CAMPAIGN FINANCIAL DISCLOSURE STATEI

For State and Local Candidates
For Single-Candidate Committees

	1 01	omgie-oai	ididate committe	.000	WILCOMOS
1.	* * * * * * * * * * * * * * * * * * *	2.a. NAME OF C	ANDIDATE OR COMMITTEE		ELECTION COMMISSION
	7-24-22	Dorot	hy Critchlor	W	
2.b	b. IF COMMITTEE, NAME OF CANDIDATE		ŀ	3. ELECTION DATE	
				2027	2
4.a	a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	State	Zip Code	Phone
	W				615-681-7465
4.b	. CANDIDATE'S HOME ADDRESS (if different	Mt. Juliet than 4.a.)	174	J//ZZ	415-681-7465
	Street or Rural Route	City	State	Zip Code	Phone
5.	The second secon	applicable)	I	L TREASURER (may be	candidate)
	School Board Zone	4	Connie N	Nitchell	
7.	CATEGORY OR REPORT (Check one)		√ th □		
	FIRST SECOND THIRD	FOURTH	PRE- PRE-	MID-YEAR	YEAR-END
8.a.	QUARTER QUARTER QUARTER . BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY GENERAL 8.b. ENDING DATE OF REP	SUPPLEMENTAL CORTING PERIOD	SUPPLEMENTAL
	4-1-22		4 - 23 -	22	
9. (0	Check one)				
	a. This campaign is exempt from detailed	d disclosure becaus	e contributions (including in-k	kind) received total \$1,00	00 or less AND expendi-
	tures total \$1,000 or less for this report	ting period. (Comp	olete items 12d., 12e. and 12f	.)	·
	b. This campaign is required to file a deta	ailed financial disclo	sure because contributions (including in-kind) receive	ed total more than \$1,000
	and/or expenditures total more than \$1	1,000 for this report	ing period.		
10.	I/we do solemnly swear or affirm that the infraccurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we sibenefit of the candidate or for any other nonposition of candidate	ns and expenditures swear or affirm that political purpose as	s required to be reported by the no campaign contributions hat defined by the federal international formula in the contribution of the contributions of the contribution of the contributi	the candidate committee ave been expended for t	by the Campaign
11.	WITNESS SIGNATURE	1 1/1	1/2 South	PIM	e utulos
	JERON Criento	w 4[z4	BE Nelly	M SALLOW	7/24/22
	signature of witness	date	signa	ature of witness	date
12.	SUMMARY			₩	
;	a. BALANCE ON HAND LAST REPORT			\$ 1,000.	8
				• 0	
	b. TOTAL RECEIPTS THIS PERIOD				i
(c. TOTAL DISBURSEMENTS THIS PERIOD		,	\$ 439,00	
	d. BALANCE ON HAND (12.a. plus 12.b. mir	nus 12.c.)		\$	<u>561.°%</u>
	e. TOTAL LOANS OUTSTANDING		••••	\$	1,000.09
1	f. TOTAL OBLIGATIONS OUTSTANDING			\$	1,000.00



SUMMARY PAGE - CANDIDATE



		- V	MESON COUNTY
13.	NAME OF CANDIDATE OR COMMITTEE (In Full)		FRING THE ISERIAD
	Dorothy Critchlow	FROM: 4-1-22	TO: 4-23-22
RE 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.)		
	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.)		\$ 5
DI	SBURSEMENTS		
19.	EXPENDITURES (other than loan payments)		
а	. Expenditures (\$100 or less each payee this period) (must be listed by category - e	.g., printing, postage,	gasoline)
	\$		
	\$		
	\$		
	\$		
	\$ <u></u>		
	\$		
	\$		
	\$		
	\$		
	otal of Expenditures (\$100 or less each payee)		
b.	Itemized Expenditures (Over \$100 each payee this period)	\$ 439.90	_
C.	TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		\$ 439.99
	LOAN REPAYMENTS MADE THIS PERIOD		
21.	TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		\$ 439.0%
22	IN-KIND CONTRIBUTIONS	9	
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)	\$ 209+ 40	
C.	TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.	o.)	\$ <u>209.95</u>
23	OBLIGATIONS	entr	
a.		\$	_
b.	Itemized Obligations Outstanding (Over \$100 each)	\$ 1,000-09	
C.	TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i iter	n 12.f.)	\$ 1,000.

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ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	INSTHE PERIODION									
Dorothy Critchlo	TO: 4-23-22									
	Amount									
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)										
	Amount of Contribution									
First Name	Middle Nar	ile	Contribution Received For:	_						
Last Name/Organization Name			Primary Election	General Election						
			Runoff (Local Election	s Only)						
Address										
City	Zip Code	Date of Contribution	Aggregate This Election							
Occupation										
Employer										
First Name	Middle Nar	me	Contribution Received For:		Amount of Contribution					
Last Name/Organization Name	<u> </u>		Primary Election	General Election						
			Runoff (Local Election	- Only)						
Address			· ·	is Only)						
City	State	Zip Code	Date of Contribution		Aggregate This Election					
Occupation										
Employer										
First Name	ne	Contribution Received For		Amount of Contribution						
Last Name/Organization Name			Primary Election							
Address			Runoff (Local Election	is Only)						
City	State	Zip Code	Date of Contribution	Aggregate This Election						
Occupation										
Employer										
Parties and	Trees.		Contribution Received For		Amount of Contribution					
First Name	Middle Nar	The		Contribution Received For:						
Last Name/Organization Name			Primary Election General Election							
Address			Runoff (Local Election	ns 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)	Ø									

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ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE WILSON COUNTY

1. NAME OF CANDIDATE OR COI	MMITTEE				2. REPORT	NG THE PERIOD			
Dorothy C	ritchl	ow			TO: 4-23-22 Amount				
3. TOTAL ITEMIZED IN-KIND CON	ITRIBUTION	S FROM	PRECEDING PAGE (6	enter \$0 if first itemized page)					
4. COMPLETE THE APPROPRIATE IT	EMS FOR EA	CH ITEMIZ	ED IN-KIND CONTRIBU	JTION (in-kind contributions totaling more than \$100 from any contributor during the period)					
First Name Sarah		Middle Nam	eth	In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ✓ Value of In-Kind Contribution					
Last Name/Organization Name				Runoff (Local Election	\$209.90				
Address 110 Hunter			Date of In-Kind Contribution 4-10-22 Aggregate this Election 209. 90						
City Mt. Juliet	.Dr	State	Zip Code 37122	Description of In-Kind Contribution	iness mude	shirt			
Occupation Data Support for Grading	Employer N	PS NO	tro 18hville 18hville 18hville	Signs, business cards, shirt					
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	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 Elections 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 Received For: Primary Election					
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	Employer								
First Name		Middle Name	8	In-Kind Contribution Receive		Value of In-Kind Contribution			
Last Name/Organization Name					General Election				
				Date of In-Kind Contribution	is Offig)	Aggregate this Election			
Address		0-1	7:a Code	Description of In-Kind Contribution					
City		State	Zip Code	Безсприон от т-кина сопинацион					
Occupation	Employer								
TOTAL ITEMIZED IN-KIND CO (Carry forward to item 3. of next page if a (If this is the last page of in-kind contribut)	\$ 209.90								



ITEMIZED STATEMENT OF EXPENDITURES -

NAME OF CANDIDATE OR COMMITTEE Dorothy Critchlos TOTAL ITEMIZED CAMPAIGN EXPENDITE		E (enter \$0 if first itemized pa	FROM:4-1-22	TO: 4-23-22 Amount		
4. COMPLETE THE APPROPRIATE ITEMS FOR E					iod)	
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Signarama Address 3580 North Mt. Jul City Mt. Juliet	State TV	Rd. Zip Code 37122	Signs and	\$439.09		
First Name	Middle Na	Street St	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code		·		
First Name	Middle Nar	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name	Middle Nam	l ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					·	
Cast (4a) He/Dusiness (4a) He						
Address						
City	State	Zip Code				
First Name	Middle Nam	ie	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				
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					\$ 439.06	



