# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For State and Local Candidates For Single-Candidate Committees

| MARCY 31. 2022  | 2.a. NAMEOFO   | ・  | Marke   | · · · · · · · · · · · · · · · · · · ·  |
|---|--|--|---|--|
|   | DIN  | CANDIDATE OR COM   | MILIEE  |  |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE  | 1000   | 00000  | 3. ELECTIO  | NI DATE  |
|   |  |  | J. ELECTION   |  |
| 4.a. CAMPAIGN ADDRESS AND PHONE   |  |  | 1 / ///   | y 3, 2022  |
| Street or Rural Route   | City   | St   | ate Zip Code  | Phone 6 15-  |
| Street or Rural Route 1011 BURNHAM CIA  | L HENDE  | KSONVILL   | E TN 3  | 7075 957-0165  |
| 4.b. CANDIDATE'S HOME ADDRESS (if differently Street or Rural Route   | ent than 4.a.)   |  |   | 737 070  |
| Street of Rural Route   | City   | St   | ate Zip Code  | Phone  |
| 5. OFFICE SOUGHT (include district number   | W  |  |   |  |
| SUMNEL COUNTY COMMIT  | Times Distra   | 6. NAME OF P   | OLITICAL TREASURER  | (may be candidate)   |
| 7. CATEGORY OR REPORT (Check one)   | 18   | MEHIO  | IER SCYM  | 1/   |
|   |  |  |   | ] 🗆  |
| FIRST SECOND THIRD QUARTER QUARTER QUARTE   | FOURTH<br>R QUARTER  | PRE-<br>PRIMARY (  | PRE- MID-Y  |  |
| 8.a. BEGINNING DATE OF REPORTING PERIOD   | IX QUARTER   |  | SENERAL SUPPLE<br>E OF REPORTING PERIO  | MENTAL SUPPLEMENTAL D  |
| JANUARY 16, 2022  |  | MAKCU:   | 31, 2022  |  |
| 9. (Check one)  | ····   | 777  | 1, 2022   |  |
| a. This campaign is exempt from deta  | iled disclosure herau  | se contributions (inc  | luding in kind) received t  |  |
| tures total \$1,000 or less for this re   | porting period. (Com   | plete items 12d., 12   | e. and 12f.)  | otal \$1,000 or less AND expendi-  |
| b. This campaign is required to file a c  | detailed financial disc  | losure hecause cont  | ributions (including in kin   | od) toggived total many than \$4,000   |
| and/or expenditures total more than   | 1 \$1,000 for this report  | rting period.  | neducits (including in-kin  | id) received total more than \$1,000   |
|   |  |  |   |  |
| 10. I/we do solemnly swear or affirm that the   | information contains   |  |   |  |
| To: If We do determiny award of annual triat trie   | initimation contains   | d in this campaign f   | inancial disclosure repor   | t is true and that this report is an   |
| accurate accounting of campaign contribu  | tions and expenditure  | es required to be ren  | orted by the candidate c  | ammittee by the Campaign   |
| accurate accounting of campaign contribu Financial Disclosure Act. Additionally, I/w benefit of the candidate or for any other n  | itions and expenditure<br>re swear or affirm that  | es required to be rep<br>t no campaign contri  | orted by the candidate o  | ommittee by the Campaign   |
| accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/w  | itions and expenditure<br>re swear or affirm that  | es required to be rep<br>t no campaign contri  | orted by the candidate o  | ommittee by the Campaign   |
| accurate accounting of campaign contribution of the candidate or for any other new candidate | itions and expenditure<br>re swear or affirm that  | es required to be rep<br>t no campaign contri<br>s defined by the fede   | ported by the candidate conditions have been expended internal revenue code.  | committee by the Campaign anded for the personal financial e.  4-62  |
| accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/w  | itions and expenditure<br>re swear or affirm that  | es required to be rep<br>t no campaign contri<br>s defined by the fede   | orted by the candidate o  | committee by the Campaign anded for the personal financial e.  4-62  |
| accurate accounting of campaign contribu Financial Disclosure Act. Additionally, I/w benefit of the candidate or for any other no   | itions and expenditure<br>re swear or affirm that  | es required to be rep<br>t no campaign contri<br>s defined by the fede   | ported by the candidate conditions have been expended internal revenue code.  | committee by the Campaign anded for the personal financial e.  4-62  |
| accurate accounting of campaign contribution of the candidate or for any other new candidate | itions and expenditure<br>re swear or affirm that  | es required to be rep<br>t no campaign contri<br>s defined by the fede   | ported by the candidate conditions have been expended internal revenue code.  | committee by the Campaign anded for the personal financial e.  4-62  |
| accurate accounting of campaign contribution of the candidate or for any other notice of the candidate of the candidate.  Signature of candidate.   | itions and expenditure<br>re swear or affirm that  | es required to be rep<br>t no campaign contri<br>s defined by the fede   | ported by the candidate conditions have been expended internal revenue code.  | committee by the Campaign anded for the personal financial e.  4-62  |
