## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

# For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT , 2.a. NAME	OF CANDIDATE OF	COMMITTEE ,		
4/7/22 Jir	nmV	Overto	20	
2.b. IF COMMITTEE, NAME OF CANDIDATE	- 7	<del></del>	3. ELECTION DATE	120
			)/3/	da
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City		State	Zip Code	Phone
901 Lakuren (t. Gall	latin	TN	370do	(d5-60+179)
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City		State	Zip Code	Phone
OFFICE SOUGHT (include district number, if applicable)	6. NAME	OF POLITICAL	TREASURER (may be	candidate)
County Commissioner Dist	9 Te	resa	Overtor	1
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD FOURT QUARTER QUARTER QUARTER QUART		PRE- GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
8.a. BEGINNING PATE OF REPORTING PERIOD	8.b. ENDIN	3/31/	DRTING PERIOD	
9. (Check one)				
<ul> <li>a.  This campaign is exempt from detailed disclosure tures total \$1,000 or less for this reporting period.</li> </ul>	because contributio (Complete items 12	ns (including in-k 2d., 12e. and 12f.	ind) received total \$1,0 )	00 or less AND expendi-
b. This campaign is required to file a detailed financial and/or expenditures total more than \$1,000 for this	al disclosure becaus s reporting period.	se contributions (i	ncluding in-kind) receiv	ved total more than \$1,000
I/we do solemnly swear or affirm that the information co accurate accounting of campaign contributions and expe Financial Disclosure Act. Additionally, I/we swear or affir benefit of the candidate or for any other nonpolitical purpling date.    Control   Contro	enditures required to rm that no campaig	n contributions hat he federal internal	ne candidate committe ive been expended for	e by the Campaign
11. WITNESS SIGNATURE				
signature of witness 4-7-			ature of witness	4 7 22 date
12. SUMMARY			$\wedge$	
a. BALANCE ON HAND LAST REPORT			s <u>1100000</u>	ō
b. TOTAL RECEIPTS THIS PERIOD		·····	s 4400°	_ -
c. TOTAL DISBURSEMENTS THIS PERIOD			s 4863.	<u> </u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		PM		s <u>06.11</u>
e. TOTAL LOANS OUTSTANDING	AM APR: 0.7	• • • • • • • • • • • • • • • • • • • •		\$
f. TOTAL OBLIGATIONS OUTSTANDING		JNTY		\$



### SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVE	PING THE DEDICE
Jimmy Overton	FROM/16/22	10. 3/31/22
RECEIPTS / 15. CONTRIBUTIONS (other than loans and interest)		701/00
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 900.00	
b. Itemized Contributions (over \$100 from each source this period)	\$ 4000,00	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)		s 4900°
16. LOANS RECEIVED THIS REPORTING PERIOD		s <u>O</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD		\$ O
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		s 4900°
DISBURSEMENTS	· · · · · · · · · · · · · · · · · · ·	
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.  Printing	2 0 0 0 - - - - - -	asoline)
b. Itemized Expenditures (Over \$100 each payee this period)		
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		486389
20. LOAN REPAYMENTS MADE THIS PERIOD		
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		1.6.4.00 -00
22.IN-KIND CONTRIBUTIONS		
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <i>O</i> _	
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)	s	
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 1	l2.f.)\$	$\mathcal{O}$

SS-1133 (Rev. 4/02)

Page \_\_\_\_\_ of \_\_\_\_

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

NAME OF CANDIDATE OR COMMITTEE	2 REPORT COVERIN	
1. NAME OF CANDIDATE OR COMMITTEE	FROM: 1-46-22	TO:3-51-22
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE	E (enter \$0 if first itemized page)	Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (∞	ntributions totaling more than \$100 from any contributor)	
First Name Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name	Primary Election General Election	\$50000
Address 236 Wood lake Dr.	Runoff (Local Elections Only)	Aggregate This Election
Salatin IN 31064	Date of Contribution	Aggregate This Election
Occupation Ketived	3/1/22	
Employer		
First Name Conu + Annada Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name	Primary Election General Election	\$1000°00
Address 1301 Rozella Way	Runoff (Local Elections Only)	
Callatin TN 3704	Date of Contribution	Aggregate This Election
Occupation President CEO	3/1/22	
Employa Volunteer State Book	911/22	
First Name TVACU	Contribution Received For:	Amount of Contribution
Last Name/Organization Name	Primary Election General Election	#2000
Address 622 Neals Lone	Runoff (Local Elections Only)	1,000.
Gallatin W 370dc	Date of Contribution	Aggregate This Election
Occupation	3/1/22	
Retired	•	
First Name Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name	Primary Election General Election	#25000
Address 652 Northridge	Runoff (Local Elections Only)	Aggregate This Classics
City Gallalin +11 3706	Date of Contribution  3/1/22	Aggregate This Election
Occupation Ped anesth	0/1/20	
Self-employed		
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.)		\$2050°

