CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAMEOFC	ANDIDATE OR	COMMITTEE		
1-27-22	Luke	Tins	100	-	
2.b. IF COMMITTEE, NAME OF CANDIDATE		• • •	· · ·)	3. ELECTION DATE	
4.a. CAMPAIGN ADDRESS AND PHONE					
Street or Royal Route	City		State	Zip Code	Phone
192 1Liver Mahasa)	-KAPERSON	uille	TN	37075	
4.b. CANDIDATE'S HOME ADDRESS (if differer	K Glari 4.a.)				
Street or Rural Route	City		State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, i	f applicable)	6. NAME	OF POLITICAL	FREASURER (may be	candidate)
Conty Comm 22		Tiffa	ry Bron	(4)	
7. CATEGORY OR REPORT (Check one)		·) 15/10/1	<u> </u>	
FIRST SECOND THIRD	FOURTH	PRE-	D PRF-	☐ MID-YEAR	YEAR-END
QUARTER QUARTER QUARTER		PRIMARY	GENERAL	SUPPLEMENTAL	SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD		8.b. ENDIN	G DATE OF REPO	RTING PERIOD	
My 1 21			15	<u> </u>	
9. (Check one)					
 a.	ed disclosure becaus orting period. (Comp	se contributior plete items 12	ns (including in-kii d., 12e. and 12f.)	nd) received total \$1,00	00 or less AND expendi-
b. 🔼 This campaign is required to file a de	stailed financial diecl	oeura bacaus	a contributions (in	oluding in kind) socia	and total
and/or expenditures total more than	\$1,000 for this repor	ting period.	s continuutions (it	clading in-kind) receive	ed lotal more than \$1,000
I/we do solemnly swear or affirm that the i accurate accounting of campaign contributi	ons and expenditure	es required to	be reported by th	e candidate committee	by the Campaign
Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other no	swear or affirm that npolitical purpose as	no campaign defined by th	contributions hav e federal internal	re been expended for t revenue code	he personal financial
	- Farmani Pari))	<u></u>	
1/1 000	1/27/2.	2	They	non	1/29/0
signature of candidate	date	_	/şignatüre c	f political treasurer	date
44 MATTHEOR SIGNATURE					·
11. WITNESS SIGNATURE	À		11 11	IMA W	
KUUR PUKM	(i - 2 /	-22	KILL	12 Maker	Un 1/29/25
signature of witness	date	FILEC) signa	ure of witness	- / date
	- AM		PM V		
12. SUMMARY		JAN 31	2022	\sim	
a. BALANCE ON HAND LAST REPORT				.\$	
	_	UMNE		\$ 5,000	
b. TOTAL RECEIPTS THIS PERIOD	ELEC	CI:		.\$	
c. TOTAL DISBURSEMENTS THIS PERIOD			•••••	.\$ <i></i> _	-
d. BALANCE ON HAND (12.a. plus 12.b. ı	minus 12.c.)				5,000
					<u></u>
e. TOTAL LOANS OUTSTANDING	·			\$	5,000
F TOTAL OPLICATIONS OF TOTAL SING					0
f, TOTAL OBLIGATIONS OUTSTANDING				······································	

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD FROM: TO:
RECEIPTS 15. CONTRIBUTIONS (athors there bears and inferred)	1
15. CONTRIBUTIONS (other than loans and interest)	a Ø
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.)	\$ 5,000
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)
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$\$	
\$	
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.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 in	

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Page _____ of ____

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE					RING THE PERIOD
				FROM:	TO:
	ONO EDO	H DDECENIA DAO	E /	>	Amount
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTION					
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH				\$100 from any contribute	
First Name	Middle Name	· .	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	Middle Nam	ne	Contribution Received Fo	r:	Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
Address			Runoff (Local Election	ons Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation	•			·	
Employer	*		•		
First Name	Middle Nал	ne	Contribution Received Fo	DL:	Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
Address			Runoff (Local Electi	ons Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation		<u> </u>			
Employer		-			
First Name	Middle Nar	me	Contribution Received For	•	Amount of Contribution
Last Name/Organization Name	<u>.l</u>		Primary Election	General Election	
Address			Runoff (Local Elect	ions Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
I			7		
Employer				<u>-</u>	