| accurate accounting of campaign contribu Financial Disclosure Act. Additionally, I/w benefit of the candidate or for any other no   | itions and expenditure<br>re swear or affirm that  | es required to be rep<br>t no campaign contri<br>s defined by the fede   | ported by the candidate conditions have been expended internal revenue code.  | committee by the Campaign anded for the personal financial e.  4-62  |
| accurate accounting of campaign contribution of the candidate or for any other notice of the candidate of the candidate.  Signature of candidate.   | itions and expenditure<br>re swear or affirm that  | es required to be rep<br>t no campaign contri<br>s defined by the fede   | ported by the candidate conditions have been expended internal revenue code.  | committee by the Campaign anded for the personal financial e.  4-62  |
| accurate accounting of campaign contribution of the candidate or for any other notice of the candidate of the candidate.  Signature of candidate.   | itions and expenditure<br>re swear or affirm that  | es required to be rep<br>t no campaign contri<br>s defined by the fede   | ported by the candidate conditions have been expended internal revenue code.  | committee by the Campaign anded for the personal financial e.  4-62  |
| signature of witness  12. SUMMARY   | tions and expenditure e swear or affirm that onpolitical purpose as the description of th | es required to be rept to campaign contributes defined by the federal series and the federa | ported by the candidate conditions have been expended internal revenue code.  | committee by the Campaign anded for the personal financial e.  4-62  |
| signature of witness  accurate accounting of campaign contribution of the candidate or for any other notations.  Signature of candidate  11. WITNESS SIGNATURE  signature of witness  | tions and expenditure e swear or affirm that onpolitical purpose as the description of th | es required to be rept to campaign contributes defined by the federal series and the federa | signature of witness  | committee by the Campaign and and for the personal financial e.  4-62 decided for the personal financial financial financial e.  4-62 decided for the personal financial financi |
| signature of witness  12. SUMMARY   | tions and expenditure e swear or affirm that on political purpose as the state.  | es required to be rept to campaign contributes defined by the federal state of the federal st | signature of witness  | committee by the Campaign and and for the personal financial e.  4-62 decided for the personal financial financial financial e.  4-62 decided for the personal financial financi |
| signature of witness  12. SUMMARY  a. BALANCE ON HAND LAST REPORT   | tions and expenditure e swear or affirm that on political purpose as the state.  | es required to be rept to campaign contributes defined by the federal series and the federa | signature of witness  | committee by the Campaign and and for the personal financial e.  4-62 decided for the personal financial financial financial e.  4-62 decided for the personal financial financi |
| signature of witness  12. SUMMARY  a. BALANCE ON HAND LAST REPORT   | tions and expenditure e swear or affirm that on political purpose as the state of t | es required to be rept to campaign contributes defined by the federal PM   | signature of witness  worted by the candidate of buttons have been experient internal revenue code.  Signature of political treaters are signature of witness.  | committee by the Campaign and and for the personal financial e.  4-62 decided for the personal financial financial financial e.  4-62 decided for the personal financial financi |
| accurate accounting of campaign contribution of the candidate or for any other notice of the candidate of the candidate.  11. WITNESS SIGNATURE  12. SUMMARY  a. BALANCE ON HAND LAST REPORT  b. TOTAL RECEIPTS THIS PERIOD   | tions and expenditure e swear or affirm that on political purpose as the state of t | FILED PM   | signature of witness  \$ \frac{4216}{377}   | militee by the Campaign and for the personal financial e.  How Hold of the personal financial fi |
| accurate accounting of campaign contribution financial Disclosure Act. Additionally, I/w benefit of the candidate or for any other notice of candidate.  11. WITNESS SIGNATURE  Brandy Much Ly signature of witness  12. SUMMARY  a. BALANCE ON HAND LAST REPORT  b. TOTAL RECEIPTS THIS PERIOD   | tions and expenditure e swear or affirm that on political purpose as the state of t | FILED PM   | signature of witness  \$ \frac{4216}{377}   | SAMY H/4/22 date  1.00  16.30  1.00  |
