CAMPAIGN FINANCIAL DISCLOSURE STATEMENT KM For State and Local Candidates RECEIVED 3.

For Single-Candidate Committees

	2.a. NAME OF CA	VIDIDATE OP	COMMITTEE		JUL - 6 ZUZZ
1. DATE OF REPORT 7-5-2022	Z.a. NAMEOFC	Is A	Elect Mi	d Yours	W/I SON COLINTY
2.b. IF COMMITTEE, NAME OF CANDIDATE	THEM	74 6		3. ELECTION DATE	CTION COMMISSION
Mark Young				2023	
4.a. CAMPAIGN ADDRESS AND PHONE Rural Route	City		State	Zip Code	Phone
5462 Leburan Rd	Lebanon		TN	37087	45-406-6212
4.b. CANDIDATE'S HOME ADDRESS (if different	t than 4.a.)				-
Street or Rural Route	City		State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if	applicable)	6. NAME	OF POLITICAL T	REASURER (may be	candidate)
County Commission Dist. 23		VN	ork Your	5	
7. CATEGORY OR REPORT (Check one)					
FIRST SECOND THIRD	FOURTH	PRE-	PRE-	MID-YEAR	YEAR-END
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY 8.b. ENDIN	GENERAL GDATE OF REPOR	SUPPLEMENTAL RTING PERIOD	SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING LINES			6-30-2		
9. (Check one)			Q <u>J</u> - <u>J</u>		
a. This campaign is exempt from detaile	d disclosure becaus	e contribution	s (including in-kin	nd) received total \$1,0	00 or less AND expendi-
tures total \$1,000 or less for this repo	rting period. (Comp	lete items 120	1., 12e. and 12f.)		
b. This campaign is required to file a defand/or expenditures total more than \$	tailed financial disclo	sure because	contributions (in	cluding in-kind) receiv	red total more than \$1,000
and/or expenditures total more than ¢					
10. I/we do solemnly swear or affirm that the in	formation contained	I in this camp	aign financial disc	closure report is true	and that this report is an
accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we	one and evnenditure	s required to t	se reported by the	e candidate committe	by the Campaign
benefit of the candidate or for any other non	political purpose as	defined by th	e federal internal	revenue code.	
MILI			7/11]	11-	1 515
111-11-	6-5-22	_	signature	f political treasurer	4.5.22 date
signature of candidate	date		Signature	political (good) o	
11. WITNESS SIGNATURE			0	// 4	
Live & Mymes	6-5-22		X./	y a.	6-5-02
Sylva H. Joing	-		Syluis	ture of withess	date
signature of withess	date		Jagnat		3810
12. SUMMARY				/ ₂ 44/ ₂ 2	
a. BALANCE ON HAND LAST REPORT				.\$	
TOTAL PROFIBTO THE PERIOD				~ 0 ~	_
				\$ 6440.3	1
c. TOTAL DISBURSEMENTS THIS PERIOD					- 0-
d. BALANCE ON HAND (12.a. plus 12.b. n	ninus 12.c.)				\$
e. TOTAL LOANS OUTSTANDING					\$
f. TOTAL OBLIGATIONS OUTSTANDING					\$







SUMMARY PAGE - CANDIDATE

JUL - 6 2022

	14. REPORT COVERING THE PERIOD							
13. NAME OF CANDIDATE OR COMMITTEE (In Full) Friends to Elect Mark Young	FROM: 4.2 4 E TOTO: OMMISSION							
RECEIPTS								
15. CONTRIBUTIONS (other than loans and interest)	<u> </u>							
a. Unitemized Contributions (\$100 or less from each source this period)\$								
b. Itemized Contributions (over \$100 from each source this period)\$								
c. TQTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)								
. LOANS RECEIVED THIS REPORTING PERIOD\$								
. INTEREST RECEIVED THIS REPORTING PERIOD\$ = 0 =								
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$_ -0-							
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)							
Wilson Bank Service Charges \$ 20.0	00							
Election Day Supplies \$ 145.3	<u> </u>							
Gas \$ 339.6	99							
*								
\$								
Total of Expenditures (\$100 or less each payee)	\$ 525.15							
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 5915.56							
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ 6990.51							
20. LOAN REPAYMENTS MADE THIS PERIOD	\$							
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 6990,31							
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	.)\$ <u>~ 0 ~ </u>							
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 iter	n 12.f.)\$							

