## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

# For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAME OF CA	NDIDATE OR	COMMITTEE		
1-24-2022		GENE	PHUDES		
2.b. IF COMMITTEE, NAME OF CANDIDATE			<i></i>	3. ELECTION DATE	
				MAY 3	Zozz
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	04.		04.4	7. 0.1	
_	City	<b>A</b>	State	Zip Code	Phone
1007 Islam Brak Pr.  4.b. CANDIDATE'S HOME ADDRESS (if differen	HENDERS W	WILK	7N	37075	615-439-8062
Street or Rural Route	City		State	Zip Code	Phone
Same					
5. OFFICE SOUGHT (include district number, i	f applicable)	6. NAME	OF POLITICAL	TREASURER (may be	candidate)
	4 23		GENE PI	Hones	
7. CATEGORY OR REPORT (Check one)					
FIRST SECOND THRO	FOURTH	II PRE-	LJ PRE-	MID-YEAR	L_J YEAR-END
QUARTER QUARTER QUARTER  8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY	GENERAL G DATE OF REPO	SUPPLEMENTAL DTING PERIOD	SUPPLEMENTAL
		O.D. LINDIN	/- <b>35</b> - 2		
9. (Check one)			1-33-6		
	- 4 - P I I				
a. This campaign is exempt from detaile tures total \$1,000 or less for this repo	ed disclosure because orting period. (Compl	e contribution lete items 12	is (including in-kir d., 12e, and 12f.)	nd) received total \$1,00	00 or less AND expendi-
			·		
<ul> <li>b.  This campaign is required to file a de and/or expenditures total more than \$\frac{1}{2}\$</li> </ul>	talled financial disclo: \$1,000 for this reporti	sure because ng period.	contributions (in	icluding in-kind) receive	ed total more than \$1,000
	•				
10. I/we do solemnly swear or affirm that the ir	nformation contained	in this camp	aign financial dis	closure report is true a	and that this report is an
accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we	ons and expenditures	required to t	be reported b√th	e candidate committee	by the Campaign
benefit of the candidate or for any other nor	apolitical purpose as	defined by th	e federal internal	revenue code.	ne personal financial
$M_{\Lambda}$	_			/;(	
x fre for	1-24-2022	_	1an/		1.24-2022
signature of candidate	date		Signature o	f political treasurer	date
11. WITNESS SIGNATURE			<del></del>		· · · · · · · · · · · · · · · · · · ·
11. VIIINESS SIGNATURE			1 11	<b>^</b> ,	
Stan adams	1/24/22	_	JU34	uz Udani	N 1/24/22
signature of witness	date		signat	ture of witness	date
				· · · · · · · · · · · · · · · · · · ·	
12. SUMMARY	FIL				
a. BALANCE ON HAND LAST REPORT	AM	P	М	· -O-	
		7 2022	***************************************	- 0 -	•
b. TOTAL RECEIPTS THIS PERIOD	JAN Z	1 COEL		.\$	
TOTAL DIODUDOSNENTO TUIO DEDICO	SUMNER	COUNTY		- O -	
c. TOTAL DISBURSEMENTS THIS PERIOD .	ELECTION C	OMMISSIO	N	.\$	•
d. BALANCE ON HAND (12.a. plus 12.b. n	ninus 12.c.)	*******************		9	-0-
, ,	,				Α
e. TOTAL LOANS OUTSTANDING			*********************	\$	-0-
f. TOTAL OBLIGATIONS OUTSTANDING				\$	.0-



# SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT CO	VERING THE PERIOD
CIENT PHOORS	FROM: 7-1-21	TO: 1-16202
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)		
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <b>0</b>	
b. Itemized Contributions (over \$100 from each source this period)	\$ -0-	·
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	·····	\$0-
16. LOANS RECEIVED THIS REPORTING PERIOD		\$ -0 -
17. INTEREST RECEIVED THIS REPORTING PERIOD	•••••	\$ <u>- 0 -</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		\$ <u>-0</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	e, gasoline)
	<del></del>	
<u> </u>		
<u> </u>		
<u> </u>		
s <u>- 0 -</u>		
<u> </u>	<del></del> _	
<u> </u>	<del>_</del>	
s <u>- 0 -</u>		
s - 0 -		
Total of Expenditures (\$100 or less each payee)	\$ <u>-0</u> .	
b. Itemized Expenditures (Over \$100 each payee this period)	\$ - 0-	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		\$ 0 ·
20. LOAN REPAYMENTS MADE THIS PERIOD	*************************	\$0 -
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		\$ <u>-0</u> -
22.IN-KIND CONTRIBUTIONS		***
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>-0</u> .	
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.)	)	\$0 ·
23. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	.\$0^	
a. Unitemized Obligations Outstanding (\$100 or less each)      b. Itemized Obligations Outstanding (Over \$100 each)	.\$0-	
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	12.f.)	\$ <u>- 0 -</u>

