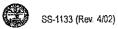
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

| | 0111310 001101000 | C COMMITTEE CO | • |
|---|--|--|--|
| 1. DATE OF REPORT 4-25-2022 | 2.a. NAME OF CANDIDATE | | Miller |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE | | 3. ELECT | OLL 3 JUZZ |
| 4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route | Ct. HOWA | State Zip Code | 1613-768-149 [h 27175 |
| 4.b. CANDIDATE'S HOME ADDRESS (if differer Street or Rural Route | nt than 4.a.) City | State Zip Code | Phone |
| 5. OFFICE SOUGHT (include district number, | ~ ~ ~ // | ME OF POLITICAL TREASURI | ER (may be candidate) |
| 7. CATEGORY OR REPORT (Check one) | | Y GENERAL SUPP DING DATE OF REPORTING PER | |
| 9. (Check one) | / / / / | ori 20, 20 | 27 |
| a. This campaign is exempt from detain tures total \$1,000 or less for this reput to file and and/or expenditures total more than | oorting period. (Complete items etalled financial disclosure because | 12d., 12e. and 12f.) ause contributions (including in- | d total \$1,000 or less AND expendi- kind) received total more than \$1,000 |
| 10. I/we do solemnly swear or affirm that the accurate accounting of campaign contribut Financial Disclosure Act. Additionally, I/w benefit of the candidate or for any other not | tions and expenditures required e swear or affirm that no campa onpolitical purpose as defined b | to be reported by the candidating contributions have been ex | e committee by the Campaign pended for the personal financial |
| Christinic S. 4Mill signature of candidate | date date | signature of political t | reasurer date |
| 11. WITNESS SIGNATURE | | | |
| Brand July signature of witness | <u>4-75-22</u> | Hully Jon signature of with | <u>ℓ)</u> |
| 12. SUMMARY | | | |
| a. BALANCE ON HAND LAST REPORT | ••••• | s <u>1 y</u> | 93.39 |
| b. TOTAL RECEIPTS THIS PERIOD | | \$ | 93.39 |
| c. TOTAL DISBURSEMENTS THIS PERIOD |) | <u> 14</u> 2 | 40-8Le |
| d. BALANCE ON HAND (12.a. plus 12.b. | minus 12.c.) | | s <u>UU3.53</u> |
| d. BALANCE ON HAND (12.a. plus 12.b. | PH PR | | \$ 1500.00 |
| f. TOTAL OBLIGATIONS OUTSTANDING | AM | DIA | |

SUMMARY PAGE - CANDIDATE

| 13. NAME OF CANDIDATE OR COMMITTEE (in Full)* | 14. REPORT COVERING THE PERIOD FROM: U-(-)-> TO: U-13-2> |
|---|--|
| Chastina Smith Miller | 7187 100 |
| 15. CONTRIBUTIONS (other than loans and interest) | _ |
| a. Unitemized Contributions (\$100 or less from each source this period) | \$ 300.00 |
| b. Itemized Contributions (over \$100 from each source this period) | \$ 501.00 |
| c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) | \$ <u>801.00</u> |
| 16. LOANS RECEIVED THIS REPORTING PERIOD | 4 1 |
| 17. INTEREST RECEIVED THIS REPORTING PERIOD | \$ <u>U</u> |
| 18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) | \$ <u>801-00</u> |
| DISBURSEMENTS | |
| 19. EXPENDITURES (other than loan payments) | |
| a. Expenditures (\$100 or less each payee this period) (must be listed by category - ϵ | .g., printing, postage, gasoline) |
| Fuel \$ 58.3 | |
| \$ | |
| <u> </u> | <u></u> |
| \$ | |
| \$ | |
| \$ | |
| \$ | |
| \$ | |
| \$ | |
| | — 68 2 0 |
| Total of Expenditures (\$100 or less each payee) | \$ <u>20.28</u> |
| b. Itemized Expenditures (Over \$100 each payee this period) | \$ 1372.48 |
| c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) | \$ 1430.80 |
| 20. LOAN REPAYMENTS MADE THIS PERIOD | \$ <u>Ø</u> |
| 21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) | <u>\$ 1430.80</u> |
| 22.1N-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 | m 12.f.)\$ |



