### CAMPAIGN FINANCIAL DISCLOSURE STATE MENTED

# For State and Local Candidates For Single-Candidate Committees

JUL 27 2022

1.	DATE OF REPORT	2.a. NAME OF C			- 1 : [1]	/ WILSON COLINITY
	7-27-2022	Commi	Itee T	- Elect		
2.b	. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DAT	_
	C.L. Williams				2020	
4.a	. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		State	Zip Code	Phone
	171 Hale Rd. W	ate-town	=	TW	37184	615-584-4868
4.b	CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	City 4	r	State	Zip Code	Phone
	605 C. L. Manie	-St. Lek	anon	TN		615-927-8836
5.			6. NAME	n / 2	REASURER (may b	
	County Commission	er Dis, 20	(	harles	L. Smith	7
7.	CATEGORY OF REPORT (Check one)		4	de		
	FIRST SECOND THIRD OLIARTER QUARTER	FOURTH QUARTER	PRIMARY	GENERAL	MID-YEAR SUPPLEMENTA	YEAR-END L SUPPLEMENTAL
8.a	QUARTER QUARTER QUARTER BEGINNING DATE OF REPORTING PERIOD	QOANTEN	8.b. ENDIN	GDATE OF REPOR		
	7-1-22			7-25:	22	
9. (	Check one)					
	a.  This campaign is exempt from detailed	d disclosure becaus	e contribution	s (including in-kin	d) received total \$1,	000 or less AND expendi-
	tures total \$1,000 or less for this repo					
	b. This campaign is required to file a det and/or expenditures total more than \$	ailed financial disclo	sure because ing period.	contributions (in	cluding in-kind) rece	ived total more than \$1,000
	and/or experiorares total more than \$\pi\$	1,000 101 0110 1 2 2 2 1				51
10.	I/we do solemnly swear or affirm that the in	formation contained	in this camp	aign financial disc	closure report is true	e and that this report is an
	accurate accounting of campaign contribution	ns and expenditures	s required to no campaign	contributions hav	e been expended fo	se by the Campaign
	benefit of the candidate or for any other non	political purpose as	defined by th	e federal internal	revenue code.	<del>_</del>
		7-27-20	20	honvon à	1 Land	\$ 7/27/2022
_	signature of candidate	date	~	signature o	f political treasurer	date
	digitation of the					
11.	VITNESS SIGNATURE	/ /		. 1 0	, .	/ /
1	la la Manda	1/21/2000		Lelen	Criedus	1/21/2022
A	signature of witness	date	8=	signat	ure of witness	date
	signature of withess					
12.	SUMMARY				0	
	a. BALANCE ON HAND LAST REPORT					_
	b. TOTAL RECEIPTS THIS PERIOD				\$ 16909	
	b. TOTAL RECEIPTS THIS PERIOD				498.9	0
	c. TOTAL DISBURSEMENTS THIS PERIOD					tion in
	d. BALANCE ON HAND (12.a. plus 12.b. m	inus 12.c.)				\$ 1 171.10
	e. TOTAL LOANS OUTSTANDING					\$ 400 <u>00</u>
_					-1	5~ 400 00 d
	f. TOTAL OBLIGATIONS OUTSTANDING		••••		C	\$

#### SUMMARY PAGE - CANDIDATE

JUL 27 2022

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVER ME THE PERIOD
C. L. Williams - Goryn. Hee	FROM: 7-1-2-LCTTON 70-12-45-20-22
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 340.
a. Unitemized Contributions (\$100 or less from each source this period)      b. Itemized Contributions (over \$100 from each source this period)	\$ 950.
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ 1290,2
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ 400,00
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ 1,690.66
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.	
Wright Printing Co - Printing \$ 241.	
UPS Stare - Stamps \$ 238.	80
Office Depot - Lebels \$ 18.1	<u> </u>
\$	
*	
*	
\$	
\$	
Total of Expenditures (\$100 or less each payee)	498.90
b. Itemized Expenditures (Over \$100 each payee this period)	49890
c. TOTAL EXPENDITORES (other than loan repayments) (and refer than	
20. LOAN REPAYMENTS MADE THIS PERIOD	49090
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ _ 7/8, 10
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)	\$ 7 <u>X0,03</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b	.)\$ _ [ 00,03
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$
b. Itemized Obligations Outstanding (Over \$100 each)	\$ 400 =
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	n 12.f.)

