CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 2.a. NAME (OF CANDIDATE OR		tee to Elect C	aroline Krueger				
2.b. IF COMMITTEE, NAME OF CANDIDATE	-		3. ELECTION DA					
Caroline Krueger			May 3, 2022					
4.a. CAMPAIGN ADDRESS AND PHONE	· · ·	· .		· · · · · · · · · · · · · · · · · · ·				
Street or Rural Route City		State	Zip Code	Phone				
121 Windham Circle Hendersonville 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)	<u>.</u>	TN	37075	615-482-0733				
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)				
County Commissioner District 17	Jeff (Cordell						
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD FOURTH QUARTER QUARTER QUARTER		PRE- GENERAL	MID-YEAR SUPPLEMENTA	YEAR-END L SUPPLEMENTAL				
8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. ENDING	DATE OF REPO	PRTING PERIOD					
9. (Check one)		<u> </u>	/					
 a. 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. 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 cont accurate accounting of campaign contributions and expend Financial Disclosure Act. Additionally, I/we swear or affirm benefit of the candidate or for any other nonpolitical purpos signature of candidate date	litures required to b that no campaign o	e reported by the contributions had	te candidate committ ve been expended for I revenue code.	tee by the Campaign				
11. WITNESS SIGNATURE								
Signature of witness 4-26	<u>-</u> 22 _	Copula signa	ture of witness	ugey-26-22 date				
12. SUMMARY			4003	V				
a. BALANCE ON HAND LAST REPORT		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ 435, °	<u> </u>				
b. TOTAL RECEIPTS THIS PERIOD		•••••••••••••••••••••••••••••••••••••••	.s <u>4) 45, 67</u>	10				
c. TOTAL DISBURSEMENTS THIS PERIOD			\$ 444.4	<u>19</u>				
FILED d. BALANCE ON HAND (12.a. plusAMLb. minus 12.c.)	PM			\$ 912.01				
e. TOTAL LOANS OUTSTANDING APR 2 6 202				s_Ø				
SUMNER COUNT f. TOTAL OBLIGATIONS OUTSTAND THE CTION COMMIS				\$ 122.50				



SUMMARY PAGE - CANDIDATE

13. NAME OF CAMPIDATE OF COMMITTEE (MFUII) 13. NAME OF CAMPIDATE OF COMMITTEE (MFUII) 13. NAME OF CAMPIDATE OF COMMITTEE (MFUII)	14. REPORT COVERING THE PERIOD FROM: 4 72
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 375.
b. Itemized Contributions (over \$100 from each source this period)	·s 450
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ 935. T
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.)	s <u>4125-</u>
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)
50 Syppies \$ 30.0	.
D811 Supplies \$ 45.0	<u>∤</u> = -
1 Paper s 14.17	<u>r</u>
Snack frod voluntiers \$ (0.32	
<u>gas</u> \$ 273	<u>)</u>
D& Take \$ 11.02	
Q16 \$ 62.8°	
s	
\$	MACLES TO THE STATE OF THE STAT
	 0.00 55,
Total of Expenditures (\$100 or less each payee)	s 303 55
b. Itemized Expenditures (Over \$100 each payee this period)	s 140.15 16.149
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>494.13</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ /
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	s <u>444, 49</u>
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	10 - 20)
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ 177.50
b. Itemized Obligations Outstanding (Over \$100 each)	.\$
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	12.f.) \$ <u> \mathred{m} \mathred{m} \land \land</u>

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ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	ak Pi	2007	(- 0 2 /	2. REPORT COVE		
Committee Will	90	mile K	meze/	FROM/	TO: 4/23	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	Anough					
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMIZ	ED CONTRIBUTION	N (contributions totaling more than !	\$100 from any contributo	r)	
First Name CC	Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name				Primary Election General Election		
Address 321 Buffab Ru	n		Runoff (Local Election	Runoff (Local Elections Only)		
Floralettsville	Floreletteville Sup Zacoun 072		Date of Contribution	Date of Contribution		
Occupation Photographe Employer Chicago April 1988	<u>/</u>					
Self Employed						
TOMAR MITTIES	Middle Name	9	Contribution Received For		Amount of Contribution	
Last Name/Organization Name			Primary Election	General Election	250,	
Address 217) Bivision 87.			Runoff (Local Election	ns Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation Attorne 11						
Employed Ming 3 M	1721	Dorns				
First Name	Middle Name		Contribution Received For		Amount of Contribution	
Last Name/Organization Name			Primary Election	General Election		
Address			Runoff (Local Election	ns Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation						
Employer						
First Name	Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name			Primary Election	General Election		
Address	,	· • • · · · · · · · · · · · · · · · · ·	Runoff (Local Election	ns Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation						
Employer						
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages (If this is the last page of contributions, this amount must	,			450.W		

ss 😩

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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE LEGY COUNTIES FROM: 2. REPORT COVERING THE PERIOD FROM: 1. TO: 4733 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 & AP Printing Last Name / By Shese Name Printing Address City Printing City Printin	Middle Name N G State Zip Sody) 13		Purpose of Expenditure The purpose of Expenditure	Amount of Expenditure		
First Name Middle Name Last Name/Business Name Address City State Zip Code		Purpose of Expenditure	Amount of Expenditure			
First Name Middle Name Last Name/Business Name Address City State Zip Code		Purpose of Expenditure	Amount of Expenditure			
First Name Middle Name Last Name/Business Name Address City State Zip Code		Purpose of Expenditure	Amount of Expenditure			
First Name Middle Name Last Name/Business Name Address City State Zip Code		Purpose of Expenditure	Amount of Expenditure			
First Name Middle Name Last Name/Business Name Address City State Zip Code		Purpose of Expenditure	Amount of Expenditure			
5. TOTAL ITEMIZED EXPENDITURES (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.)						

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ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	t Car	v)line	Knieher	2. REPORT COV	ERING THE PER	// _
COMPLETE THE APPROPRIATE ITEMS FOR OBLIGATION (obligations totaling more than	OR EACH	ITEMIZED	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Obtstanding Balance (End of Period)
person/vendor at the end of the reporting pe		a to uny	(Boginning of Fortog)	TAILD T GITGG	THIS P CHOS	(End of Follow)
First Name	Middle Nan	ne				-
User Viante But viess pamely Brandir)4 C	υ				122.50
Agres 2 River Chase	U					104.
endersmille	State	Zin Code O	5			
Description of Obligation			•			
First Name	Middle Nan	ne				
Last Name/Business Name	l				:	
Address		· ····································				
City	State	Zip Code			:	
Description of Obligation						
First Name	Middle Nan	ne				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Nan	ne				
Last Name/Business Name	L					
Address						
City	State	Zip Code				
Description of Obligation		•				
First Name	Middle Nam	ne				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation	L	1	1		<u></u>	<u> </u>
4. TOTALS (Total from Outstanding Release. (End of Boring) or	nlespon marca	oloo ba ab				Inn a
(Total from Outstanding Balance - (End of Period) or in item 23b. on summary page.)	ourrin must	also be shown				172.5%

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