CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

SUMNER COUNTY ELECTION COMMISSION

1. DATE OF REPORT 2.8	· · · · · · · · · · · · · · · · · · ·			
1/18/22 3	Baker Ring	7		
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE	. 1
			August	9,2022
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route Cit	v	State	Zip Code	Phone
. سا دار دارد	latin	State	37066 615	
4.b. CANDIDATE'S HOME ADDRESS (if different that			21010 413	- 7 65 6 617
Street or Rural Route Cit	у	State	Zip Code	Phone
OFFICE SOUGHT (include district number, if app.	olicable) 6. NAMI	E OF BOUTION 3	reasurer (may be o	
County Commission, Dist	1	*Ker R 1	• •	andidate)
7. CATEGORY OR REPORT (Check one)	.,() 0 20	4,(0)		
FIRST SECOND THRD	FOURTH PRE-	□ PRE-	MISSEAR	YEAR-END
QUARTER QUARTER QUARTER	QUARTER PRIMARY	GENERAL	SUPPLEMENTAL	SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD	l	NGDATEOFREPO っしら、こ	· · ·	
July 1, 2021 9. (Check one)		13, U		
	·	<i>e</i> 1 e · 1	B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
a. This campaign is exempt from detailed distures total \$1,000 or less for this reporting	period. (Complete items 12	ns (including in-kir 2d., 12e. and 12f.)	id) received total \$1,000	or less AND expendi-
b. This campaign is required to file a detailed	d financial disclosure becaus	se contributions (in	cludina in-kind) receive	d total more than \$1 000
and/or expenditures total more than \$1,00		,		- 10.1.1 West than \$ 1,000
 I/we do solemnly swear or affirm that the inform accurate accounting of campaign contributions a 	nation contained in this cam and expenditures required to	paign financial dis be reported by the	closure report is true ar e candidate committee t	nd that this report is an
Financial Disclosure Act. Additionally, I/we swe benefit of the candidate or for any other nonpoli	ar or affirm that no campaigr	n contributions hav	e been expended for th	e personal financial
	f I		revenue code.	
Care D Keny	1/18/21	*Saher	f political treasurer	_ 1/18/21
signature of candidate	date	signature o	f political treasurer	date
11. WITNESS SIGNATURE				
II. WITNESS SIGNATURE			•	
Bl. Sal	1/18/22	Kelle-	Lender	1/18/22
signature of witness	date	signat	ure of witness	date
12. SUMMARY			<u>a</u>	
a. BALANCE ON HAND LAST REPORT	•••••••••••••••••••••••••••••••••••••••	***************************************	.\$	
b. TOTAL RECEIPTS THIS PERIOD			\$ 25.00	
			28.00	
c. TOTAL DISBURSEMENTS THIS PERIOD	N COMMISSION	ELECTIOI	.\$	
d. BALANCE ON HAND (12.a. plus 12.b. minu:	ек солиту		\$	
	1 8 2022	4AL		
e. TOTAL LOANS OUTSTANDING	· · · · · · · · · · · · · · · · · · ·	1 ¥ į	\$	
	Wd	MA		6
f. TOTAL OBLIGATIONS OUTSTANDING	G971:	1	\$	



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
	FROM: TO:
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$
b. Itemized Contributions (over \$100 from each source this period)	\$
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$
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	e.g., printing, postage, gasoline)
\$	
\$	AL-LAPIMP 44
\$	
\$	
\$ <u></u> \$ <u></u>	
<u> </u>	
\$	
\$	
\$	
	•
Total of Expenditures (\$100 or less each payee)	
b. Itemized Expenditures (Over \$100 each payee this period)	
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.)	\$
22.IN-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.f.	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

NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVE	RING THE PERIOD	
				FROM:	TO:	
					Amount	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	IONS FRO	OM PRECEDING P	AGE (enter \$0 if first itemized p	age)		
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMI	ZED CONTRIBUTION	N (contributions totaling more than !	100 from any contribute	r)	
First Name	Middle Name			Contribution Received For:		
Last Name/Organization Name			Primary Election	General Election		
Last Name Organization Name			La Francia y Ciccion L	_ Otheral Election		
Address		Runoff (Local Election	Runoff (Local Elections Only)			
City	State	Zip Code	Date of Contribution	-	Aggregate This Election	
Occupation	l	1				
Employer						
First Name	Middle Na	me	Contribution Received For	·· · · · · · · · · · · · · · · · · · ·	Amount of Contribution	
				_		
Last Name/Organization Name			Primary Election	General Election		
Address			Runoff (Local Electio	ns Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation	<u> </u>					
Employer						
First Name	Name Middle Name			PI .	Amount of Contribution	
Last Name/Organization Name			Primary Election	General Election		
Last Hame/Organization Hame				contra Liconon		
Address			Runoff (Local Election	ns Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election	
City	State	Zip Code	Date of Contribution		Aggregate Tris Election	
Occupation	<u>- L</u>					
Employer						
First Name	Middle Na	me	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	1	<u> </u>				
Employer						
5. TOTAL ITEMIZED CONTRIBUTIONS						
(Carry forward to item 3. of next page if additional page	s of this form	are used.)				
(If this is the last page of contributions, this amount mus	st be shown ir	n item 15b. of summary.)				

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR	COMMITTEE			2. REPORT COVE				
			,	FROM:	TO:			
3. TOTAL ITEMIZED IN-KIND	CONTRIBUTIONS FRO	M PRECEDING PA	GE (enter \$0 if first itemized page	4)	Amount			
			RIBUTION (in-kind contributions totaling		Intributor during the period)			
	Middle		In-Kind Contribution Receive		Value of In-Kind Contribution			
First Name	Middle	NGI I I I	Primary Election		Faire of HELVIII CONGIDUROIT			
Last Name/Organization Name			Runoff (Local Election					
Address			Date of In-Kind Contribution					
City	State Zip Code				•			
Occupation	Employer							
First Name	Middle I	Name	In-Kind Contribution Receive	d For: General Election	Value of In-Kind Contribution			
Last Name/Organization Name		,	Runoff (Local Electio					
Address			Date of In-Kind Contribution	no Omyr	Aggregate this Election			
		1			03-03			
City State Zip Code			Description of In-Kind Contribution					
Occupation	Employer							
First Name	Middle	Name	In-Kind Contribution Received Primary Election	ed For: General Election	Value of In-Kind Contribution			
Last Name/Organization Name	<u> </u>							
Address		••	Runoff (Local Electio	iis Olliy)	Aggregate this Election			
					Adio Agric and Electron			
City	State	Zip Code	Description of In-Kind Contribution	1				
Occupation	Employer							
First Name	Middle	Name		In-Kind Contribution Received For: Valu				
Last Name/Organization Name				General Election				
			Runoff (Local Election	ons Only)	<u> </u>			
Address			Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution	n				
Occupation	Employer							
First Name	Middle I	Name	In-Kind Contribution Received		Value of In-Kind Contribution			
Last Name/Organization Name			Primary Election	General Election				
			Runoff (Local Election	ns Only)				
Address			Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution	I				
Occupation	Employer	1						
5. TOTAL ITEMIZED IN-KIN								
(Carry forward to item 3. of next page (If this is the last page of in-kind or			ummary.)					
SS-1128 (Rev. 2/06)		•	Pa	ge of	RDA 1159			

