

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>4/8/22</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>David Klein</u>
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>N/A</u>	3. ELECTION DATE <u>5/3/22</u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>398 Branham Mill Rd.</u> <u>Gallatin</u> <u>TN</u> <u>37066</u> <u>(615) 504-4037</u>	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone <u>398 Branham Mill Rd.</u> <u>Gallatin</u> <u>TN</u> <u>37066</u> <u>(615) 504-4037</u>	
5. OFFICE SOUGHT (include district number, if applicable) <u>County Commission District 6</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>David Klein</u>
7. CATEGORY OR REPORT (Check one) <input checked="" type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD <u>January 16, 2022</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>March 31, 2022</u>
9. (Check one) a. <input type="checkbox"/> 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.) b. <input checked="" type="checkbox"/> 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. <u>David Klein</u> <u>4/8/22</u> <u>David Klein</u> <u>4/8/22</u> signature of candidate date signature of political treasurer date	
11. WITNESS SIGNATURE <u>Sandra Klein</u> <u>4/8/22</u> <u>Michael Klein</u> <u>4-8-22</u> signature of witness date signature of witness date	
12. SUMMARY a. BALANCE ON HAND LAST REPORT \$ <u>0</u> b. TOTAL RECEIPTS THIS PERIOD \$ <u>4,100.02</u> c. TOTAL DISBURSEMENTS THIS PERIOD \$ <u>1,277.10</u> d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) \$ <u>2,822.92</u> e. TOTAL LOANS OUTSTANDING <u>FILED</u> <u>AM</u> <u>PM</u> \$ <u>4,000.00</u> f. TOTAL OBLIGATIONS OUTSTANDING <u>APR 08 2022</u> \$ <u>0</u>	



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>David Klein</i>		2. REPORT COVERING THE PERIOD FROM: <i>1/16/22</i> TO: <i>3/31/22</i>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)			
First Name <i>Elbert</i>	Middle Name <i>LEE</i>	Contribution Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution <i>\$ 100.00</i>
Last Name/Organization Name <i>WEST</i>		Date of Contribution <i>3/15/22</i>	Aggregate This Election <i>\$ 100.00</i>
Address <i>1047 Roundtree Drive</i>			
City <i>Gallatin</i>	State <i>TN</i>	Zip Code <i>37066</i>	
Occupation <i>Retired</i>			
Employer			
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name		Date of Contribution	Aggregate This Election
Address			
City	State	Zip Code	
Occupation			
Employer			
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name		Date of Contribution	Aggregate This Election
Address			
City	State	Zip Code	
Occupation			
Employer			
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name		Date of Contribution	Aggregate This Election
Address			
City	State	Zip Code	
Occupation			
Employer			
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)			

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>David Klein</i>				2. REPORT COVERING THE PERIOD FROM: <i>1/16/22</i> TO: <i>3/31/22</i>		
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <i>0</i>	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)						
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code		Description of In-Kind Contribution	
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code		Description of In-Kind Contribution	
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code		Description of In-Kind Contribution	
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code		Description of In-Kind Contribution	
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code		Description of In-Kind Contribution	
Occupation		Employer				

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE David Klein			2. REPORT COVERING THE PERIOD FROM: 1/16/22 TO: 3/31/22		
			Amount		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name AGE Graphics		Yard Signs	\$1,037.50		
Address 670 Collins Road					
City Little Hocking	State OH				Zip Code 45742
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name 505 Printing		PUSH CARDS	\$229.43		
Address 706 SPACE PARK NORTH					
City GOODLETTSVILLE	State TN				Zip Code 37072
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name GoDaddy.com LLC		DOMAIN NAME	\$ 10.17		
Address 2155 E GoDaddy Way					
City TEMPE	State AZ				Zip Code 85284
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
5. TOTAL ITEMIZED EXPENDITURES			\$ 1,277.10		
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)					

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE David Klein				2. REPORT COVERING THE PERIOD FROM: 1/16/22 TO: 3/31/22					
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)									
Complete the Following for the Source of the Loan									
First Name David		Middle Name Alan		Outstanding Loan Balance (Beginning of Period) 0		Loans Received 4,000.00	Loan Payments 0	Outstanding Loan Balance (End of Period) 4,000.00	
Last Name/Organization Name Klein				Loan Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Date of Loan: \$2000.00 2/18/22 \$2000.00 3/31/22			
Address 398 Branham Mill Rd.				City Gallatin		State TN	Zip Code 37066		
List All Endorsers or Guarantors for Above Loan (if more space is needed please attach a page)									
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
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				Last Name/Organization Name					
Address				Address					
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				Last Name/Organization Name					
Address				Address					
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				Last Name/Organization Name					
Address				Address					
City		State	Zip Code	City		State	Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
4. Totals for all Loans (complete on last page of itemized loans) <small>(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.)</small>				Outstanding Loan Balance (Beginning of Period)		Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD			
<i>David Klein</i>			FROM: <i>1/16/22</i> TO: <i>3/31/22</i>			
3. 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)
			<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
4. TOTALS						
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)						