CAMPAIGN FINANCIAL DISCLOSURE STATEMENT RECEIVED 9:20

For State and Local Candidates For Single-Candidate Committees

| 1. DATE OF REPORT 7 - 26-2022 | 2.a. NAME OF CANDIDATE | orcommittee Nelle L | lewton | WILSON COUNTY | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------|------------------------------|-------------------------------|--|--|
| 2.b. IF COMMITTEE, NAME OF CANDIDATE | | | 3. ELECTION DA | ECTION COMMISSION | | |
| nla | | | 2023 | λ | | |
| 4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route | City | State | Zip Code | Phone \$1.5 - 904 (1.7.22) | | |
| 4600 Brown Leaf Dr | Old Hickor | 4 1N | 37138 | 865-804-4723 | | |
| 4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route | t than 4.a.) City | State | Zip Code | Phone | | |
| 5. OFFICE SOUGHT (include district number, i | (applicable) | ME OF POLITICAL | TREASURER (may | be candidate) | | |
| Wilson Co. Commissioner - C | vistrict I | Stephan | nie Wallac | E | | |
| 7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD OLJARTER QUARTER QUARTER | FOURTH PRE- | PRE- GENERAL | MID-YEAR SUPPLEMENTA | YEAR-END AL SUPPLEMENTAL | | |
| 8.a. BEGINNING DATE OF REPORTING PERIOD | 8.b. EN | IDING DATE OF REPO | _ | | | |
| 9. (Check one) | | 1 2 3 | 00 | | | |
| This campaign is exempt from details tures total \$1,000 or less for this report | orting period. (Complete items | s 12d., 12e. and 12f. |) | | | |
| b. This campaign is required to file a de and/or expenditures total more than \$ | tailed financial disclosure bec 61,000 for this reporting perior | ause contributions (in | ncluding in-kind) rec | eived total more than \$1,000 | | |
| 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. | | | | | | |
| signature of candidate | 7-26-22- date | Aboto | Mallagof political treasurer | 7/27/2022 date | | |
| 11. WITNESS SIGNATURE | | ٨ | 1 1/ | | | |
| signature of witness | 7-26-22 date | Signa | ature of witness | 7/27/22 date | | |
| 12. SUMMARY | | | 1020 | 11 | | |
| a. BALANCE ON HAND LAST REPORT | | ************************* | \$ _103.91 | 1 | | |
| a. BALANCE ON HAND LAST REPORT b. TOTAL RECEIPTS THIS PERIOD | | | \$ 200.0 | 20 | | |
| c. TOTAL DISBURSEMENTS THIS PERIOD | | | \$\'340',[| | | |
| d. BALANCE ON HAND (12.a. plus 12.b. n | ninus 12.c.) | | | \$ 245.27 | | |
| e. TOTAL LOANS OUTSTANDING | | | | 1 000 00 | | |
| f. TOTAL OBLIGATIONS OUTSTANDING | | | | \$ | | |



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SUMMARY PAGE - CANDIDATE

JUL 28 2022

| 13. NAME OF CANDIDATE OR COMMITTEE (In Full) | | ERING THE PERIOD | | | | |
|----------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------|--|--|--|--|
| Michelle Newton | FROM: 744 CT224 | COMMISSION - 22 | | | | |
| RECEIPTS 15. CONTRIBUTIONS (other than loans and interest) | 222 | | | | | |
| 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.) | \$ 200 | | | | | |
| 16. LOANS RECEIVED THIS REPORTING PERIOD | ····\$0 | | | | | |
| 17. INTEREST 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.) | | \$ _200 | | | | |
| 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) | | | | |
| Advertising \$ 88.1 | 07 | | | | | |
| Misc. / Teacher Signs \$ 50.t | 00 | | | | | |
| \$ | - | | | | | |
| \$ | | | | | | |
| \$ | | | | | | |
| \$ | | | | | | |
| - | | | | | | |
| | | | | | | |
| | | | | | | |
| \$ | | | | | | |
| Total of Expenditures (\$100 or less each payee) | \$ 130.67 | | | | | |
| b. Itemized Expenditures (Over \$100 each payee this period) | <i>I</i> \ | | | | | |
| c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) | \$ 136,67 | | | | | |
| 20. LOAN REPAYMENTS MADE THIS PERIOD | \$ | | | | | |
| 21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) | \$ 138.67 | | | | | |
| 22.IN-KIND CONTRIBUTIONS | | | | | | |
| the standard contributions (\$100 or less from each source this period) | \$0 | _ | | | | |
| | _ | | | | | |
| TOTAL IN JUNE CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b. | \$0 | | | | | |
| | | | | | | |
| OBLIGATIONS a. Unitemized Obligations Outstanding (\$100 or less each) | \$ | | | | | |
| a. Unitemized Obligations Outstanding (\$100 of less each) | | | | | | |
| b. Itemized Obligations Outstanding (Over \$100 each) | \$ | | | | | |
| c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown inter- | 11 12-1-7 | ······································ | | | | |

