

#### CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees

VENT SELVED

JAN 2 9 2024

Wilson County Election Commission

1. Date: 1-18-24 2.a. Candidate or Committee Name: Heather Sadler Gallaher
2 b. If Committee, Name of Candidate: 3. Election Date: 3034
4. Campaign Address: 1923 Shenandoah Trail
City: Lebanon State: IN Zip Code: 31091 Phone: 731-23 9-3137
5. Candidate Home Address: 1923 Shenandoch Trail City: Lebanon State: TN Zip Code: 37087 Phone: 731-234-3739 Candidate Email Address: Sadle gallaber @ gmail. Com
6. Office Sought: (include district number, if applicable) Lebanan Special School District School Board
7. Name of Political Treasurer (may be candidate): <u>Kirston Me Donald-Harris</u> Political Treasurer Email Address:
8. Category or Report: (check one)
First Quarter Second Quarter Third Quarter Fourth Quarter Pre-Primary Pre-General Mid-Year Supplemental
9. Reporting Period: Start Date: 7-1-23 End Date: 1-15-24
10. Detailed Disclosure: (Check one)
This campaign is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)
This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.
11. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.
Candidate Signature Date Solitical Treasurer Signature Date
Mitness Signature    - 18 - 24   Witness Signature   Date   Date
12. Summary:
a. Balance On Hand Last Report \$
b. Total Receipts This Period\$
c. Total Disbursements This Period\$
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) \$ 190.61
e. Total Loans Outstanding \$ 5993.91
f. Total Obligations Outstanding \$ PO
S5-1109 (Rev. 1/2023)

#### **SUMMARY PAGE - CANDIDATE**

к	SUMMARY PAGE - CANDIDATI	DEC
13. N	ame of Candidate or Committee: Heather Sadler Gallaher	JAN 2 9 2024
14. Re	eporting Period: Start Date: 7-1-23 End Date: 1-15-2	H 2024
	eceipts:	and a view set with the set of the state of the set of
a	(Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See Instru	actions for more imprinations,
b		\$ \$3150
C.		\$ \$ 993.47
d	Interest Received This Reporting Period	\$
e	Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.)	\$ \$5893.47
16. Di	isbursements:	No.
a.	(Note: Effective January 16, 2023, all expenditures must be itemized.)	
b		\$ 30
c.	Total Obligation Payments Made This Period	5 4 5
d		\$ \$5102.86
17. ln	-Kind Contributions:	
a.		\$ 50
b	ltemized In-Kind Contributions Received This Period	\$ 50
C.		\$ 30
18. O	bligations:	
	. Total Obligations Outstanding (must be shown in item 12.f.)	\$

#### **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDID ATE**

1. Candidate or Committee Name: Higthir Sadkr Gallahir	RECENVED
2. Reporting Period: Start Date: 7-1-23 End Date: 1-15-2	
3. Total campaign contributions from preceding page (enter \$0 if first page) \$	JAN 2 9 2024
	Wilson County Election Commission
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.	Sommission
Business or Organization Name:	OR
First Name: Middle Name:	Last Name: Nicholson
Address: 343 Harrison Street City: Nashville	State: TV Zip Code: 37214
Occupation: Lawyer Employer: Self-em	played
Contribution Received For: Primary Election General Election	Runoff (Local Elections Only)
Amount of Contribution: \$ Date of Contribution:	Aggregate This Election: \$
Business or Organization Name:	OR
First Name: Kareh Middle Name:  Address: 8520 Highland Glen (week City: Cordora  Occupation: Retired Employer:	Last Name: Chapman
Address: 8520 Highland Glen Cycle City: Cordora	State: TN Zip Code: 38016
Occupation: Retired Employer:	
Contribution Received For:  Primary Election  General Election	Runoff (Local Elections Only)
Amount of Contribution: \$\\$250 Date of Contribution: 9-12-23	\ '
Business or Organization Name:	OR
First Name: Middle Name:	Last Name: IVICNO ISON
First Name: Lee Middle Name:  Address: 19870 F Main St City: Huntingdon  Occupation: Optometrist Employer: Nicholson	State: IV Zip Code: 38344
Occupation: UpTometrist Employer: Nicholson	The Center
Contribution Received For: Primary Election General Election	Runoff (Local Elections Only)
Amount of Contribution: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Aggregate This Election: \$ 5500
Business or Organization Name:	OR OR
First Name: Skethney Middle Name:	Last Name: Hancy
Address: 425 Shenand oah Trail City: Lebanon	State: V Zip Code: 37087
Occupation: CSR Employer: Temp C	ontro
Contribution Received For: 🔣 Primary Election 🔲 General Election	Runoff (Local Elections Only)
Amount of Contribution: $$^{10} - 26 - 26$	Aggregate This Election: $\$$
Total Contributions: \$ \$1000	
(Carry forward to the next page if additional pages of this form are used. If the amount must be shown in the summary on first page.)	nis is the last page of contributions, this

