CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT	2a NAMEDECAN	UDIDATE OR C	OMMITTEE						
1. DATE OF REPORT 2.a. NAME OF CANDIDATE OR COMMITTEE 4125/2022 51.40 Stewart									
2.b. IF COMMITTEE, NAME OF CANDIDATE	2 CTA	10 710	WAT	2 ELECTION DAT	_				
, , , , , , , , , , , , , , , , , , ,				3. ELECTION DAT	E				
4.a. CAMPAIGN ADDRESS AND PHONE				1 202	<u></u>				
Street or Rural Route	City		State	Zin Codo					
1012 0	1\ ^		Oldib .	Zip Code	Phone				
1012 Roubarten CT	Menlesso	<u>oville</u>	7N	37066	615-440-7011				
CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	t than 4.a.) Citv		State	Zin Ondo					
	O.I.,		Jiale	Zip Code	Phone				
5. OFFICE SOUGHT (include distact number, if					····				
1 0. OF FIGE 3000AT (Include district number, in	applicable)	6. NAME C	F POLITICAL	TREASURER (may b	e candidate)				
Somer Casty Commissioner	24		inla.	Boyette					
7. CATEGORY OR REPORT (Check one)		\							
FIRST SECOND THRD	FOURTH	A	DRF.	∐ MID-YEAR	VE AD END				
QUARTER QUARTER QUARTER	QUARTER	PRIMARY	GENERAL	SUPPLEMENTAL	YEAR-END SUPPLEMENTAL				
8.a. BEGINNING PATE OF REPORTING PERIOD		8.b. ENDING	DATE OF REP	ORTING PERIOD					
4/1/2022		4	.د/>د/	22					
9. (Check one)			2.910		·				
3. This gampage is example from details	ما مانماند ا								
 a. This campaign is exempt from detaile tures total \$1,000 or less for this repo 	a alsciosure because rtina period. (Comple	contributions te items 12d	including in-k 12e, and 12f	kind) received total \$1;	000 or less AND expendi-				
 b. This campaign is required to file a det and/or expenditures total more than \$ 	ailed financial disclos	ure because o	ontributions (including in-kind) recei	ved tota: more than \$1,000				
androi expenditures total more man 3	1,000 for this reportin	g penod.							
10. I/we do solemnly swear or affirm that the in	formation contained in	n this campai	gn financial di	isclosure report is true	and that this report is an				
accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we standard to the contribution of the	ons and expenditures (required to be	reported by t	he candidate committe	e by the Campaign				
benefit of the candidate or for any other non	political purpose as d	efined by the	ederal interna	ave been expended for al revenue code.	the personal financial				
			1	1					
Day The	4-25-22		7 mm	15-	4/2 4/2				
signature of candidate	date		signature	of political treasurer	- 1/25/264 2				
		,	3		Conc.				
11. WITNESS SIGNATURE				-					
\$1	. 1								
Musica	4/25/2022								
signature of witness	date		-1	-4					
	Oble		signa	ature of witness	date				
12. SUMMARY	FIL	ED	16	<u> </u>					
12. SUMMART	AM	+	M						
a. BALANCE ON HAND LAST REPORT				s/0,841.7	2				
	APR	2 6 2022			_				
b. TOTAL RECEIPTS THIS PERIOD	***************************************	oresta de la companya del companya de la companya del companya de la companya de		\$	_				
	SUMNE	R COUNTY	ON		-				
c. TOTAL DISBURSEMENTS THIS PERIOD	ELECTION	COMMISSI		\$ 5,006.	7 /				
				,					
d. BALANCE ON HAND (12.a. plus 12.b. m	inus 12.c.)				s 5, 8 >5 \alpha				
e. TOTAL LOANS OUTSTANDING	14114914491				sØ				

