CAMPAIGN FINA For State and Loca	ANCIAL DISCLO	SURE STATE Candidate Comm	MENT ittees E/VED
1. DATE OF REPORT	2.a. NAME OF CANDIDATE		APR 25 20 TU
04-25-22	Jimmu Lea	£ .	<u22< td=""></u22<>
2.b. NAME OF CANDIDATE'S COMMITTEE		3. ELECTION DATE	CTION COUNTY
Friends of Judge Jin	nmy lea	2022	COMMISSION
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City Sta	ate Zip Code	Phone
1683 West Main St. S	release Lebanon TN 3	7087 (e15-	767-0591
4.b. CANDIDATE'S HOME ADDRESS (if differen Street or Rural Route	than 4.a.) City Sta	ate Zip Code	Phone 71.7-0591
5. JUDICIAL OFFICE SOUGHT (include district	number, if applicable) 6. NAME (DF POLITICAL TREASURER	107 00 11
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	FOURTH PRE- QUARTER PRIMARY 8.b. ENDING DATE	PRE- MID-YEAR GENERAL SUPPLEMENTAL E OF REPORTING PERIOD	YEAR-END SUPPLEMENTAL
9. (Check one)	04-	00 00	
expenditures total \$1,000 or less for t	d disclosures because contributions (ind his reporting period. (Complete items 1 cailed financial disclosure because contr 1,000 for this reporting period.	2d., 12e. and 12f.)	
Signature of Candidate Signature of Witness	I do solemnly financial disc affirm that no financial bene	swear or affirm that the information colosure report is true and accurate. campaign contributions have been exertit of the candidate or for any other e federal internal revenue code. Political Peasurer Witness	Additionally, I swear or pended for the personal
12. SUMMARY a. BALANCE ON HAND LAST REPORT		\$ 5,692.09	
b. TOTAL RECEIPTS THIS PERIOD		\$	
c. TOTAL DISBURSEMENTS THIS PERIO			76
d. BALANCE ON HAND (12.a. plus 12.b. m	inus 12.c.)	\$ <u>.</u>	5418.
e. TOTAL LOANS OUTSTANDING		\$]5	5,000
f. TOTAL OBLIGATIONS OUTSTANDING		\$ _	0



SUMMARY PAGE - CANDIDATE

APR 25 2022

1	- V					
13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVER	TO: U 38 83				
Friends of Judge Jimmy Cla	FROMULI 22	10.4199194				
15. CONTRIBUTIONS (other than loans and interest)						
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.)		\$ _				
16. LOANS RECEIVED THIS REPORTING PERIOD	\$					
17. INTEREST RECEIVED THIS REPORTING PERIOD		ā _ -				
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		\$_ -				
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, ga	asoline)				
\$						
\$						
\$						
\$						
\$						
\$						
<u></u> \$						
\$						
\$						
T. 1. 5 E (\$400	• -					
Total of Expenditures (\$100 or less each payee)	3 11013 33					
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 400.	1 1018 33				
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		1,00.				
20. LOAN REPAYMENTS MADE THIS PERIOD		11019 33				
		1,000				
22.IN-KIND CONTRIBUTIONS						
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	.)	5				
23. OBLIGATIONS						
a. Unitemized Obligations Outstanding (\$100 or less each)	\$					
b. Itemized Obligations Outstanding (Over \$100 each)	\$					
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	12.f.)	· -0-				

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APR 25 2022

WILSON COUNTY

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE		_ 1		2. REPORT COVER					
Friends of Jud	TO: 4/03/00								
	Amount								
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)									
First Name	Middle Name		Contribution Received For:		Amount of Contribution				
			Drimon Floation	General Election					
Last Name/Organization Name			Primary Election	1 General Election					
Address			Runoff (Local Election						
City	State	Zip Code	Date of Contribution	Aggregate This Election					
Occupation									
Employer -									
First Name	Middle Nam	e	Contribution Received For:		Amount of Contribution				
Last Name/Organization Name			Primary Election	General Election					
Address			Runoff (Local Election	s Only)					
City	ty State Zip Code				Aggregate This Election				
Occupation									
Employer									
First Name	·	Contribution Received For:		Amount of Contribution					
Last Name/Organization Name			Primary Election	General Election					
Address			Runoff (Local Election	s Only)					
City	State	Zip Code	Date of Contribution		Aggregate This Election				
Occupation									
Employer									
First Name	Middle Name	e e	Contribution Received For:		Amount of Contribution				
Last Name/Organization Name	-		Primary Election	General Election					
Address			Runoff (Local Election	s Only)					
City	Zip Code	Date of Contribution	Aggregate This Election						
Occupation									
Employer									
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of (If this is the last page of contributions, this amount must be added to the contributions of the	of this form are	e used.) em 15b. of summary.)		5. 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.)					

