CAMPAIGN FINANCIAL DISCLOSURE STA

For State and Local Candidates For Single-Candidate Committees

	r Single-Candida		es v	VILSON COUNTY
1. DATE OF REPORT 7 - 25 - 22	2.a. NAME OF CANDIDATE	EORCOMMITTEE Meyers	ELE	CTION COMMISSION
2.b. IF COMMITTEE, NAME OF CANDIDATE		J	3. ELECTION DATE	2
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route 4679 Sparta P 4.b. CANDIDATE'S HOME ADDRESS (if different	City ke Water H	State State	Zip Code 37184 (Phone (225) 963 -171(Phone
Street or Rural Route	City		REASURER (may be	
5. OFFICE SOUGHT (include district number, i	. срриваль)	D 11 11	eyers	carroloate)
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH PRE- QUARTER PRIMA	PRE- RY GENERAL NDING DATE OF REPOR	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. Ef	7-25		
9. (Check one) a. This campaign is exempt from detailed tures total \$1,000 or less for this report to the campaign is required to file a deand/or expenditures total more than \$1.000 or less for this report to the campaign is required to file and less total more than \$1.000 or less for this report to the campaign is required to file and less for the campaign is required to file and less for the campaign is required to file and less for this report to the campaign is required to file and less for this report to the campaign is exempt from detailed to the campaign is required to file and less for the campaign is required to file and less for the campaign is required to file and less for the campaign is exempt from the campaign is	orting period. (Complete item	cause contributions (in		
10. I/we do solemnly swear or affirm that the ir accurate accounting of campaign contribution. Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other nor	ons and expenditures require swear or affirm that no camp apolitical purpose as defined	a to be reported by the	e been expended for the	
signature of cardidate	7-25-22 date	signature of	political treasurer	date
11. WITNESSSIGNATURE signature of witness	7-25-23 date	Sel	ure of witness	7-25-28 date
12. SUMMARY			3.872.03	
BALANCE ON HAND LAST REPORT b. TOTAL RECEIPTS THIS PERIOD			\$ 275 °° \$ 1,345.95	
c. TOTAL DISBURSEMENTS THIS PERIOD			\$ 1,345.95	
d. BALANCE ON HAND (12.a. plus 12.b. r				2,801.08
e. TOTAL LOANS OUTSTANDING				
f. TOTAL OBLIGATIONS OUTSTANDING				- I



SUMMARY PAGE - CANDIDATE

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13. NAME OF CANDIDATE OR COMMITTEE (In Full) Beth Meyers	FROM: 7-1-22 WIL TONG THE PERIOD			
RECEIPTS CONTRIBUTIONS (athors then leans and interest)	ELECTION COMMISSION			
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 2500			
b. Itemized Contributions (over \$100 from each source this period)	\$ 250 "			
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ 275°°			
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ 6			
16. LOANS RECEIVED THIS REPORTING PERIOD	4 0			
17. INTEREST RECEIVED THIS REPORTING PERIOD	* 275°-			
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ 270			
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)			
\$				
\$	_			
\$				
\$				
\$				
\$				
\$ \$				
\$	_			
Total of Expenditures (\$100 or less each payee)	\$			
b Itemized Expenditures (Over \$100 each payee this period)	\$ 1,345.95			
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>1,393.75</u>			
20. LOAN REPAYMENTS MADE THIS PERIOD	\$			
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 1,345.75			
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)	\$			
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)\$				

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ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE WILSON COUNTY

1. NAME OF CANDIDATE OR COMMITTEE BETH NEGUES				AND THE PERIOD OF	
Rein Megas				170y-22	TO:7-25-22 Amount
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE			<u> </u>	 	
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	ACH ITEMIZ	ZED CONTRIBUTION (d		100 from any contributor)
First Name	Middle Nam		Contribution Received For:	,	Amount of Contribution
Last Name/Organization Name Construction		Primary Election		25000	
Address 36 N. Milton, Rd		Runoff (Local Elections Only)			
City Milton	State Zip 37/18		Date of Contribution		Aggregate This Election
Occupation			7-6-2	77	
Employer					
First Hane Barbara	Middle Nam	e	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		Primary Election General Election		2500	
Address Qpp Hillark Trace		Runoff (Local Elections Only)			
City Lebanon	State	Zip Code 37087	Date of Contribution		Aggregate This Election
City Lebanon State Zip Code 37 087 Occupation Refired		7-9-2	2		
Employer					
	T.				
First Name	Middle Name		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					
First Name	Middle Name	9	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 of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					# 275 °C



ITEMIZED STATEMENT OF EXPENDITURES -

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER	H SON COUNTY THE PERIODION
1. NAME OF CANDIDATE OR COMMITTEE FROM: 7, 5				TO: 7-25-22	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEM	IZED EXPENDITURE (Water State of the	to any payee during the per	
First Name	Middle Na		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Annex Address 651 5 Mt Juliet Rd City Mt Juliet State N 37/22		Campaign		#1,345.95	
Address 651 5 Mt Jul	iet	Rd.	-		
City M+ Inliet	1°71	Zip Code 37/22			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name]		
Address					
City	State	Zip Code			
First Name	lame 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					
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	re used.)			1,345.95