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVERING THE PERIOD FROM: TO:				
	.			PROIVE	TO: Amount	
3. TOTAL ITEMIZED CAMPAIGN EXPENDIT	URES FRO	M PRECEDING F	PAGE (enter \$0 if first itemized page	age)	, and and	
4. COMPLETE THE APPROPRIATE ITEMS FOR	EACH ITEM	ZED EXPENDITUR	E (expenditures totaling more than \$10	0 to any payee durir	ng the period)	
First Name	Middle Nar	ne	Purpose of Expenditure	Purpose of Expenditure		
Last Name/Business Name						
Address						
City	State	Zip Code		4		
First Name	Middle Nar	me	Purpose of Expenditure	Purpose of Expenditure		
Last Name/Business Name						
Address						
Address						
City	State	Zip Code				
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name				-		
Address]			
City	State	Zip Code		1		
First Name	Middle Nar	me	Purpose of Expenditure	Purpose of Expenditure		
Last Name/Business Name	<u> </u>				ĺ	
Address						
City	State	Zip Code				
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	-					
Address						
City	State	Zip Code				
First Name	Middle Na	me	Purpose of Expenditure		Arnount of Expenditure	
Last Name/Business Name	1.				1	
Address						
City	State	Zip Code		-		
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pag (If this is the last page of expenditures, this amount in			<i>(</i> ,)			

SS-1129 (Rev. 4/02)

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE					2. REPORT COVERING THE PER FROM: TO:)D		
								OM:	1	10:	
3. COMPLETE THE APPROP	RIATE ITEMS F	OR EACH IT	EMIZ	ED LOAN (I	oans totaling n	nore than \$100	from any source	during the	e period)		
Complete the Following for the So	urce of the Loan										
First Name Middle Name			Outstanding Loan Balance Loans (Beginning of Period) Received			Loan Payments		Outstanding Loan Balance (End of Period)			
Last Name/Organization Name											
'***			Loan Receive				Date of	Loan		-	
City	State	Zip Code				ary Election General Election If (Local Elections Only)					
	List All Endor	sers or Guara	ntors f	L			l please attac	n a page)		<u> </u>	
First Name		Middle Name			First Name		•	1 3 7	Middle N	lame	
Last Name/Organization Name					Last Name/Or	ganization Nam	ne				
Address					Address						
City		State	Zip C	ode	City				State	Zip Code	
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding						
First Name Middle Name				First Name Middle Name							
Last Name/Organization Name				Last Name/Organization Name							
Address					Address						
City		State	Zip C	òde	City				State	Zip Code	
Amount Guaranteed Outstanding		1	1		Amount Guara	anteed Outstand	ding				
5.11		Language Steel			First Name				10446	Nome	
First Name		Middle Name	, 								
Last Name/Organization Name					Last Name/Organization Name						
Address			-		Address						
City		State	Zip C	Code	City				State	Zip Code	
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding						
First Name	First Name Middle Name				First Name Middle Name					Name	
Last Name/Organization Name			Last Name/Organization Name								
Address			Address								
City		State	Zip C	Code	City Stale				Zip Code		
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding						
Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.)					Loan Balance of Period)	Loans Received	ş	Loan Payments	Outstanding Loan (End of Perio		
(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.)											-



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
			FROM:	TO:		
 COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period) 			Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Nar	ne				
Last Name/Business Name	I.					
Address						
City	State Zip Code					
Description of Obligation	1	<u> </u>			I	
First Name	Middle Na	тіе				
Last Name/Business Name	l					
Address						
City	State	Zip Code				
Description of Obligation	•			<u></u>		•
First Name	Middle Name					
Last Name/Business Name						
Address		••				
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	vne				
Last Name/Business Name	<u> </u>					
Address						
City	State	Zip Code				
Description of Obligation	<u> </u>	_ L	<u>. I</u>	I		
First Name	Middle Na	ame				
Last Name/Business Name	<u></u>	· · <u>-</u>	_			
Address			\dashv			
City	State	Zip Code				
Description of Obligation	<u> </u>	<u>l</u>		1	<u>. </u>	<u> </u>
4. TOTALS		 .				T
(Total from Outstanding Balance - (End of Period) in item 23b. on summary page.)						