JUL 27 2022

#### ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATENY

ELECTION COMMISSION

THE STATE OF SOME STATE				2 REPORT COVER	RING THE PERIOD		
1. NAME OF CANDIDATE OR COMMITTEE	Car	1100		TO: 7-25-2022			
					Amount		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU	TIONS FRO	OM PRECEDING PAG	GE (enter \$0 if first itemized page)				
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMI	ZED CONTRIBUTION (C	contributions totaling more than \$100 from any contributor)				
First Name	Middle Nam		Contribution Received For:	Amount of Contribution			
Last Name/Organization Name		1.11	Primary Election	20000			
J. C. Hellum	FUN	eral Itam	Runoff (Local Election				
Address 167 Stokes St				A			
City Lebanon	State N	Zip Code 37087	Date of Contribution		Aggregate This Election		
Occupation			7-2-	2000=			
Employer			,				
First Name	Middle Nan	ne	Contribution Received For:		Amount of Contribution		
Last Name/Organization Name Lynch Tru	<	Rulian	Primary Election	General Election	50000		
		GVAICE	Runoff (Local Election	s Only)			
Address 1818 Indian Hill.		75 Code	Date of Contribution		Aggregate This Election		
City Lebanon	State	Zip Code 37087	Date of Continuation				
Occupation			7-2-2	1022	200 0		
Employer							
			ı				
				THE RESIDENCE			
First Name O ( +	Middle Nam	е	Contribution Received For:		Amount of Contribution		
First Name Robert Last Name/Organization Name	Middle Nam	е		General Election	Amount of Contribution		
Last Name/Organization Name Rochelle			Primary Election	General Election			
Last Name/Organization Name		eight. Ave	☐ Primary Election	General Election	550 00		
Last Name/Organization Name Rochelle Address 109 North Cast City		eight Ave	Primary Election	General Election			
Last Name/Organization Name Rochelle Address Occupation  Robert  Cast  City  Lebanon  Occupation	TeH	eight. Ave	☐ Primary Election ☐ Runoff (Local Election Date of Contribution	General Election	Aggregate This Election		
Last Name/Organization Name Rochelle Address 109 North Cast City Lebanon Occupation Attorney	TeH	eight Ave	☐ Primary Election	General Election	550 00		
Last Name/Organization Name Rochelle Address Occupation  Robert  Cast  City  Lebanon  Occupation	leHo	eight Ave	☐ Primary Election ☐ Runoff (Local Election Date of Contribution	General Election	Aggregate This Election		
Last Name/Organization Name Rochelle Address 109 North Cast City Lebanon Occupation Attorney	leHo	eisht. Ave Zip Code 37087	☐ Primary Election ☐ Runoff (Local Election Date of Contribution	General Election	Aggregate This Election		
Last Name/Organization Name Rochelle Address 109 North Cast City Lebanon Occupation Attorney Employer	le H	eisht. Ave Zip Code 37087	Primary Election  Runoff (Local Election  Date of Contribution  Contribution Received For:	General Election	Aggregate This Election		
Last Name/Organization Name Rochelle Address OGNOTH Cast City Lebanon Occupation Attorney Employer	le H	eisht. Ave Zip Code 37087	Primary Election  Runoff (Local Election  Date of Contribution  Contribution Received For:	General Election  S Only)  C C C C C C C C C C C C C C C C C C C	Aggregate This Election		
Last Name/Organization Name Rochelle Address 109 North Cast City Lebanon Occupation Attorney Employer	le H	eisht. Ave Zip Code 37087	Primary Election  Runoff (Local Election  Date of Contribution  7  Contribution Received For:	General Election  S Only)  C C C C C C C C C C C C C C C C C C C	Aggregate This Election  550  Amount of Contribution		
Last Name/Organization Name Rochelle Address OGNOTH Cast City Lebanon Occupation Attorney Employer  First Name Last Name/Organization Name	le H	eisht. Ave Zip Code 37087	Primary Election  Runoff (Local Election  Date of Contribution  Contribution Received For:	General Election  S Only)  C C C C C C C C C C C C C C C C C C C	Aggregate This Election		
Last Name/Organization Name Rochelle Address OGNOTH Cast City Lebanon Occupation Attorney Employer  First Name  Last Name/Organization Name  Address	State  Middle Nam	eight Ave Zip Code 37087	Primary Election  Runoff (Local Election  Date of Contribution  Contribution Received For:  Primary Election	General Election  S Only)  C C C C C C C C C C C C C C C C C C C	Aggregate This Election  550  Amount of Contribution		
Last Name/Organization Name Rochelle Address 109 North Cast City Lebanon Occupation Attorney Employer First Name Last Name/Organization Name Address City	State  Middle Nam	eight Ave Zip Code 37087	Primary Election  Runoff (Local Election  Date of Contribution  Contribution Received For:  Primary Election	General Election  S Only)  C C C C C C C C C C C C C C C C C C C	Aggregate This Election  550  Amount of Contribution		
Last Name/Organization Name Rochelle Address Og North Cast City Lebanon Occupation Afformey Employer First Name Last Name/Organization Name Address City Occupation	State  Middle Nam	eight Ave Zip Code 37087	Primary Election  Runoff (Local Election  Date of Contribution  Contribution Received For:  Primary Election	General Election  S Only)  C C C C C C C C C C C C C C C C C C C	Aggregate This Election  550  Amount of Contribution		
Last Name/Organization Name Rochelle Address O9 North Cast City Lebanon Occupation Attorney Employer  First Name Last Name/Organization Name Address City Occupation Employer	State  Middle Nam	eight Ave Zip Code 37087	Primary Election  Runoff (Local Election  Date of Contribution  Contribution Received For:  Primary Election	General Election  S Only)  C C C C C C C C C C C C C C C C C C C	Aggregate This Election  550  Amount of Contribution  Aggregate This Election		
Last Name/Organization Name Rochelle Address Og North Cast City Lebanon Occupation Afformey Employer First Name Last Name/Organization Name Address City Occupation	State  Middle Nam  State	Zip Code 37087  Zip Code 37087	Primary Election  Runoff (Local Election  Date of Contribution  Contribution Received For:  Primary Election	General Election  S Only)  C C C C C C C C C C C C C C C C C C C	Aggregate This Election  550  Amount of Contribution		