1. Candidate or Committee Name: Heather Sadler Gallaher 2. Reporting Period: Start Date: TAN 7-1-25 End Date: 1-15-24 3. Total campaign contributions from preceding page (enter \$0 if first page) \$\frac{1000}{1000} COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION. **Business or Organization Name:** First Name: Matt Last Name: McAdoo \_\_ Middle Name: \_\_ Address: 8450 Flowerbranch State: TN Zip Code: 37401 Occupation: Attorney Employer: Selfemployed ☑ Primary Election Runoff (Local Elections Only) Contribution Received For: General Election Amount of Contribution: \$\\\ \sqrt{50} \quad \text{Date of Contribution: }\\ \lambda - 23 Aggregate This Election: \$\square{150} Business or Organization Name: OR Last Name: Bone Middle Name: Suanne First Name: Margaret State: TN Zip Code: 37087 Highway city: Lebanon Address: 2145 Carthage Employer: Our Sisters Occupation: Executive ☐ General Election ☐ Runoff (Local Elections Only) ☑ Primary Election Contribution Received For: Amount of Contribution: \$\frac{\\$3250}{\\$500}\$ Date of Contribution: 11-12-23 Aggregate This Election: \$\frac{\\$500}{\\$500}\$ OR **Business or Organization Name:** Last Name: Howard First Name: Claire Middle Name: State: TN Zip Code: 3708 City: Lebanon Employer: Self employed Occupation: Self employed Runoff (Local Elections Only) ☐ General Election ☑ Primary Election Contribution Received For: Amount of Contribution: \$\frac{\$500}{} Date of Contribution: \frac{1-20-23}{} Aggregate This Election: \$\frac{\$500}{} Business or Organization Name: \_\_\_ Last Name: Harris First Name: Kirsten Middle Name: State: TN Zip Code: 3708 City: Lebanon Address: 403 Cambridge Consultant \_\_\_ Employer: Alive Occupation: Hospice Primary Election General Election ☐ Runoff (Local Elections Only) Contribution Received For: Amount of Contribution: \$  $\frac{$250}{}$  Date of Contribution:  $\frac{12-12-23}{}$  Aggregate This Election: \$  $\frac{50}{}$ Total Contributions: \$ (Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANE

Page 4 of 12

1. Candidate or Committee Name: Heather Sadler Gallaher 2. Reporting Period: Start Date: 7-1-23 End Date: \-15-24 3. Total campaign contributions from preceding page (enter \$0 if first page) \$  $\frac{$2150}{}$ COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION. OR Business or Organization Name: Last Name: Lea First Name: Magaie Middle Name: \_\_\_ State: TN Zip Code: 37087 Main St City: Lebanon Address: 1633 West Occupation: Senior Care Employer: Home Contribution Received For: Primary Election General Election Runoff (Local Elections Only) Amount of Contribution: \$\frac{1}{2} \frac{1}{2} \frac{1}{2} = \frac{1}{2} \f Business or Organization Name: \_\_\_\_\_ Last Name: Cook First Name: Kandu \_\_\_\_\_ Middle Name: \_\_ Lane City: Lebunon State: TN Zip Code: 37087 Address: 330 Blair Occupation: Selfemployed Employer: Self-employed Runoff (Local Elections Only) Contribution Received For: Amount of Contribution: \$\frac{\frac{120}}{250}\] Date of Contribution: 12-13-23 Aggregate This Election: \$\frac{\frac{5250}}{250} OR Business or Organization Name: Last Name: Couch First Name: Kaye \_\_\_ Middle Name: \_\_\_ 31 <u>city: Lebanon</u> State: TV Zip Code: 37090 Address: PO Box Occupation: Owner Employer: Shoney Contribution Received For: Primary Election General Election Runoff (Local Elections Only) Amount of Contribution: \$\frac{\frac{1}{2}50}{2}\text{ Date of Contribution: Aggregate This Election: \$\frac{1}{2}50}\text{ Business or Organization Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_ ☐ Primary Election ☐ General Election Runoff (Local Elections Only) Contribution Received For: Amount of Contribution: \$\_\_\_\_\_ Date of Contribution:\_\_\_\_\_ Aggregate This Election: \$\_\_\_\_\_ Total Contributions: \$\$1900 \$3150 (Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDA

Page  $\frac{5}{9}$  of  $\frac{12}{12}$ 

1. Candidate or Committee Name: 2. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_ 3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ \_\_\_\_\_ COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars (\$100) from any contributor during the period must be reported. OR Business or Organization Name: \_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_ \_\_\_\_\_ Employer: \_\_\_\_ Occupation: In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only) In-Kind Contribution Value: \$\_\_\_\_\_ In-Kind Contribution Date: \_\_\_\_\_ Aggregate This Election: \$\_\_\_\_\_ Description of In-Kind Contribution: Business or Organization Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ \_\_\_\_\_\_City: \_\_\_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Address: \_\_\_\_ Employer: \_\_\_\_\_ Occupation: In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only) In-Kind Contribution Value: \$\_\_\_\_\_ In-Kind Contribution Date: \_\_\_\_\_ Aggregate This Election: \$\_\_\_\_\_ Description of In-Kind Contribution: Business or Organization Name: \_\_\_\_\_ First Name: Last Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ \_\_\_\_\_City: \_\_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Address: Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ ☐ General Election ☐ Runoff (Local Elections Only) In-Kind Contribution Received For: Primary Election In-Kind Contribution Value: \$\_\_\_\_\_ In-Kind Contribution Date: \_\_\_\_\_ Aggregate This Election: \$\_\_\_\_\_ Description of In-Kind Contribution: Business or Organization Name: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_ In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only) In-Kind Contribution Value: \$\_\_\_\_\_ In-Kind Contribution Date: \_\_\_\_\_ Aggregate This Election: \$\_\_\_\_\_ Description of In-Kind Contribution: Total In-Kind Contributions: \$ \_\_\_ (Carry forward to the next page if additional pages of this form are used. If this is the last page of in-kind

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDAT

contributions, this amount must be shown in the summary on first page.)

				the same of the sa
1. Candidate or Committee Name: Heath	ur S	sadler Gallaher		AN COLUMBIA
2. Reporting Period: Start Date: 7-1-3	13	End Date: 1-15-24	lun.	JAN 2 9 2024
3. Total campaign expenditures from prece	eding p	age (enter \$0 if first page) \$ $igstyle$	YVIISO	n County Flaction Commission
COMPLETE THE APPROPRIATE ITEMS FOR kind contribution to a candidate, please remember candidate's name in the purpose of the expenditure	to includ	e the purpose of the expenditure (e.g.	ıst be itemized.	If the expenditure is an in-
Business or Organization Name: Campa	aign	Partner		OF
First Name:Address: PO Box 118	Middle	Name:	Last Name:	
Address: PO Box 118		City: Still River	State: MA	Zip Code: 01467
Purpose of Expenditure: Website D	evelo	pment	1/0.1	1
Amount of Expenditure: \$ \$145		Date of Expenditure: $\$$	3-1/24	(Monthly)
Business or Organization Name: Walm				OF
First Name:	Middle	Name:		
		City:		
Purpose of Expenditure: Parade Su	polie	5		
Amount of Expenditure: \$ \$78.10	A Vin Air	Date of Expenditure: \$ 11-30	)-23	
Business or Organization Name: W:150				
First Name:	Middle	Name:	Last Name:	77-47
Address: 107 Babb Dr	0	City: Lebanon	State: 170	Zip Code: 5 / 0 8 /
Purpose of Expenditure: Hay for	rarac	te flogt	v.l. 53	
Amount of Expenditure: \$\$\\\\$5.85		Date of Expenditure: \$ \[ \]	ユーイフ	
Business or Organization Name: Sam's	Ch	b		OF
First Name:			Last Name:	×
Address:		City:	State:	
Purpose of Expenditure: Carry For	Chri	stmas Parade		
Amount of Expenditure: \$ \$142.78	F)	Date of Expenditure: \$ 12 -	4-23	
Business or Organization Name: Const	ant	Contact		OF
		Name:	Last Name:	
Address:	madic	City:		
	riler			
Amount of Expenditure: \$ \$54.86		Date of Expenditure: \$ 11-30	0-23	
Total Expenditures: \$\\\ 486.61\\\ (Carry forward to the next page if addition	al page	e of this form are used If this is	the last nage	of expenditures this
amount must be shown in the summary o			the last page	or experiences, and

**ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE** 

ITEMIZED STA	TEMENT OF EXPE	NDITURES - CAN	DIDATEIVED
1. Candidate or Committee Name:	Heather Sadler Gall	laher	JAN 2 9 2024
2. Reporting Period: Start Date:	7-1-23 End Date: 1-	15-24	Wilson County Election Commission
3. Total campaign expenditures from	om preceding page (enter \$0 if f	irst page) \$ \$486.61	Commission Commission
COMPLETE THE APPROPRIATE ITE kind contribution to a candidate, please r	MS FOR FACH EXPENDITURE. AII	l expenditures must be itemize	ed. If the expenditure is an in- iting, etc.) along with the
candidate's name in the purpose of the e	cpenditure section.		
Business or Organization Name:	Nalmart		OI
First Name:	Middle Name:	Last Nam	e:
Address:Purpose of Expenditure: Santo	City:	State:	Zip Code:
Purpose of Expenditure: Samta	x Hats for Christm	as Parade	
Amount of Expenditure: \$\\$16.3	O Date of Expend	diture: \$ 12-4-23	
Business or Organization Name:	lottiv Campaigns		OF
First Name:	Middle Name:	Last Nam	e:
Address:	City:	State:	Zip Code:
Purpose of Expenditure:	- Knocking/Canvassin	ig Software	<u> </u>
Address:	Date of Expend	diture: \$ 12-13-23	
Business or Organization Name:			OF
First Name: Scott  Address:  Purpose of Expenditure: Camp	Middle Name:	Last Nam	e: Comperry
Address:	City:	State:	_ Zip Code:
Purpose of Expenditure: (am)	oaign Signs		
Amount of Expenditure: \$ \$\frac{\fir}{\fir}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\firig}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac	57.50 Date of Expend	diture: \$ $\frac{12-26-23}{}$	
Business or Organization Name:	-owe's		Of
First Name:	Middle Name:	Last Nam	e:
A alaba a a.	City		Zip Code:
Purpose of Expenditure: Stake	s for 4x4 signs		
Amount of Expenditure: \$ \$\parallel{\par	3.47 Date of Expend	diture: \$ 1-5-24	
Business or Organization Name:	Home Depot		Of
First Name:		Last Nam	e:
A alabasas.	City.		Zip Code:
Purpose of Expenditure: Stake	s for 4x4 Signs		
Amount of Expenditure: \$ DIO I	Date of Expend	diture: \$ <u>1-3- 24</u>	
Total Expenditures: \$ \$ \( \frac{1}{2} \) (Carry forward to the next page if	3 160.84 additional pages of this form are	e used. If this is the last pag	ge of expenditures, this

amount must be shown in the summary on first page.)

