CAMPAIGN FINANCIAL DISCLOSURE STATEMEN

For State and Local Candidates
For Single-Candidate Committees

	Jingio Carri				10/// 0.5		
1. DATE OF REPORT	2.a. NAMEOFCAN	NDIDATE OR CO	Cho S	on	WILSON COUNTY ELECTION COMMISSION		
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION D	ATE		
				202	2		
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		State	Zip Code	Phone		
1303 Camplot B	our M+ Ju	iliet	TN	37122	6158044059		
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	than 4.a.) City		State	Zip Code	Phone		
5. OFFICE SOUGHT (include district number, if	applicable)	6. NAME O	F POLITICAL VIC	TREASURER (ma	y be candidate)		
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD	FOURTH	PRE-	PRE- GENERAL	☐ MID-YEAF SUPPLEMEN			
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY 8.b. ENDING	DATE OF REPO	RTINGPERIOD	I/AL OOK I ELIVIERVITAE		
4-24-22			6 30	-22			
9. (Check one)).			
a. This campaign is exempt from detaile tures total \$1,000 or less for this repo	rting period. (Comple	ete 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.							
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 non signature of candidate	ons and expenditures swear or affirm that n	required to be to campaign co	reported by transtributions have federal interna	ie candidate comm ve been expended	for the personal financial		
11. WITNESS SIGNATURE	. 0			1/1	/		
Brock 1 Nucleo Bon signature of witness	7 3 22 date	_	signa	ture of witness	7/3/22 date		
12. SUMMARY				agail !	il a		
a. BALANCE ON HAND LAST REPORT				s <u>2304</u>	41		
b. TOTAL RECEIPTS THIS PERIOD				α	40		
					83		
c. TOTAL DISBURSEMENTS THIS PERIOD .d. BALANCE ON HAND (12.a. plus 12.b. n					\$ 3,055.04		
				EC	EX		
e. TOTAL LOANS OUTSTANDING			******		\$		
f. TOTAL OBLIGATIONS OUTSTANDING	,				\$		



LLIVED JUL 1.1-2022

SUMMARY PAGE - CANDIDATE

SUMMARY PAGE - CANDID	ATE WILSON COUNTY
13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING PHEIRERIOD
Tern Nicholson	FROM: 4/24/22 TO: 6/30/22
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	. 1 /
a. Unitemized Contributions (\$100 or less from each source this period)	
b. Itemized Contributions (over \$100 from each source this period)	\$ 3,349,40
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>3,349,40</u>
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.)	\$ 3,349.40
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e. Printing \$44.7 Print Supplies \$23.9 Print Supplies \$42.1 Gas \$42.1 \$42.1 \$5.3	7 3 3 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Total of Expenditures (\$100 or less each payee)	\$ 260.95
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 4,331.88
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	s <u>2,598,83</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	\$
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>2,590.85</u>
22.IN-KIND CONTRIBUTIONS	4
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	<i>d</i>
a. Unitemized Obligations Outstanding (\$100 or less each)	\$
Itemized Obligations Outstanding (Over \$100 each)	3/
OTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	n 12.f.)\$

RECEIVED

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE LECTION COUNTY

NAME OF CANDIDATE OR COMMITTEE 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (CONTRIBUTION (CONTRI	E (enter \$0 if first itemized page)	70: 06/30/22 Amount
First Name Last Name/Organization Name Address 3 7 3 6 9 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Contribution Received For: Primary Election General Election Runoff (Local Elections Only) Date of Contribution Col 15 22	Amount of Contribution \$ 1600 Aggregate This Election
First Name Last Name/Organization Name Address City City Cocupation Caruas Employer	Contribution Received For: Primary Election General Election Runoff (Local Elections Only) Date of Contribution	Amount of Contribution \$ 1600 Aggregate This Election
First Name Cast Name/Organization Name Address City Brandwood City Brandwood City Brandwood Employer Middle Name Middle Name Zip Code 37027	Contribution Received For: Primary Election General Election Runoff (Local Elections Only) Date of Contribution	Amount of Contribution \$ 99.70 Aggregate This Election
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)		£ 3,349.40



