CALLED TO THE PROPERTY OF THE PARTY OF THE P
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT For State and Local Candidates For Single-Candidate Committees
1. DATE OF REPORT 2.a. NAME OF CANDIDATE OR COMMITTEE
2.b. IF COMMITTEE, NAME OF CANDIDATE 3. ELECTION DATE 2.D. J. COMMISSION
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 3145 Carbbage Hwy Lebanm W 37087 615-812-6810
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone
5. OFFICE SOUGHT (include district number, if applicable) Camp as a box of the source
7. CATEGORY OR REPORT (Check one) OTHER COND THIRD FOURTH PRE- PRE- MID YEAR YEAR-END QUARTER QUARTER QUARTER PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD 1-16-22 8.b. ENDING DATE OF REPORTING PERIOD 4:30-22
9. (Check one)
tures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. 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. 10. 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.
signature of candidate date signature of political treasurer date
11. WITNESS SIGNATURE Policy 1/21/2022
12. SUMMARY
a. BALANCE ON HAND LAST REPORT\$ 1,000.
b. TOTAL RECEIPTS THIS PERIOD
\$ -0-
e. TOTAL LOANS OUTSTANDING\$
f. TOTAL OBLIGATIONS OUTSTANDING\$



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

					RING THE PERIOD	
Suanne Bone FROM:					TO:	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount og	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (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			1			
Carh			campaign		#570	
Address 133 South College St.		., 500				
City Lebanon	State	Zip Code 37687				
First Name	Middle Nan	Mury	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					400	
Address PO Box 1614			campaign		#250	
Lebanm	State	Zip Code 3/72 88				
First Name Marilyn	Middle Nan	nė	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name]			
Address 130 & Forvist Ave			campaign		# 250	
City Lebanon	State	Zip Code 37087				
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			1			
Address			Ī			
City	State	Zip Code				
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name Middle Name		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name						
Address						
City	State	Zip Code				
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.)						
(If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)						