| accurate accounting of campaign contributional Disclosure Act. Additionally, I/w benefit of the candidate or for any other notice of candidate.  11. WITNESS SIGNATURE  BY MUCH Signature of witness  12. SUMMARY  a. BALANCE ON HAND LAST REPORT  b. TOTAL RECEIPTS THIS PERIOD  | AM  APR  SUMN  SUMN  Mitons and expenditure e swear or affirm that on political purpose as the swear or affirm that on political purpose as the swear or affirm that on political purpose as the swear or affirm that on political purpose as the swear or affirm that on purpose as the swear or affirm that of the swear or affirm that of the swear or affirm that of the swear or affirm that on the swear or affirm that of the | FILED PM  8 2022  ER COUNTY  COMMISSION  | signature of witness  \$ \frac{4216}{377}   | militee by the Campaign and for the personal financial e.  How Hold of the personal financial fi |
| accurate accounting of campaign contribution of the candidate or for any other notice of the candidate of the candidate.  11. WITNESS SIGNATURE  12. SUMMARY  a. BALANCE ON HAND LAST REPORT  b. TOTAL RECEIPTS THIS PERIOD   | AM  APR  SUMN  SUMN  Mitons and expenditure e swear or affirm that on political purpose as the swear or affirm that on political purpose as the swear or affirm that on political purpose as the swear or affirm that on political purpose as the swear or affirm that on purpose as the swear or affirm that of the swear or affirm that of the swear or affirm that of the swear or affirm that on the swear or affirm that of the | FILED PM  8 2022  ER COUNTY  COMMISSION  | signature of witness  \$ \frac{4216}{377}   | militee by the Campaign and for the personal financial e.  How Hold of the personal financial fi |
| accurate accounting of campaign contributional Disclosure Act. Additionally, I/w benefit of the candidate or for any other notice of candidate.  11. WITNESS SIGNATURE  BY MUCH Signature of witness  12. SUMMARY  a. BALANCE ON HAND LAST REPORT  b. TOTAL RECEIPTS THIS PERIOD  | AM  APR  SUMN  SUMN  SUMN  Mitoria and expenditure e swear or affirm that on political purpose as the swear or affirm that on political purpose as the swear or affirm that on political purpose as the swear or affirm that on political purpose as the swear or affirm that on purpose as the swear or affirm that of the swear or affirm that of the swear or affirm that of the swear or affirm that on the swear or affirm that of the swear or affirm that on the swear or affirm that of the swear or affirm that | FILED PM  8 2022  ER COUNTY N. COMMISSION  | signature of witness  \$ \frac{\partial \text{W}}{\partial \text{V}} \text{Supplemental internal revenue code} \text{W} \text{Supplemental internal revenue code} \text{V} \ | militee by the Campaign and of the personal financial ended for the personal ended for the personal financial ended for the personal ended for the personal ended for the personal ended for the perso |



## **SUMMARY PAGE - CANDIDATE**

| 13. NAME OF CANDIDATE OR COMMITTEE (In Full)   | 14. REPORT COVERING THE PERIOD    |
|--|-----------------------------------|
| DON SCHMIT   | FROM: 1/16/22 TO: 3/31/22         |
| RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)                             | • ,                               |
| a. Unitemized Contributions (\$100 or less from each source this period)               | \$ 340.00                         |
| b. Itemized Contributions (over \$100 from each source this period)                    |                                   |
| c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)            | \$ <u>1190.00</u>                 |
| 16. LOANS RECEIVED THIS REPORTING PERIOD   | \$ 3020.00                        |
| 17. INTEREST RECEIVED THIS REPORTING PERIOD  | \$ <u>O</u>                       |
| 17. INTEREST RECEIVED THIS REPORTING PERIOD  | \$ <u>4210.00</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) |
| CAN MAGNETS \$ 23.0  | ····                              |
| YAKD SIGNS LARGE \$81.6  | <u>5</u>                          |
| CAR MAGNETS \$ 13.0  |                                   |
| STAKES FOR LANGE YARD SIGNS \$63.5   | 8                                 |
| CAMPRION WEBSITE \$ 91.6   |                                   |
| \$   | <del></del>                       |
| \$   | <del></del>                       |
| \$   |                                   |
| \$   | <del></del>                       |
|  | <u> </u>                          |
| Total of Expenditures (\$100 or less each payee)                                       | \$ 2/3.03                         |
| b. Itemized Expenditures (Over \$100 each payee this period)                           | \$ 2003.21                        |
| 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.)              | \$ <u>3776.30</u>                 |
| 22.IN-KIND CONTRIBUTIONS   | _                                 |
| a. Unitemized in-kind contributions (\$100 or less from each source this period)       | \$ <del>340.0</del> 0             |
| b. Itemized in-kind contributions (over \$100 from each source this period)            | \$ 850.00 C                       |
