u> . 175.00
c. TOTAL DISBURSEMENTS THIS PERIOD	, 175.00
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	FILED \$5135.00
AM	PM
e. TOTAL LOANS OUTSTANDING	APR 0 8 2022
	APK U 8 2022
f. TOTAL OBLIGATIONS OUTSTANDING	OUMBER COUNTY
	SUMNER COUNTY \$

#### **SUMMARY PAGE - CANDIDATE**

RECEIPTS 15. CONTRIBUTIONS (other than loans and interest) 16. LOANTREDUCINS (other than loans and interest) 17. INTEREST RECEIVED THIS REPORTING PERIOD 18. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) 19. EXPENDITURES (other than loan payments) 19. EXPENDITURES (other than loan payments) 19. EXPENDITURES (other than loan payments) 19. Expenditures (\$100 or less each payee) 19. Nember (\$100 or less each payee) 10. Nember (\$100 or less (\$100 or less from each source this period) 10. Nember (\$100 or less (\$100 or less from each source this period) 10. Nember (\$100 or less (\$100 o	13. NAME OF CANDIDATE OR COMMITTEE (In Full)		VERING THE PERIOD
15. CONTRIBUTIONS (other than loans and interest) a. Inhitenized Contributions (eyer \$100 or less from each source this period) \$\frac{1\left\{\gamma}{2\to\overline{O}}}{\gamma}\frac{1\left\{\gamma}{2\to\overline{O}}}{\gam		1110m. 1-16-22	1 10. 5 31 2033
b, Itemized Contributions (over \$100 from each source this period) \$ 910.00 c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 5300.00 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.) \$ 5300.00  DISBURSEMENTS 19. EXPENDITURES (other than loan payments) a. Expenditures (\$100 or less each payee) \$ \$ \$ \$ \$ \$ \$ \$ \$  Total of Expenditures (\$100 or less each payee) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	15. CONTRIBUTIONS (other than loans and interest)		_
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	a. Unitemized Contributions (\$100 or less from each source this perio	a)	2
16. LOANS RECEIVED THIS REPORTING PERIOD	b, Itemized Contributions (over \$100 from each source this period)	\$ 4120.0	0
17. INTEREST RECEIVED THIS REPORTING PERIOD  18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a.	. and 15.b.)	\$ <u>5300.60</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 53.00.00  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)  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	16. LOANS RECEIVED THIS REPORTING PERIOD		
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)  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			
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)  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 1	2.b.)	\$ 5300.00
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	DISBURSEMENTS		
Total of Expenditures (\$100 or less each payee)	19. EXPENDITURES (other than loan payments)		
Total of Expenditures (\$100 or less each payee)	a. Expenditures (\$100 or less each payee this period) (must be listed by	y category - e.g., printing, postag	e, gasoline)
Total of Expenditures (\$100 or less each payee)		<b>\$</b>	
Total of Expenditures (\$100 or less each payee)		\$	
b. Itemized Expenditures (Over \$100 each payee this period) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	- N + Q	\$	
b. Itemized Expenditures (Over \$100 each payee this period) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1 11	\$	
b. Itemized Expenditures (Over \$100 each payee this period) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		\$	
b. Itemized Expenditures (Over \$100 each payee this period) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		s	
b. Itemized Expenditures (Over \$100 each payee this period) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		* \$	
b. Itemized Expenditures (Over \$100 each payee this period) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		\$	
b. Itemized Expenditures (Over \$100 each payee this period) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	·	\$	
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	1		
20. LOAN REPAYMENTS MADE THIS PERIOD	b. Itemized Expenditures (Over \$100 each payee this period)	\$ 175.00	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 175.00  22.IN-KIND CONTRIBUTIONS  a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and	d 19.b.)	\$ 175.00
22.IN-KIND CONTRIBUTIONS  a. Uniternized in-kind contributions (\$100 or less from each source this period)	4		
a. Uniternized in-kind contributions (\$100 or less from each source this period)\$  b. Iternized 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. Uniternized Obligations Outstanding (\$100 or less each)\$  b. Iternized Obligations Outstanding (Over \$100 each)\$	21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in ite	em 12.c.)	\$ 175.00
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 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)	a. Unitemized in-kind contributions (\$100 or less from each source this	period)\$\$	
23. OBLIGATIONS  a. Unitermized Obligations Outstanding (\$100 or less each)	b. Itemized in-kind contributions (over \$100 from each source this period	d)\$_ <del></del>	^
a. Unitermized Obligations Outstanding (\$100 or less each)	c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 2	22.a. and 22.b.)	\$ <u>-</u>
b. Itemized Obligations Outstanding (Over \$100 each)\$	23. OBLIGATIONS	_	
$\sim$	a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u> </u>	<i>•</i>
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)	b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u>-</u>	^
	c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be	oe shown i item 12.f.)	\$ <u>+</u>