f. TOTAL OBLIGATIONS OUTSTANDING					. 0				



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14, REPORT COVERING THE PERIOD
DECEMPE	FROM: 4/1/22 TO 4/25/22
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>\$</u>
b. Itemized Contributions (over \$100 from each source this period)	s <i>Ø</i>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.).	s
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>\(\beta \) \(\beta \)</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	s
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)
\$	
\$	<u></u>
\$	
s	
•	
•	
-	· · · · · · · · · · · · · · · · · · ·
\$	
\$	
<u> </u>	
Total of Expenditures (\$100 or less each payee)	s
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 5,006.71
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	
20. LOAN REPAYMENTS MADE THIS PERIOD	s _ <i>Ø</i>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 5,006.71
22.IN-KIND CONTRIBUTIONS	
a. Uniternized in-kind contributions (\$100 or less from each source this period)	s <u> </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.	s.)s <u>d</u>
23. OBLIGATIONS	,
Unitemized Obligations Outstanding (\$100 or less each)	s
b. Itemized Obligations Outstanding (Over \$100 each)	
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i iter	/ _/

SS-1133 (Rev. 4/02)

Page _____ of _____

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMM	IITTEE			2. REPORT COVE	RING THE PERIOD			
1		211 2250501116	20054	1110	Amount			
TOTAL ITEMIZED CAMPAIGN CO. COMPLETE THE APPROPRIATE ITEM		1 8						
First Name	Middle Nam		Contribution Received For:					
Last Name/Organization Name		Primary Election	General Election					
Address		Pupe# /Legal Starting	on Oaks)					
10,		· · · · · · · · · · · · · · · · · · ·		Runoff (Local Elections Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation								
Employer								
								
First Name	Middle Nar	me	Contribution Received For	:	Amount of Contribution			
Last Name/Organization Name			Primary Election	General Election				
Address			Runoff (Local Election	Runoff (Local Elections Only)				
City	State	Zip Code	Date of Contribution	Date of Contribution				
Occupation		<u></u>						
Employer								
								
First Name	Middle Nam	ne	Contribution Received For		Amount of Contribution			
Last Name/Organization Name			Primary Flection [General Election				
Address			Runoff (Local Election	Runoff (Local Elections Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation								
Employer	<u> </u>	 						
First Name	Middle Nan	ne	Contribution Received For		Amount of Contribution			
Last Name/Organization Name			Primary Election	Primary Election General Election				
Address			Runoff (Local Election	Runoff (Local Elections Only)				
City	lty State Zip Code		Date of Contribution	Date of Contribution				
Occupation		. <u>I</u>						
Employer	V 744							
5. TOTAL ITEMIZED CONTRIBUTIO (Carry forward to dem 3, of next page if additionally fifths as the lest page of contributions, this are	ional pages of this form a	ire used.) item 15b. of summary	.)		ϕ			

