# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

# For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAME OF C	_							
4-11-22	1	senc k	HOWED						
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DATE					
	HODES			5/3/22					
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		State	Zip Code	Phone				
	ewsh for.	1-GNOFAY	He To	V 37075	615-439-8062				
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	nt than 4.a.) City		State	Zip Code	Phone				
5. OFFICE SOUGHT (include district number,	if applicable)	6. NAME OF	POLITICAL 1	REASURER (may be ca	andidate)				
Court Commission Det	23	Joan	e Kem	ρ					
7. CATEGORY OR REPORT (Check one)  TO CHECK ONE)  FIRST SECOND THIRD  OUARTER QUARTER QUARTER	FOURTH QUARTER	PRE- PRIMARY	PRE- GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL				
8.a. BEGINNING DATE OF REPORTING PERIOD		8.b. ENDING D							
1-16-ZZ 9. (Check one)			- 3/- 2	<u> </u>					
a. This campaign is exempt from detail tures total \$1,000 or less for this rep	ed disclosure becaus orting period. (Comp	se contributions (	including in-kir 12e. and 12f.)	nd) received total \$1,000	or less AND expendi-				
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 contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.									
/ lone of	4/11/22		7)/2	, 9	5-10-27				
Signature of candidate	date		signature o	political treasurer	date				
11. WITNESS SIGNATURE					· · · · · · · · · · · · · · · · · · ·				
Affany adams Signature of witness	4/11/72 date	_		any Udams ure of witness	4/11/22 date				
12. SUMMARY									
a. BALANCE ON HAND LAST REPORT				s <u>- 0 -</u>					
b. TOTAL RECEIPTS THIS PERIOD				s 1650.00					
c. TOTAL DISBURSEMENTS THIS PERIOD	***************************************	·····		s 1335. 55					
d. BALANCE ON HAND (12.a. plus 12.b.	minus FILED		******************	\$ _	314.45				
e. TOTAL LOANS OUTSTANDING	ΔPR 1 1 20	72	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ _	-0-				
f. TOTAL OBLIGATIONS OUTSTANDING	SUMNER COUN	- τγ		s -	-0-				

## **SUMMARY PAGE - CANDIDATE**

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD						
Gene PHOOES	FROM: 1-16 TO: 3-31						
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)							
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>500 . cs</u>						
b. Itemized Contributions (over \$100 from each source this period)	s <u>1150, ov</u>						
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	s <u>1650.vo</u>						
16. LOANS RECEIVED THIS REPORTING PERIOD	s <u>-0</u> -						
17. INTEREST RECEIVED THIS REPORTING PERIOD	s <u> </u>						
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	s <u>1650.vo</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)						
FIRST HONEOW (BOWN FEE) 5 8.00							
SAMS CLUB - (GAS) \$ 100.	סט						
SAMS CLUB- (GAS) \$ 100.	<del>od</del>						
mrsgnman - (magnets) s 54.6	3						
MR SIGN MAN - (magnets) \$ 54.6	<u>'3</u>						
CHIC FIR A (MER FOR NOTO) 5 71.11							
<u> </u>							
s							
s	<del></del>						
	s 338.37						
Total of Expenditures (\$100 or less each payee)	907 .0						
b. Itemized Expenditures (Over \$100 each payee this period)	سهر سرو <b>ر</b> ه .						
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)							
20. LOAN REPAYMENTS MADE THIS PERIOD							
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 13,25 . 24						
22.IN-KIND CONTRIBUTIONS	~n -						
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)	\$						
<u> </u>							
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.	sO-						
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 iter	n 12.f.) \$						

