CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

. Or omigro owners committees	
DATE OF REPORT 2.a. NAME OF CANDIDATE OR COMMITTEE	
4/5/22 Brian Stewart	
2.b. IF COMMITTEE, NAME OF CANDIDATE 3. ELECTION DATE	
S. ELEGITOR BATE	
20d2	
4.a. CAMPAIGN ADDRESS AND PHONE	
Street or Rural Route City State Zip Code Phone	9
1012 Kowbarton Ct Herdesonille TN 37475 653	140-7011
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)	7011
Street or Rural Route City State Zip Code Phone	Ð
5. OFFICE SOUGHT (include district number, if applicable) , 6. NAME OF POLITICAL TREASURER (may be candidate	
5. OFFICE SOUGHT (include district number, if applicable) 6. NAME OF POLITICAL TREASURER (may be candidate))
Demock Syntismones at Link Koyette	
7. CATEGORY OR REPORT (Check one)	
DUADTED OLIADTED OLIAOTED DUILLOU DELLA DE	R-END
OUARTER QUARTER QUARTER QUARTER PRIMARY GENERAL SUPPLEMENTAL SUPPL 8.a. BEGINNING DATE OF REPORTING PERIOD 8.b. ENDING DATE OF REPORTING PERIOD	EMENTAL
11122 3/3/122	
9. (Check one)	***
This company is everyther detailed disclay up have	
 a.	AND expendi-
tates total \$1,000 of less for this reporting pariod. (complete items 12d., 12e. 8fg 12f.)	
b. This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total me	ore than \$1 000
and/or expenditures total more than \$1,000 for this reporting period.	000,14 11614 910
10. Thus do colorado europe or office that the information and in this	
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that the accounting of campaign contributions and expenditures required to be reported by the conditions and that the accounting of campaign contributions and expenditures required to be reported by the conditions are the conditions.	ns report is an
accurate accounting of campaign contributions and expenditures required to be recorted by the candidate committee by the Ca	ampaign
accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Ca Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the person	ampaign
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accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Ca Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the person benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.	ampaign
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accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Carbinancial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the person bequest of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code. 11. WITNESS SIGNATURE 12. SUMMARY AM FILED AM AM APR 08 2022 C. TOTAL DISBURSEMENTS THIS PERIOD SUMNER COUNTY ELECTION COMMISSION d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) STATES STATES SUMMER COUNTY SUMMER	ampaign al financial 4-7-22 date date



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
	FROM: 1172 TO 3/31/22
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	s <u>\$</u>
b. Itemized Contributions (over \$100 from each source this period)	s
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.).	s <u></u>
16. LOANS RECEIVED THIS REPORTING PERIOD	s _ ¢
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>/</u>
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - ϵ	e.g., printing, postage. gasoline)
Amazon - dour trangers \$ 28.19	
ASAP Printing-Push circles \$ 54.3	0
Mr Sign Man - Wice Stanes & Sto 2	<u>.v</u>
Lowes - Wire Frames \$860	9
\$	
\$	
<u> </u>	
\$	
s	
Takel of Europe disease (MAOO as New York)	- 1 - 1 - 1
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.)	\$ 4,153,23
22.IN-KIND CONTRIBUTIONS	4
a. Uniternized 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.b	o.) s
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	m 12.f.)\$

SS-1133 (Rev 4/02)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				REPORT COVE	
Brian Stowart		FROM: 1 22	TO: 3/3/22		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT					Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	ACH ITEME	ZED CONTRIBUTIO	N (contributions totaling more than \$	100 from any contribute	or)
First Name	Middle Nam	ne .	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		·	Primary Election	General Election	
Address	·····		Runoff (Local Election	s Only)	
City	State	Zip Code	Date of Contribution	· · · · · · · · · · · · · · · · · · ·	Aggregate This Election
Occupation		**			
Employer					
First Name	Middle Nan	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	'				
l .					
First Name	Middle Nam	ve	Contribution Received For	- 1	Amount of Contribution
First Name Last Name/Organization Name	Middle Nam	e		General Election	Amount of Contribution
	Middle Nam	ie.	_	General Election	Amount of Contribution
Last Name/Organization Name	Middle Nam	Zip Code	Primary Election [General Election	
Last Name/Organization Name Address			Primary Election [General Election	Amount of Contribution Aggregate This Election
Last Name/Organization Name Address City			Primary Election [General Election	
Last Name/Organization Name Address City Occupation Employer			Primary Election [General Election	
Last Name/Organization Name Address City Occupation Employer First Name		Zip Code	Primary Election [Runoff (Local Election Date of Contribution Contribution Received For:	General Election	
Last Name/Organization Name Address City Occupation Employer	State	Zip Code	Primary Election [Runoff (Local Election Date of Contribution	General Election	Aggregate This Election
Last Name/Organization Name Address City Occupation Employer First Name	State	Zip Code	Primary Election [Runoff (Local Election Date of Contribution Contribution Received For:	General Election S Only) General Election	Aggregate This Election
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name	State	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For:	General Election S Only) General Election	Aggregate This Election
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address	State Middle Nam	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For: Primary Election Runoff (Local Election	General Election S Only) General Election	Aggregate This Election Amount of Contribution
Last Name/Organization Name Address City Occupation Émployer First Name Last Name/Organization Name Address City	State Middle Nam	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For: Primary Election Runoff (Local Election	General Election S Only) General Election	Aggregate This Election Amount of Contribution