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATENTY ELECTION COMMISSION

TA NAME OF CAMPIDATE OF COMMITTEE				2. REPORT COVER	ING THE PERIOD			
NAME OF CANDIDATE OR COMMITTEE	a L	2000		FROM:4. 24-22	TO: 4-30-22			
Friend) to Elect V	72 100	Amount						
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTI	age)	-0-						
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)								
First Name	TABLE AT				Amount of Contribution			
Last Name/Organization Name			☐ Primary Election ☐	General Election				
				0.13				
Address		Runoff (Local Election	s Only)					
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation								
Employer								
First Name	Middle Nam	e	Contribution Received For:		Amount of Contribution			
Last Name/Organization Name			Primary Election	General Election				
Address			Runoff (Local Election	is Only)				
City	State Zip Code			Date of Contribution				
Occupation		/						
Employer								
First Name	3	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				6	e)			
Employer								
First Name	Middle Name	e 9	Contribution Received For:		Amount of Contribution			
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								
E TOTAL ITEMIZED CONTRIBUTIONS								
 TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of (If this is the last page of contributions, this amount must) 	of this form ar be shown in it			_0-				



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTION SOCIANDIDATE

				2. REPORT COVER	DING THE PERIOD			
1. NAME OF CANDIDATE OR COMMITT	TO: 6-30-22							
Friends to Bled M.	Amount							
3. TOTAL ITEMIZED IN-KIND CONTRIBU	ITIONS FROM	PRECEDING PAGE (enter \$0 if first itemized page)	-0-			
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)								
First Name	Middle Na	me	In-Kind Contribution Receive	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 Emplo	yer							
	Middle Na		In-Kind Contribution Receive	d For:	Value of In-Kind Contribution			
First Name	IVIIOGIE IVA	ine	_	General Election				
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 Emplo	yer							
First Name Middle Name			In-Kind Contribution Receive	d For: General Election	Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Election					
Address			Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution		/-			
Occupation Emplo	yer	/						
	/							
First Name	Middle Na	me	In-Kind Contribution Receive	d For: General Election	Value of In-Kind Contribution			
Last Name/Organization Name	/		Runoff (Local Electio					
Address	/		Date of In-Kind Contribution Aggregate this Election					
City	State	Zip Code	Description of In-Kind Contribution					
Occupation Emplo	yer		1					
First Name Middle Name			In-Kind Contribution Receiv	ed For: General Election	Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Election					
Address			Date of In-Kind Contribution		Aggregate this Election			
City State Zip Code			Description of In-Kind Contribution		•			
Occupation Employ	yer		1					
TOTAL ITEMATED IN VIND CONTRIB	ITIONS							
 TOTAL ITEMIZED IN-KIND CONTRIB (Carry forward to item 3. of next page if additional 		are used.)			-0-			
(If this is the last page of in-kind contributions, this	amount must be s	hown in item 22b. of summar	y.)					

WILSON COUNTY

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER				
Friends to Flect M	TO: 4-30-23							
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	Amount							
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)								
First Name Middle Name			Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
Address 107 Babb Dr			Sign Pas	+	187.98			
City Lebron	State T N	Zip Code 370 37						
First Name	Middle Nam	ne	Purpose of Expenditure	Amount of Expenditure				
Last Name/Business Name			Election Ni	sht				
Address 115 211 5			Event		1.184.27			
Address 145 Public Square	State	Zip Code			1/2			
Lebonon	TH	37087						
First Name	Middle Nam	ее	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name			Compagn Mai Door Hange	ilers				
Address Address			Door House	w 9	/1.00 0			
City State Zip Code			0000 (7-1-3)	3 -	4043.31			
Lebasin	TN	37087						
First Name Middle Name			Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name Beth Meyers for Sch	1001	Board	Campaign Contributi	L				
Address			Contributi	on	500.00			
City	State	Zip Code						
First Name	Middle Nam	9	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	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)	of this form a t be shown in	re used.) item 19b, of summary.)						



ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR	COMMITTEE						2. RE	PORT CO		16 THE PERMON
					FROM: TO:					
Friends to Exct Mark Young 4-2422 (e-30-22) 3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)										
3. COMPLETE THE APPROPR	IATE ITEMS	FOR EACH	ITEMIZ	ED LOAN	loans totaling r	nore than \$100	from any source du	ring the period	d) 	
Complete the Following for the Sour	ce of the Loar									
First Name	Middle Na			Outstanding I						nding Loan Balance End of Period)
					ori enda)	11000170	. , .,			
Last Name/Organization Name										
Address Loan Receiv				ed For:			Date of Loan		1	
Primary			/ Election	☐ General	Election		/			
City	State	Zip Code		Runoff (Local Elections Only)						
	List All Ende	orsers or Guar	rantors f	or Above Loa	n (If more spa	ice is needed	i please attach a	page) /		
First Name		Middle Nam			First Name				Middle N	ame
					1 111	in-ties Nes				
Last Name/Organization Name					Last Name/Or	ganization Nan	ne /			
Address					Address					
		-	1		0"		/	T	State	Zip Code
City		State	Zip C	ode	City				State	Zip Code
Amount Guaranteed Outstanding Amoun					Amount Guara	Amount Guaranteed Outstanding				
		war and			E: 411 -/	-/-		7	Middle N	Ome
First Name Middle Name First Name Middle Name						arre				
A Control of the Marie				Lest Name/Or	ganization Nar	ne				
Last Name/Organization Name			. /							
Address			Address							
City	State Zip Code City State Zip Code						Zip Code			
Amount Guaranteed Outstanding			/		Amount Guara	inteed Outstan	ullig			
First Name		Middle Nam	ne		First Name				Middle I	Name
					l ant blomp /Or	ganization Nar	mo			
Last Name/Organization Name					Last Name/Or	yanization Nai	IIC .			
Address	/				Address					
		04-4-	Zip C	'oda	City				State	Zip Code
City		State	Zip C	oue				1	01010	2.9 0000
Amount Guaranteed Outstanding					Amount Guara	inteed Outstan	ding			
THE PARTY OF THE PARTY OF		Tank	=-		F. A.N.			The state of	Middle N	Jame
First Name First Name Middle Name Middle Name							TOTAL TOTAL			
Last Name/Organization Name					Last Name/O	ganization Na	me			
					Address					
Address					1.52.000					
City		State	Zip C	Code	City				State	Zip Code
Amount Guaranteed Outstanding					Amount Guara	enteed Outstar	nding			
		100		10 mm		of Samuel		7	1	
4. Totals for all Loans (complete	Totals for all Loans (complete on last page of itemized loans) Total loans received should also be shown in item 16. on summary page.)					oan Balance of Period)	Loans Received	Loan Paymer	- 1	Outstanding Loan Balance (End of Period)
(Total loan navments should also be sho	wn in item 20. o	n summary pag	e.)		Logiming					-0-
(Total outstanding loan balance should al	so be shown in it	em 12.e. on fror	t page.)							

WILSON COUNTY ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE MMISSION

NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
1. NAME OF CANDIDATE OR COMMITTEE	FROM: 4-24-2	2 TO: 6	-30-22			
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)			Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	me				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	me				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation	,					
First Name	First Name Middle Name					
Last Name/Business Name ,						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Nar	ne				
Last Name/Business Name	/					
Address	/		1			
City	State	Zip Code				
Description of Obligation						
First Name	Middle Nar	ne				
Last Name/Business Name		1				
Address]			
City	State	Zip Code				
Description of Obligation						
4. TOTALS	95.81					
(Total from Outstanding Balance - (End of Period) c in item 23b. on summary page.)				-0-		