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ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OF	COMMITTEE		2.	REPORT COVERIN	NG THE PERIOD			
Brian	stowar		F		TO: 4/25/22			
3. TOTAL ITEMIZED IN-KIND	CONTRIBUTIONS F	ROM PRECEDING PA	GE (enter \$0 if first itemized page)	['	Amount			
		··· ··· · · · · · · · · · · · · · · ·	RIBUTION (in-kind contributions totaling more	than \$100 from any contri	butor during the period)			
First Name		die Name	In-Kind Contribution Received Fo		Value of In-Kind Contribution			
				eneral Election	Paide of In-Idia Controligion			
Last Name/Organization Name	L		Runoff (Local Elections C	inly)				
Address	1		Date of In-Kind Contribution	Date of In-Kind Contribution Aggregate this Elec				
City	State	a Zip Code	Description of In-Kind Contribution					
Occupation	Employer	\						
First Name	Mids	dle Name	In-Kind Contribution Received Fo		Value of In-Kind Contribution			
Last Name/Organization Name			<u> </u>	ieneral Election				
Address			Runoff (Local Elections C	· · · · · · · · · · · · · · · · · · ·				
Address			Date of In-Kind Contribution	_ '	Aggregate this Election			
City	State	e Zip Code	Description of In-Kind Contribution					
Occupation	Employer							
		_						
First Name	Midd	dle Name		In-Kind Contribution Received For: Value of In-Kind Primary Election General Election				
Last Name/Organization Name	···		<u> </u>					
Address			□ Runoff (Local Elections C		A			
			Date of the way Contribution		Aggreçate this Election			
City	State	e Zip Code	Description of In-Kind Contribution					
Оссupation	Employer							
First Name	Mide	dle Name	In-Kind Contribution Received Fo		Value of in-Kind Contribution			
Last Name/Organization Name	1			ieneral Election				
Address	-		Runoff (Local Elections C					
Accress			Date of In-Kind Contribution	'	Aggregate this Election			
City	State	e Zip Code	Description of In-Kind Contribution					
Occupation	Employer							
First Name	Midd	le Name	In-Kind Contribution Received F	· ['	/alue of In-Kind Contribution			
Last Name/Organization Name				eneral Election				
Address	···		Runoff (Local Elections O Date of In-Kind Contribution					
	Y	-		A	Aggregate this Election			
City	Stake	Zip Code	Description of In-Kind Contribution					
Occupation	Employer							
5. TOTAL ITEMIZED IN-KIND	CONTRIBUTIONS							
(Carry forward to item 3, of next page	ge if additional pages of this	form are used)			X			
(If this is the last page of in-kind cor SS-1128 (Rev. 2/06)	HILDUGURS, LAIS BROOME MUST	i be snown in item 22b of sun	······					
AND AN USE GROWN SHOP!			Page	of	RDA 1159			

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	RING THE PERIOD			
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU		(enter \$0 if first itemized na	ne)	Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR E			<u> </u>	iod)
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	·	1) (-		\$310.00
Address 2300 Clarendo B	Jel Stc 800	Voter av	ule	# 3/0.00
Cly Actionton	State Zip Code 7 A 22201			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Lasi NamerBusiness Name CX Address Address	N- 1 0 0	Postor 15/	mailins	\$ 872.46
city Hermitage	State ZpCode TN 57076	,	·	
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name 1360				
Address C) 6 (code)	ul ste 800	Votor G	\$ 310.00	
Ar)instan	State Zip Code			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last NamerBusiness Name	Ma0			1.
Address) 29 Commerce	DC	Signs		\$ 185.73
Herlessonille	State Zp Code TN 37075			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last NamerBusiness Name		0 ~		1.
Address PO BOX TIXITY		RFID Cons	\$257.99	
Circinati	State Zip Code ON 45271			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Lasi Name/Business Name	aniel Foxes	1 Shirts		d) u =
Address	A CHUIC - I VACO	75000		\$ 480.00
City	State Zip Code			
TOTAL ITEMIZED EXPENDITURES (Carry forward to ritem 3 of next page if additional pages (If this is the last page of expenditures, this amount mus.)				\$2416.18

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER	ING THE PERIOD TO: 4/25/22		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	RES ERON	PRECEDING PAGE	(enter \$0) if first itemized na	oe)	Amount		
		· · · · · · · · · · · · · · · · · · ·	(enter \$0 if first itemized page) penditures lotating more than \$100 to any payee during the period)				
First Name	Middle Name	9	Purpose of Expenditure	Amount of Expenditure			
Last Name/Queiness Name,			Posterul/m	a.l.:	\$ 850.57		
Address 921 Old Lebano	tel	18572000/11	~~~ <u>~</u>				
Hermitace	State 1	Zip Code 37076					
First Name	Middle Name	•	Purpose of Expenditure		Amount of Expenditure		
Last Name/Rusiness Name POX Profile Address Address		\ 0.0	Postcall n	مزمان ﴿	869.98		
Cily Hermitane	State N	27076	1037Cm41				
First Name	Middle Name	÷	Purpose of Expenditure	•••	Amount of Expenditure		
Last Name/Byemess Name Yox Printing Address 931 012 Lobge	it nel	Postomy	ma.lin	\$869.98			
Nemitare	State	Zp Code ユフシフし					
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	l						
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 C ode					
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure		
Lasi 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				4	5006.71		

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OF 3. COMPLETE THE APPROP	Hewa)- OREACHII	remiz	ED LOAN (I	pans totaling r	none than \$100	FRO	DM:		NG THE PERIOD TO 1/25/22	
Complete the Following for the So	arce of the Loan										
First Name	Middle Nam	e		Outstanding L (Beginning o					Outstanding Loan Salance (End of Period)		
Last Name/Organization Name	<u>-</u>		-							·	
Address	\			Loan Receive	d For			Date of Loan			
N	()			Primary		☐ General	l Election				
City	State	Zip Code			Local Elections	Only)					
	List All Endon	sers or Guara	ntors fo				d please attach	a page)			
First Name		Middle Name			First Name				Middle N	lame	
Last Name/Organization Name		L		<u>.</u>	Last Name/Or	ganization Nar	me)				
Address			· • • • • • • • • • • • • • • • • • • •		Address			-			
Cily		State	Zip C	ode	City				State	Zip Code	
Amount Guaranteed Outstanding			4		Amount Guara	nteed Oulstan	nding	L			
First Name		Middle Name			First Name				Middle f	Name	
Last Name/Organization Name	I Name				Last NamerOrganization Name						
Address		• • •			Address				, '		
City		State	Zip C	ode	City				State	Z-p Code	
Amount Guaranteed Outstanding	1				Amount Guar:	inteed Outstan	าซีเกฎ				
First Name		Middle Name	1		First Name				Middle	Name	
Last Name/Organization Name			•		Lasi NamerOr	ganization Nai	me				
Address					Address						
City		State	Zip C	ode	City				Starte	Zia Gode	
Amount Guaranteed Outstanding					Amount Gu a ra	nteed Outstan	nding	A			
First Name		Middle Name			First Name				Middle	Name	
Last Name/Organization Name		<u>'</u>			Last Name/Or	ganization Nar	me	1		***	
Address					Address				<u> </u>		
City		Slate	Zip Ci	oxle	City				State	Zip Code	
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding					<u> </u>	
Totals for all Loans (complete (Total loans received should also be s	shown in item 15 on s	summary page.)		Outstanding L (Beginning		Loans Received	Loan Paymer	nts	Outstanding Loan Balance [End of Period]	
(Total loan payments should also be s (Total outstanding loan balance should										'''	

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
3. COMPLETE THE APPROPRIATE ITEMS F	A			1 1 1	رى TO:	4/25/22
3. COMPLETE THE APPROPRIATE ITEMS F	OR EACH	ITEMIZED	Outstanding Balance	Debt Incurred	Payments	Outstanding Balance
OBLIGATION (obligations totaling more than person/vendor at the end of the reporting per	1 \$100 owe eriod)	ed to any	(Beginning of Period)	This Period	This Period	(End of Period)
	, 			<u>[</u>		
First Name	Middle Nan	ne				
Last Name/Business Name	Last Name/Business Name					
L						
Address ()						
City	State	Zip Code			*	
Description of Obligation						
First Name	Middle Nar	ne				
Last Name/Business Name						ļ
Address						
City	State	Zip Code				
Description of Obligation		<u> </u>		<u> </u>	1	<u> </u>
First Name	Middle Na	me				
	<u> 1</u>		_			į
Last Name/Business Name						
Address						
0.	T 5	1-04				
City	State	Zip Code				
Description of Obligation			•			•
First Name	Middle Na	me				
Last Name/Business Name	1]	1
					}	
Address						
Спу	State	Zip Code	-			
Description of Obligation	2/12					
	,,					,
First Name	Middle Na	me				
Last Name/Business Name			- 			
			_			
Address						
City	State	Zip Code	┪			
Description of Obligation						
4. TOTALS					7	
(Total from Outstanding Balance - (End of Penod)	column mus	stalso be shown				
in item 23b. on summary page.)						1