CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAME OF CAND	IDATE OR COMMITTEE			
4/23/22	Chas	se Moore	<u> </u>		
2.b. IF COMMITTEE, NAME OF CANDIDATE	·	·	3. ELECTION DATE		
			5/3/2	2.7	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	State	Zip Code	Phone	
805 Famina Ct	Gallatin	$\mathcal{T}\mathcal{N}$	37066	615-584-	2932
4.b. CANDIDATE'S HOME ADDRESS (if differer Street or Rural Route	t than 4.a.)	State	75 C-1-		
Street of Rutal Route	City	State	Zip Code	Phone	
5. OFFICE SOUGHT (include district number,	f applicable) 6.	NAME OF POLITICAL	TREASURER (may be	candidate)	
County Commissioner	-District 13	C	hase Ma	ore	
7. CATEGORY OR REPORT (Check one)	· · · · · · · · · · · · · · · · · · ·			<u> </u>	
FIRST SECOND THIRD	FOURTH	RE PRE	∐. M!D-YEAR	YEAR-END	
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD		RIMARY GENERAL b, ENDING DATE OF REPO	SUPPLEMENTAL DRTING PERIOD	SUPPLEMENTAL	
4/1/22		4/2	3/22		
9. (Check one)					
a. This campaign is exempt from detail				00 or less AND expendi-	
tures total \$1,000 or less for this rep	orting period. (Complete	items 12d., 12e. and 12f	.)		
b. This campaign is required to file a de and/or expenditures total more than	etailed financial disclosur	e because contributions (including in-kind) receive	ed total more than \$1,000	
and/or expenditures total more than	\$1,000 for this reporting	репов.			
10. I/we do solemnly swear or affirm that the i	nformation contained in	this campaign financial di	isclosure report is true a	and that this report is an	
accurate accounting of campaign contribut	ons and expenditures re	quired to be reported by t	he candidate committee	by the Campaign	
Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other no				пе регѕолаї плапсіаї	
06.	11/2-1	01	7. 4.		
signature of candidate	9/23/22	Chare	of political transurer	<u> 9/23/2</u> -	2
signature of candidate	date	signature	or political treasurer	date	
11. WITNESS SIGNATURE				· · · · · · · · · · · · · · · · · · ·	1
y'0 m00.	1.1	170.	n ()		
anolloy 1410cm	4/23/22	John !	lel-	_ 4/29/20	,
signaturé df witness	daté	/ C Agni	ature of witness	date	
12. SUMMARY					1
			. 1365.1	7	
a. BALANCE ON HAND LAST REPORT			\$	•	
a. BALANCE ON HAND LAST REPORT b. TOTAL RECEIPTS THIS PERIOD			\$ <u>750</u>		
c. TOTAL DISBURSEMENTS THIS PERIOD			1585.4	12	
C. TOTAL DISDONGLINE INTO THIS PERIOD	***************************************		\$ -112-22-1	C24 7 C	
d. BALANCE ON HAND (12.a. plus 12.b.	minus 12.c.)		9	<u> </u>	
TOTAL LOANS OUTSTANDING				500	1
e. TOTAL LOANS OUTSTANDING	AM FILED	PM	\$		
f. TOTAL OBLIGATIONS OUTSTANDING.					
	APR 2 5	2022			

SUMMARY PAGE - CANDIDATE

3. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD FROM: 4/1/22 TO: 4/23/2:
Chase Moore	FROM 4/1/27 10. 4/23/3.
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <i>O</i>
b. Itemized Contributions (over \$100 from each source this period)	\$ 7 <i>50</i>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>750</u>
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.)	
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)
Printing \$ 74	<u>.</u>
\$	
<u> </u>	
<u> </u>	<u></u>
\$	
\$	
\$	
	· ·
Total of Expenditures (\$100 or less each payee)	
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 1,5/0.91
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	s <u>1,585.</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u> </u>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>1,585.</u>
22.IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$0
b. Itemized in-kind contributions (over \$100 from each source this period)	s 121.03
TOTAL IN KIND CONTRIBUTIONS DESCRIVED THIS DEPLOT (add 22 a, and 2	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 2	
23. OBLIGATIONS	
23. OBLIGATIONS	
23. OBLIGATIONS	\$

