

CAMPAIGN FINANCIAL DISCLOSURE STATE

For State and Local Candidates For Single-Candidate Committees

	RECEIVED	
	FEB 6 2021	
L	Vilson County Elections	

K 11 11.

1. Date: 1-15-24 2.a. Candidate or Committee Nam	ne: Haskell Evans
2.b. If Committee, Name of Candidate:	3. Election Date: 2022
4. Campaign Address: 5975-B Flank	lin Rd
City: 10 banon State: TN	Zip Code: 37090 Phone: 615-308-586
5. Candidate Home Address: 5975-B From	Klin Rd Zip Code: 37090 Phone: 615-308-586
Candidate Email Address: hovansdize	a Mail Livota
6. Office Sought: (include district number, if applicable)	ounty commission District 12
7. Name of Political Treasurer (may be candidate): 76 Political Treasurer Email Address: EVaus + 19	rya Brans
8. Category or Report: (check one)	
☐ First Quarter ☐ Second Quarter ☐ Third Quarter	r Fourth Quarter Pre-Primary Pre-General
☐ Mid-Year Supplemental ☐ Year-End Supplemental	
9. Reporting Period: Start Date: 7-1-23	
	End Date:
10. Detailed Disclosure: (Check one)	the state of the s
This campaign is exempt from detailed disclosures be or less AND expenditures total \$1,000 or less for this r	cause contributions (including in-kind) received total \$1,000 reporting period. (Complete items 12.d., 12.e., and 12.f.)
This campaign is required to file a detailed financial d total more than \$1,000 and/or expenditures total more	isclosure because contributions (including in-kind) received re than \$1,000 for this reporting period.
and that this report is an accurate accounting of campa by the candidate committee by the Campaign Financi	ontained in this campaign financial disclosure report is true ign contributions and expenditures required to be reported al Disclosure Act. Additionally, I/we swear or affirm that no personal financial benefit of the candidate or for any other revenue code.
Hashall want 1-15-24	
	Political Treasurer Signature Date
Barbara A. Walto 2-6-2024	Berhara A. Walker 2-6-2024
Witness Signature Date	Witness Signature Date
12. Summary:	. 22.29
a. Balance On Hand Last Report	
b. Total Receipts This Period	22,29
c. Total Disbursements This Period	5
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	
e. Total Loans Outstanding	
f. Total Obligations Outstanding	1 5
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SUMMARY PAGE - CANDIDATE

	RECEIVED				
	FEB 6 2024				
Wilson County Elections					

13. Na	ame of Candidate or Committee: Haskell Evans	Thison County
14. Re	eporting Period: Start Date: 7/1/73 End Date: 1/15/24	
	ceipts:	
a.	Unitemized Contributions (\$100 or less from each source this period)	more information.)
b.	Itemized Contributions (over \$100 from each source this period)\$	
c.	Loans Received This Reporting Period\$	
d.	Interest Received This Reporting Period\$	
e.	Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.)	
16. Dis	sbursements:	22.36
a.	Total Expenditures (other than loan payments)\$\$	75.09
b.	• /	
c.		0
d.	Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)\$	22.29
17. ln-	Kind Contributions:	
a.	Unitemized In-Kind Contributions Received This Period\$	
b.	Itemized In-Kind Contributions Received This Period \$	
c.	Total In-Kind Contributions Received This Period\$	
18. Ob	oligations:	
2	Total Obligations Outstanding (must be shown in item 12 f)	

ITEMIZED STATEMENT OF EXPENDITURES - CANDID EVANS 1. Candidate or Committee Name: Wilson County Elections 2. Reporting Period: Start Date: 7/1/33 End Date: 1/15/ 3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ ___ COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an inkind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section. W/1501 OR Business or Organization Name: ___ Last Name: First Name: Lebanon State: TUZip Code: 37090 Address: Purpose of Expenditure: _ Date of Expenditure: \$ _ July (\$10/month) 1000 Amount of Expenditure: \$ Business or Organization Name: New Leash on Life Last Name: Chapman First Name: Ayae (a Middle Name: State: TN Zip Code: 37087 5,m Daver Blud city: Lebanon Campaign Account Donation to close out Purpose of Expenditure: Amount of Expenditure: \$ 12,29 Date of Expenditure: \$ __ Business or Organization Name: First Name: _____ Middle Name: ____ Last Name: _____ ______City: ______ State: ____ Zip Code: ____ Address: Purpose of Expenditure: Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____ Business or Organization Name: ____ First Name: ______ Middle Name: _____ Last Name: _____ _____ City: _____ State: ____ Zip Code: _____ Address: _____ Purpose of Expenditure: Amount of Expenditure: \$ ______ Date of Expenditure: \$ _____ Business or Organization Name: _____ First Name: _____ Middle Name: ____ Last Name: ____ _____ City: _____ State: ____ Zip Code: _____ Address: Purpose of Expenditure: Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____ Total Expenditures: \$ __ (Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

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