NECLIVED

JUL 28 2022

ITEMIZED STATEMENT OF EXPENDITURES -WCANDIDATE

| 1. NAME OF CANDIDATE OR COMMITTEE 2. REPORT COVERI | | | | | NG THE PERIOD TO: 7-25-22 | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------|------------------------|-----------------------|---------------------------|--|--|
| - I DVIOLO IVOXIV | | | | | Amount * | | |
| 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) | | | | | | | |
| | | | Purpose of Expenditure | Amount of Expenditure | | | |
| First Name | Middle Name | | | | | | |
| Last Name/Business Name Squares Pace Inc | | | | | | | |
| Address 225 Varvick St | imickst 12th Floor | | | | | | |
| City New YM | State Zip Code 10014 | | Advertis | \$39.51 | | | |
| First Name | Middle Name | | Purpose of Expenditure | Amount of Expenditure | | | |
| Last Name/Business Name Mt Juliet Chamber of Common | | | e | | | | |
| Address 2055 N NATURE | Rd | #200 | | | | | |
| City Mt Juliet | State | Zip Code 37122 | WISM Co. | Teachorsign | 5 \$50.00 | | |
| First Name | Middle Nan | nė | Purpose of Expenditure | • | Armount of Expenditure | | |
| Last Name/Business Name | | | | | | | |
| Address 401 S Mt Juliet | Pd | | | | | | |
| city Mt Juliet | State | 37122 | Advert | ising | 449.16 | | |
| First Name | Middle Name | | 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 | | Purpose of Expenditure | | Amount of Expenditure | | |
| Last Name/Business Name | | | | | | | |
| Address 7 in Code | | | | | | | |
| City | State | Zip Code | | | | | |
| 5. 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.) | | | | \$138.67 | | | |



ITEMIZED STATEMENT OF LOANS - CANDIDATE

2 PEPORT COVERTING THOUSER OF WILSON COUNTY

| 1. NAME OF CANDIDATE OR COMMITTEE | | | | 2. | REPORT C | OVER | AG III | BAPERION | 100 | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------|-----------------------------------------------|-------------------|--------------------------------------------------|------------------|-------------|---------------------------------------------|----------|--|
| Michelle Newton | | | | | 2. REPORT COVERTING THE PERIOD TO: TO: 7-1-25-22 | | | | | |
| 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 Name Outst | | Outstanding I (Beginning | g Loan Balance Loans g of Period) Received | | | Loan Payments | | Outstanding Loan Balance (End of Period) | | |
| Last Name/Organization Name | | *1, | 000 | 00 80 40 | | | 4 | £1,000 | | |
| Address Loan Receiv | | Y 1.3.535 ACAA | | | | | | | | |
| Address Grown Leaf Dr City Old Hickory State | Zip Code 3713 | Runoff | ff (Local Elections Only) 6-25-22 4 56 0 | | | | | 500 | | |
| List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page) | | | | | | | | | | |
| First Name | Middle Name | | First Name | | | | Middle Name | | | |
| Last Name/Organization Name | | Last Name/Organization Name | | | | | | | | |
| Address | | | Address | | | | | | | |
| City | State Z | ip Code | City | | | State | Zi | p 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 Z | ip Code | City | | | | 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 Zi | ip Code | City State Zip | | | p Code | | | | |
| Amount Guaranteed Outstanding | | Amount Guaranteed Outstanding | | | | | | | | |
| First Name | ame Middle Name | | First Name Middle Name | | | | | | | |
| Last Name/Organization Name | | Last Name/Organization Name | | | | | | | | |
| Address | | Address | | | | | | | | |
| City | State Zi | p Code | City | | | | State | Zip | Code | |
| Amount Guaranteed Outstanding | | | Amount Guarar | teed Outstanding | | | | | | |
| 4. Totals for all Loans (complete on last page of itemized 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 Lo | | Loans Received | Loar Payme | | | ing Loan Baland of Period) | æ | |
| SS-1132 (Rev. 4/02) | | | | Page | 9 | of 4 | | | RDA 1159 | |