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2	REPORT COVERIN	IG THE PERIOD		
Chase N	100r	<u> </u>		FROM: 4/1/22	10: 4/23/22		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTI	ONS FRO	M PRECEDING PAG	E (enter \$0 if first itemized p	age)	Amount \mathcal{B} \mathcal{O}		
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	CH ITEMIZ	ED CONTRIBUTION (co	ontributions totaling more than S	100 from any contributor)			
First Name Leslie	liddle Name	9	Contribution Received For		Amount of Contribution		
Last Name/Organization Name		*	Primary Election	General Election	# 750		
Address 1558 Brinkley	Bran	ch Rd.	Runoff (Local Election	ns Only)			
City Hendersonville	1558 Brinkley Branch Rd. endersonville TN 37075 Business Owner Cross Driven Construction				Aggregate This Election		
Occupation Business Owner			4/14/22	2_	# 750		
Employer O- '		uctio-			'		
First Name	Middle Nan	1e	Contribution Received F	or:	Amount of Contribution		
Last Name/Organization Name	<u> </u>		Primary Election	General Election			
Address			Runoff (Local Election	ns Only)			
City					Aggregate This Election		
Occupation	<u> </u>		1				
Employer		· · · · · · · · · · · · · · · · · · ·					
		<i></i>					
First Name	Middle Nan	nė	Contribution Received	_	Amount of Contribution		
Tast Name/Organization Name			Primary Election	General Election			
Address			Runoff (Local Election	ons Only)			
City	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation							
Employer							
First Name	Middle Nar	ne	Contribution Received Fo	or:	Amount of Contribution		
Last Name/Organization Name	1		Primary Election	General Election	:		
Address		Runoff (Local Electi	ons 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 page (If this is the last page of contributions, this amount must	s of this form at be shown in	are used.) n item 15b, of summary.)			A 750		

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO	Moore Moore		2 REPORT COVER	TO: $U/23/27$				
			11122	Amount				
3. TOTAL ITEMIZED IN-KIND CON		· · · · · · · · · · · · · · · · · · ·		9 0				
4. COMPLETE THE APPROPRIATE ITE	MS FOR EACH ITEMIZE	D IN-KIND CONTRIBL	JTION (in-kind contributions totaling more than \$100 from any co	ontributor during the period)				
First Name	Aiddle Name	•	In-Kind Contribution Received For: Value of In-Kind Contri ✓ Primary Election ☐ General Election					
Last Name/Organization Name	a ne		Runoff (Local Elections Only)	\$ 88.56				
Addrone		1_	Date of In-Kind Contribution 4/5/22	Aggregate this Election				
City (//)	State		Description of In-Kind Contribution	# 80.76				
Occupation Occupation	Employer TV	Zip Code 37066	Fence posts for l	arse signs				
Retired	Retired	1	1 CNO 10502 0	7 9				
First Name 5m	Aiddle Nam	e	In-Kind Contribution Received For: Primary Election	Value of In-Kind Contribution				
Last Name/Organization Name	oore		Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	\$ 7.17				
Address 454 Fannis			Date of In-Kind Contribution 4/5/22	Aggregate this Election 7 3				
city Coallann	State	Zip Code	Description of In-Kind Contribution					
Occupation Occupation	Employer	37066	Cable ties for l	arse signs				
Retired	Retired		Control years) J-12				
First Name Tim	Aiddle Nam	le	In-Kind Contribution Received For: Primary Election General Election	Value of In-Kind Contribution				
Last Name/Organization Name	pore		Runoff (Local Elections Only)	\$ 25.30				
Addrona	's Circle	,,, <u>ų - 0 m</u>	Date of In-Kind Contribution 4/15/22	Aggregate this Election				
City Coallaton	State	Zip Code 37066	Description of In-Kind Contribution					
Occupation	Employer	1	Fence posts for	large signs				
Retired	Redrea	1						
First Name	Middle Nan	ne	In-Kind Contribution Received For: Primary Election General Election	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 Nam	e	In-Kind Contribution Received For: Value of In-Kind Cont Primary Election General 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	F	1					
E TOTAL ITEMIZED IN IZIND CO	MITDIDITIONS							
5. TOTAL ITEMIZED IN-KIND CO (Carry forward to item 3. of next page if a (If this is the last page of in-kind contribu	additional pages of this form a		any l	\$ 121.03				
SS-1128 (Rev. 2/06)	mercel and missouri throat pe at	II MOIT LED. OF OUTBIE	Page 4 of 7	RDA 1159				

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	Moore	<u>. </u>		2. REPORT COVERI	NG THE PERIOD TO: 4/23/22
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	(enter \$0 if first itemized pa	age)	Amount/		
4. COMPLETE THE APPROPRIATE ITEMS FOR EA					
First Name	Middle Nam	е	Purpose of Expenditure	•	Amount of Expenditure
Last Name/Business Name Fox Printing & Address		Mailer	#1	# 357.91	
City Hermitage	State TV	Zip Code 37076			
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Fox Printing > Address 93) Old Lebanor City	rt Rd Zip Code	Mailer :	#2	B 534.28	
Hermitage	TN	37076			
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Fox Printing > / Address 931 Old Lebano	ing int Rd Zip Code	Mailer 3	43	\$ 616.72	
Hermitage	State TN	37076			
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle Nan	ie	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	<u>.</u>		- -		
Address			·		
City	State	Zip Code	-		į
First Name	Middle Nan	ne	Purpose of Expenditure	• •	Amount of Expenditure
Last Name/Business Name		4			
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 mu					\$ 1,510.91