#### **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE RUXIE E. KELS			2. REPORT COVER	
ROXIE E. RELS	<u>ey</u>		FROM: 1-16-32	TO: 3-31-203>-
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTI	ONS FROM PRECEDING PAGE	E (enter \$0 if first itemized p	age)	Allower &
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	CH FTEMIZED CONTRIBUTION (co	entributions totaling more than	100 from any contributor	
First Name KELUIN	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name THUM AS		Primary Election	General Election	
Address 823 HALTSVILLE	Pike	Runoff (Local Election	ns Only)	150.00
CHY GALLATIN	STN ZpCoole 37064	Date of Contribution	· · · · · · · · · · · · · · · · · · ·	Aggregate This Election
Occupation  METER INSPECTO		39.2023	<del>}-</del>	,
Employer Cumbercand Ele	•			150.00
First Name	Middle Name	Contribution Received For	ī.	Amount of Contribution
EVERTUN  Last Name/Organization Name  CAMPBELL	I	APrimary Election [	General Election	
Address 2624 HARTSVILLE	2 Pike	Runoff (Local Election	ns Only)	500.00
CASTALIAN SPRINGS	<del> </del>	Date of Contribution	<del></del>	Aggregate This Election
Occupation REAL ESTATE AC		3-14-20	C0000	
Employer C&C PROPERTIES			500.00	
First Name RICHARD	Mikdelle Name	Contribution Received Fo	r.	Amount of Contribution
Last Name/Organization Name  BLACK	<u> </u>	Primary Election	į	
Address 133 Ruck wood	TERRACE	Runoff (Local Election	150.00	
ay Gallatin	Sale Zio Coole TN 37066	Date of Contribution		Aggregate This Election
Occupation BALDER		3.15-2	150.00	
SELF. EMPINED	>			150.00
Cont Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name	<u> </u>	IXI.Primary Election I	General Election	
HIBDON  Address 160 Shiloh ROA		Runoff (Local Elections Only)		250.00
ON GALLATIN	TN Zp Code 37066	Date of Contribution		Aggregate This Election
Occupation H. R. DINECTUR	1 115 1	2 11 24	2.5	2.0
Employer GUUD ALL BUIL	DERS	3-11-20	33	750.00
5. TOTAL ITEMIZED CONTRIBUTIONS				
(Carry forward to litern 3, of next page if additional pages (If this is the last page of contributions, this amount mus				1050 00

### **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE  KOXIE E. KELSI	= <u></u>	<del>7 %</del> .	2. REPORT COVERING THE PERIOD FROM: 1-14-20-170: 3-31-30-32		
	-				Amount
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT		***************************************		<u> </u>	1050.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	Middle Name		Contributions totaling more than s	100 from any contributor	Amount of Contribution
	IIIIOGO HAIR			_	Actions of Committees
Last Name/Organization Name SumnER County Dem	OCRA	ic PARTY	Primary Election	General Election	
Address P.O. BOX 51			Runoff (Local Election	s Only)	2500.00
CITY GALLATIN	Sale	Zip Code 37066	Date of Contribution		Aggregate This Election
Occupation			2 12 200	. ~	
Employer			3-13-207	<del>)</del> }-	2500,00
First Name Ronnie	Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name TURNER			Primary Election	General Election	
Address: 103 Oakland Dr.	-		Runoff (Local Election	s Only)	150.00
City Gallatin	State	Zip Code 37066	Date of Contribution		Aggregate This Election
Occupation GENERAL CONTRA			3-19-2	110	
SELF EMPLOYER	<u> </u>		3.(-1. 9	150.00	
First Name Cuanie	Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election General Election		
Address 40 SHILUH RD			Runoff (Local Elections Only)		150.00
CHY GALLATIN	Sine TN	Zip Code 37066	Date of Contribution	··	Aggregate This Election
Cocupation			2 21 2		( <del>, ~ ,</del> ,
Sumner County Boar	うっつ	Education	3-21-20	277	150.00
First Name	Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name		<del></del>	Primary Election	General Election	
SPANN Address O			Runoff (Local Election	n Only)	120.00
919 Coarsey DK.			Runon (Local Election	s Only)	1 30.00
City Nashville	Ť	Zip Code 37シ1フ	Date of Contribution		Aggregate This Election
Occupation RETIRED			3.26-2022		180.00
Nissan Auto					130.00
TOTAL ITEMIZED CONTRIBUTIONS     (Carry forward to item 3. of next page if additional pages of (If this is the last page of contributions, this amount must	of this form are be shown in ite	used.) m 15b. of summary.)			3970.00

