CAMPAIGN FINANCIAL DISCLOSURE STATEMEN

For State and Local Candidates For Single-Candidate Committees

| LVEC | LI | VED | 5 |
|-------------|----|------|---|
| 70 | | | 2 |
| YOCT | 11 | 2022 | ~ |

| 1. DATE OF REPORT 2.a. NAME OF CANDIDA PANDA | • I I I I I I I I I I I I I I I I I I I |
|--|---|
| 2.b. IF COMMITTEE, NAME OF CANDIDATE | 3. ELECTION DATE |
| 4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City 2502 Kinderhill Way Lebanon | State Zip Code Phone 37090 615-405-1611 |
| 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) 6. I | NAME OF POLITICAL TREASURER (may be candidate) |
| 7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD FOURTH PRE | PRE- MID-YEAR YEAR-END |
| QUARTER QUARTER QUARTER PRIMA 8.a. BEGINNING DATE OF REPORTING PERIOD 7 - 2 (0 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - | ENDINGDATE OF REPORTING PERIOD |
| 9. (Check one) | butions (including in-kind) received total \$1,000 or less AND expending 12d., 12e, and 12f.) |
| | ecause contributions (including in-kind) received total more than \$1,000 |
| I/we do solemnly swear or affirm that the information contained in this accurate accounting of campaign contributions and expenditures require Financial Disclosure Act. Additionally, I/we swear or affirm that no cambenefit of the candidate or for any other nonpolitical purpose as defined signature of candidate. O C | paign contributions have been expended for the personal financial |
| 11. WITNESS SIGNATURE Signature of witness date | Sara Davignett 10-11-22 signature of witness date |
| 12. SUMMARY | 11.160.14 |
| a. BALANCE ON HAND LAST REPORT | 2 150 00 |
| b. TOTAL RECEIPTS THIS PERIOD | 150 DD |
| c. TOTAL DISBURSEMENTS THIS PERIOD | \$ 13,060.14 |
| TOTAL LOANS OUTSTANDING | |
| A THE STATE OF A STATE OF THE S | -D- |
| f. TOTALOBLIGATIONS OUTSTANDING | |

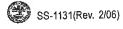
SUMMARY PAGE - CANDIDATE

| 13. | NAME OF CANDIDATE OR COMMITTEE (In Full) Randall Hutto | | M:7/26/22 | TO: 9 30 22 |
|-----------|--|---------|--------------------|---------------------------|
| RE | ECEIPTS CONTRIBUTIONS (other than loans and interest) | | | |
| | a. Unitemized Contributions (\$100 or less from each source this period) | \$_ | 50.00 | _ |
| | b. Itemized Contributions (over \$100 from each source this period) | \$ | 2,000.00 | |
| | c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) | | | \$ 2,050.00 |
| 16. | LOANS RECEIVED THIS REPORTING PERIOD | | ••••••• | \$0- |
| 17. | INTEREST RECEIVED THIS REPORTING PERIOD | | | \$ |
| 18. | TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) | | | \$ 2,050.00 |
| _ | SBURSEMENTS | | | |
| 19. | EXPENDITURES (other than loan payments) | | | |
| а | . Expenditures (\$100 or less each payee this period) (must be listed by category - e. | .g., pr | inting, postage, g | rasoline) |
| | Advertising \$ 25.0 | | | \ |
| | \$ <u></u> | | REC | CEIVED |
| | * | | OUT | 1 1 2022 |
| | \$ | | UCI | 1 1 2022 5 |
| | | | | ON COUNTY N COMMISSION |
| | | | | |
| | \$ | | | |
| | \$ | | | |
| | \$ | | | |
| | | | 75.00 | |
| T | otal of Expenditures (\$100 or less each payee) | \$ | 25.00 | |
| b. | Itemized Expenditures (Over \$100 each payee this period) | \$ | 125.00 | |
| c. | TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) | | | \$ 150.00 |
| 20. | LOAN REPAYMENTS MADE THIS PERIOD | | | \$ |
| 21. | TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) | | | \$ 150.00 |
| | 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) | | | |
| C. | TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item | n 12.f | .) | \$ |