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS CANDIDATE

1. NAME OF CANDIDATE OR COM	MITTEE				2. REPORT COVER			
					FROM:	TO:		
3. TOTAL ITEMIZED IN-KIND CON	TRIBUTION	IS FROM	PRECEDING PAGE (6	enter \$0 if first iternized page)	Amount		
4. COMPLETE THE APPROPRIATE ITE						tributor during the period)		
First Name Middle Name In-Kind Contribution Rec				In-Kind Contribution Received Primary Election	d For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name				Runoff (Local Elections Only)				
Address Date		Date of In-Kind Contribution		Aggregate this Election				
City		State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer							
First Name		Middle Nam	пе	In-Kind Contribution Receive	d 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	Description of In-Kind Contribution				
Occupation	Employer							
First Name		Middle Nam	ne	In-Kind Contribution Receive	d For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name		Runoff (Local Election	_					
Address		Date of In-Kind Contribution		Aggregate this Election				
City		State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer							
First Name		Middle Nam	ne	In-Kind Contribution Receive	d For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name				Runoff (Local Election				
Address				Date of In-Kind Contribution		Aggregate this Election		
City		State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer							
First Name		Middle Name	,	In-Kind Contribution Receive	ed For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name				Runoff (Local Election	-			
Address				Date of In-Kind Contribution	,,	Aggregate this Election		
City		State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer							
TOTAL ITEMIZED IN-KIND CON (Carry forward to item 3. of next page if ad (If this is the last page of in-kind contribution)	ditional pages	of this form ar	re used.) own in item 22b. of summary	.)		Ø		

RECEIVED

				JIII a
ITEMIZED STAT	EMENT OF I	EXPENDITU	RES - CA	JUL 1 1 2022 NDIDATE ELECTION COUNTY RING THE PERIOD SSION
1. NAME OF CANDIDATE OR COMMITTEE	n		2. REPORT COVE FROM: 424	TO: (9/3/20)
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU				Amount /
4. COMPLETE THE APPROPRIATE ITEMS FOR E			to any payee during the pe	
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	Ü	caros		\$ 44.77
Address				
City	State Zip Code			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Jo Dott Print		Siana	0.0	\$819.38
Last Name/Business Name		Signa	10	\$ 395.49
Address 26 AVEN AVE	Nes			
City	State Zip Code	7		\$ 1,214.87
Hendersnulle	TX 37075	Company of the Company		
First Name/	Middle Name	Purpose of Expenditure	•	Amount of Expenditure
Last Name/Business Name		envelop	es	\$23.93
	101			1 19 1 19
4120 N.M+. Julio	A Kd	27 17 1		
mt Juliet	State Zip Code 37122			
First Name () C	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	4	* Jamps	1 P	\$ 290.00
Address 9 N. M. Ju	liet	SHIT	Ser.	
mt Juliet	State Zip Code 37122			
First Name Wailbox Stoce	Middle Name	Purpose of Expenditure	7	Amount of Expenditure
Last Name/Business Name		- printing	Ĵ	445.32
Address 15 Labanyn	-Rd		<i>)</i>	1113.00
city m+ Juliet	State Zip Code 37/22			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		- envelope	S	\$42.13
Address 1. O = 10/20 01-0) (
1135 Rebarrance	State Zip Code	-	2	
city Tuliet	State Zip Code			
5. TOTAL ITEMIZED EXPENDITURES				
(Carry forward to item 3. of next page if additional page (If this is the last page of expenditures, this amount mus	s of this form are used.) st be shown in item 19b. of summary.)			206 .02