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMITTEE | 1 | 001101 | | 2. REPORT COVER | |
|---|---------------------------------------|---|----------------------------|--|-------------------------|
| Christina Smit | n | <u>Miller</u> | | FROMU-1-7- | |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT | IONS FRO | E (enter \$0 if first itemized p | age) | Amount | |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EA | 100 from any contributor | | | | |
| First Name | Middle Nam | e | Contribution Received For: | | Amount of Contribution |
| Last Name/Organization Name | | | Primary Election | General Election | 250.00 |
| 150 new Hope | RC | . K | Runoff (Local Election | | |
| Henderonville | th | 39075 | Date of Contribution | Aggregate This Election | |
| Detired | | | 4481202 | -8 | |
| Employer | • | | | | |
| FirmName | Middle Nan | , <u>) </u> | Contribution Received For | | Amount of Contribution |
| Am anda Last Name/Organization Name | <u> </u> | | Primary Election C | General Election | 150-00 |
| Adjust 31 Happy Hol | 1/2 0 | Rd | Runoff (Local Election | os Only) | |
| Therdersonvice | State | 3900 | Date of Contribution | | Aggregate This Election |
| Occupation Account tent | 1170 | 19 60 65 | 41111202 | a | |
| I Embloyer A | <u></u> | | | | |
| Seif employe | ن | | | | |
| First Name Vn CVVVV | Middle Nam | e | Contribution Received For: | | Amount of Contribution |
| Cast Name/Organization Name Di LON | <u> </u> | | Primary Election [| General Election | 101-00 |
| Address | Plac | L. | Runoff (Local Election | s Only) | |
| Thenchersonale | Ship Th | 37073 | Date of Contribution | | Aggregate This Election |
| Betired | · · · · · · · · · · · · · · · · · · · | | 41211202 | ~0` | |
| Employer | | | | | |
| First Name | Middle Nam | e | Contribution Received For: | | Amount of Contribution |
| Last Name/Organization Name | L | | Primary Election | General Election | |
| Address | · · · · · · · · · · · · · · · · · · · | | Runoff (Local Election | is Only) | |
| City | State | Zip Code | Date of Contribution | ······································ | Aggregate This Election |
| Occupation | <u> </u> | <u> </u> | | | |
| Employer | | | | | |
| | | | | | |
| TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3, of next page if additional pages of additi | of this form ar | e used.) | - | | 501-00 |

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

| Christyph Smith | m | | 2. REPORT COVERI | NG THE PERIOD TO: $\mathbf{U} - \boldsymbol{\lambda} \cdot \boldsymbol{\lambda} - \boldsymbol{\lambda} \cdot \boldsymbol{\lambda}$ Amount | |
|--|------------------------|------------------|---------------------------------|---|-----------------------|
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDITU | RES FROI | M PRECEDING PAGE | (enter \$0 if first itemized pa | ge) | Amount O |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EA | | | | | od) |
| First Name | Middle Nam | ne | Purpose of Expenditure | | Amount of Expenditure |
| Last Name/Business Name Allegra Market | ing | | mailer | | 1028.34 |
| Address 1 57th Ave Sur |) | | į | | |
| mashulu | th | 37212 | | | |
| First Name | Middle Nan | ne | Purpose of Expenditure | | Amount of Expenditure |
| Last Name/Business Name Mr- Sign Macon | | | signs | ļ | 344.14 |
| Address Commerce DI | Τ. | | | | |
| Hendersonville | State | 37075 | | No. | |
| First Name | Middle Nar | ne | Purpose of Expenditure | | Amount of Expenditure |
| Last Name/Business Name | <u> </u> | | 1 | | |
| Address | | | 1 | | |
| City | State | Zip Code | | | |
| First Name | Middle Nan | ne | Purpose of Expenditure | | Amount of Expenditure |
| Last Name/Business Name | | | | | |
| Address | | | † | | |
| City | State | Zip Code | - | | |
| First Name | Middle Nar | пе | Purpose of Expenditure | | Amount of Expenditure |
| Last Name/Business Name | | | | | |
| Address | | | · · | | |
| City | State | Zip Code | | | |
| First Name | First Name Middle Name | | | | Amount of Expenditure |
| Last Name/Business Name | | | | | - Laboratoria |
| Address | | | | | |
| City | State | Zip Code | | | |
| TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional page (If this is the last page of expenditures, this amount must | | | | | 1372.48 |

ITEMIZED STATEMENT OF LOANS - CANDIDATE

| 1. NAME OF CANDIDATE OR COL | MMITTEE | 1 | 20 | 11.00 | , . | | | REPORT CO | | G THE PERIOD O: |
|---|------------------|---------------|---------|-----------------------------|-----------------------------|-------------------|----------------|------------------|-------------|--------------------------|
| 1. NAME OF CANDIDATE OR COIL | 41 WK | nr | r i | 1101 | , <u>,</u> | | 14 | -1-20 | <u>+ اِ</u> | 1-23-22 |
| 3. COMPLETE THE APPROPRIAT | E ITEMS F | OR EACH IT | EMIZ | ED LOAN (lo | oans totaling n | nore than \$100 f | rom any source | during the perio | od) | |
| Complete the Following for the Source | of the Loan | | | Outstanding Lo | on Polance | Loans | | oan | Outstar | iding Loan Balance |
| First Name | Middle Naith | 5 | | (Beginning o | | Received | | ments | | ind of Period) |
| Last Name/Organization Name | • | | | | | <u> </u> | | | | |
| Address | | | | Loan Receive | | _ | | Date of Loan | 1 | |
| City | State | Zip Code | | | | General E | Election | | | |
| | ist All Endon | sers or Guara | ntors f | or Above Loar | Local Elections | | nlease attach | a page) | | |
| First Name | - 13t All Citoon | Middle Name | 110131 | or Above Loui | First Name | 300 10 1100000 | piodos dadoi | i a pago, | Middle N | erne |
| Last Name/Organization Name | | <u></u> | | | Last Name/O | rganization Nam | ie | | L | |
| Address | | | | | Address | | | · · · · · · · | • | |
| Address | | • | | | Audicas | | | | | |
| City | | State | Zip C | Code | City | | | | State | Zip Code |
| Amount Guaranteed Outstanding | | | | | Amount Guar | anteed Outstand | ling | | | |
| First Name | | Middle Name | | | First Name Middle Name | | | | ame | |
| Last Name/Organization Name | | | | | Last Name/Organization Name | | | | | |
| | | · · · - · · · | | | Address | | | | | |
| Address | | | | | | | | | | |
| City | | State | Zip (| Code | City | | | | State | Zip Code |
| Amount Guaranteed Outstanding | | | | | Amount Guar | anteed Outstand | ding | | | |
| First Name | | Middle Name | ! | | First Name | | | | Middle | Name |
| Last Name/Organization Name | | 1 | | | Last Name/Organization Name | | | | | |
| Address | | | | | Address | | | | | |
| Ot. | | State | Zip (| Sada . | City | | | | State | Zip Code |
| City | | 3(8)8 | <u></u> | | | | | | Ointe | Zip Gode |
| Amount Guaranteed Outstanding | | | | | Amount Guar | ranteed Outstand | ding | | | |
| First Name | | Middle Name |) | | First Name | | | | Middle I | Name |
| Last Name/Organization Name | | | | Last Name/Organization Name | | | | | | |
| Address | | | | Address | | | | | | |
| City | | State | Zip (| Code | City | | | | State | Zip Code |
| Amount Guaranteed Outstanding | | | 1 | | Amount Gua | ranleed Outstan | ding | | .l | |
| 4. Totals for all Loans (complete on | last page of | fitemized loa | ıns) | | Outstanding | Loan Balance | Loans | Loa | an | Outstanding Loan Balance |
| (Total loans received should also be shown (Total loan payments should also be shown | ı in item 16. on | summary page. | .) | | | g of Period) | Received | | | (End of Period) |
| (Total outstanding loan balance should also | | | | | | <u>ر</u> | | _ of | <u> </u> | <u> </u> |
| SS-1132 (Rev. 4/02) | | | | | | F | Page | _ 01 1 | | RDA 1159 |

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMITTEE | 2. REPORT COVERING THE PERIOD FROM: 4-1-77 TO: U-73-77 | | | | | |
|--|--|---------------------------|----------------------|--|----------|----------|
| COMPLETE THE APPROPRIATE ITEMS F OBLIGATION (obligations totaling more than person/vendor at the end of the reporting person.) | Outstanding Balance (Beginning of Period) | Debt Incurred This Period | Payments This Period | Outstanding Balance (End of Period) | | |
| First Name | Middle Nan | ne | | | | |
| Last Name/Business Name | k | | | | : | |
| Address | <u> </u> | | | | | |
| City | State | Zip Code | | | | |
| Description of Obligation | | | | <u> </u> | | |
| First Name | Middle Nan | ne | 1 | | | |
| Last Name/Business Name | 1 | | | | | |
| Address | ······· | | | | | |
| City | State | Zip Code | | | | |
| Description of Obligation | <u> </u> | F | | <u>!</u> | <u> </u> | <u> </u> |
| First Name | Middle Nat | ne | | 1 | | |
| Last Name/Business Name | Last Name/Business Name | | | | į | |
| Address | | | | | | |
| City | State | Zip Code | - | | | |
| Description of Obligation | <u> </u> | | | <u>.</u> | | 1 |
| Elent hipmo | Middle Nev | | | T | ···· | 1 |
| First Name | Middle Nar | ne | | | | |
| Last Name/Business Name | | | | | | |
| Address | | | | | | |
| City | State | Zip Code | | | | |
| Description of Obligation | | _ | | | ** | · |
| First Name | Middle Nar | πė | | | | , |
| Last Name/Business Name | l | | | | | |
| Address | | | | | | |
| City | State | Zip Code | _ | | 1 | |
| Description of Obligation | 1 | I | 1 | <u> </u> | | <u> </u> |
| 4. TOTALS | | <u> </u> | | <u> </u> | | |
| (Total from Outstanding Balance - (End of Period) of In item 23b. on summary page.) | column mus | t also be shown | | | | |

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

| I. NAME OF CANDIDATE C | R COMMITTEE | | 2, | | RING THE PERIOD | | | |
|--|--|---|--|-------------------------------------|-------------------------------|--|--|--|
| | | | | FROM: | TO: | | | |
| | | NA BREAFFING | DAGE (| <u> </u> | Amount | | | |
| | | | PAGE (enter \$0 if first itemized page | | | | | |
| . COMPLETE THE APPROPRIAT | E ITEMS FOR EACH ITE | MIZED IN-KIND CO | NTRIBUTION (in-kind contributions totaling r | | | | | |
| First Name | / liddle | Name | In-Kind Contribution Receive | | Value of In-Kind Contribution | | | |
| ast Name/Organization Name | | | Runoff (Local Election | s 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 Receiv | | Value of In-Kind Contribution | | | |
| Last Name/Organization Name | | · | | General Election | | | | |
| A.J | | | Runoff (Local Election | ns Only) | Aggregate this Election | | | |
| Address | | | | ·· | | | | |
| City | City State Zip Code | | | Description of In-Kind Contribution | | | | |
| Occupation | Employer | | | | | | | |
| First Name | Aiddle | Name | In-Kind Contribution Receive | | Value of In-Kind Contribution | | | |
| Last Name/Organization Name | 1 | , • · • · · | | 7 5 - | | | | |
| Address | | | Runoff (Local Election Date of In-Kind Contribution | ins Uniy) | Aggregate this Election | | | |
| Address | ··· | | | | 33 - 3 | | | |
| City | State | Zip Code | Description of In-Kind Contribution | 1 | | | | |
| Occupation | Employer | | | | | | | |
| First Name | Middi | e Name | In-Kind Contribution Recei | | Value of In-Kind Contribution | | | |
| Last Name/Organization Name | | | Primary Election | | | | | |
| Address | | | Runoff (Local Election Date of In-Kind Contribution | ons Uniy) | Aggregate this Election | | | |
| Acuress | | | | | 7.533-10 | | | |
| City | State | Zip Code | Description of In-Kind Contribution | n | | | | |
| Occupation | Employer | | | | | | | |
| First Name | Midd | e Name | In-Kind Contribution Reco | | Value of In-Kind Contributio | | | |
| Last Name/Organization Name | I | | Primary Election Runoff (Local Election | | | | | |
| Address | | | Date of In-Kind Contribution | | Aggregate this Election | | | |
| City | State | Zip Code | Description of In-Kind Contribution | n | | | | |
| Occupation | Employer | L | | | | | | |
| | | | | | | | | |
| 5. TOTAL ITEMIZED IN-KIN | | | | | | | | |
| (Carry forward to item 3, of next p (if this is the last page of in-kind of | page if additional pages of this contributions, this amount mus | torm are used.) It be shown in item 22b. | of summary.) | . | | | | |
| SS-1128 (Rev. 2/06) | | | | age T of | RDA 1159 | | | |