SS-1131(Rev 2/06)

Page _____ of ____

RDA 1159

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR C				2. REPORT COVER	<u>'T </u>
15/160	Stowart			FROM: 1 1 2Z	TO: 3)3,122
			GE (enter \$0 if first itemized page)		φ
4. COMPLETE THE APPROPRIATE	ITEMS FOR EACH ITE	AIZEO IN-KIND CON	RIBUTION (in-kind contributions totaling m	ore than \$100 from any cor	nthouter during the period)
First Name	Middle Name			For General Election	Value of In-Kind Contribution
Last Name/Organization Name			Runoff (Local Elections		
Address			Date of In-Kind Contribution		Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer	_			
First Name	Middle	Varne	In-Kind Contribution Received	For: General Election	Value of In-Kind Contribution
Last Name/Organization Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Runoff (Local Elections		
Address			Date of In-Kind Contribution		Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer				
First Name	Middle I	Name	In-Kind Contribution Received Primary Election	For: General Election	Value of In-Kind Contribution
Last Name/Organization Name			Runoff (Local Elections		
Address	, , , , , , , , , , , , , , , , , , ,		Date of In-Kind Contribution		Aggregate this Election
City (City	State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer				
First Name	Middle	iame	In-Kind Contribution Received		Value of In-Kind Contribution
Last Name/Organization Name				General Election	
Address			Date of In-Kind Contribution	Aggregate this Election	
City	State	Zip Code	Description of In-Kind Contribution	 	Agricone and Election
Occupation	Employer				
First Name	Middle N	arne	In-Kind Contribution Received		Value of In-Kind Contribution
Last Name/Organization Name		·····	Runoff (Local Elections	General Election Only)	
Address			Date of In-Kind Contribution		Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution		1
Occupation	Employer				
5. TOTAL ITEMIZED IN-KIND CO				· · · · · · · · · · · · · · · · · · ·	/
(Carry forward to item 3, of next page if (If this is the last page of in-kind contribution)	additional pages of this form itions, this amount must be	i are used.) shown in item 22b, of sun	nmary.)		φ
SS-1128 (Rev. 2/06)			Page	of	RDA 1159

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	RING THE PERIOD					
Buen Stowart	FROM 1)1) 22	TO: シンフと				
3. TOTAL ITEM:ZED CAMPAIGN EXPENDITU	age)	C C				
4 COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMIZED EXPENDITURE	E (expenditures lotating more than \$10	0 to any payee during the per	iod)		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	<u> </u>	┥		l d		
Mr Sign Mag		- Company as ly	13	152.19		
Address 129 Commerce Dr				15241		
Chy Hendersonlle	State Zip Code TN 37-75					
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name						
Capital Punctions		Caman	A O	\$ 100.50		
Address Pi Box 231)	A 100.50		
	State Zip Code					
Chlaside	PA 19038					
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name _						
Andres BBQ 615	.300-8337	meet ryreed		1330.00		
Address	rbacic 7 ugma.		Sunerset Dunns			
City	State Zip Code	Sedivis	an sudivision			
Heresnille	1 37075					
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure		
Last Nama/Business Name	<u> </u>		*) .	4		
Address	NI	- Posh Card	? > .	#39494		
City	State Zip Code					
Herlosonile	1/1 3747		;			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure		
Laskland		- Carpos of Expondition		Amount of Experiment		
Last Name/Business Name	.5	Mad Cronx		<i>k</i>		
Address PUBLY 7.31		- Yard Signs		#552.00		
Charle	State Zip Code PA 19038					
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name		 				
Address (Address (Add		- Vchide M	arrets	\$343.05		
129 Commerce	00			71 / 1 / · ·		
desle xxx.llc	State Zip Code	_				
	イルュルフ	<u> </u>				
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 used)	>				