JUL 112022

ITEMIZED STATEMENT OF EXPENDITURES ELECTION COMMISSION

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVER						
Tem Nicholson	TO: (a/ 30/22							
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)								
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)								
First Name So Pla Way	Middle Name	Purpose of Expenditure	Amount of Expenditure					
Last Name/Business Name		905	\$84.82					
0007166								
Address Lebarron Rd	-							
cily mt Juliet	State 3 Code 220							
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure					
Last Name/Business Name		push.	\$135.65					
1 2 6	1	push cards	3,45					
Address 100 Oak tree	A							
City Lebanon	State Zip Code							
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure					
Last Name/Business Name		campaign	\$ 132.88					
Address 16 Dlaccant	Gove Pol	Supplies						
City	State Zip Code 37122	tent						
YIT JIWITOT	Control of the Contro	Purpose of Expenditure	Amount of Expenditure					
First Name Warter Supply	Middle Name		4 119 16					
Last Name/Business Name	1	51gn	14111111					
Address Q 25 Lo Lo Lo Lo	0 1	Sign						
City 1 11	State Zip Code							
old Hickory	TN 37138							
First Name VISTA PVI	Middle Name	Purpose of Expenditure	Amount of Expenditure					
Last Name/Business Name		cards	\$ 65.30					
Address \(\tag{ \ta} \} \ta} \tag{ \tag{ \tag{ \tag{ \tag{ \tag{ \tag{ \tag{	1	1	,					
City Vistagnht. Cov	State Zip Code	-						
o.i,								
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure					
Last Name/Business Name								
Address								
City	State Zip Code							
5. TOTAL ITEMIZED EXPENDITURES	A STATE OF THE PARTY OF THE PARTY.							
(Carry forward to item 3, of next page if additional page	\$537.81							
(If this is the last page of expenditures, this amount mu	ist be snown in item 190, or summary.)		11-01,01					



ITEMIZED STATEMENT OF LOANS - CANDIDATE 1 2022

1. NAME OF CANDIDATE OR COMMITTEE					2.	2. REPORTAGO VERING TO OMMISSION					
							FR	OM:		40	OMMISSION
3. COMPLETE THE APPROPRIAT	E ITEMS F	OR EACH I	TEMIZ	ED LOAN	loans totaling r	nore than \$10	0 from any source	during the pe	riod)		
Complete the Following for the Source	of the Loan					41					
FirstName	Middle Nan	C S		Outstanding I (Beginning		Loans Receive		Loan Outstanding Loan Balance Payments (End of Period)			
Last Name/Organization Name	+										
Address Loan Receive				☐ Genera	al Election	Date of Loa	in				
City	State	Zip Code		☐ Runoff (Local Elections Only)							
L	ist All Endor	sers or Guara	intors fo	or Above Loa	n (If more spa	ce is neede	d please attach	a page)			
First Name		Middle Name			First Name				Middle	Name	
Last Name/Organization Name					Last Name/Org	ganization Na	me				
Address					Address						
City		State	Zip Co	ode	City				State		Zip Code
Amount Guaranteed Outstanding					Amount Guara	nteed Outstar	ding				
First Name Middle Name				First Name Middle Name							
Last Name/Organization Name				Last Name/Organization Name							
Address					Address						
City		State	Zip Co	ode	de City State			Zip Code			
Amount Guaranteed Outstanding			Amount Guara	nteed Outstan	ding						
First Name		Middle Name			First Name				Middle	Name	;
Last Name/Organization Name					Last Name/Organization Name						
Address					Address						
City		State	Zip Co	ode	City				State		Zip Code
Amount Guaranteed Outstanding					Amount Guara	nteed Outstan	ding				
First Name		Middle Name			First Name Middle Name						
Last Name/Organization Name					Last Name/Organization Name						
Address					Address						
City		State	Zip Co	ode	City				State		Zip Code
Amount Guaranteed Outstanding					Amount Guara	nteed Outstan	ding				
4. Totals for all Loans (complete on la (Total loans received should also be shown in	st page of	itemized loa	ns)		Outstanding Lo		Loans Received	Loa Paym			anding Loan Balance (End of Period)
(Total loan payments should also be shown in (Total outstanding loan balance should also be	item 20, on s	ummary page.)									





ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
T, NAME OF GANDIDATE OR GOMINITY EE					TO:		
 COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period) 		Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)		
First Name	Middle Nar	ne					
Last Name/Business Name	Α						
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Middle Nan	ne					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Middle Nan	ne					
Last Name/Business Name ,							
Address							
City	State	Zip Code	-				
Description of Obligation							
First Name	Middle Nan	ne					
Last Name/Business Name			1				
Address			1				
City	State	Zip Code					
Description of Obligation							
First Name	Middle Nam	ne					
Last Name/Business Name			1				
Address							
City	State	Zip Code					
Description of Obligation							
4. TOTALS	olumn must	alen he chown					
(Total from Outstanding Balance - (End of Period) con in item 23b, on summary page.)	olumni must	also be shown			ļ. l		