CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

APR 25 2022

•1. DATE OF REPORT	2.a. NAME OF C	ANDIDATE OR COMMITTEE		WILSON COUNTY CTION COMMISSION
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DAT	
4.a. CAMPAIGN ADDRESS AND PHONE			3000	
Street or Rural Route 48844 Multiples Street of Rural Route	City	State	Zip Code 37090	Phone 615-210-9301
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	than 4.a.) City	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, if alstrict 12 loventy Cumulssion		6. NAME OF POLITICAL	TREASURER (may b	e candidate)
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH QUARTER	PRE-PRIMARY GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD $4 - 1 - 2 2$		8.b. ENDINGDATE OF REP	***	25-22
9. (Check one)				
a. This campaign is exempt from detailed tures total \$1,000 or less for this report. This campaign is required to file a deta and/or expenditures total more than \$7	ting period. (Comp ailed financial disclo	lete items 12d., 12e. and 12f sure because contributions (.)	
I/we do solemnly swear or affirm that the inf accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we sbenefit of the candidate or for any other nonpositions in the candidate. Signature of candidate Signature Sig	ns and expenditures wear or affirm that i	required to be reported by the campaign contributions had defined by the federal internal	he candidate committe ave been expended for	e by the Campaign
11. WITNESS SIGNATURE	1-25-11			4-)5-27
signature of witness	date	signa	ature of witness	date
12. SUMMARY		V	.// 1 0 0	
a. BALANCE ON HAND LAST REPORT b. TOTAL RECEIPTS THIS PERIOD			\$ 461.51	-
b. TOTAL RECEIPTS THIS PERIOD			1591.35	7
c. TOTAL DISBURSEMENTS THIS PERIOD			>	_
d. BALANCE ON HAND (12.a. plus 12.b. mir	nus 12.c.)	••••••		\$ 20.02
e. TOTAL LOANS OUTSTANDING				\$
f. TOTAL OBLIGATIONS OUTSTANDING				\$ ———



SUMMARY PAGE - CANDIDATE

APR 2 5 2027

13. NAME OF CANDIDATE OR COMMITTEE (In Full) While tolmes Campaign findistrict 12 County Commission	FROM: CONCECTION OF THE PERIOD						
* RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)							
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 300,00						
b Itemized Contributions (over \$100 from each source this period)	\$						
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	<u> 1150,00</u>						
16. LOANS 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.)							
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)	\$ 1591.35						
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)\$							
20. LOAN REPAYMENTS MADE THIS PERIOD	\$						
20. LOAN REPAYMENTS MADE THIS PERIOD\$ 21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)							
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.)\$							



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE!

1. NAME OF CANDIDATE OR COMMITTEE Menda tolmes, campaigner	HON SOMMISSION						
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTI	Amount						
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)							
First Name Manda	Middle Name	CCIN	Contribution Received For:		Amount of Contribution		
First Name Menda Middle Name McCall Last Name/Organization Name			Primary Election General Election		\$600.00		
Address 8884F Murfreesboro Rd.		Runoff (Local Elections Only)					
City Lebunar	State	Zip Code 7090	Date of Contribution		Aggregate This Election		
Occupation advertising agent			4/25/21				
Occupation advertising agent Employer New Ideas advertising							
First Name	Middle Name		Contribution Received For:		Amount of Contribution		
Last Name/Organization Name			Primary Election General Election				
Address		Runoff (Local Elections Only)					
City	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation							
Employer							
FirstName	Middle Name		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							
First Name Middle Name		Contribution Received For:		Amount of Contribution			
Last Name/Organization Name			General Election				
Address		Runoff (Local Election	ns Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation							
Employer							
5. 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.)					\$ 600.		



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

2. REPOREDENE CHEMERICON 1. NAME OF CANDIDATE OR COMMITTEE Menda to mes, Campage for district 12 County Commission FROM: 4/1/22 TO: 4/25/22 Amount \$600 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor) Amount of Contribution Contribution Received For: First Name Iralnia ☐ General Election Primary Election Last Name/Organization Name 100,00 Runoff (Local Elections Only) Address Aggregate This Election 50me ime between 4/1/22 + 4/422 Date of Contribution City 1030 Occupation Employer Contribution Received For: Amount of Contribution Middle Name First Name Primary Election ☐ General Election \$ 100 00 Last Name/Organization Name Runoff (Local Elections Only) Address Aggregate This Election Date of Contribution Zip Code City 4/3/22 Occupation Employer Amount of Contribution Contribution Received For: Middle Name First Name Primary Election General Election # 250.00 Last Name/Organization Name Runoff (Local Elections Only) Address 14abeth Date of Contribution Aggregate This Election Zip Code City Sometime between 4/1/22 + Occupation owner ous/ness Employer Amount of Contribution Contribution Received For: Middle Name First Name 100 Primary Election ☐ General Election Last Name/Organization Name Runoff (Local Elections Only) Address Aggregate This Election Date of Contribution City State 4/10/22 Occupation Employer 5. TOTAL ITEMIZED CONTRIBUTIONS # 1,150.00 (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.)



APR 25 2022

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATI

Mendy Humes, Chimpaign for district 12 County Commission 2. REPORT DEVENING THE PERIOD FROM:4/1/22 TO: 4/23/22 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 Middle Name Dised mail pieces Last Name/Bysiness Name Swife 2 Address Zip Code City 03019 Amount of Expenditure Purpose of Expenditure Middle Name First Name Last Name/Business Name Address City State Zip Code Purpose of Expenditure Amount of Expenditure First Name Middle Name Last Name/Business Name Address State Zip Code City Purpose of Expenditure Amount of Expenditure First Name Middle Name Last Name/Business Name Address City State Zip Code Purpose of Expenditure Amount of Expenditure Middle Name First Name Last Name/Business Name Address State Zip Code City Purpose of Expenditure Amount of Expenditure Middle Name First Name Last Name/Business Name Address Zip Code State City 5. TOTAL ITEMIZED EXPENDITURES \$1,59135 (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.)