| | | | | 2. REPORT COVER | HOLD THE PERIOD |
|---|--|------------------------|------------------------------------|----------------------------|-------------------------|
| 1. NAME OF CANDIDATE OR COMMITTEE Randall Hutto 2. REPORT COVER | | | | | CHOCOMMISSION S |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | | | Amount — D — |
| A COMPLETE THE APPROPRIATE ITEMS FOR EA | CH ITEMIZ | ED CONTRIBUTION (C | ontributions totaling more than \$ | 100 from any contributor |) |
| First Name C ar K | 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (co | | Contribution Received For: | Contribution Received For: | |
| Last Name/Organization Name | | | Primary Election | General Election | |
| Address Address Address |) 0 | 5A .0 | Runoff (Local Election | s Only) | 1,000,00 |
| 104 Mocking DIVA Lanc | | Date of Contribution | | Aggregate This Election | |
| City Lebanon | TN | 3708 / | | | |
| Occupation, Insurance & Employer State Farm | tger | t | 7-29 | 1,000.00 | |
| State Farm | Ins | urance | | | |
| First Name | Middle Nam | | Contribution Received For: | ٠, | Amount of Contribution |
| Last Name/Organization Name | Dag | Fund | Primary Election | General Election | |
| Last Name/Organization Name Southern States PBA | FATT | - HUNCA | Runoff (Local Election | ns Only) | 1,000,00 |
| Address 55 Highway 42 CimcDonough | State | Zin Code — | Date of Contribution | | Aggregate This Election |
| mcDonough | GA | Zip Code 30252 | 8-18- | フフ | 1,000.00 |
| Occupation | | | 0-10 | | 1,000.00 |
| Employer | | | | | |
| First Name | Middle Name | | Contribution Received For: | | Amount of Contribution |
| Last Name/Organization Name | | Primary Election | General Election | | |
| | | Runoff (Local Election | ns Only) | | |
| Address | 0. 1. | Tris Codo | Date of Contribution | | Aggregate This Election |
| City | State | Zip Code | Date of Contribution | | 39,034.0 |
| Occupation | | | | | |
| Employer | | | | | |
| First Name | Middle Name | | Contribution Received For: | | Amount of Contribution |
| Last Name/Organization Name | | Primary Election | General Election | | |
| Addrors | | Runoff (Local Election | ns Only) | | |
| Address 7to Code | | Date of Contribution | | Aggregate This Election | |
| City | State | Zip Code | Date of Contribution | | 355 |
| Occupation | | | | | |
| Employer | | | | | |
| 5. TOTAL ITEMIZED CONTRIBUTIONS | | | | | 2 222 22 |
| TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of a solid butters at the amount must be a solid butter at the am | of this form are | e used.) | | | 2,000.00 |





ITEMIZED STATEMENT OF EXPENDITURES

| A MANE OF CANDIDATE OF COMMITTEE | | | | 2. REPORTOUVER | IN GOHEVEERION |
|--|----------------|------------------------|--------------------------------------|------------------------------|-----------------------|
| 1. NAME OF CANDIDATE OR COMMITTEE. | tut | to | | FROM: 7/26/22 | TO: 9/30/22 Amount |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE | | | (enter \$0 if first itemized page | ge) | -0- |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR E. | ACH ITEMI | ZED EXPENDITURE (e: | xpenditures totaling more than \$100 | to any payee during the peri | 0 d) |
| First Name | Middle Nar | | Purpose of Expenditure | | Amount of Expenditure |
| Last Name/Business Name Main Street Media DF TW Addresp D. BOX 8156 | | | | \$125,00 | |
| | | Advertising | | #125,00 | |
| City Gallatin | State | Zip Code 37066 | | MINIMA IN THE STATE OF | |
| 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 | Middle Nam | e | 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 | | | |
| First Name | Middle Name | 9 | 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 (If this is the last page of expenditures, this amount must | of this form a | re used.) | | | # 125.00 |
| (If this is the last page of expenditures, this amount must | DE SHOWI IN | item 190. Or summery.) | | | |