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

 NAME OF CANDIDATE OR COMMITTEE 				2. REPORT COVE	RING THE PERIOD				
				FROM:	TO:				
3. TOTAL ITEMIZED IN-KIND CONTRIBUTION	ONS FROM	PRECEDING PAG	F (enter \$0 if first itemized page	a)	Amount				
4. COMPLETE THE APPROPRIATE ITEMS FOR				·	Intributor during the period)				
	- ,								
First Name	Middle Na	me 	In-Kind Contribution Receive Primary Election	ed For: General Election	Value of In-Kind Contribution				
Last Name/Organization Name			Runoff (Local Election	ns Only)					
Address	- · · · · · · · · · · · · · · · ·		Date of In-Kind Contribution		Aggregate this Election				
City	State Zip Code			1					
Occupation Employer	1								
	1		1 10 10 17 7 7		Type of the part of the				
First Name	Middle Na	ame	In-Kind Contribution Receiv	ed For: General Election	Value of In-Kind Contribution				
Last Name/Organization Name	•		Runoff (Local Election	ons 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 Employe	r	1 							
First Name Middle Name			In-Kind Contribution Receiv	ed For: General Election	Value of In-Kind Contribution				
Last Name/Organization Name			Runoff (Local Elections Only)						
Address	Address				Aggregate this Election				
City	State	Zlp Code	Description of In-Kind Contribution	n					
Occupation Employe	<u> </u>								
First Name	Middle N	ame	In-Kind Contribution Received Primary Election	Value of In-Kind Contribution					
Last Name/Organization Name			☐ Runoff (Local Elections Only)						
Address			Date of in-Kind Contribution Aggregate this Election						
City	Stale	Zip Code	Description of In-Kind Contribution	n	<u> </u>				
Occupation Employs	er								
First Name	Middle N	ame	In-Kind Contribution Rece		Value of In-Kind Contribution				
Last Name/Organization Name	<u> </u>		☐ Primary Election☐ Runoff (Local Election	General Election					
Address	· · · · · ·		Date of In-Kind Contribution	ona Omy)	Aggregate this Election				
City	State	Zip Code	Description of In-Kind Contribution	n					
Occupation Employe	er	<u> </u>							
E TOTAL ITEMIZED IN VIND CONTRIDI	ITIONE	· · · · · · · · · · · · · · · · · · ·							
TOTAL ITEMIZED IN-KIND CONTRIBU (Carry forward to item 3. of next page if additional p. (If this is the last page of in-kind contributions, this a	ages of this form		mman.)						
SS-1128 (Rev. 2/06)		S. Orni, a., (tern EZD. Of SU)		age of	RDA 1159				

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	•				ERING THE PERIOD
				FROM:	то:
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	IBES EDVI	M DRECEDING DAG	3E (enter \$0 if first itemized pa	ine)	Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR I					eriod)
			Purpose of Expenditure	o to any payor during the	Amount of Expenditure
First Name	Middle Nan		, dibose oi Exhetiatille		Suppose of Exhausting
Last Name/Business Name					
Address					
			_		
City	State	Zip Code			
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure
Lact Name Ruckees Name					
Last Name/Business Name					
Address		· · · · · · · · · · · · · · · · · · ·	7		
City	State	Zip Code			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
East (10)(0)(0)(0)(0) (10)(0)					
Address					
City	State	Zip Code	 		
First Name	rst Name Middle Name				Amount of Expenditure
Last Name/Business Name					
			_		
Address			_		ĺ
City	State	Zip Code			
		,			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	ı				
Address			_		j.
Address				·	
City	State	Zip Code			
First Name	Middle Na	me	Purpose of Expenditure	·	Amount of Expenditure
					1
Last Name/Business Name			1		
Address					
City	State	Zip Code	_		
	<u> </u>	j			
5. TOTAL ITEMIZED EXPENDITURES	4.0.				1
(Carry forward to item 3, of next page if additional pa (If this is the last page of expenditures, this amount n	ges of this form nust be shown	i are used.) In item 19b. of summary.)			
h					···············