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE County Commission

1. Candidate or Committee Name: 🔀	eather	Saoler	Gallaher			
2. Reporting Period: Start Date: 7	1-23	End Date	1-15-24		43 160	7.84
3. Total campaign expenditures from	preceding p	age (enter \$	0 if first page) \$	13674,23	\$ 2,10.	
COMPLETE THE APPROPRIATE ITEMS I kind contribution to a candidate, please reme candidate's name in the purpose of the expen	mber to includ	le the purpose	. All expenditure of the expenditure	es must be itemized. (e.g., postage, printin	. If the expendituring, etc.) along with	e is an in- 1 the
Business or Organization Name: $5$	ripe					OR
First Name:	Middle	Name:		Last Name:		
Address:Purpose of Expenditure: Online		_City:		State:	Zip Code:	
Purpose of Expenditure: Online	Donatio	on Fee				
Amount of Expenditure: \$ \$ 103.0	3	Date of Exp	penditure: $\$$	133 - 1/24		
Business or Organization Name: 🗽	eative	Graphics	5			OR
First Name:						
Address:		_City:		State:	Zip Code:	
Address:Pushcar	rds for	Canuas	sing			
Amount of Expenditure: \$\$1210.6	q	Date of Ex	oenditure: \$ 10	)-23-23		
Business or Organization Name: $\sqrt{c}$	stabrint					OR
First Name:	100					
Address		City·		State:	Zip Code:	
Purpose of Expenditure: Magnet	and	Business	Cards			
Amount of Expenditure: \$ \$256.2	10	Date of Ex	penditure: \$ 11	-21-23		
Business or Organization Name: Ub	erprint	5				OR
First Name:				Last Name:		
					Zip Code:	
Purpose of Expenditure: Campaid		Shirts				
Amount of Expenditure: \$ \$318.10			penditure: \$ 🚺	-27-23		
Business or Organization Name: W	Son (	ountu F	Election (	Commission		OR
First Name:				Last Name:		
Address:				State:		
Purpose of Expenditure: Voter L					ı	
Amount of Expenditure: \$ \$40		Date of Ex	penditure: \$ 📙	-27-23		
	01		F			
Total Expenditures: \$ \$5,088.	86	- Lalet C	الأعلى المحاط الأعاد	de le the leet we	of overanditure	oc thic
(Carry forward to the next page if add amount must be shown in the summa	ary on first r	es of this for page.)	n <b>are usea.</b> If <b>t</b> n	iis is trie iast page	oi expenditure	:5, UH5
WITH CHILD IN CONTROL OF CONTROL		3-7				

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDA 1. Candidate or Committee Name: Heather Sadler Gallaher 2. Reporting Period: Start Date: 7-1-23 End Date: 1-15-24 3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 55,088.86 COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an inkind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section. Business or Organization Name: Regions OR Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_ First Name: \_\_ City: \_\_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_ Purpose of Expenditure: Monthly Fees Amount of Expenditure: \$ \$14 Date of Expenditure: \$ 8 23 - 10/23 Business or Organization Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_ Last Name: \_\_\_\_ \_\_\_\_\_ City: \_\_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Address: Purpose of Expenditure: Amount of Expenditure: \$ \_\_\_\_\_ Date of Expenditure: \$ \_\_\_\_\_ Business or Organization Name: \_\_\_\_ First Name: \_\_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_ Address: Purpose of Expenditure: Amount of Expenditure: \$ \_\_\_\_\_ Date of Expenditure: \$ \_\_\_\_\_ Business or Organization Name: \_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_ Last Name: \_\_\_\_ \_\_\_\_\_ City: \_\_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_ Address: \_\_\_\_ Purpose of Expenditure: Amount of Expenditure: \$ \_\_\_\_\_\_ Date of Expenditure: \$ \_\_\_\_\_ Business or Organization Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_ Last Name: \_\_\_\_ \_\_\_\_\_City: \_\_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Address: Purpose of Expenditure: \_\_\_\_ Amount of Expenditure: \$ \_\_\_\_\_\_ Date of Expenditure: \$ \_\_\_\_\_ Total Expenditures: \$\\$5,102.86 (Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