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

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER		
BENE FHODE	<u> </u>			10: 3-3/		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	IONS FRO	M PRECEDING PAG	GE (enter \$0 if first itemized p	age)	Amount 1658.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	CH ITEMIZ	ED CONTRIBUTION (d	ontributions totaling more than \$	100 from any contributor	)	
First Name  JONATHAN	Middle Name		Contribution Received For:	Amount of Contribution		
Last Name/Organization Name			Primary Election	\$25.00		
Address P+		Runoff (Local Election				
City HENDERSONALE	State	Zip Code STOT	Date of Contribution		Aggregate This Election	
Occupation 25 tFR 150			3/8/22			
Employer						
PA.						
First Name Eriw	Middle Nam	e >	Contribution Received For	Amount of Contribution		
Last Name/Organization Name			Primary Election E	\$ 500.00		
Address Zoo OAN HILL C		Runoff (Local Election				
City Hewarson Ne	Zip Code 3707 1	Date of Contribution		Aggregate This Election		
Occupation RS-fines	<b>V</b>		3/8/22			
Employer		3,0,00				
NA						
First Name	Middle Name	, ,	Contribution Received For	:	Amount of Contribution	
Last Name/Organization Name	1	•	→ Primary Election [	General Election	\$ 50.00	
Address 1659 Boardwalk Plack			Runoff (Local Election	ns Only)		
City Gallatan	Zip Code 37066	Date of Contribution		Aggregate This Election		
Occupation Bushoo over			3/4/22			
Employer CSO			]			
First Name	Middle Name	e	Contribution Received For		Amount of Contribution	
Last Name/Organization Name		Primary Election	General Election	\$ 50.00		
Address 151 On Ct			Runoff (Local Election	تاريو ا		
City Gullatw	Zip Code 37066	Date of Contribution	Aggregate This Election			
Employer Reful Passo						
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 are				# B50.00	

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

1. NAME OF CANDIDATE OR COMMITTEE				2 REPORT COVE	RING THE PERIOD			
Gene RHODES FF					TO: 3-3/			
•	Amount							
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	IONS FRO	OM PRECEDING PA	GE (enter \$0 if first itemized p	850.00				
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	ACH ITEMIZ	ZED CONTRIBUTION (	contributions totaling more than	100 from any contribute	or)			
First Name William	Middle Nam		Contribution Received For:		Amount of Contribution			
Last Name/Organizator: Name	<u> </u>	ζ	Primary Election	304.00				
Address Grand			Runoff (Local Election	Runoff (Local Elections Only)				
Address 6 P Bry Court  City Handwill	State +~	20 Code 37075	Date of Contribution		Aggregate This Election			
Occupation Refund			3/22/21					
Occupation Retiral Employer								
First Name	Middle Narr	ne	Contribution Received For	Amount of Contribution				
Last Name/Organization Name		Primary Election C						
Address		Runoff (Local Election						
City	State Zip Code				Aggregate This Election			
Occupation	•							
Employer								
First Name	ne	Contribution Received For	· ·	Amount of Contribution				
Last Name/Organization Name			Primary Election [					
Address			Runoff (Local Election					
City	State	Zip Code	Date of Contribution	Aggregate This Election				
Occupation								
Employer								
First Name	Muidle Nam	ne	Contribution Received For:	Amount of Contribution				
Last Name/Organization Name			Primary Election					
Address			Runoff (Local Election					
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								

#### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVER							
Genc K	TO: 3-3/ Amount							
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU								
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures lotaling more than \$100 to any payee during the period)								
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure				
Last Name/Business Name First Horrizou	0, 1		# 800					
Address		OcbH CARD	FER					
City HENDERsoulle	State Zip Code 37075							
First Name	Middle Name	Purpose of Expenditure	,	Amount of Expenditure				
Last Name/Business Name		1						
ASAP Printy		Push Car	# 276.40					
		PUSH CA	~ · ·					
1+ ENDEREILE	State Zip Code TN 37075							
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure					
Last Name/Business Name SAMS CLUB	Gos while	\$ 100.00						
Address		GOS WHAR Signs: Ob	- 1- 1	# 100.00				
Hanoresulle	State Zip Code TW 37075	+ Signs: Los	racey					
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure				
Last Name/Business Name								
MR. Sign man	Magnets Pur	rchrod	\$ 54.63					
				1				
State Zip Code TW 37875								
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure				
Last Name/Business Name		. Suppose of Expenditure	_	ADMINITOR EXPERIBITION				
MK Scan my		unguto	Quelit	k				
Address			140	\$ 54.63				
Hengensole	State Zip Code  7075							
First Name	Middle Name	Purpose of Expenditure	_	Amount of Expenditure				
Last Name/Business Name  SAMS CL u/S	Gos while I Signs i Do	Opey						
Address	Stand i Da	of the	# 100.00					
City	State Zip Code	J.77						
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3, of next page if additional pages (#I this is the last page of expenditures, this amount mus		*·		593.66				
(T)				·				

## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

FROM: /-/6  D if first iternized page)  totaling more than \$100 to any payee during the e of Expenditure  F-SHTRT ! HAT  Purchased  e of Expenditure  MEAL FAN  LANGERS  e of Expenditure	TO: 3-31 Amount 593.66 period)  Amount of Expenditure  # 280-77  Amount of Expenditure		
totaling more than \$100 to any payee during the e of Expenditure  T-SHERT ! HAT  Purchased  e of Expenditure  MEAL For	S93.66 period)  Amount of Expenditure  # 280-77  Amount of Expenditure		
e of Expenditure  T-SHIRT! HAT  Purchised  e of Expenditure  MEAL For  Linkers	Amount of Expenditure  # 280-77  Amount of Expenditure		
F-SHIRT! HAT  Purchised  of Expenditure  MEAL Fix  Linkers	# 280-77 Amount of Expenditure		
e of Expenditure  MEAL For  Linkers	Amount of Expenditure		
e of Expenditure  MEAL For  Linkers			
MEAL Fext			
	# 2611		
	# 26//		
e of Expenditure			
of Expenditure			
	Amount of Expenditure		
MAILER)	\$ 440.01		
e of Expenditure	Amount of Expenditure		
e of Expenditure	Amount of Expenditure		
e of Expenditure	Amount of Expenditure		
	1335.55		
	e of Expenditure  e of Expenditure		

#### **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE							<u> </u>	2. REPORT COVERING THE PERIOD FROM: TO:			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)											
Complete the Following for the Source of the Loan											
First Name	Middle Nan	ne		Outstanding L (Beginning o		Loans Receive	<b>I</b>	Loan Payments			Loan Balance Period)
Last Name/Organization Name											
Address			Loan Receive	gan Received For: Date of Loan							
City	State	Zip Code Primary			ry Election						
	List All Endo	Sers or Guara	ntors fo	<u> </u>	oan (If more space is needed please attach a page)						
First Name		Middle Name			First Name Middle Name						
Last Name/Organization Name		. <u>J</u>			Last Name/Or	ganization Nari	ne		1		
Address					Address			<del></del>			
City		State	Zip Ca	ode	City State Zip C					Zip Code	
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding						
First Name Middle Name					First Name				Middle	Name	
Last Name/Organization Name				Lasi Name/Or	ganization Nar	me					
Address				Address							
City State Zip C			Zip Ca	ode	City				State		Zip Code
Amount Guaranteed Outstanding					Amount Guara	inteed Outstan	ding				
First Name Middle Name					First Name	-			Middle	Name	
Last Name/Organization Name					Last Name/Or	ganization Nar	me		. <b>L</b>		
Address				Address							
City State Zip C			Zip Ci	ode	City				State		Zip Code
Amount Guaranteed Outstanding					Amount Guaranteed Cutstanding						
First Name Middle Name				First Name				Middle Name			
Last Name/Organization Name				Last Name/Organization Name							
Address			Address					<del></del>			
City	City Slate Zip Code				City				State Zip Code		Zip Code
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding						
4. Totals for all Loans (complete on last page of itemized loans)				Outstanding L (Beginning		Loans Received	Loa			anding Loan Balance	
(Total loans received should also be shown in item 16. on summary page.) (Total loan payments should also be shown in item 20. on summary page.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)					Localining	o. r enou	Neceived	Paym	GIIIS	<u> </u>	(End of Period)