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

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVE	DING THE DEDIOD
GENE PHOOSE	TO: 1-35-2022				
				FROM: 7-/	Amount
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	TIONS FRO	OM PRECEDING PAC	GE (enter \$0 if first itemized p	age)	0-
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMI	ZED CONTRIBUTION (	contributions totaling more than \$	100 from any contributo	r)
First Name	Middle Nam		Contribution Received For:		Amount of Contribution
Last Name/Organization Name		<u></u>	Primary Election	General Election	
Address		<del></del>	Runoff (Local Election	s Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation	1	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	1		
Employer		<del></del>	_		
First Name	Middle Nam	не	Contribution Received For		Amount of Contribution
Last Name/Organization Name	1		Primary Election	General Election	
Address			Runoff (Local Election	ns Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer			<b>/</b>		
First Name	Middle Nam	• /	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
Address			Runoff (Local Election	s Only)	1
City	State	Zip Code	Date of Contribution	· · · · · · · · · · · · · · · · · · ·	Aggregate This Election
Occupation					
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	s Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation	•	<u> </u>			
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	of this form ar be shown in it	e used.) em 15b. of summary.)			

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

1. NAME OF CANDIDATE OR CO	MMITTEE		_		2. REPORT COVER	RING THE PERIOD				
65	WE KH	300E	>		FROM: 7-1- 21	TO: 1-15-2022				
2. TOTAL ITEMIZED IN KIND CO.	NTOIDUTIONO	FDOM	DDECEDING DAGE	/anton PO if Fact itemized was		Amount 0 -				
3. TOTAL ITEMIZED IN-KIND CO				·	<del></del>					
4. COMPLETE THE APPROPRIATE I	I ENIS FOR EACI	TITEMIZ	ED 114-KIND CON I KIBI		-	insulor during the period)				
First Name	1	vliddle Nam	ie	In-Kind Contribution Receive	d For: General Election	Value of In-Kind Contribution				
Last Name/Organization Name				l _	Runoff (Local Elections Only)					
				1	ns Only)					
Address				Date of In-Kind Contribution		Aggregate this Election				
City	State Zip Code			Description of In-Kind Contribution		<b>7</b>				
Occupation	Employer		<u> </u>	†						
First Name		Middle Nan	ne	In-Kind Contribution Receive	ed for:	Value of In-Kind Contribution				
				1	General Election					
Last Name/Organization Name				Runoff (Logal Election	ns Only)					
Address				Date of In-Kind Contribution		Aggregate this Election				
City	T S	State	Zip Code	Description of In-Kind Contribution		_[				
·			1 25 3000		•					
Occupation	Employer		•							
						_				
First Name	First Name Middle Name				ed For: General Election	Value of In-Kind Contribution				
Last Name/Organization Name	ı	•								
			/	Runoff (Local Election	ens Only)					
Address				Date of In-Kind Contribution		Aggregate this Election				
City		State	Zip Code	Description of In-Kind Contribution	1					
Occupation	Employer		I	1						
First Name		Middle Nar	me	In-Kind Contribution Receive	ed For:	Value of In-Kind Contribution				
				_	General Election					
Last Name/Organization Name				Runoff (Local Election	ons Only)					
Address			· · · · · · · · · · · · · · · · · ·	Date of In-Kind Contribution		Aggregate this Election				
O'h.		Ol-1-	7-0-1-	Description of the 16th of Country State						
City		State	Zip Code	Description of In-Kind Contribution	1					
Occupation	Employer									
First Name		Middle Nam	e	In-Kind Contribution Received		Value of In-Kind Contribution				
Last Name/Organization Name	<u> </u>			Primary Election						
	•			Runoff (Local Election	ns Only)					
Address				Date of In-Kind Contribution		Aggregate this Election				
City		State	Zip Code	Description of In-Kind Contribution	1	<del>-</del>				
Occupation	Employer		1	$\dashv$						
	<u> </u>		·							
5. TOTAL ITEMIZED IN-KIND C										
(Carry forward to Item 3. of next page if (If this is the last page of in-kind contrib				uv.)						
SS-1128 (Rev. 2/06)	, was surveill			Pa	ge of 7	RDA 1159				
W				1.4	g- — — — — — — — — — — — — — — — — — — —	1100				

## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE .	$\triangleright$			2. REPORT COVER	RING THE PERIOD		
GENE	FROM: 7-1-21	TO: 1-35-202-					
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU				-0			
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEM	IZED EXPENDITURE (e	xpenditures totaling more than \$100	to any payee during the pe	riod)		
First Name	Middle Na	те	Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name					,		
Address	· · · · · · · · · · · · · · · · · · ·			/			
City	State	Zip Code					
First Name	Middle Nar	тте	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code	/				
First Name	Middle Nar	ne	Purpose of Expenditure	···	Amount of Expenditure		
Last Name/Business Name	-l						
Address							
City	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 Nam	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	<u> </u>						
Address							
City	State	Zip Code					
First Name	Middle Nam	ne	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 pages (If this is the last page of expenditures, this amount mus	of this form a t be shown in	are used.) item 19b. of summary.)					

#### ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR CO	MMITTEE						2.	REPO	ORT CC	VERIN	G TH	E PERIOD
GENE F	> - H000k/	>					FR   7	OM: - 1 - 1	Z/	T	O: /	16-702Z
3. COMPLETE THE APPROPRIAT	E ITEMS FO	OR EACH IT	EMIZ	ED LOAN (k	oans totaling n	ore than \$100 fr	rom any source	during	the perio	d)		
Complete the Following for the Source	of the Loan											<del></del>
First Name	Middle Name			Outstanding La (Beginning o		Loans Received	E .	Loan yments				oan Balance Period)
Last Name/Organization Name	•	-		]						,	/	
Address	***			Loan Receive		☐ General E	-lection	Date	of Loan	$\overline{}$		
City	State	Zip Code		]	Local Elections		ibodon					
	ist Ali Endors	ers or Guara	ntors f	or Above Loai	ı (If more spa	ice is needed	please attacl	h a pag	Je)			
First Name		Middle Name			First Name			/		Middle N	ame	
Last Name/Organization Name		.,			Last Name/O	ganization Nam	e /	<i>/</i>				
Address					Address							
City	<del></del>	State	Zip C	Code	City					State	$\neg$	Zip Code
Amount Guaranteed Outstanding		<u> </u>			Amount Guan	anteed Outstand	ling		1	<u> </u>		
First Name		Middle Name	}		First Name					Middle N	lame	
Last Name/Organization Name		L,.			Last Mame/O	rganization Nam	ne					
Address	·	<del> </del>			Address	·						
City		State	Zip (	Code	City					State	.	Zip Code
Amount Guaranteed Outstanding			<u> </u>	-/-	Amount Guar	anteed Outstand		<del></del>				/ <del>//**</del>
		1			E 411					LUCARI).	Neme	
First Name		Middle Nam		/	First Name					Middle	Name	
Last Name/Organization Name					Last Name/C	rganization Nan	ne					
Address					Address					-		
City		State	Zip	Code	City		·			State		Zip Code
Amount Guaranteed Outstanding					Amount Gua	ranteed Outstan	ding					
First Name		Middle Nam	e		First Name					Middle	Name	
Last Name/Organization Name	$\overline{/}$	1			Last Name/0	Organization Nar	me			l		
Address	,				Address							<u></u>
City		State	Zip	Code	City					State		Zip Code
Amount Guaranteed Outstanding		_1			Amount Gua	ranteed Outstan	ding			1	-	
Totals for all Loans (complete or (Total loans received should also be shown)						Loan Balance g of Period)	Loans Received	.	Loa Paym			tanding Loan Balan (End of Period)
(Total loan payments should also be show (Total outstanding loan balance should also	n in item 20. or	summary page	e.)	1	1 1 2 2 1 1 1	•			-4,			•

# ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

. NAME OF CANDIDATE OR COMM	MITTEE	2. REPORT COVERING THE PERIOD					
TEINE &	-(-)OP/PS			FROM:7-1-21	TO:	1-38-2022	
COMPLETE THE APPROPRIATE OBLIGATION (obligations totaling a person/vendor at the end of the re	ITEMS FOR EACH I more than \$100 owed	TEMIZED I to any	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Baland (End of Period)	
irst Name	Middle Name	)			Ţ,		
ast Name/Business Name						1	
ddress							
City	Stale	Zip Code	7	/	1		
Description of Obligation							
First Name	Middle Nam	e					
ast Name/Business Name							
Address			7				
City	State	Zip Code	$\neg$				
Description of Obligation							
First Name	Middle Nan	ne	/				
Last Name/Business Name	L						
Address							
City	State	ZipCode					
Description of Obligation		7					
First Name	Migitale Na	me					
Last Name/Business Name		<u> </u>					
Address							
City	State	Zip Code			i		
Description of Obligation		_1,					
First Name	Middle Na	ате					
Last Name/Business Name		<u> </u>					
Address							
City	State	Zip Code					
Description of Obligation	<u> </u>						
4. TOTALS							
(Total from Outstanding Balance - (E)	nd of Period) column m	ust also be show	wn.				
in item 23b. on summary page.)							