| c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b                | s <u>H40.00</u>                   |
| 23. OBLIGATIONS  |                                   |
| a. Unitemized Obligations Outstanding (\$100 or less each)                             | \$ <u> </u>                       |
| b. Itemized Obligations Outstanding (Over \$100 each)                                  | \$                                |
| c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item           | n 12.f.)                          |

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

| 1. NAME OF CANDIDATE OR COMMITT   | EE  | 2 REPORT COVERING THE PERIOD ,   |  |  |  |
|---|---|--|--|--|--|
| 1,014 (5,014.17   |   | 1/6/22   | TO: 3/31/22<br>Amount                                  |  |  |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBL   |   |  | · <del>* '</del> · · · · · · · · · · · · · · · · · · · | 0  |  |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR   |   |  |  |  |  |
| First Name KIRK   | Middle Name                                 | Contribution Received For  |  | Amount of Contribution   |  |
| Last Name/Organization Name   | <u> </u>                                    | Primary Election C   | General Election                                       | \$500.00   |  |
| CLEMENTS  |   |  | 000  |  |  |
| Address 107 CHAMBLIS  | COURT                                       | Runoff (Local Election   |  |  |  |
| City HENDER SON VILLE   | State Zip Code 37075                        | Date of Contribution   |  | Aggregate This Election  |  |
| Occupation  | 17/0   3/0/3                                | 2-18-202   |  |  |  |
| ATTORNEY  |   |  |  | \$500.00   |  |
| Employer  |   |  |  | 1,00.00  |  |
|   |   |  |  |  |  |
| First Name Time   | Middle Name                                 | Contribution Received F  | -or:   | Amount of Contribution   |  |
| Last Name/Organization Name VAUGUN, FRIENDS   | OF - 1100000                                | Primary Election   | ☐ General Election                                     | 200.00   |  |
|   |   | Runoff (Local Electic  | na Oakil   | 200.00   |  |
| Address 2981 CAGES B  | ENO RD                                      | E Runoli (Local Electic  | ans Uniy)  |  |  |
| City GALLATIN   | State Zip Code 7066                         | Date of Contribution   |  | Aggregate This Election  |  |
| Occupation  | 111 97000                                   | - 10   |  | 8  |  |
|   |   | 3-19-200   | 22   | \$200.00   |  |
| Employer  |   |  |  |  |  |
|   |   | 1  |  |  |  |
|   | Neuron                                      | Contribution Deschard  |  | Amount of Contribution   |  |
| First Name COURTNEV   | Middle Name                                 | Contribution Received  |  | Amount of Contribution   |  |
| First Name  COURTNEY  Last Name/Organization Name   | Middle Name                                 | ۱ ،  | For:<br>General Election                               |  |  |
| ROGERS  |   | Primary Election   | General Election                                       | Amount of Contribution   |  |
| ROGERS  |   | Primary Election   | General Election                                       | \$ 150.00  |  |
| ROGERS  |   | Primary Election   | General Election                                       |  |  |
| ROGERS<br>Address 3505 NEW  |   | Primary Election  Runoff (Local Election  Date of Contribution   | General Election                                       | \$ 150.00 Aggregate This Election  |  |
| ROGERS Address 3505 NEW 1 City HENDER JONVIIIE Occupation   |   | Primary Election   | General Election                                       | \$ 150.00  |  |
| ROGERS Address 3505 NEW 1 City HENDERJONVIILE   |   | Primary Election  Runoff (Local Election  Date of Contribution   | General Election                                       | \$ 150.00 Aggregate This Election  |  |
| ROGERS Address 3505 NEW 1 City HENDER JONVIIIE Occupation   | -lope RD State Zip Code TN Zip Code         | Primary Election  Runoff (Local Election)  Date of Contribution  3-21-26   | □General Election ons Only)  022                       | \$ 150.00 Aggregate This Election  |  |
| ROGERS Address 3505 NEW 1 City HENDER JONVIIIE Occupation Employer First Name   |   | Primary Election  Runoff (Local Election)  Date of Contribution  3-2/-2  Contribution Received For                                       | General Election ons Only)  O 2 2                      | Aggregate This Election  750.00  |  |
| ROGERS Address 3505 NEW 1 City HENDER JONVIIIE Occupation Employer  | -lope RD State Zip Code TN Zip Code         | Primary Election  Runoff (Local Election)  Date of Contribution  3-21-26   | General Election ons Only)  O 2 2                      | Aggregate This Election  750.00  |  |