JUL 27 2022

## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVER	NG THE PERIOD							
1. NAME OF CANDIDATE OR COMMITTEE	FROM: 7-1-22	TO: 7-25-22							
		PRECEDING PAGE (	enter \$0 if first itemized page	Amount O —					
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)  4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the state of the state									
	Middle Na	The second secon	In-Kind Contribution Receive		Value of In-Kind Contribution				
First Name Calderon CL,  Last Name/Organization Name			1 =	544,05					
Williams			Runoff (Local Election	O					
Address 605 C. L. Man	ier S	-	Date of In-Kind Contribution	Aggregate this Election					
CityLebanon	State	Zip Code 37987	Description of In-Kind Contribution  Printing of Sisns To Out The PoorPrinting						
Occupation			Prinlingo	n - Print					
Flooring Insteller	West State				Value of In-Kind Contribution				
First Name Bok	Middle Nar	me	In-Kind Contribution Receive Primary Election	General Election	_+				
Last Name/Organization Name			Runoff (Local Election	436					
Address 140 2212 Ca	retel	Drive	Date of In-Kind Contribution 2	Aggregate this Election					
City	State W	Zip Code 3 7 0 8 7	Description of In-Kind Contribution	of Padia	Ade				
Occupation Employer	1 10	3/-0/	WANTOWC	DIC ROOM	3 4703				
Theater Owner									
First Name Randy & Annette	Middle Nar	ne	In-Kind Contribution Receive Primary Election	d For: General Election	Value of In-Kind Contribution				
Last Name/Organization Name			Runoff (Local Election	ns Only)	30000				
Stafford Address = 0 / Ma	1	STi	Date of In-Kind Contribution 4		Aggregate this Election				
Address 607 C.L. Ma	State		Description of In Kind Contribution						
Occupation Employer	TN	Zip Code 37087	11/CO	2 radis	interview				
Coopplian			,						
First Name	Middle Nar	me	In-Kind Contribution Receive	d For:	Value of In-Kind Contribution				
			Primary Election General Election						
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 Employer									
First Name	Middle Nam	е	In-Kind Contribution Received For:  Primary Election General Election  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 Employer									
	-	9-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3-			VA GAAY				
5. TOTAL ITEMIZED IN-KIND CONTRIBUTION		roused)			1,380,05				
(Carry forward to item 3. of next page if additional page: (If this is the last page of in-kind contributions, this amo	int must be sh	.)		700,03					



### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

WILSON COUNTY

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT POR PERIOD FROM: 7-1-2022 TO: 7-25-20					
C.L. William	S			Amount				
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	IRES FRO	M PRECEDING PAGE	(enter \$0 if first itemized pa	ge)	-0			
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)								
First Name	Middle Nan	ne	Purpose of Expenditure	Amount of Expenditure				
Last Name/Business Name, Wright Printing	Cor	npany	Maile	241.45				
Address P.O. Box 277		. ,						
City Lebenon,	State	Zip Code 3フロマフ						
First Name	Middle Nan	ne	Purpose of Expenditure	Amount of Expenditure				
Last Name/Business Name	1		STam	238,80				
Address 102 Hartman	Dri		,					
City Lebanon	State	Zip Code 37687						
First Name	Middle Nan	e	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name	pot		La6e	18,65				
Address	ad							
City Lebenon	State 7 V	Zip Code 37の8つ						
First Name	Middle Nam	е	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
Address								
City	Zip Code							
First Name	Middle Nam	Э	Purpose of Expenditure	Amount of Expenditure				
Last Name/Business Name								
Address								
					1			
City	State	Zip Code						
City First Name	State Middle Name		Purpose of Expenditure		Amount of Expenditure			
			Purpose of Expenditure		Amount of Expenditure			
First Name			Purpose of Expenditure		Amount of Expenditure			
First Name  Last Name/Business Name			Purpose of Expenditure		Amount of Expenditure			



# ITEMIZED STATEMENT OF LOANS - CANDIDAT 57 2022

1. NAME OF CANDIDATE OR COMMITTEE							2. REPORT COVERING THE PERIOD FROM: WILSPO. COUNTY			
				, LETECTION COMMISSIONS						
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)									F - VIII - S	
Complete the Following for the Source of the Loan		e:		Long	T Out	ton di	ng Loan Balance			
First Name Calderon C. L. Middle Name (Beginning of					Loans Receive		Loan Payments	Outs		i of Period)
Last Name/Organization Name					400	6.0	0 40090			
Address 635 C. L. Man.e. Loan Receive							Date of Lo	an /	/	322
City State Zip Code					Ø General Only)	il Election	7/	12/	12	322
List All Endor	(Local Elections Only) an (If more space is needed please attach a page)									
First Name	Middle Name			First Name				Middle	Name	)
Last Name/Organization Name				Last Name/Org	anization Nar	me				
Address				Address						
City	State	Zip Co	ode	City				State		Zip Code
Amount Guaranteed Outstanding				Amount Guarar	iteed Outstan	iding				
First Name Middle Name				First Name Middle Name						
Last Name/Organization Name				Last Name/Organization Name						
Address				Address						
City State Zip Cod				City				State		Zip Code
Amount Guaranteed Outstanding				Amount Guarar	teed Outstand	ding				
First Name	Middle Name			First Name				Middle	Name	
Last Name/Organization Name	<b>'</b>			Last Name/Organization Name						
Address				Address						
City State Zip Co			de	City State Zip Code						Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding						
First Name Middle Name				First Name Middle Name						
Last Name/Organization Name				Last Name/Organization Name						
Address				Address						
City	State	Zip Co		City State Zip Code					Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding						
4. Totals for all Loans (complete on last page of itemized loans)  (Total loans received should also be shown in item 16. on summary page.)  (Total loan payments should also be shown in item 20. on summary page.)  (Total outstanding loan balance should also be shown in item 12.e. on front page.)				Outstanding Lo (Beginning o		Loans Receive	ived Payments (End of Period)			
( rotal outstanding loan parameter should also be shown in item	raio, oir itorit pi	-90./				- 0	al -			