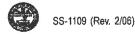
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT RECEIVED

For Single-Candidate Committees

					up a			
1. DATE OF REPORT		ANDIDATE OR C	OMMITTEE		W 25 2022			
4/25/2022	Kimberly Mc	Gee		Vi/	SCHOOL			
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DATE: August 4, 2022	ION COMMEN			
				August 4, 2022	2 - CIVINISSION			
4.a. CAMPAIGN ADDRESS AND PHONE	0.0			=: 0 .	DI.			
Street or Rural Route	City		State	Zip Code	Phone 7000			
129 Timber Trail Drive	Lebanon		TN	37090	615-478-7828			
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	than 4.a.) City		State	Zip Code	Phone			
OFFICE SOUGHT (include district number, if	applicable)	6. NAME O	F POLITICAL T	REASURER (may be	candidate)			
School Board Zone 6		Kimberl	y McGee					
7. CATEGORY OR REPORT (Check one)		Tarribori	, MOCCO					
FIRST SECOND THIRD	FOURTH	XI PRE-	PRE-	MID-YEAR	YEAR-END			
QUARTER QUARTER QUARTER	QUARTER	PRIMARY	GENERAL	SUPPLEMENTAL	SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD			DATE OF REPOR	RTING PERIOD				
4/1/2022		4/23/2022						
9. (Check one)								
 This campaign is exempt from detailed tures total \$1,000 or less for this report 				d) received total \$1,00	0 or less AND expendi-			
b. This campaign is required to file a deta	ailed financial disclo	sure because c	ontributions (inc	cluding in-kind) receive	d total more than \$1,000			
and/or expenditures total more than \$	1,000 for this reporti	ing 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. ### 126 12 ##								
11. WITNESS SIGNATURE			2					
11. WITNESS SIGNATURE					C. 00			
4	4/25/22				4/25/22			
signature of witness	date	1	signatu	re of witness	date			
12. SUMMARY		-						
				. 0				
a. BALANCE ON HAND LAST REPORT								
b. TOTAL RECEIPTS THIS PERIOD				\$723.94				
c. TOTAL DISBURSEMENTS THIS PERIOD				\$ \$723.94				
d. BALANCE ON HAND (12.a. plus 12.b. mi	nus 12.c.)			\$	0			
e. TOTAL LOANS OUTSTANDING				¢	\$723.94			
5. TOTALLOTING OUTGIANDING				Ψ				
f. TOTAL OBLIGATIONS OUTSTANDING				\$	0			



-INED

APR 25 2022

SUMMARY PAGE - CANDIDATE

WILSON COUNTY

Kimberly McGee FROM: 4/1/2022 TO: 4/23/2022 RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)								
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								
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, gasoline)								
\$								
\$								
\$								
ş\$								
\$								
\$								
\$								
\$								
\$								
Total of Expenditures (\$100 or less each payee)\$								
b. Itemized Expenditures (Over \$100 each payee this period)\$								
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)\$								
20. LOAN REPAYMENTS MADE THIS PERIOD\$								
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)								
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.)\$								
23. OBLIGATIONS								
a. Unitemized Obligations Outstanding (\$100 or less each)\$\$ b. Itemized Obligations Outstanding (Over \$100 each)\$\$								
b. Itemized Obligations Outstanding (Over \$100 each)								



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE --

120	HOOLONI

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER FROM: 4/1/2022	
Kimberly McGee	TO: 4/23/2022				
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	Amount				
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	ACH ITEMIZ	ZED CONTRIBUTION (c	ontributions totaling more than \$	100 from any contributor	
First Name	Middle Nam	e	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election		
Address			Runoff (Local Election		
City	State	Zip Code	Date of Contribution	Aggregate This Election	
Occupation					
Employer					
First Name	Middle Nam	ne	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election		
Address			Runoff (Local Election	s Only)	
City	State	Zip Code	Date of Contribution	Aggregate This Election	
Occupation					
Employer					
First Name	irst Name Middle Name				Amount of Contribution
Last Name/Organization Name			Primary Election	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	State	Zip Code	Date of Contribution	Aggregate This Election	
Occupation					
Employer					
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages (If this is the last page of contributions, this amount must	of this form a be shown in i	re used.) tem 15b. of summary.)			