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	ING THE PERIOD					
Burn Stewart	TO: 3/21) 2 Z					
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU				Ψ		
4. COMPLETE THE APPROPRIATE ITEMS FOR E	Middle Nar		Purpose of Expenditure	to any payee during the per	Amount of Expenditure	
	1	190	r dipose of Experiencie		EXHIBITION OF EXPONENTIA	
Last NamerBusiness Name WHIN Call of	-m			1 ·	41.	
Address 300 Talian Lake	0) 1	St. 1.11 m	Ralio Al	Uctions	\$1,150.00	
av Herles-pulle	State	1 210 0008				
	1	37075				
First Name	Middle Na	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code	{			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			1			
Address	-					
City	State	Zip Code				
First Name	Middle Nar	l	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			i sipost of Expanditure		Amount or expenditure	
Cost (Concretebilicus 1 de lig						
Address						
City	State	Z _r p Code				
First Name	Middle Nan	ne	Purpose of Expenditure	· •••	Amount of Expenditure	
Last Name/Business Name		• • • • •				
Address						
City	State	Zip Code				
	5	Esp Escale				
First Name	Middle Nar	ne .	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	<u> </u>					
Address	······································					
City State Zip Code						
5. TOTAL ITEMIZED EXPENDITURES	at the to				11.10 78	
(Carry forward to item 3. of next page if additional page: (If this is the last page of expenditures, this amount must	or inis form ir Aworls ed 13	are used j Litem 19b. of summary.)			4,158.28	

ITEMIZED STATEMENT OF LOANS - CANDIDATE

NAME OF CANDIDATE OF							2. RE	PORT CO	OVERIN	G THE PERIOD
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans lotating more than \$100 from							1	1,12,7	レー	2/31/55
3. COMPLETE THE APPROP	RIATE ITEMS F	OR EACH	ITEMIZ	ED LOAN (I	oans lotaling r	ore than \$100 (ro	n any source du	ring the perio	od)	
Complete the Following for the So										
First Name				Outstanding L (Beginning o						
Last Name/Organization Name	Δ									
Address	1,			Loan Receive		General Ele		Dale of Loan		
City	State	Zip Code		1	.ocaf Elections					
!	List All Endon	sers or Guar	rantors fo	or Above Loai	n (If more spa	ce is needed pl	ease attach a	page)		
First Name		Middle Nam	1 e		First Name				Middle N	arre
Last Name/Organization Name					Last Name/Or	ganization Name				
Address					Address					
Cily		State	Zip 🔾	ode	City				State	Z p Code
Amount Guaranteed Cutstanding		*	<u> </u>		Amount Guara	nteed Outstanding			- 4:	
First Name		Middle Nam	ne		First Name				Middle N	ame
Last Name/Organization Name		L		 	Lasi Name/Or	ganization Name		<u> </u>		
Address		• • • • • • •	•	• ,	Address	· · · · · · · · · · · · · · · · · · ·				
City		State	Zip Ca	Dde	City				State	Z p Code
Amount Guaranteed Outstanding			¹		Arnount Guara	inteed Outstanding	}			
First Name		Middle Narr	1 0		First Name				Middle I	Name
Last Name/Organization Name		' ,			l.asl Name/Or	ganization Name				
Address					Address					
City		State	Zip Ci	ode	Cily				State	Zip Code
Amount Guaranteed Outstanding			t		Amount Guara	inteed Outstanding	i			1 .
First Name		Middle Nam	ne		First Name				Middle N	ame
Last Name/Organization Name		<u> </u>			Lasi Name/Or	ganization Name	·	1		
Address	+ /-				Address					
City		State	Ζφ Сх	ode	City				State	2 ip Code
Amount Guaranteed Outstanding					Amount Guara	nteed Outstanding				
Totals for all Loans (complete (Total loans received should also be s (Total loan payments should also be s	shown in item 15, on s shown in hem 20, on s	summary page	9.) 9.)		Outstanding L (Beginning		Loans Received	Loan Payme		Outstanding Loan Ralance (End of Period)
(Total outstanding loan balance should SS-1132 (Rev. 4/02)	i aiso de snown in 1927	n 12.e. on fron	rpage.)		<u> </u>	Page	of		1_	RDA 1159

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE					2. REPORT COV	ERING THE PER	doi:
Sam Stowert							2/11/22
 COMPLETE THE APPI OBLIGATION (obligation person/vendor at the er 	ROPRIATE ITEMS F os totaling more that	OR EACH		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		L	*****				
Address	1-1						
City	<u> </u>	State	Zip Code				
Description of Obligation							
First Name	1	Middle Nar	пе				
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name					
Lasi Name/Business Name	Lasi Name/Business Name						
Address						j	
City		State	Zip Code				
Description of Obligation							
First Name		Middle Na	me			:	
Last Name/Business Name		I					
Address	<u> </u>						
City		State	Zip Code				
Description of Obligation		. 			1	L	
First Name		Middle Nai	me			1	
Last Name/Business Name		<u> </u>					ļ
Address							
CO		State	Zip Code				
Description of Obligation	<u></u>	<u> </u>	<u>l.</u>		1	1	<u> </u>
4. TOTALS					 		,
(Total from Outstanding Bala		column mus	t aiso be shown				
in item 23b. on summary						i	

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