# **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE  ROXIE E. KELS	5Y			2. REPORT COVER	TO: 3-31-202>
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	Amount 3970.00				
4. COMPLETE THE APPROPRIATE ITEMS FOR EA					
First Name AIBENZT	Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name			T Primary Election	General Election	
STRAWTHE			Runoff (Local Election	s Oniv)	150.00
205 WITHERSPOON			Date of Contribution		
CHY GALLATIN	State	ZipCode 37066	Date of Contribution		Aggregate This Election
Occupation Murtician			3 300		3 <b></b> .
STRAWTHER & WH	ie F	uneral Ho	3-30.2 me	O+7-	150.00
First Name	Middle Nam		Contribution Received For:		Amount of Contribution
Last Name/Organization Name	<u> </u>		Primary Election	General Election	
Address	<del> </del>		Runoff (Local Election	ıs Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation	L	<u> </u>			
Employer					
First Name	Middle Name	)	Contribution Received For:		Amount of Contribution
Last Name/Organization Name	<u> </u>		Primary Election	General Election	
Address			Runoff (Local Election	s Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer		**************************************			
First Name	Middle Name	3	Contribution Received For:		Amount of Contribution
Last Name/Organization Name	<u></u>		Primary Election	General Election	
Address			Runoff (Local Election	s Only)	
City	State	Zip Code	Date of Contribution	//	Aggregate This Election
Occupation					. जुपुरच्युवक्य ।।॥३ घाटव्यवा।
Епірюуег	Employer				
5. TOTAL ITEMIZED CONTRIBUTIONS					
(Carry forward to item 3. of next page if additional pages of (If this is the last page of contributions, this amount must)				4120.00	

#### **ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE**

NAME OF CANDIDATE OR CO	DMMITTEE	~ · ·			2. REPORT COVER		
ICOXIE E.	KEL	<u>&gt;ヒ</u> リ			rkunt (-16-22	TO: 3-31-2022	
3. TOTAL ITEMIZED IN-KIND CO	NTRIBUTION	IS FROM	PRECEDING PAC	GE (enter \$0 if first itemized page	e)		
				RIBUTION (in-laind contributions totaling	<del> </del>	stributor during the period)	
First Name		Middle Nam	16	In-Kind Contribution Receive		Value of In-Kind Contribution	
Last Name/Organization Name				Runoff (Local Election	ns Only)		
Address				Date of In-Kind Contribution	N	Aggregate this Election	
City 1		State	, Zip Code	Description of In-Kind Contribution	1/4		
Occupation ·	Employer				/~		
First Name		Middle Nar	ne	in-Kind Contribution Receiv	ed For: General Election	Value of In-Kind Contribution	
Last Name/Organization Name				Runoff (Local Election	ons Only)		
Address	$\times$			Date of in-Kind Contribution	, N.	Aggregate this Election	
City	<del></del>	State	Zip Code	Description of In-Kind Contribution	"NIX		
Оссирабил	Employer	4			13		
First Name	<u></u>	Middle Na	me	in-Kind Contribution Receiv	ed For.	Value of In-Kind Contribution	
Last Name/Organization Name	N /			Runoff (Local Election	<del></del>		
Address \	*	•		Date of in-Kind Contribution	<u>, , , , , , , , , , , , , , , , , , , </u>	Aggregate this Election	
City	<del></del>	State	Zip Code	Description of In-Kind Contribution	1 / J	1	
Occupation	Employer	_ <del></del>			\	•	
First Name		Milidie Na	me	In-Kind Contribution Receiv	red For:	Value of In-Kind Contributio	
Last Name/Organization Name		<u>[</u>		Primary Election	General Election		
		<u></u>		Runoff (Local Electi	ons Only)		
Address	MI			Date of in-Kind Contribution	1	Aggregate this Election	
City		State	Zip Code	Description of in-Kind Contribution			
Occupation	Employer				\ -		
First Name		Middle Na	me	In-Kind Contribution Rece		Value of In-Kind Contributio	
Last Name/Organization Name		1		☐ Primary Election☐ Runoff (Local Election			
Address	14			Delta of In-Kind Contribution	N ( )	Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution	n /	<u> </u>	
Occupation	Employer	1	<u> </u>		•		
	OON ITTO IT	ONO					
5. TOTAL ITEMIZED IN-KIND (Carry forward to item 3. of next pag	e if additional page	s of this form	are used.)			1 -	
(If this is the last page of in-kind con	ributions, this acro	unt must be s	shown in item 22h. of st	ummary.)		J	

### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE ROXIE E. KEL	•			2. REPORT COVER	
KOXIE E. KEL		FRUM: [-16.22	TO: 3-31-2023-		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	RES FROI	N PRECEDING PAGE	(enter \$0 if first itemized pa	ge)	- O
4. COMPLETE THE APPROPRIATE ITEMS FOR E					od)
First Name LEIZICO	Middle Nam	)ė	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name D	<u>.</u>		Election A	tssets	
Last Name/Business Name Buildon .	orutto	in LESigns	SuciAl ME	dia Graph	L
Address OL BRENTRIDGE DR	-		4x6 CARD		175.00
an Antioch	SH TN	37013	YARD SIGI	J	
First Name	Middle Nar		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	<u> </u>				
$\downarrow \downarrow \chi$			_		
Address					
City	State	Zip Code			$\bigcup$
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		<u> </u>		_	
\ X			/		
Address					
City	State	Zip Code			
First Name	Middle Na	me	Purpose of Expenditure	Purpose of Expenditure	
Last Name/Business Name	<u> </u>		1		
Address \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			1 /		
City	State	Zip Code	1		
First Name	Middle Na	me	Purpose of Expenditure	,	Amount of Expenditure
Last Name/Business Name			1		
Address	<del></del>		1 /		
1 3	State	Zip Code	1		
City	- Constitution of the Cons				
First Name	Middle Na	rme .	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			] /		
Address			/		
City	State	Zip Code	†		
1 m/A		1.	1		Ĭ.
		•			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3, of next page if additional page)					175.00

# ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COM	MITTEE				2. REPORT CO		IE PERIOD
RUXIE E. 1	LELS	EY			FROM:   1-16-3032		31.3032-
3. COMPLETE THE APPROPRIATE	TEMS FOR	REACHITE	MIZED LOAN (10	ens totaling more then \$100 from a	ny source during the period	)	
Complete the Following for the Source o	fihe Loen	-					
First Name	Middle Name		Outstanding L (Beginning o		Loan Payments		Loan Balance Period)
Last Name/Organization Name	/						
Address			Loan Receive	" /	On Deale of Loan		
City		Zip Code		Local Elections Only)			
	ist All Endorse	ers or Guaran	iors for Above Loa	n (If more space is needed plea	se atlach a page)		
First Name	·	Middle Name		First Name		Mikidle Name	
Last Name/Organization Name				Last Name/Organization Name	. 0	•	
Address	X		-	Address	NA	•	
City		State	Zip Code	City		State	Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name	X			Last Name/Organization Name	NID		
Address	1			Address	101		
City .		State	Zip Code	City		State	Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name	1	First Name		Middle Nam	0
Last Name/Organization Name	N	<u> </u>		Last Name/Organization Name	10		
Address	1			Address	$\mathcal{N}_{I}$		
City		State	Zip Code	City		State	Zip Code
Amount Guaranteed Outstanding			<del></del>	Amount Guaranteed Outstanding	J		
First Name		Middle Name	В	First Name		Middle Nam	e
Last Name/Organization Name	X	<u> </u>		Last Name/Organization Name	1/	<u> </u>	
Address	7			Address	10.		
City		State	Zip Code	City		State	Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstandin	9		
4. Totals for all Loans (complete o (Total loans received should also be sho (Total loan payments should also be sho	um in ilem 16. on	SUMMERLY PAGE	e.)	Outstanding Loan Balance (Beginning of Period)	Loans Lo Received Payr	an Or	vistanding Loen Balance (End of Period)
(Total outstanding loan balance should als	so be shown in its	m 12e, on fron	tpage.)	<u> </u>	0 0	<u>'</u>	<del></del>
				Dec	at		DINA 1150

### ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2, REPORT COVERING THE PERIOD					
1. NAME OF CANDIDATE OR COMMITTEE  KOXIE E. KEI	FROM: 1-16-2022 TO: 3-31-2022					
COMPLETE THE APPROPRIATE ITEMS     OBLIGATION (obligations totaling more the person/vendor at the end of the reporting	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)		
First Name	Middle Na	ime				
Last Name/Business Name						
Address						
Сту	State	Zlp Code				
Description of Obligation			<b>-</b>			
First Name	Middle N	ame				
Last Name/Business Name						
Address						
City	State	Zip Code		·		:
Description of Obligation		•	•		•	
First Name	Middle	lame				
Last Name/Business Name						
Address						
City .	State	Zip Code				
Description of Obligation						
First Name	Middle	Varne				
Last Name/Business Name						
Address			<b>—</b>		_	<del></del>
CHY	State	Zip Code				
Description of Obligation				·····		
First Name	Midde	Name				
Last Name/Business Name						
Address				_		
City	State	Zip Code				
Description of Obligation					······································	<u> </u>
4, TOTALS				<u> </u>		
(Total from Outstanding Balance - (End of Perio in Item 23b. on summary page.)	d) column m	nust also be shown	0	0	0	0