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RDA 1159



APR 25 2022

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS CANDIDATE

1. NAME OF CANDIDATE OR COMM	ITTEE			2. REPORT COVER	RING THE PERIOD			
1. NAME OF CANDIDATE OF COMM	Sudde	Dmml	lea	FROM:	TO: 4/3/20			
3. TOTAL ITEMIZED IN-KIND CONTR	3	9		Amount				
4. COMPLETE THE APPROPRIATE ITEM	tributor during the period)							
First Name Middle Name			In-Kind Contribution Received For: ☐ Primary Election ☐ General Election Value of In-Kind Cont					
Last Name/Organization Name			☐ Runoff (Local Elections Only)					
Address			Date of In-Kind Contribution		Aggreg ate this Election			
City	State	Zip Code	Description of In-Kind Contribution					
Occupation	mployer							
First Name	Middle Nan	e	In-Kind Contribution Received	f For: General Election	Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Election	s Only)				
Address			Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution					
Occupation E	mployer							
First Name	Middle Nam	e	In-Kind Contribution Received For: Primary Election General Election Value of In-Kind Contr					
Last Name/Organization Name			Runoff (Local Elections Only)					
Address			Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution					
Occupation E	mployer			82				
First Name	Middle Nam	e	In-Kind Contribution Received	f For: General Election	Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Elections Only)					
Address			Date of In-Kind Contribution Aggregate this Election					
City	State	Zip Code	Description of In-Kind Contribution					
Occupation E	mployer							
First Name	Middle Name		In-Kind Contribution Received For: Primary Election General Election Value of In-Kind Contribution Value of In-Kind C					
Last Name/Organization Name			Runoff (Local Elections Only)					
Address			Date of In-Kind Contribution Aggregate this Election					
City State Zip Code			Description of In-Kind Contribution					
Occupation	πployer							
TOTAL ITEMIZED IN-KIND CONTR (Carry forward to item 3. of next page if addition (If this is the last page of in-kind contributions,	onal pages of this form ar	e used.)	()		\$0-			
(If this is the last page of in-kind contributions, SS-1128 (Rev. 2/06)	uns amount must be Sho	with the content of the substitute of the substi	Pag	e 4 of 7	RDA 1159			

WILSON COUNTY ELECTION COMMISSION

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	ae	Ji mmu	lea	2. REPORT COVER	TO: U 83 23			
	Amoun							
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	Middle Nar	ne	Purpose of Expenditure	Purpose of Expenditure				
Last Name/Business Name 3 to Lebonor Address South Maple Str City Lebonor	37657	Campargn S 18x24x2 w Step Stokes	Campargn Signs 18x24x2 with Step Stokes.					
First Name	Middle Nan	ne	Purpose of Expenditure	Purpose of Expenditure				
Last Name/Business Name			-					
Address			_					
City	State	Zip Code						
City	Otale	Zip Cods						
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
Address								
City	State	Zip Code	-					
		MALOWING STEE						
First Name	e	Purpose of Expenditure		Amount of Expenditure				
Last Name/Business Name								
Address				8				
City	State	Zip Code						
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
Address								
City .	State	Zip Code						
First Name	Middle Nam	e e	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 of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.) 					\$1,613.33			

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RDA 1159

APR 25 2022

WILSON COUNTY ELECTION COMMISSION

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE 2. REPORT COVERING THE PERIOD										
Friends of Tudge Timmy Lea FROM: 41 33 143 3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEM ZED LOAN (loans totaling more than \$100 from any source during the period)							14/23/20			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEM ZED LOAN (loans totaling more than \$100 from any source during the period)										
Complete the Following for the Source of the Loan First Name Middle Name Outstanding Loan Balance Loan Outstanding Loan Balance										
First Name Middle Nam	е		(Beginning o		Loans Receive		Loan yments		tanding Loan Balance (End of Period)	
Last Name/Organization Name			# 15, C	∞ + + 15,000					5,660	
704 Scarlett Place	3		Loan Receive							
State /N	3708	7	/	f (Local Elections Only)						
List All Endon	sers or Guara	intors fo	or Above Loa	n (If more spa	ice is neede	d please attacl	n a page)			
Sim mul	Middle Name			First Name				Middle	Name	
Last Name/Organization Name				Last Name/Or	ganization Nar	ne				
704 Scarlett Place				Address						
Elebonon	State	Zi30	7087	City				State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding						
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					Name	
Last Name/Organization Name				Last Name/Organization Name						
Address				Address						
City	State	Zip Co	ode	City				State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding						
First Name		First Name Middle Name								
Last Name/Organization Name			Last Name/Organization Name							
Address				Address						
City	State	Zip Co	ode	City State Zip Code					Zip Code	
Amount Guaranteed Outstanding		di		Amount Guaranteed Outstanding						
4. Totals for all Loans (complete on last page of itemized loans)				Outstanding Lo		Loans	Loa		Outstanding Loan Balance	
(Total loans received should also be shown in item 16. on summary page.) (Total loan payments should also be shown in item 20. on summary page.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)			(Beginning)		Received	Paym		(End of Period)		
(2.0. on nont p	,ugu.)		. , 0,0						



WILSON COUNTY

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
3. COMPLETE THE APPROPRIATE ITEMS	Outstanding Balance	FROM: 4 1 6 Debt Incurred	Payments	Outstanding Balance		
OBLIGATION (obligations totaling more that person/vendor at the end of the reporting p	(Beginning of Period)	This Period	This Period	(End of Period)		
First Name	Middle Na	me				
Last Name/Business Name						
Address			-			
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	me		/(====================================		
Last Name/Business Name			_			
Address			-			
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	me				
Last Name/Business Name			-			
Address			-			
City	State	Zip Code	-			
Description of Obligation						
First Name	Middle Na	пе		A PERSONAL PROPERTY OF THE PERSON NAMED IN COLUMN 1		
Last Name/Business Name						
Address			_			
City	State	Zip Code	_			
Description of Obligation		L				
First Name	Middle Nar	ne				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
 TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.) 						0
SS-1127 (Rev. 4/02)				Page	of	RDA 1159