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

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVER	ING THE PERIOD
Jimmy Overton FROM 176-22			10:3-31-22
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE	Amount 205000		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (c	<del></del>	<u> </u>	
First Name Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		General Election	\$50000
Address 325 West Main St	Runoff (Local Elections	Only)	
City Gallatin TN 370100	Date of Contribution		Aggregate This Election
Occupation Realtor	3/2/202	22	
Cak Tree Properties			
First Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name	Primary Election 🛚	General Election	150,200
Address 1294 LOCK 4 Rd.	Runoff (Local Elections	Only)	MOLCU.
City Gallatin State V 37046	Date of Contribution		Aggregate This Election
Occupation Truck Priver	3/20/2	22	
Employer	, ,		
First Name Middle Name	Contribution Received For:	3	Amount of Contribution
Last Name/Organization Name	Primary Election	General Election	\$75000
Address P.O. BOX 194	Runoff (Local Elections	Only)	*a,00.
Gallatin State Zip Code 3700 db	Date of Contribution		Aggregate This Election
Occupation	3/17/2.	2	
Employer	$\bigcirc                                      $	<b>~</b>	
First Mane Middle Name	Contribution Received For:		Amount of Contribution
Last Namero ganization Name UUCHEU	Primary Election	General Election	\$5000
Address 825 So. Browns Lanc #762	Runoff (Local Elections	Only)	
Gallatin TW 39066	Date of Contribution		Aggregate This Election
Occupation Retired	2/23/2	2	
Employer			
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.)			\$3500°

SS-1131(Rev. :

Page <u>2</u> of <u>3</u>

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

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVER FROM: 1-16-22	ING THE PERIOD  TO: 3-31-22	
7	NA PRECEDING DAG	" (antor CO if first itemized a		Amount	
TOTAL ITEMIZED CAMPAIGN CONTRIBUT     COMPLETE THE APPROPRIATE ITEMS FOR EACH		<u> </u>		) CELL	
First Name Cathy Me	Middle Name		Contribution Received For:	·	Amount of Contribution
Last Name/Organization Name		10	Primary Election	General Election	\$5000
Address 10/2 10/04	<u> </u>	Ke 1200la	Runoff (Local Election	ns Only)	4000
City Gall 12.0	<u>5</u> (	Zip Code	Date of Contribution		Aggregate This Election
Occupation Validad	11/	37044	# 70	$\sim$	
restived			2.28	-26	
Employer					
First Name	Middle Nam	ne	Contribution Received For:		Amount of Contribution
Last Name/Organization Name	<u> </u>		Primary Election	General Election	·
Address			Runoff (Local Election	ns Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation	<u></u>				
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	Occupation				
Employer					
	Leggar- et-		Contribution Resolved Form		Amount of Contribution
First Name	Middle Name		Contribution Received For:	<b>7</b>	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			1		
5. TOTAL ITEMIZED CONTRIBUTIONS					#// 100
(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.)					#4000°.

#### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE C	Verton		2. REPORT COVER FROM: 1-16-27	NG THE PERIOD TO: 3-51-22
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	Amount O			
4. COMPLETE THE APPROPRIATE ITEMS FOR EA				od)
First Name	Middle Name	Purpose of Expenditure	•	Amount of Expenditure
Last Name/Busingss Jame	lbox	Postage	,	\$1,28500
Address 242 West 1	Mun S		,	1,00
aty Hendersonville	W 37075			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name  Address  Address  Address	st Man	Printin	9	\$69630
Gallatin -	TW 37066		<i></i>	
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Busings/Name Address 203 West	main	Printin	9	# <sub>532,92</sub>
Gallatin	11 37066		<u> </u>	
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Olynosom	the Cheap	Printin	9	201108
City	State Zip Code	Sign	,	1,14,
		J		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Tysings Name Concts	on the Cheap	Printin	<b>A</b>	#
Address			, ל	PP ///DO
City	Stale Zip Code	Car Ma	gnets	
First Name	Middle Name	Purpose of Expenditure	for	Amount of Expenditure
ast Name/Businaae Namine Venue  uddress 1002 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Fundraiser		#18000
City Gallatin	TN 3066			
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	s of this form are used.)	<u> </u>		\$3579.30
(i. arte is any least bage at purportation and arte entrount the				

## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE	erto	$\cap$		2. REPORT COVE	RING THE PERIOD TO: 3-31-2 >
3. TOTAL ITEMIZED CAMPAIGN EXPENDI	TURES FRO	OM PRECEDING PAC	GE (enter \$0 if first itemized page	age)	Amount 30
4. COMPLETE THE APPROPRIATE ITEMS FOR	R EACH ITEM	IZED EXPENDITURE	(expenditures totaling more than \$10)	0 to any pavee during the pe	riod)
First Name	Middle Na		Purpose of Expenditure	payer assing the po	Amount of Expenditure
Last Nama/Business Name Sams Club Address 301 Indian	la	ke.Blvd.	Meet +	Greet	\$225.X
City Henderson ville	33V	37075		l	
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure
Last Name Susiness Name at Address 1026 Lavern City Hendersonville	Cir	ce Zip Code 37075	Signs		\$400.88
First Name	Middle Nam		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		<u> </u>			
Address					
City	State	Zip Code			
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name	1				,
Address					
Dity	State	Zip Code			
First Name	Middle Name		Purpose of Expenditure		mount of Expenditure
st Name/Business Name				,	
ddress					
ity	State 2	Zip Code			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount must	of this form are u	ised.)		4	4405.88

SS-1129 (Rev. 4/02)