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

1. Candidate or Committee Name:		JAN 29 702
2. Reporting Period: Start Date: End D	)ate:	2024
3. Complete the appropriate items for each loan totaling	more than one hundred dollar	rs (\$100).
Complete the following for the source of each loan received and/or	outstanding during the period.	
Business or Organization Name:		OR
First Name: Heather Middle Name:	Last Name:	Gallaher
Address:City:	State:	Zip Code:
Address: City: Outstanding Loan Balance (Beginning) \$	0 4	
Loans Received \$ 3	5993,47	
Loan Payments\$	<b>DO</b>	
Outstanding Loan (End)\$	paa3,41	
Loan Received For: Primary Election General I	Election Runoff (Local Ele	ections Only)
List all endorsers or guarantors for above loan (If more space is need Business or Organization Name:		
First Name: Middle Name:		
Address: City:		
Amount Guaranteed Outstanding: \$		
Amount Guaranteed Odistanding. 3		
Business or Organization Name:		
First Name: Middle Name: _		
Address:City:		Zip Code:
Amount Guaranteed Outstanding: \$		
Business or Organization Name:		OR
First Name: Middle Name:		
Address: City:		
Amount Guaranteed Outstanding: \$		
Business or Organization Name:		
First Name: Middle Name: _		
Address:City:		Zip Code:
Amount Guaranteed Outstanding: \$		
<b>Totals for all loans</b> (Complete this page for each outstanding loan of Total loans received and loan payments should be shown on summary page for each outstanding loan of the shown on summary page for each outstanding loan of the shown on summary page for each outstanding loan of the shown on summary page for each outstanding loan of the shown on summary page for each outstanding loan of the shown on summary page for each outstanding loan of the shown on summary page for each outstanding loan of the shown of the shown on summary page for each outstanding loan of the shown on summary page for each outstanding loan of the shown on summary page for each outstanding loan of the shown on summary page for each outstanding loan of the shown on summary page for each outstanding loan of the shown on summary page for each outstanding loan of the shown on summary page for each outstanding loan of the shown on summary page for each outstanding loan of the shown on summary page for each outstanding loan of the shown on summary page for each outstanding loan of the shown on summary page for each outstanding loan of the shown on summary page for each outstanding loan of the shown on summary page for each outstanding loan of the shown on summary page for each outstanding loan of the shown on summary page for each outstanding loan of the shown of the	during the period. Complete this sectionage. Outstanding loan balance should	on only on last page of loans. I be shown on front page.)
Balance (Beginning)\$	50	
Loans Received \$ 30	993,47	
Loan Payments\$	50	
Outstanding Loan (End)	993.47	

SS-1132 (Rev. 1/2023)

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#### ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDAT Candidate or Committee Name: Wilson County Election Commission \_\_\_\_\_ End Date: \_\_\_\_\_ 2. Reporting Period: Start Date: 3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period. Description of Business Name: **Obligation:** First Name: \_\_\_\_\_ Middle Name: \_\_\_\_ Last Name: Outstanding **Payments** Debt Address: \_\_\_\_\_ Outstanding Balance (Period Incurred This Period Balance City: \_\_\_\_\_ Beginning) This Period (Period End) \$ \$ \$ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Description of Business Name: Obligation: First Name: Middle Name: \_\_\_\_ Last Name: Outstanding Debt **Payments** Outstanding Address: Balance (Period incurred This Period **Balance** Beginning) This Period (Period End) \$ \$ \$ \$ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Description of Business Name: **Obligation:** First Name: \_\_\_\_\_ Middle Name: Last Name: \_\_\_ Outstanding Debt **Payments** Outstanding Address: \_\_\_\_\_ Balance (Period Incurred This Period Balance City: \_\_\_\_\_ Beginning) This Period (Period End) \$ \$ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Description of Business Name: \_\_\_\_ Obligation: First Name: \_\_\_\_\_ Middle Name: \_\_\_\_ Last Name: \_\_\_\_\_ Outstanding Debt **Payments** Outstanding Address: **Balance** (Period This Period Incurred Balance Beginning) This Period (Period End) \$ \$ \$ State: Zip Code: **TOTALS** Outstanding Debt **Payments** Outstanding (Carry forward to the next page if additional pages of this Balance (Period Incurred This Period Balance form are used. If this is the last page of obligations, the Beginning) (Period End) Total from "Outstanding Balance - (Period End)" column \$ \$ \$ must also be shown on the summary on first page.)