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR	COMMITTEE							2. REF	PORT C			IE PERIOD
Chi	use 1	Moor	ح					FROM:	/20	<u> </u>	ro: Y/	23/22
3. COMPLETE THE APPROP	RIATE ITEMS F	OR EACH I	rÉMIZ	ZED LOAN (I	oans totaling r	nore than \$100	from any so	ource durin	ng the per	iod)		
Complete the Following for the So												
First Name	Middle Nam	e		Outstanding Le (Beginning o		Loans Receive	d	Loan Paymen	ts			oan Balance Period)
Last Name/Organization Name Moore				1	00	9 0	· j	A C	9	¥	5	00
Addrone	ning (<u></u>		Loan Receive		☐ General	Election	1	ate of Loa		1_	
City Coallatin	Otale TW	Zip Code 3706	.6	V \	Local Elections	s Only)			2	118	/2	-2
	List All Endor			for Above Loai	, ,	ace is needed	d piease at	ttach a p	age)			·
First Name		Middle Name	}		First Name					Middle N	lame	
Last Name/Organization Name		.1			Last Name/O	rganization Nar	ne					
Address					Address							
City		State	Zip C	Code	City					State		Zip Code
Amount Guaranteed Outstanding					Amount Guar	ranteed Outstan	nding					
First Name		Middle Name	В		First Name Middle Name							
Last Name/Organization Name					Last Name/C	Organization Na	me			•		
Address					Address							
City		State	Zip (Code	City					State		Zip Code
Amount Guaranteed Outstanding					Amount Gua	ranteed Outstar	nding					
First Name		Middle Nam	.e		First Name					Middle	Name	
Last Name/Organization Name		<u></u>			Last Name/0	Organization Na	me					
Address					Address			•••				
City		State	Zip (Code	Cily				•	State		Zip Code
Amount Guaranteed Outstanding					Amount Gua	ranteed Outsta	nding					
First Name		Middle Nam	ie		First Name Middle Name							
Last Name/Organization Name					Last Name/0	Organization Na	me ·					
Address		•			Address							
City		State	Zip	Code	City	·		~ <u></u>		State		Zip Code
Amount Guaranteed Outstanding					Amount Gua	aranteed Outsta	nding			·		
4. Totals for all Loans (comple (Total loans received should also be	shown in item 16. or	n summary page	e.)			Loan Balance ng of Period)	Loai Rece			an ments		tanding Loan Balance (End of Period)
(Total loan payments should also be (Total outstanding loan balance shoul	shown in item 20. or ld also be shown in ite	summary page em 12.e. on fron	e.) it page.)	i	# 5	00	JA (7	Ħ	0	Ħ	500

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD FROM: 4/1/22 TO: 4/23/22					
3. COMPLETE THE APPROPRIATE ITEMS F	ITEMIZED	Outstanding Balance	FROM: 4/1/2 Debt Incurred	2 TO: 4 Payments	0utstanding Balance	
OBLIGATION (obligations totaling more than \$100 owed to any			(Beginning of Period)	This Period	This Period	(End of Period)
person/vendor at the end of the reporting pe	person/vendor at the end of the reporting period)					:
First Name	Middle Nan	ne				
Last Name/Business Name	L		1		·	
Address			_			
	<u></u>]			
City	State	Zip Code				
Description of Obligation	<u> </u>	L	<u></u>	L		
First Name	Middle Nar	ne	 			
THE PERIOD	Wilder					
Last Name/Business Name]	/		
Address			1			
City	State	Zip Code				
	1			 /		
Description of Obligation						
First Name	Middle Na	ne				
	Wildelic Ha					
Last Name/Business Name						
Address						
City	State	Zip Code	-			
·		L	<i>X</i>		<u> </u>	
Description of Obligation						
First Name	Middle Na	ne /				
Last Name (Speciases Name						
Last Name/Business Name						
Address	/					
City	State	Zip Code	-			
Description of Obligation	/_		<u> </u>			
/ Constitution of Constitution	/					
First Name	Middle Na	пе				
Last Name/Business Name	<u> </u>					
Address						
City	State	Zip Code				
Description of Obligation	J	1			L	
4. TOTALS (Total from Outstanding Balance - (End of Period) (Aluma mue	t also he chown	ad o		4 0	# A)
in Item 23b. on summary page.)			\$ 0	# 0	# 0	# ()