

CAMPAIGN FINANCIAL DISCLOSURE STATE

For State and Local Candidates For Single-Candidate Committees

JAN 2 9 2024

To all the	O I I I I I I I I I I I I I I I I I I I
1. Date: 1/29/24 2.a. Candidate or Committee Name:	·
2.b. If Committee, Name of Candidate:	3. Election Date: 2 02 2
4. Campaign Address: 2502 Kinderhill V	Vay
City: Lebanon State: TN Z	
5. Candidate Home Address: 2502 Kinderhill	Way
City: Lebanon State: TN Z	Zip Code: 3709D Phone: 615-405-1611
Candidate Email Address: huttor@wilso	on county tn. gov
6. Office Sought: (include district number, if applicable)	
7. Name of Political Treasurer (may be candidate):	Ann Hutto
Political Treasurer Email Address:Lhutto 840'	Te yahoo.com
8. Category or Report: (check one)	
☐ First Quarter ☐ Second Quarter ☐ Third Quarter	Fourth Quarter Pre-Primary Pre-General
☐ Mid-Year Supplemental ☐ Year-End Supplemental	
9. Reporting Period: Start Date:	End Date: 1-15-24
10. Detailed Disclosure: (Check one)	
This campaign is exempt from detailed disclosures becau or less AND expenditures total \$1,000 or less for this rep	use contributions (including in-kind) received total \$1,000 orting period. (Complete items 12.d., 12.e., and 12.f.)
This campaign is required to file a detailed financial discitotal more than \$1,000 and/or expenditures total more to	losure because contributions (including in-kind) received than \$1,000 for this reporting period.
11. I/we do solemnly swear or affirm that the information contained that this report is an accurate accounting of campaign by the candidate committee by the Campaign Financial Campaign contributions have been expended for the pernonpolitical purpose as defined by the federal internal rev	n contributions and expenditures required to be reported Disclosure Act. Additionally, I/we swear or affirm that no sonal financial benefit of the candidate or for any other
X and Setto 1-29-24	olitical Treasurer Signature Date
	olitical Treasurer Signature Date
Witness Signature Date	itness Signature Date
12. Summary:	
a. Balance On Hand Last Report	\$ <u>8,230.98</u>
b. Total Receipts This Period	\$\$
c. Total Disbursements This Period	s <u>2,078.06</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	
e. Total Loans Outstanding	
f. Total Obligations Outstanding	\$_ - D

SUMMARY PAGE - CANDIDATE

JAN 2 9 2024
Wilson County Flection C

13. Na	me of Candidate or Committee: Randall Hutto
14. Re	me of Candidate or Committee: Kandal Huttb porting Period: Start Date: 7 1 23 End Date: 115 24 Wilson County Flection Commit
	ceipts:
a.	Unitemized Contributions (\$100 or less from each source this period)
b.	Itemized Contributions (over \$100 from each source this period)\$\$
c.	Loans Received This Reporting Period \$ \$\$
d.	Interest Received This Reporting Period\$\$
e.	Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.)
16. Dis	sbursements:
a.	Total Expenditures (other than loan payments)
b.	Loan Repayments Made This Period \$ \$
c.	Total Obligation Payments Made This Period\$\$
d.	Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)\$ 2,078.06
17. ln-	Kind Contributions:
a.	Unitemized In-Kind Contributions Received This Period\$\$
b.	Itemized In-Kind Contributions Received This Period\$
c.	Total In-Kind Contributions Received This Period \$ \$
18. Ob	ligations:
a.	Total Obligations Outstanding (must be shown in item 12.f.)\$

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

	IDI
1. Candidate or Committee Name: Randall Hutto	RECEIVI
2. Reporting Period: Start Date: 7123 End Date: 1524	JAN 2 9 2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ $ b$	Wilson County Floris
COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) candidate's name in the purpose of the expenditure section.	Wilson County Election Commi expenditure is an in- along with the
Business or Organization Name: Advance Signs	OR
First Name: Middle Name: Last Name:	
First Name: Middle Name: Last Name: Address: DOS _ W, Main St City: Lebanon	ode: <u>37087</u>
Purpose of Expenditure: Vehicle Magnets	
Amount of Expenditure: \$ 87.47 Date of Expenditure: \$ 911 2023	
Business or Organization Name: Gladeville Community Center First Name: Middle Name: Last Name: Last Name: State: TN Zip C Purpose of Expenditure: Halloween Bash Sponsor Amount of Expenditure: \$ 100.00 Date of Expenditure: \$ 10 10 23	OR ode: 37090
Business or Organization Name: Lebanon High School 3 point Chuk	OR
First Name: Middle Name: Last Name:	
First Name: Middle Name: Last Name: Address: 500 Blue Devil Blvd. City: Lebanon State: TN Zip C	ode: 37087
Purpose of Expenditure: Gym SponSov	
Amount of Expenditure: \$ \(\frac{200.00}{}{} \) Date of Expenditure: \$ \(\frac{11 3 23}{}{} \)	
	0.0
Business or Organization Name:	OR
First Name: Clark Middle Name: Last Name: Bt Address: 307 W. Main St. SteB City: Lebanon State: TN Zip C	ode: 37087
	oue. 2100
EDD 22	
74HOURE OF EXPENDICATE TO THE PARTY OF THE P	
Business or Organization Name: Watertown East Wilson Chamber OF	Commercian
First Name: Last Name: Last Name:	
Address: 101 w. main St. City: Watertown State: IN Zip C	ode: <u>37184</u>
Purpose of Expenditure: Christmas Parade entry Fee	
Amount of Expenditure: \$ 25.00 Date of Expenditure: \$ 11/23	
Total Expenditures: \$ 912.47 (Carry forward to the next page if additional pages of this form are used. If this is the last page of expamount must be shown in the summary on first page.)	penditures, this