| ROGERS Address 3505 NEW 1 City HENDER JONVIIIE Occupation Employer First Name   | -lope RD State Zip Code TN Zip Code         | Primary Election  Runoff (Local Election)  Date of Contribution  3-2/-2  Contribution Received For                                       | General Election ons Only)  O 2 2 or: General Election | Aggregate This Election  750.00  |  |
| ROGEKS Address 3505 NEW City HENDER JONVIIIE Occupation Employer First Name Last Name/Organization Name Address                     | Flope RD State Zip Code 7075  Middle Name   | Primary Election  Runoff (Local Election)  Date of Contribution  3-2/-2  Contribution Received Formary Election  Runoff (Local Election) | General Election ons Only)  O 2 2 or: General Election | Aggregate This Election  Aggregate This Election  Anount of Contribution |  |
| ROGEKS Address 3505 NEW City HENDER JONVIIIE Occupation Employer First Name Last Name/Organization Name                             | -lope RD State Zip Code TN Zip Code         | Primary Election  Runoff (Local Election)  Date of Contribution  3-2/-2  Contribution Received Formary Election                          | General Election ons Only)  O 2 2 or: General Election | Aggregate This Election  750.00  |  |
| ROGEKS Address 3505 NEW City HENDER JONVIIIE Occupation Employer First Name Last Name/Organization Name Address                     | Flope RD State Zip Code 7075  Middle Name   | Primary Election  Runoff (Local Election)  Date of Contribution  3-2/-2  Contribution Received Formary Election  Runoff (Local Election) | General Election ons Only)  O 2 2 or: General Election | Aggregate This Election  Aggregate This Election  Anount of Contribution |  |
| ROGEKS Address 3505 NEW City HENDER JONVIIIE Occupation Employer First Name Last Name/Organization Name Address City                | Flope RD State Zip Code 7075  Middle Name   | Primary Election  Runoff (Local Election)  Date of Contribution  3-2/-2  Contribution Received Formary Election  Runoff (Local Election) | General Election ons Only)  O 2 2 or: General Election | Aggregate This Election  Aggregate This Election  Anount of Contribution |  |
| ROGEKS Address 3505 NEW City HENDER JONVIIIE Occupation Employer First Name Last Name/Organization Name Address City Occupation     | Flope RD State Zip Code 7075  Middle Name   | Primary Election  Runoff (Local Election)  Date of Contribution  3-2/-2  Contribution Received Formary Election  Runoff (Local Election) | General Election ons Only)  O 2 2 or: General Election | Aggregate This Election  Aggregate This Election  Anount of Contribution |  |
| ROGEKS Address 3505 NEW City HENDER JONVIIIE Occupation Employer First Name Last Name/Organization Name Address City Occupation     | Flope RD State Zip Code 7075  Middle Name   | Primary Election  Runoff (Local Election)  Date of Contribution  3-2/-2  Contribution Received Formary Election  Runoff (Local Election) | General Election ons Only)  O 2 2 or: General Election | Aggregate This Election  Amount of Contribution  Aggregate This Election |  |
| Address 3505 NEW / City HENDER JONVIIIE Occupation Employer First Name Last Name/Organization Name Address City Occupation Employer | Middle Name  State Zip Code  State Zip Code | Primary Election  Runoff (Local Election)  Date of Contribution  3-2/-2  Contribution Received Formary Election  Runoff (Local Election) | General Election ons Only)  O 2 2 or: General Election | Aggregate This Election  Aggregate This Election  Anount of Contribution |  |

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

| NAME OF CANDIDATE (  | OR COMMITTEE                       |                   | 2 REPORT COVE  | RING THE PERIOD                     |  |  |  |  |
|--|------------------------------------|-------------------|--|-------------------------------------|--|--|--|--|
|  |                                    |                   | FROM: 1/16/  | CZ TO: 3/31/2Z                      |  |  |  |  |
| 3. TOTAL ITEMIZED IN-KIND  | Amount 0                           |                   |  |                                     |  |  |  |  |
| 4. COMPLETE THE APPROPRIA  | TE ITEMS FOR EACH ITE              | MIZED IN-KIND CON | TRIBUTION (in-kind contributions totaling more than \$100 from any     | contributor during the period)      |  |  |  |  |
| First Name   | Middle                             | Name              | 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                                    | Description of In-Kind Contribution |  |  |  |  |
| Occupation   | Employer                           |                   |  |                                     |  |  |  |  |
| First Name   | Middle                             | Name              | In-Kind Contribution Received For:                                     | Value of In-Kind Contribution       |  |  |  |  |