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR O	COMMITTEE							REPO	RT COVERIN	NG THE	PERIOD
								(OIVI.		10.	
3. COMPLETE THE APPROPR	IATE ITEMS F	OR EACH IT	EMIZ	ED LOAN (i	oans totaling n	nore than \$100 t	from any source	e during t	he period)		
Complete the Following for the Sour				Ta (1	D-1			1		ما سماليد	- D-l
First Name Luce				Outstanding L (Beginning o		Loans Received			ليب ا	Outstanding Loan Balance (End of Period)	
Last Name/Organization Name						5,00	9 ,	D		00	ت
Address A, Wenchas City Healtersonville	Ų			Loan Receive		☐ General I	Election	1	of Loan	,	_
Hanknson ville	State てル	Zip Code	5	☐ Runoff(Local Elections	Only)		Ja	15		22
	List All Endor	-		or Above Loa		ace is needed	please attac	h a pag			
First Name	•	Middle Name			First Name				Middle	Name	
Last Name/Organization Name		·			Last Name/Or	rganization Nam	16		7		
Address					Address						
City		State	Zip C	Code	City				State	Z	ip Code
Amount Guaranteed Outstanding					Amount Guan	anteed Outstand	ding				
First Name	•	Middle Name	•		First Name Middle Name						
Last Name/Organization Name		·• · · · ·	•		Last Name/O	rganization Nan	ne				
Address					Address						•
City		State	Zip (Code	City				State	. Z	ip Code
Amount Guaranteed Outstanding					Amount Guar	anteed Outstan	ding				
First Name		Middle Name	Э		First Name				Middle	e Name	
Last Name/Organization Name					Last Name/C	Organization Nar	ne				
Address					Address		·		· · · · · · · · · · · · · · · · · · ·		
City		State	Zip (Code	City				State		Zip Code
Amount Guaranteed Outstanding					Amount Guar	ranteed Outstan	ding		· · ·		
First Name		Middle Nam	e		First Name			.=	Middle	Name	
Last Name/Organization Name					Last Name/C	Organization Na	me		 l		
Address		J-1.			Address						
City	······································	State	Zip	Code	City				State		Zip Code
Amount Guaranteed Outstanding				t	Amount Gua	ranteed Outstar	nding	,			
4. Totals for all Loans (complete (Total loans received should also be s						Loan Balance g of Period)	Loans Received		Loan Payments		nding Loan Balance and of Period}
(Total loan payments should also be s (Total outstanding loan balance should	hown in item 20. or	n summary page	r.)		1 de	9	500		D		200



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO	MMITTEE	2. REPORT COVERING THE PERIOD					
		FROM: TO:					
COMPLETE THE APPROPRIA OBLIGATION (obligations totalin person/vendor at the end of the	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)			
First Name	Middle Nan	10					
Last Name/Business Name							
Address							
City	State	Zip Code	<u></u>				
Description of Obligation		J	!		1		
First Name	Middle Nar	TIB			<u> </u>		
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation		<u> </u>			<u> </u>	<u> </u>	
The New York	161E-N-				1	-	
First Name	Middle Na	me 					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Middle Na	mė					
Last Name/Business Name	i						
Address	#						
City	State	Zip Code					
Description of Obligation		1			1		
First Name	Middle Na	me		1			
Last Name/Business Name							
Address	Pr. Throdonia				ı		
City	State	Zip Code					
Description of Obligation		<u> </u>					
4. TOTALS (Total from Outstanding Balance - (E	End of Period) column mus	st also be shown					
in item 23b. on summary page.)	-				<u></u>		