# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT For State and Local Candidates RECEIVED

For State and Local Candidates For Single-Candidate Committees

				O JAN 9 T /U//
1. DATE OF REPORT	2.a. NAME OF CANDIDATE O	RCOMMITTEE	•	2. OHIL DI LOCAL
1-15-27	Jenniel IV	ulele	2 FLECTION D	WILSON COUNTY
2.b. IF COMMITTEE, NAME OF CANDIDATE				EECTION COMMISSION
4.a. CAMPAIGN ADDRESS AND PHONE			_ a0	-22
Street or Rural Route	City	State	Zip Code	Phone
217 Sunsy HOPE D	1 At Jerliet	Th	37122	615-604-1831
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	t than 4.a.) City	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if	applicable) 6. NAM	E OF POLITICAL T	REASURER (may	be candidate)
Mt Julied Coty Commis	Sitner 4	Jemiles	Milete	7
7. CATEGORY OR REPORT (Check one)	п п			Ж
FIRST SECOND THIRD	FOURTH PRE- QUARTER PRIMARY	PRE- GENERAL	MID-YEAR SUPPLEMENT	YEAR END AL SUPPLEMENTAL
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD		NG DATE OF REPO		TE OUT LIVE VIAL
78-1-21	1	- 15-2	2	
9. (Check one)				
a. This campaign is exempt from detailed tures total \$1,000 or less for this report	d disclosure because contributio rting period. (Complete items 1	ns (including in-kir 2d., 12e. and 12f.)	d) received total \$	1,000 or less AND expendi-
<ul> <li>This campaign is required to file a det and/or expenditures total more than \$</li> </ul>	ailed financial disclosure becaus 1,000 for this reporting period.	se contributions (in	cluding in-kind) red	ceived total more than \$1,000
10. I/we do solemnly swear or affirm that the in accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we shenefit of the candidate or for any other non-signature of candidate.	ins and expenditures required to swear or affirm that no campaign	be reported by the contributions have the federal internal	e candidate commi e been expended	ttee by the Campaign
11 WITNESS SIGNATURE signature of witness	<u>115-22</u>	Halotte	Mam or witness	<u>1-/5-22</u>
12. SUMMARY				_
a. BALANCE ON HAND LAST REPORT		•••••	\$ <u>476.7</u>	2
b. TOTAL RECEIPTS THIS PERIOD			\$ 1400°	<u> </u>
TOTAL DISPUBLICATION TAILS DEDICE			6.018	4
d. BALANCE ON HAND (12.a. plus 12.b. m	inus 12 c.)	Á	1,060.4	3. \$
5. DAE 1102 O. 17 17 110 (12.0. piod 12.0. 11	······		,	000006
e. TOTAL LOANS OUTSTANDING				\$7,708.88
f. TOTAL OBLIGATIONS OUTSTANDING				\$



### SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
	FROM: 18 CON (Sra)
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	5 JAN 3 1 2022
a. Unitemized Contributions (\$100 or less from each source this period)	\$ WILSON COUNTY
b. Itemized Contributions (over \$100 from each source this period)	\$ 4 PROTONCOMENTES ONCO (S)
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ 400.00
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>1,006.00</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$/
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	
DISBURSEMENTS	#1,400,60
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	
udson Baule Sug charge \$72.60	5 (July-Dec 2021)
Mail (hine) \$33.04/12076 \$138.0	4
\$	
\$	
\$	
\$	
Total of Expenditures (\$100 or less each payee)	\$ 210.27
b. Itemized Expenditures (Over \$100 each payee this period)	\$ @00.00
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ 210.24
20. LOAN REPAYMENTS MADE THIS PERIOD	\$
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$810.24
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.	o.)\$
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$
b. Itemized Obligations Outstanding (Over \$100 each)	/E-T
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i iter	m 12.f.)





## ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				FROM - 3 (C	Amount
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					0
4. COMPLETE THE APPROPRIATE ITEMS FOR E.	ACH ITEMIZ	ED CONTRIBUTION (c	ontributions totaling more than \$	6100 from any contributor)	
First Name /	Middle Nam		Contribution Received For:		Amount of Contribution
STANDS, COM		Primary Election	General Election	291150	
Last Name/Organization Name				Refund	
dress PFHI		Runoff (Local Election	REAUVO \$400		
ity State Zip Code		Date of Contribution	Aggregate This Election		
Occupation 2056 account			12-28	2-31	
Employer					
First Name	rst Name Middle Name		Contribution Received For:		Amount of Contribution
ast Name/Organization Name		Primary Election	Primary Election General Election		
Address			Runoff (Local Election	ns Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation		•			
Employer					
					A 1 1 0 12 Pm
First Name	Middle Name	9	Contribution Received For:		Amount of Contribution
First Name  Last Name/Organization Name	Middle Name	-		General Election	Amount of Contribution
	Middle Name	3	Primary Election	General Election	Amount of Contribution
	Middle Name			General Election	Amount of Contribution
Last Name/Organization Name	Middle Name	Zip Code	Primary Election	General Election	Amount of Contribution  Aggregate This Election
Last Name/Organization Name Address			☐ Primary Election [	General Election	
Last Name/Organization Name  Address  City			☐ Primary Election [	General Election	
Last Name/Organization Name  Address  City  Occupation  Employer		Zip Code	☐ Primary Election [	General 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	Aggregate This Election
Last Name/Organization Name  Address  City  Occupation  Employer	State	Zip Code	Primary Election  Runoff (Local Election  Date of Contribution  Contribution Received For:	General Election  as Only)  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  as Only)  General Election	Aggregate This Election  Amount of Contribution
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  as 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  as Only)  General Election	Aggregate This Election  Amount of Contribution
Last Name/Organization Name  Address  City  Occupation  Employer  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  as Only)  General Election	Aggregate This Election  Amount of Contribution



#### ITEMIZED STATEMENT OF EXPENDITURES -

1. NAME OF CANDIDATE OR COMMITTEE	, ,			2. REPORT COVER	ING THE PERIOD
Jennier Milele FROM-7-1-2					TO: 1-(527
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR I					iod)
First Name  ACC ACCURAGE PERSON  Last Name/Business Name	Middle Na	me	Purpose of Expenditure	social	Amount of Expenditure
Address ODE March St	State	Zip Code 27(30	campaign nedia to	teching =#600	\$600
First Na	Middle Na		Purpose externenditure		Amount of Expenditure
Len'amerausiness recine			A STEET		A BOLL
Address			Com 100 600	,	Co 1 1 2
City	State	Zip Code	The SPENIER		
First Name	Middle Nar	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle Nam	ie ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle Nam	re	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle Nam	е	Purpose of Expenditure		Amount of Expenditure
Last 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 must					\$600.00

RECEIVED

SJAN 3 1 2022

# ITEMIZED STATEMENT OF LOANS - CANDIDATE WILSON COUNTY

NAME OF CANDIDATE OR COMMITTEE				2. REPORTEDMENING THE BERIOD			
Julia Milde				FROM: TO: 7-1-21 1-15-2			
3. COMPLETE THE APPROPRIATE ITEMS F		ITEMIZED LOAN	(loans totaling more than \$1	100 from any s		eriod)	17-15-0
Complete the Following for the Source of the Loan							
First Name Middle Nan Last Name/Organization Name		(Beginning	Loan Balance Loar of Period) Recei		Loan Payments	Outs	standing Loan Balance (End of Period)
Address	f4	Loan Receiv	oae		Date of Lo	1	
Address 217 Slendy Acte ( City State	Zip Code	Primar		ral Election	Bale of Lo	40	0.06
List All Endor			n (If more space is need	ed please at	tach a page)		
First Name Seppe Milele	Middle Name		First Name	95	2(	Middle	Name
Last Name/Organization Name			Last Name/Organization N	ame			
Address 217 Supply Acre	DC		Address	600	2,00	-	
11 Stepher	State	Zip Code	City Parson	100	exe	State	Zip Code
Amount Guaranteed Outstanding			Amount Guaranteed Outsia	inding			
First Name	Middle Name		First Name		4 - 70.	Middle	Name
Last Name/Organization Name			Last Name/Organization Name				
Address			Address				
City	State	Zip Code	City			State	Zip Code
Amount Guaranteed Outstanding		•	Amount Guaranteed Outsta	nding			'
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			Amount Guaranteed Outstar	nding			
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			Amount Guaranteed Outstar	nding		1	
4. Totals for all Loans (complete on last page of it (Total loans received should also be shown in item 16. on su (Total loan payments should also be shown in item 20. on su (Total outstanding loan balance should also be shown in item	mmary page.) mmary page.)		Outstanding Loan Balance (Beginning of Period)	Loans Receive			Outstanding Loan Balance (End of Period)