ITEMIZED STATEMENT OF LOANS - CANDIDAT MULSON COUNTY ELECTION COMMISSION

1. NAME OF CANDIDATE OR COMMITTEE									COVER		THE PERIOD			
Dorothy Critchlow								M: -1-2	2	TO	: { <i>-23-2</i> 2			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)														
Complete the Following for the Source of the Loan														
First Name Middle Na		Loan Balance	Loans Receive		Loa Payme		Outs		ig Loan Balance					
Dorothy Ire Last Name/Organization/Name	(Beginning			,	-	. 1	. 4 5° 1	-	of Period)					
Critchlaw	5 1,00	20.00			Q	,	-	اک را	oo.°°					
Address			Loan Receiv	ed For:		-		Date of Loa	n					
110 Hunter Dr.	1 71 0 1		☐ Primar	y Election	Genera	al Election		3-	28	- ,	2			
110 Hunter Dr. City State Mt. Juliel TN	Zip Code 3712	1.	☐ Runoff	(Local Elections	Only)				20	-	-			
List All Endo	orsers or Guara		or Above Loa	n (If more spa	ce is neede	ed please a	ttach a	page)						
First Name	Middle Name			First Name					Middle	Name				
Last Name/Organization Name	1			Last Name/Org	janization Na	me			1					
Address				Address										
City	State	Zip Co	ode	City					State Zip Code Middle Name					
Amount Guaranteed Outstanding				Amount Guara	nteed Outstan	nding			State Zip Code					
First Name	Middle Name			First Name Middle Name										
Last Name/Organization Name				Last Name/Organization Name										
				Address										
Address		,												
City	State	Zip Co	de	City					State		Zip Code			
Amount Guaranteed Outstanding				Amount Guarar	iteed Outstan	iding								
First Name	Middle Name			First Name					Middle	Name				
Last Name/Organization Name				Last Name/Organization Name										
Address				Address										
City	State	Zip Co	de	City					State		Zip Code			
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding										
First Name	Middle Name			First Name Middle Name										
Last Name/Organization Name	I .			Last Name/Org	anization Nar	me								
Address				Address										
City	State	Zip Cod	de	City					State		Zip Code			
Amount Guaranteed Outstanding				Amount Guaran	teed Outstand	ding								
4. Totals for all Loans (complete on last page of (Total loans received should also be shown in item 16. on		ns)		Outstanding Lo (Beginning o		Loans Receiv		Loan Payme			anding Loan Balance End of Period)			
(Total loan payments should also be shown in item 20. on (Total outstanding loan balance should also be shown in item	summary page.)	age.)			0,00	ø		Ø			000,00			

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE COUNTY

of overline on committee	2. REPORT COVERING THE PERIOD					
1. NAME OF CANDIDATE OR COMMITTEE	Jour			FROM: 4-1-		1-23-22
3. COMPLETE THE APPROPRIATE ITEMS FOR OBLIGATION (obligations totaling more that person/vendor at the end of the reporting p	n \$100 ow	HITEMIZED ed to any	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na					
Do rothy Last Name/Business Name	Ire	ne	-			
Critchlow						
Address 110 Hunter Dr						
City	State	Zip Code	1.		cali.	# / = 0 = 00
Description of Obligation	17	37/22	\$1,000.00	Ø	Ø	\$1,000.00
Personal Loan						
First Name	Middle Na	ne				
Last Name/Business Name	1		-			
Address						
City	State	Zip Code				
Description of Obligation						
2000.p						
First Name	Middle Nar	ne				
Last Name/Business Name			-			
,			_			
Address						
City	State	Zip Code	1			
Description of Obligation			-			
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						
Address			1			
City	State	Zip Code				
Description of Obligation						
A TOTAL C						
 TOTALS (Total from Outstanding Balance - (End of Period) c in item 23b, on summary page.) 	\$1,000.00	Ø	Ø	\$ 1,000.00		