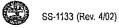
### **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

# For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT  2.a. NAME OF CA  Day id	NDIDATE OR COMMITTEE
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE 5/3/22
4.a. CAMPAIGN ADDRESS AND PHONE	0/9/22
Street or Rural Route City	State Zip Code Phone
398 Branham Mill U. Gallatin 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)	TN 37066 (65)504-4037
Street or Rural Route  Street or Rural Route  City  Street or Rural Route  City  Challatin	State Zip Code Phone 70 37066 (615) 504-4037
OFFICE SOUGHT (include district number, if applicable)	NAME OF POLITICAL TREASURER (may be candidate)
County Commission District 6	David Klein
7. CATEGORY OR REPORT (Check one)  TO DESCRIPTION OF THE ST SECOND THE SOURTH QUARTER QUARTER QUARTER	PRE- PRE- MID-YEAR YEAR-END PRIMARY GENERAL SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. ENDING DATE OF REPORTING PERIOD
9. (Check one)	March 31, 2022
, ,	a contribution (Contribution in 11 I)
<ul> <li>a.  This campaign is exempt from detailed disclosure becaus tures total \$1,000 or less for this reporting period. (Comp</li> </ul>	e contributions (including in-kind) received total \$1,000 or less AND expendi- lete items 12d., 12e. and 12f.)
b. X This campaign is required to file a detailed financial discle and/or expenditures total more than \$1,000 for this report	sure because contributions (including in-kind) received total more than \$1,000 ing period.
accurate accounting of campaign contributions and expenditures Financial Disclosure Act. Additionally, I/we swear or affirm that benefit of the candidate or for any other nonpolitical purpose as	2 Dan 4/8/27
signature of candidate date	signature of political treasurer date
11. WITNESS SIGNATURE  Denila 1 4/8/22	Michael Klein 4-8-22
signature of witness / date/	signature of witness date
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT	
b. TOTAL RECEIPTS THIS PERIOD	s <u>4,100.02</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ 1,277.10
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <u>Z, 8 Z2.9</u> Z
e. TOTAL LOANS OUTSTANDING	ED pm \$ 4,000.00
f. TOTAL OBLIGATIONS OUTSTANDINGAPR	0 8 2022 s O

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

13. NAME OF CANDIDATE OR COMMITTEE (In Full)  David Klein	14. REPORT COVERING THE PERIOD FROM: 1/16/22 TO: 3/31/22
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 100.00
b. Itemized Contributions (over \$100 from each source this period)	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.).	100
16. LOANS RECEIVED THIS REPORTING PERIOD	<b>)</b>
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)
GODAPPY LLC - Dangin Name \$ 10,1	
\$	<del>,                                     </del>
\$	
\$ \$	<del></del>
\$	
\$	
<u> </u>	<del></del>
<u> </u>	<del></del>
Total of Expenditures (\$100 or less each payee)	\$ <u>10.17</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 1,266.93
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	
20. LOAN REPAYMENTS MADE THIS PERIOD	s <u> </u>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>1,</u> 2,77.10
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 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 i ite	em 12.f.)\$



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

1. NAME OF CANDIDATE OR, COM	MITTEE			RING THE PERIOD
David Kla	•		FROM: 1/16/2	TO: 3/31/22
3. TOTAL ITEMIZED CAMPAIGN CONT	TRIBUTIONS FRO	PAGE (enter \$0 if first itemized page)	, utjourn	
			N (contributions totaling more than \$100 from any contribu	
First Narge Elbert	Middle Name LE	3	Contribution Received For:	Amount of Contribution
Last Name/Organization Name VEST		<u></u>	Primary Election General Election	\$100.00
Address 1047 Round	tree Dr	ive	Runoff (Local Elections Only)	
City Gallatin	State	Zip Code 3 1066	Date of Contribution	Aggregate This Election
City Gallatin Occupation Retired			3/5/22	\$ 100,00
Employer				10000
First Name	Middle Nan	ne	Contribution Received For:	Amount of Contribution
Last Name/Organization Name			Primary Election General Election	
Address			Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation	,_,	<u></u>		
Employer				
First Name	Middle Nar	ne	Contribution Received For:	Amount of Contribution
Last Name/Organization Name			Primary Election General Election	!
Address			Runoff (Local Elections Only)	
City	State Zip Code		Date of Contribution	Aggregate This Election
Occupation	Occupation			
Employer				
First Name	Middle Na	me	Contribution Received For:	Amount of Contribution
Last Name/Organization Name			Primary Election General Election	
Address			Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation				
Employer			-	
5. TOTAL ITEMIZED CONTRIBUTION				
(Carry forward to item 3. of next page if additional (If this is the last page of contributions, this a	tional pages of this form mount must be shown i	are used.) in item 15b. of summar	у.)	

## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF SANDIDATE O	T COVERING THE PERIOD						
3. TOTAL ITEMIZED IN-KIND	Amount						
			RIBUTION (in-kind contributions totaling more than \$10	O from any contributor during the period)			
First Name	/liddle Nan		In-Kind Contribution Received For:	Value of In-Kind Contribution			
Last Name/Organization Name			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 Nar	me .	In-Kind Contribution Received For: ☐ Primary Election ☐ General	Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Elections Only)				
Address			Date of In-Kind Contribution	Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer	<u>.l</u>					
First Name Middle Name			in-Kind Contribution Received For: Primary Election General	Value of In-Kind Contribution Election			
Last Name/Organization Name			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 Na	ime	In-Kind Contribution Received For:	Value of In-Kind Contribution			
Last Name/Organization Name			Primary Election General	Election			
Address			Date of In-Kind Contribution	Aggregate this Election			
	State	Zip Code	Description of In-Kind Contribution				
City  Occupation	Employer	Zip Gode	Socialist of the entrangent				
- Soupenor							
First Name	Middle Na	me	In-Kind Contribution Received For:	Value of In-Kind Contribution			
Last Name/Organization Name		Runoff (Local Elections Only)	CIGOLOTI				
Address		Date of In-Kind Contribution	Aggregate this Election				
City	State	Zip Code	Description of In-Kind Contribution	I			
Occupation	Employer	1		V.			
5. TOTAL ITEMIZED IN-KIN	ID CONTRIBUTIONS						
(Carry forward to item 3. of next p	page if additional pages of this form contributions, this amount must be		ummary)				
SS-1128 (Rev. 2/06)	COGREDUIONS, UIIS SINOUNI MUST DE	anumi in itali) ZZD. Qi S		of 7 RDA 1159			

#### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	NG THE PERIOD TO: 3/31/ZZ						
3. TOTAL ITEMIZED CAMPAIGN EXPENDITUR	RES FROM	(enter \$0 if first itemized pa	ege)	Amount [			
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)							
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure		
Last Name Rusiness Name AAA Graphics	<u> </u>		Yard Sig.	15	1,037.50		
	and		·				
City Little Hockins	State	Zip Code 45 74 Z					
First Name	Middle Nam	e	Purpose of Expenditure	. "' ;	Amount of Expenditure		
Last Name/Business Name SOS Printing			PUBH CA	IRDS	229,43		
	ARK	NORTH					
GOODLETTS VILLE	State	7.5 Code 37072					
First Name	Middle Nam	ie	Purpose of Expenditure	) 1	Amount of Expenditure		
Last Name/Business Name  GUDAROY, COM	440	·	DOMAIN	NAME	\$ 10.17		
Address ZI55 E GODANA	04 L	NAY					
TEMPE	State Az	Zip Code 85284					
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	<del></del>						
Address							
City	Cily State Zip Code				-		
First Name	Middle Nam	ne	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					
TOTAL ITEMIZED EXPENDITURES     (Carry forward to item 3. of next page if additional page)				\$ 1,277.10			
(If this is the last page of expenditures, this amount mu	st be shown in	item 19b. of summary.)	•		<u> </u>		

#### **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE						2. REPORT COVERING THE PERIOD FROM: TO:			
							3/3/22		
3. COMPLETE THE APPROPRIATE IT	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 Idle Name		Outstanding	ann Dalanaa	Lame	T loon	<u> </u>	Outeto	nding Loan Balance
First Name Mic	Alan			tstanding Loan Balance Loans Loan Outstending Loan Bala Beginning of Period) Received Payments (End of Period)					
Last Name/Organization Name				<u> </u>	4,000	1,00 C	)	4	00,00
398 Branham Mill Rd. KPM				A000,00					
city Gullatin St	Zip Code 3700	66	☐ Runoff (	Local Elections	: Only)	B	2000.	00	3/31/22
List A	Il Endorsers or Guar		or Above Loa		ace is needed	please attach a	page)		
First Name	Middle Nam	e		First Name				Middle N	lame :
Last Name/Organization Name			•	Last Name/O	rganization Nam	ne			
Address				Address					
City	State	Zip 0	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	City State Zip Code			City State Zip Code					Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name	Middle Nan	ne		First Name Middle Name					
Last Name/Organization Name	<u> </u>			Last Name/Organization Name					
Address			•	Address					
City	State	Zip	Code	City				State	Zip Code
Amount Guaranteed Outstanding	·		•	Amount Guaranteed Outstanding					
First Name	First Name Middle Name			First Name Middle Name					Name
Last Name/Organization Name			Last Name/Organization Name						
Address			Address				<u>,,</u>		
City	State	Zip	Code	City : State Zip Co				Zip Code	
Amount Guaranteed Outstanding	Amount Guaranteed Outstanding				Amount Guaranteed Outstanding				
4. Totals for all Loans (complete on last page of itemized loans) (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.)			· · · · · · · · · · · · · · · · · · ·		Loan Balance ig of Period)	Loans Received	Loa Paym		Outstanding Loan Balance (End of Period)
(Total outstanding loan balance should also be sh	own in item 12.e. on fro.	nı page.)				L			<u> </u>



### **ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD FROM: 1/16/22 TO: 3/31/22			
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)	
First Name	Middle Nar	ne					
Last Name/Business Name							
Address			_				
City	State	Zip Code					
Description of Obligation				· · · · · · · · · · · · · · · · · · ·	l	<u> </u>	
First Name	Middle Nar	пе					
Last Name/Business Name	I. <u>.</u>	<del> </del>	<del></del>				
Address		····					
City	State	Zip Code					
Description of Obligation	•					<del> </del>	
First Name	Middle Name						
Last Name/Business Name			_		•	ļ	
Address							
City	State	Zip Code				3	
Description of Obligation							
First Name	Middle Name						
Last Name/Business Name					,		
Address							
City	State	Zip Code					
Description of Obligation	<u> </u>	-1		<b></b>	<del>1</del>	I	
First Name	Middle Na	me					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation			<u> </u>	.1	1		
4. TOTALS	<del></del>		-				
(Total from Outstanding Balance - (End of Period) of in item 23b, on summary page.)							