CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

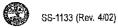
For State and Local Candidates For Single-Candidate Committees

			-		 		
1. DATE OF REPORT	2.a. NAME OF CA		, :				
25 APR 2022	()	na I	10 b/A				
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DATE			
				1 3 MA	44 ZPZ	?	
4.a. CAMPAIGN ADDRESS AND PHONE			_				
Street or Rural Route	Pellatin		State	Zip Code	Phone		
462 Gibbs Ln G	2/12/14		10	37.066	613-19	15-9303	
4.b. CANDIDATE'S HOME ADDRESS (if differen Street or Rural Route	t than 4.a.) City		State	Zip Code	Phone	2	
5. OFFICE SOUGHT (include district number, if	applicable)	6. NAM	E OF POLITICAL	L TREASURER (m	av be candidate	2)	
County Commissioner Dis		l =	rhael	To6.	*	´	
7. CATEGORY OR REPORT (Check one)	511/2/ /	7-11	MEET	100,			
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	FOURTH QUARTER	PRE- PRIMARY	PRE- GENERAL	MID-YEA SUPPLEMEI		AR-END LEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD			• -	ORTING PERIOD			
I APR ZBZZ		23	APR Z	022			
9. (Check one)							
a. This campaign is exempt from detaile tures total \$1,000 or less for this report. b. This campaign is required to file a de and/or expenditures total more than \$	orting period. (Comp tailed financial disclo	olete items 1 osure becau	2d., 12e. and 12	f.)	·	,	
I/we do solemnly swear or affirm that the in accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other nor	ons and expenditure swear or affirm that npolitical purpose as	s required to no campaig	be reported by n contributions h	the candidate com ave been expende	mittee by the Ca d for the persor	ampaign	
signature of candidate	4-25-22 date		signature	of political treasur		date	
			o gradi	y or parada, a dada,	.	uato	
11. WITNESS SIGNATURE	4-25-20	·	Yren	n 286	'n	4.25-2	
signature of witness	date	_	sior	nature of witness		date	
		 					
12. SUMMARY	AM FILE						
a. BALANCE ON HAND LAST REPORT	APR Z 6	PI 2022			<u>, 5</u> 3		
b. TOTAL RECEIPTS THIS PERIOD				\$			
	ELECTION CON	YTAUC		1499	57	İ	
c. TOTAL DISBURSEMENTS THIS PERIOD.	ION CON	MOISSION		\$			
d. BALANCE ON HAND (12.a. plus 12.b. n	ninus 12.c.)				\$	9,96	
e. TOTAL LOANS OUTSTANDING					<u>\$_36</u>	00	
f. TOTAL OBLIGATIONS OUTSTANDING					\$ 0		



SUMMARY PAGE - CANDIDATE

	
13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD FROM: 4/25/72 TO: 4/73/22
RECEIPTS	4/1/22
15. CONTRIBUTIONS (other than loans and interest)	100
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.).	\$ <u>177</u>
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>\(\beta \) \(\tau \)</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>199</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)
Processing fees \$ 8	,56
\$	
\$	
\$	
\$	
\$	
\$	
<u> </u>	
<u> </u>	· · · · ·
	. 8,56
Total of Expenditures (\$100 or less each payee)	1491 01
b. Itemized Expenditures (Over \$100 each payee this period)	1409 67
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.)	\$ 1000
22.IN-KIND CONTRIBUTIONS	o
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	2.b.)\$
23. OBLIGATIONS	a
a. Unitemized Obligations Outstanding (\$100 or less each)	\$
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u></u> \$
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i it	lem 12.f.)\$



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMM	Obn		2. REPO FROM:	RT COVERING THE PERIOD
3. TOTAL ITEMIZED CAMPAIGN EXP		M PRECEDING PA	AGE (enter \$0 if first itemized page)	Amount 4491.00
			(expenditures totaling more than \$100 to any payee	during the period)
First Name	Middle Nar	ne	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name// LEGTE Address O Bux 121146	Marke	ting	Postcard	796,49
Addres PO Box 121146.	Nashville		Malling	
City Washville	State 70	37212		
First Name	Middle Nar	ne	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name AITES (2 M 2	21146	C	Postcard Mailing	694,52
Address PO BOX 13 City Washuille	21196 State TN	Zip Code 3777	1	
First Name	Middle Na		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				
Address			-	
City	State	Zip Code		
First Name	ame Middle Name			Amount of Expenditure
Last Name/Business Name	<u></u> , .l		-	
Address .				
City	State	Zip Code		
First Name	Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				
Address				
City	Stale	Zip Code		
First Name	Middle Na	me	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name	<u> </u>			
Address	· - .			
City	State	Zip Code		
TOTAL ITEMIZED EXPENDITU (Cerry forward to item 3. of next page if ad (If this is the last page of expenditures, this	ditional pages of this form)	1491,01

ITEMIZED STATEMENT OF LOANS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE					2. F	2. REPORT COVERING THE PERIOD				
7/12 10 bin					47	11/23 TO: 4/23/22				
3. COMPLETE THE APPROPRIATE ITEMS I	OR EACH I	TEMIZ	ED LOAN (I	oans totaling n	nore than \$100 f	rom any source o	during the perio	od)		
Complete the Following for the Source of the Loan								·		
First Name Middle Name			Outstanding Loan Balance Loans (Beginning of Period) Received				Loan Outstanding Loan Balance Payments (End of Period)			
T/^2 Last Name/Organization Name			3600		0	(0		3600	
Address 467 Ghbs 4n				Loan Received For: Primary Election General Election Date of Loan						
City / State Zip Code				ary Election General Election off (Local Elections Only)						
List All Endo			for Above Loa	n (If more sp	ace is needed	please attach	a page)			
First Name	irst Name Middle Name			First Name Middle Name						
Last Name/Organization Name	Last Name/Organization Name				rganization Nam	e		•		
Address				Address						
City	State	Zip C	Code	City				Stale	Zip Code	
Amount Guaranteed Outstanding		1		Amount Guaranteed Outstanding						
First Name	First Name Middle Name			First Name Middle Name						
Last Name/Organization Name			Last Name/Organization Name							
Address				Address			··			
City	State	Zip (Code	City		•		State	Zip Code	
Amount Guaranteed Outstanding		<u></u>		Amount Gua	anteed Outstand	ding				
First Name Middle Name				First Name Middle Name						
Last Name/Organization Name				Last Name/C	rganization Nan	ne		1		
Address				Address						
City	State	Zip	Code	City				State	Zip Code	
Amount Guaranieed Outstanding			•	Amount Gua	ranteed Outstan	ding		-1	, , , ,	
First Name Middle Name				First Name Middle Name						
Last Name/Organization Name				Last Name/Organization Name						
Address				Address		···-				
City	State	Zìp	Code	City State Zip G			Zip Code			
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding						
4. 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 g of Period)	Loans Received	Loa Payri		Outstanding Loan Balance (End of Period)	
(Total loan payments should also be shown in item 20. on summary page.) [Total outstanding loan balance should also be shown in item 21.e. on front page.)				3/1	10	Ø	Æ	~~~	3600	