| Last Name/Organization Name  |                                    |                   | ☐ Primary Election ☐ General Election☐ Runoff (Local Elections Only)   |                                     |  |  |  |  |
| Address  |                                    | <del></del>       | Date of in-Kind Contribution   | Aggregate this Election             |  |  |  |  |
| City   | State                              | Zip Code          | Description of In-Kind Contribution                                    |                                     |  |  |  |  |
| Occupation   | Employer                           |                   | ,  |                                     |  |  |  |  |
|  |                                    |                   |  |                                     |  |  |  |  |
| First Name   | viiddle                            | Name              | 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                             | Name              | In-Kind Contribution Received For:                                     | Value of In-Kind Contribution       |  |  |  |  |
| Last Name/Organization Name  | Middle                             |                   | Primary Election General Election                                      | value of in-Kind Continuation       |  |  |  |  |
| 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                             | Name              | 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                           | 1                 |  | ,                                   |  |  |  |  |
| 5. TOTAL ITEMIZED IN-KINE  | CONTRIBUTIONS                      |                   | t  |                                     |  |  |  |  |
| (Carry forward to item 3. of next page (If this is the last page of in-kind co | age if additional pages of this fo |                   | ummary.)   | 0                                   |  |  |  |  |
| SS-1128 (Rev. 2/06)  |                                    |                   | Page 4 of 7  | RDA 1159                            |  |  |  |  |

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMITTEE  |             |                 | 2. REPORT COVER        | NG THE PERIOD TO: 3/31/22       |                       |  |
|--|-------------|-----------------|------------------------|---------------------------------|-----------------------|--|
|  | DEC EDOM DE | /> #0 \( F-4 \) | 7 7 -                  | Amount                          |                       |  |
| TOTAL ITEMIZED CAMPAIGN EXPENDITU     COMPLETE THE APPROPRIATE ITEMS FOR EACH  |             |                 |                        |                                 |                       |  |
| First Name   | Middle Name |                 | Purpose of Expenditure | to billy payors during the poli | Amount of Expenditure |  |
| Last Name/Business Name ALLEGKA MANKET   |             | CAMPAIGN        | MAILEKS                | 811.34                          |                       |  |
| Address ( ) ( an on the Address ( )  | -,- 10      |                 | ,                      |                                 |                       |  |
| Address 601 GRASSMERE PARK SUTE 19  City NASHVIIIE State TN 37211  |             |                 |                        | i                               |                       |  |
| NASHVITE   | 770   3     | 37211           |                        |                                 |                       |  |
| First Name   | Middle Name |                 | Purpose of Expenditure |                                 | Amount of Expenditure |  |
| Last Name/Business Name  A, G, E, GRAPHIC  | s, LLC      |                 | 18"x 24"               | VARO SIGNS                      | 962.50                |  |
| Address 52231 STATE RO   | UTE 24      | 48              |                        | ,                               |                       |  |
| City<br>LONG BOTTOM  | State Zip   | Code /5743      |                        |                                 |                       |  |
| First Name   | Middle Name |                 | Purpose of Expenditure |                                 | Amount of Expenditure |  |
| Last Name/Business Name  | <u>.</u>    |                 | CAMPAIGN               | Pus4                            | 0                     |  |
| SOS PRINTING   |             |                 | CAKOS                  |                                 | 229.43                |  |
| 706 SPACE PARK   | NOKT        | 4               |                        |                                 |                       |  |
| Address TOB SPACE PARK City GOODLETTS VILLE  | State Zip   | 7072            |                        |                                 |                       |  |
| First Name   | Middle Name |                 | 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 |  |
| Last Name/Business Name  |             |                 |                        |                                 |                       |  |
| Address  |             |                 |                        |                                 |                       |  |
| City   | State Zip   | ı Code          |                        |                                 |                       |  |
| 5. TOTAL ITEMIZED EXPENDITURES   | th' f       | - 1 >           |                        |                                 | 7                     |  |
| (Carry forward to item 3. of next page if additional pages<br>(If this is the last page of expenditures, this amount mus |             |                 |                        |                                 | 2003.27               |  |

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

| NAME OF CANDIDATE OR COMMITTEE  |  |        |                             |                             |                              |                  |               |             | OVERI    | NG THE PERIOD                               |
|---|--|--------|-----------------------------|-----------------------------|------------------------------|------------------|---------------|-------------|----------|---|
| DON SUGMIT FROM 1/16/22 13/31/22  |  |        |                             |                             |                              |                  | 3/31/22       |             |          |   |
| 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 Name Outstanding I (Beginning or  |  |        |                             |                             | Loans<br>Received            | i P              | Loan<br>aymen | ts          |          | anding Loan Balance<br>(End of Period)      |
| Last Name/Organization Name 0 3 020.00 1500.00 1520   |  |        |                             |                             |                              |                  | 20.00         |             |          |   |
| 1 109/47  |  |        |                             |                             |                              |                  |               |             |          |   |
| Address   OII BURNHAM CIK   City  |  |        |                             |                             |                              | 022              |               |             |          |   |
| HENDERSON USTRESS TO List All Endors  |  |        |                             |                             |                              | please atta      | ch a n        | adel        |          |   |
| First Name  | Middle Name                            |        |                             | First Name                  |                              |                  |               | -3-,        | Middle I | Name  |
| Last Name/Organization Name   |  |        |                             | Last Name/O                 | ganization Nam               | ne               |               |             |          |   |
| Address   |  |        | ·                           | Address                     | <del> </del>                 |                  |               |             |          |   |
| City  | State                                  | Zip Cı | ode                         | City                        |                              |                  |               |             | State    | Zìp Code                                    |
| Amount Gueranteed Outstanding   | I                                      |        |                             | Amount Guar                 | anteed Outstand              | ding             |               |             |          |   |
| First Name  | Middle Name                            |        |                             | First Name                  |                              |                  |               |             | Middle   | Name  |
| Last Name/Organization Name   |  |        |                             | Last Name/Organization Name |                              |                  |               |             |          |   |
| Address .   | ·-···································· |        |                             | Address                     |                              |                  |               |             |          |   |
| City  | State                                  | Zip C  | ode                         | City                        | City State Zip Code          |                  |               |             |          |   |
| Amount Guaranteed Outstanding   |  |        |                             | Amount Guar                 | anteed Outstan               | ding             |               |             |          |   |
| First Name  | Middle Name                            |        |                             | First Name                  |                              |                  |               |             | Middle   | Name  |
| Last Name/Organization Name   | <u></u>                                |        |                             | Last Name/Organization Name |                              |                  |               |             |          |   |
| Address   |  |        |                             | Address                     |                              |                  |               |             |          |   |
| City  | Stale                                  | Zip C  | Code                        | City State Zip Co           |                              |                  |               | Zip Code    |          |   |
| Amount Guaranteed Outstanding   |  | •      |                             | Amount Guar                 | anteed Outstan               | ding             |               |             |          |   |
| First Name Middle Name  |  |        |                             | 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 Gua                  | anteed Outstan               | ding             |               | •           | •        |   |
| 4. Totals for all Loans (complete on last page of<br>(Total loans received should also be shown in item 16. on              |  |        |                             |                             | Loan Balance<br>g of Period) | Loans<br>Receive | ıd            | Loa<br>Paym |          | Outstanding Loan Balance<br>(End of Period) |
| (Total loan payments should also be shown in item 20. on (Total outstanding loan balance should also be shown in item       | summary page.                          | )      |                             | 0                           | z <u> </u>                   | 302              |               | 150         |          | 1520.00                                     |

### **ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE**

| 1. NAME OF CANDIDATE OR COMMITTEE   |             |              |  | 2. REPORT COVERING THE PERIOD FROM: 1/6/22 TO: 3/31/22 |                      |  |  |
|---|-------------|--------------|--|--|----------------------|--|--|
| 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<br>(Beginning of Period) | FROM: //6/<br>Debt Incurred<br>This Period             | Payments This Period | Outstanding Balance<br>(End of Period) |  |
| First Name  | Middle Nar  | ne           |  |  |                      |  |  |
| Last Name/Business Name   |             |              |  |  |                      |  |  |
| Address   |             |              |  |  |                      |  |  |
| City  | State       | Zip Code     |  |  |                      |  |  |
| Description of Obligation   |             |              |  |  |                      |  |  |
| First Name  | Middle Na   | ne           |  |  |                      |  |  |
| Last Name/Business Name   | <u>I.</u>   |              |  |  |                      |  |  |
| Address   |             | <del> </del> |  |  |                      |  |  |
| City  | State       | Zip Code     |  |  |                      |  |  |
| Description of Obligation   |             |              |  |  | L                    |  |  |
| First Name  | Middle Name |              |  |  |                      |  |  |
| Last Name/Business Name   |             |              | _  |  |                      |  |  |
| Address   |             |              |  |  |                      |  |  |
| City  | State       | Zip Code     |  |  |                      | :                                      |  |
| Description of Obligation   | , t         |              |  |  |                      |  |  |
| First Name  | Middle Na   | me           |  |  |                      |  |  |
| Last Name/Business Name   |             |              |  |  | ,                    |  |  |
| Address   | • • •       |              |  |  |                      |  |  |
| City  | State       | Zip Code     |  |  |                      |  |  |
| Description of Obligation   | .1          | 1            | <u> </u>                                     | <del>- L.,.</del>                                      |                      | <u> </u>                               |  |
| First Name  | Middle Na   | me           |  |  |                      |  |  |
| Last Name/Business Name   | 1           | <u></u>      |  |  |                      |  |  |
| Address   |             |              |  |  |                      |  |  |
| City  | State       | Zip Code     |  |  |                      |  |  |
| Description of Obligation   | _1          |              |  | 1  | .1                   | <u> </u>                               |  |
| 4. TOTALS   |             |              |  |  | -2                   |  |  |
| (Total from Outstanding Balance - (End of Period) in item 23b. on summary page.)  | 0           | 0            | 0  | 0  |                      |  |  |