

SS-1109 (Rev. 1/2023)

CAMPAIGN FINANCIAL DISCLOSURE STATEM ENTERVED

For State and Local Candidates For Single-Candidate Committees

JUL 17 2023 🚓

Page ____ of ___

7798	WILSON COUNTY
1. Date: 7/16/23 2.a. Candidate or Committee Nam	
2.b. If Committee, Name of Candidate: 4. Campaign Address: 5975-B Frankling State: TN	3. Election Date:
4. Campaign Address: 5975-B Frankliv	1 Rd
City	Zip code.
5. Candidate Home Address: 5925-B Frank	1/n/Cd
City: Levanon State: 110	Zip Code: 37090 Phone: 615-308-586
Candidate Email Address: hevansd126	Julian Com
6. Office Sought: (include district number, if applicable)	County Commission District 1
7. Name of Political Treasurer (may be candidate):	10179 [0001]
Political Treasurer Email Address: Evans +	1970 @ hot mail. Eom
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: JAN 16 2023	End Date: JUN 3 0 2023
10. Detailed Disclosure: (Check one)	
	ause contributions (including in-kind) received total \$1,000
or less AND expenditures total \$1,000 or less for this re	eporting period. (Complete items 12.d., 12.e., and 12.f.)
This campaign is required to file a detailed financial distoral more than \$1,000 and/or expenditures total more	sclosure because contributions (including in-kind) received e than \$1,000 for this reporting period.
by the candidate committee by the Campaign Financia campaign contributions have been expended for the p nonpolitical purpose as defined by the federal internal re-	gn contributions and expenditures required to be reported all Disclosure Act. Additionally, I/we swear or affirm that no ersonal financial benefit of the candidate or for any other evenue code.
Hashell Grans 7/16/23	Tong Evans 7/16/23
Candidate Signature Date	Political Treasurer Signature Date
Barbara A-Walter 4-16-2023	Barbara A. Walter 7-16-2023
Witness Signature Date	Witness Signature Dafe
12. Summary:	$\alpha \gamma \gamma \alpha$
a. Balance On Hand Last Report	5 9 7, 59
b. Total Receipts This Period	
c. Total Disbursements This Period	\$ 70,00
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	
e. Total Loans Outstanding	
f. Total Obligations Outstanding	\$\$

SUMMARY PAGE - CANDIDATE

SUMMARY PAGE - CANDIDATE RECEIVED 172023
me of Candidate or Committee: Haskell Evans porting Period: Start Date: 1/16/23 End Date: 6/30/23 WILSON COMMISSION
me of Candidate or Committee: Hashell Evans porting Period: Start Date: 1/16/23 End Date: 6/30/23 WILSON COMMISSION ELECTION COMMISSION
ceipts:
Unitemized Contributions (\$100 or less from each source this period) \$
Itemized Contributions (over \$100 from each source this period)\$
Loans Received This Reporting Period
Interest Received This Reporting Period\$
Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.)\$
bursements:
Total Expenditures (other than loan payments)
Loan Repayments Made This Period \$\$
Total Obligation Payments Made This Period\$
Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)\$
Kind Contributions:
Unitemized In-Kind Contributions Received This Period \$\$
Itemized In-Kind Contributions Received This Period \$\$
Total In-Kind Contributions Received This Period\$
ligations:
Total Obligations Outstanding (must be shown in item 12.f.)

RECEIVED ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE Laskell Evans

1. Candidate or Committee Name:	1/10/07	(/20)	127	WILLOW COL
2. Reporting Period: Start Date: _				WILSON COU ELECTION COM
Total campaign expenditures fro	m preceding p	age (enter \$0 if first page)	1\$	
COMPLETE THE APPROPRIATE ITEN kind contribution to a candidate, please re candidate's name in the purpose of the ex	member to includ penditure section.	e the purpose of the expenditu	re (e.g., postage, printii	ng, etc.) along with the
Business or Organization Name: _	W1/50	n Bank + Trus	F	
First Name:	Middle	Name:	Last Name:	:
First Name:	Ferry Pike	city: <u>Lebonon</u>	State: <u>710</u>	Zip Code: 37090
Purpose of Expenditure: $___B$	ank Serv	Vac Charges	7,7	
Amount of Expenditure: \$ 7	0	Date of Expenditure: \$	monthly	(\$10/month)
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:				
Address:				
Purpose of Expenditure:				
Amount of Expenditure: \$		Date of Expenditure: \$ _		
Business or Organization Name: _				
First Name:				
Address:				
Purpose of Expenditure:				
Amount of Expenditure: \$		Date of Expenditure: \$_		
Business or Organization Name:				
First Name:				
Address:				
Purpose of Expenditure:				
Amount of Expenditure: \$				