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COM	MITTEE				2. REPORT COVER			
Kimberly McGee					FROM: 4/1/2022	TO: 4/23/2022		
						Amount		
TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period								
4. COMPLETE THE APPROPRIATE ITE	MS FOR EACH	HITEMIZE	ED IN-KIND CONTRIBU	TION (in-kind contributions totaling r	more than \$100 from any con	tributor during the period)		
First Name Middle Name			e	In-Kind Contribution Received	d For:	Value of In-Kind Contribution		
				☐ Primary Election ☐	General Election			
Last Name/Organization Name			Runoff (Local Elections Only)					
Address			Date of In-Kind Contribution	Aggregate this Election				
Addiess					- 433446			
City State Zip Code		Description of In-Kind Contribution						
Occupation	Employer							
	.L	At July - Ni		In-Kind Contribution Received	d Cor	Value of In-Kind Contribution		
First Name	M	liddle Nam	е	_	General Election	Value of In-Mild Continuon		
Last Name/Organization Name								
				Runoff (Local Election	is Only)			
Address				Date of In-Kind Contribution		Aggregate this Election		
City	St	tate	Zip Code	Description of In-Kind Contribution		>		
Occupation	Employer		L					
Cut Name	Tu	Calalla Massa		In-Kind Contribution Received	d For	Value of In-Kind Contribution		
First Name Middle Name			Primary Election General Election					
Last Name/Organization Name		Runoff (Local Election	ns ()nlv)					
Address		Date of In-Kind Contribution	is Only/	Aggregate this Election				
Address					7-53-050-0			
City	St	tate	Zip Code	Description of In-Kind Contribution				
Occupation	Employer							
First Name	Тм	liddle Name	e	In-Kind Contribution Received	d For:	Value of In-Kind Contribution		
				Primary Election	General Election			
Last Name/Organization Name				Runoff (Local Election	ns Only)			
Address				Date of In-Kind Contribution	Aggregate this Election			
04.	104	the de	7in Codo	Description of In Kind Contribution		L		
City		tate	Zip Code	Description of In-Kind Contribution				
Occupation	Employer							
First Name	Mic	iddle Name		In-Kind Contribution Receive		Value of In-Kind Contribution		
Last Name/Organization Name				Primary Election	General Election			
Last Name/Organization marine				Runoff (Local Election	s Only)			
Address		Date of In-Kind Contribution		Aggregate this Election				
City	Stz	ate	Zip Code	Description of In-Kind Contribution				
Occupation	Employer							
manufa agail	=3.13.							
5. TOTAL ITEMIZED IN-KIND CON	ITRIBI ITIONS		10 0 1 1 2 3			-		
(Carry forward to item 3. of next page if ad-			e used.)					
(If this is the last page of in-kind contribution				.)				



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER	ERING THE PERIOD		
Kimberly McGee	Kimberly McGee FROM: 4/1/2022						
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	RES ERO	M PRECEDING PAG	E (enter \$0 if first itemized pa	ge)	Amount		
4. COMPLETE THE APPROPRIATE ITEMS FOR E.					iod)		
First Name	Middle Nan		Purpose of Expenditure	Amount of Expenditure			
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	ie	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Nam	ne	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 mus	of this form a	are used.) item 19b. of summary.)					



										RECEN
										RECEIV APR 25 20
ITEN	IIZEI	STA	TE	MEN.	T OF I	LOAN	IS - C	CANDI	DAT	APR 25 20
1. NAME OF CANDIDATE OR CO	MMITTEE							2. REPORT	COVER	INGTHE MERIODAN
Kimberly McGee					FROM: 4/1/20:	22	4/23/2022			
3. COMPLETE THE APPROPRIAT	E ITEMS F	OR EACH I	TEMIZ	ED LOAN (loans totaling n	nore than \$100) from any so	urce during the p	eriod)	
Complete the Following for the Source of	of the Loan									
First Name	Middle Nam	e		Outstanding L (Beginning o		Loans Receive	vd.	Loan Payments	Outs	tanding Loan Balance (End of Period)
Last Name/Organization Name				(Deginning C	or Glody	11000/10		Caymonia		(2.13 3.1 3.133)
Address				Loan Receive				Date of Lo	an	
City	State	Zip Code		☐ Primary	Election Local Elections	☐ General Only)	Election			
I	ist All Endon	Sers or Guara	entors fo		n (If more spa		d please at	tach a page)		
First Name		Middle Name			First Name				Middle	Name
Last Name/Organization Name					Last Name/On	ganization Nar	ne			
Address				Address						
City		State	Zip Co	ode	City			State	Zip Code	
Amount Guaranteed Outstanding			Amount Guaranteed Outstanding							
First Name		Middle Name			First Name			Middle	Middle Name	
Last Name/Organization Name			Last Name/On	ganization Nar	ne					
Address					Address					
City		State	Zip Co	ode	City State Zip Code			Zip Code		
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding					
First Name		Middle Name)		First Name Middle Name				e Name	
Last Name/Organization Name					Last Name/Organization Name					
Address					Address					
City		State	Zip Co	ode	City				State	Zip Code
Amount Guaranteed Outstanding			1		Amount Guaranteed Outstanding					1
First Name	First Name Middle Name			First Name Middle Name				Name		
Last Name/Organization Name		1	-		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 last page of iternized loans) (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.)			Outstanding L (Beginning		Loans Receive		an ments	Outstanding Loan Balance (End of Period)		



APR 25 2022 ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE WINDOWN

NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD			
Kimberly McGee				FROM: 4/1/20		23/2022
			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						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Nan	ne				
Last Name/Business Name			1			
Address					,	
City	State	Zip Code	1			
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Nan	пе				
Last Name/Business Name			1			
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						
4. TOTALS					H-100 H-5	
(Total from Outstanding Balance - (End of Period) c in item 23b. on summary page.)	olumn must	also be shown				