ITEMIZED STATEMENT OF EXPENDITURES - CANVIDATE INVENT
1. Candidate or Committee Name: Pandall Hutto
2. Reporting Period: Start Date: 7 1 23 End Date: 15 24 3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 912. 47
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 912.41
COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an inkind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.
Business or Organization Name: Mt. Juliet Republican Women OF
First Name: <u>Gwynne</u> <u>Middle Name:</u> <u>Last Name: <u>Queener</u></u>
Address: 821 Nork Rd. City: Mt. Juliet State: TN Zip Code: 37122
Purpose of Expenditure: 2024 White House Christmas Drnament
Amount of Expenditure: \$ 25.00 Date of Expenditure: \$ 11 28 23
Business or Organization Name:OR
First Name: Randall Middle Name: Last Name: Hutto
Address: 2502 Kinderhill Way City: Lebanon State: TN Zip Code: 37090
Purpose of Expenditure: Christmas Parade Candy expense
Amount of Expenditure: \$ 188.64 Date of Expenditure: \$ 12/7/23
Business or Organization Name:OR
First Name: Rachel Middle Name: Last Name: Warren
Address: 1395 Rocky Valley Patity: Lebanon State: TN Zip Code: 37090
Purpose of Expenditure: Mayor's Office Open house expense
Amount of Expenditure: \$ 53.66 Date of Expenditure: \$ 12/7/23
Business or Organization Name:OR
First Name: <u>Sava</u> Middle Name: <u>Last Name</u> : <u>Daven port</u>
Address: 346 Bates Rd. City: Lebanon State: TN Zip Code: 37087
Purpose of Expenditure: Mayor's Office Open house expense
Amount of Expenditure: \$ 95.29 Date of Expenditure: \$ 12/7/23
Business or Organization Name: OR
First Name: Brooke Middle Name: Last Name: Driver
Address: 2018 5. Commerce Rd. City: Lebanon State: To Zip Code: 37087
Purpose of Expenditure: Mayor's office Open house expense
Amount of Expenditure: \$ 122-36 Date of Expenditure: \$ 12/7/23
Total Expenditures: \$1,397.42_
(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this
amount must be shown in the summary on first page.)

1. Candidate or Committee Name: Wilson County Election County 2. Reporting Period: Start Date: 3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an inkind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section. **Business or Organization Name:** OR Last Name: Kidwell First Name: Middle Name: Address: 163 Zip Code: 3708 Purpose of Expenditure: 38,52 Amount of Expenditure: \$ Date of Expenditure: \$ **Business or Organization Name:** First Name: Middle Name: Last Name: Zip Code: 3708 Address: Purpose of Expenditure: 18 Amount of Expenditure: \$ Date of Expenditure: \$ **Business or Organization Name:** First Name: Middle Name: _ Zip Code: 3708 Purpose of Expenditure: Amount of Expenditure: \$ Date of Expenditure: \$ **Business or Organization Name:** First Name: Kan Middle Name: Last Name: Zip Code: 3708 State: Purpose of Expenditure: Amount of Expenditure: \$ Date of Expenditure: \$ Business or Organization Name: Main First Name: Middle Name: Last Name: City: Le Zip Code: 37 DS Address: State: N Purpose of Expenditure: 5D Amount of Expenditure: \$ Date of Expenditure: \$ Total Expenditures: \$ (Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this

amount must be shown in the summary on first page.)

Candidate or Committee Name: Bandall Wilson County St. 2. Reporting Period: Start Date: 1123 End Date: 1524 3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ __ COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an inkind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section. Business or Organization Name: OR First Name: Middle Name: Last Name: Address: Purpose of Expenditure: Amount of Expenditure: \$ -Date of Expenditure: \$ Business or Organization Name: _____ First Name: _____ Last Name: ____ Last Name: ____ _____City: _____ State: ____ Zip Code: ____ Address: Purpose of Expenditure: Amount of Expenditure: \$ ______ Date of Expenditure: \$ _____ Business or Organization Name: _____ First Name: ______ Middle Name: _____ Last Name: _____ Address: ______City: _______ State: Zip Code: Purpose of Expenditure: Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____ Business or Organization Name: First Name: _____ Last Name: ____ Last Name: ____ Address: ______City: ______ State: ____ Zip Code: ____ Purpose of Expenditure: Amount of Expenditure: \$ ______ Date of Expenditure: \$ _____ Business or Organization Name: First Name: _____ Middle Name: ____ Last Name: ____ ______ City: ______ State: ____ Zip Code: _____ Address: ____ Purpose of Expenditure: Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____ 2.078.06 Total Expenditures: S (Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDID