CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

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RECEN	/ED"&

101	Omigio Car				DOS		
1. DATE OF REPORT	2.a. NAME OF CA	NDIDATE OR	COMMITTEE		001 11 2022		
10-10-22	Jengu	ET MC	IEIE	a suspension pars	WILSON COUNTS		
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DATE	ELECTION COMMISSION		
				2022			
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		State	Zip Code	Phone		
212 SULVIU ACETY I	112 Tolid	- 70	37/2	- 65-6	504-783		
4.b. CANDIDATE'S HOME ADDRESS (if differen	t than 4.a.)	1	0	Zin Codo	Phone		
Street or Rural Route	City		State	Zip Code	Filolic		
	f analisable)	6. NAME	OF POLITICAL T	TREASURER (may be	candidate)		
5. OFFICE SOUGHT (include district number, if	rapplicable)	d. MAIVIE	Tonal	211/60	,		
Mt Juliet City Commission	ta Malo		Herride	1 MCETE			
7. CATEGORY OR REPORT (Check one)			PRE-	MID-YEAR	YEAR-END		
FİRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH QUARTER	PRE- PRIMARY	GENERAL	SUPPLEMENTAL	SUPPLEMENTAL		
8.a. BEGINNING DATE OF REPORTING PERIOD		8.b. ENDING	DATE OF REPO				
7-1-22			1-30-2	4			
9. (Check one)							
 a. This campaign is exempt from detaile tures total \$1,000 or less for this report 	ed disclosure because orting period. (Comp	e contributions lete items 12d	(including in-kir ., 12e. and 12f.)	nd) received total \$1,00	0 or less AND expendi-		
b. This campaign is required to file a deand/or expenditures total more than \$	tailed financial disclo	sure because	contributions (in	ncluding in-kind) receive	ed total more than \$1,000		
and/or expenditures total more than a	71,000 101 0110 104 011						
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.							
Deficial of the California of for any other her			~~1 A	00			
Om Nose	101020	- 6	MU	f relition transpurer			
signature of candidate	date		signature	f political treasurer	date		
THE STATE OF THE S				110			
11. WITNESS SIGNATURE			TIDO		7		
th Dtolman	10-10-22	1-	196	Mose	J 10-10-22		
signature of witness	date		signa	ture of witness	date		
12. SUMMARY							
BALANCE ON HAND! AST REPORT		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	\$ 1,261.14			
a. BALANCE ON HAND LAST REPORT				1200.00)		
b. TOTAL RECEIPTS THIS PERIOD			***************************************	\$ 1,00000			
 a. BALANCE ON HAND LAST REPORT b. TOTAL RECEIPTS THIS PERIOD c. TOTAL DISBURSEMENTS THIS PERIOD . 				.\$ 1,566.81	-		
d. BALANCE ON HAND (12.a. plus 12.b. n							
e. TOTAL LOANS OUTSTANDING			***************************************		10,408.00		
f. TOTAL OBLIGATIONS OUTSTANDING					5-0-		

SUMMARY PAGE - CANDIDATE

OCT 1 1 2022

	SUMMARY PAGE - CANDID	AIL	WILSON COL		
13. N	AME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVE	PRING THE PERIOD		
Č	Tennetalee	FROM: 7622	10920000		
	EIPTS ONTRIBUTIONS (other than loans and interest)	0.00 (100			
a.	Unitemized Contributions (\$100 or less from each source this period)	.\$ <u>200 (100</u>	(X)		
b.	Itemized Contributions (over \$100 from each source this period)	. 4			
	TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)				
	DANS RECEIVED THIS REPORTING PERIOD				
17. IN	ITEREST RECEIVED THIS REPORTING PERIOD	•••••	1060		
18. T (OTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	•••••	-\$ <u>1,000</u>		
DISE	BURSEMENTS				
	XPENDITURES (other than loan payments)				
a. E	xpenditures (\$100 or less each payee this period) (must be listed by category - e.	g., printing, postage,	gasoline)		
L	OC. Elec. Commission ber (ist \$ 38.	<u>00</u>			
Δ	allchimp monthly charges \$ 15.	12			
W	s Sen Bear Sen Chas s 36	<u>06</u>			
E	acenast advatising \$ 240	20			
R	ightpace materials \$ 860	0			
	\$				
	\$				
	\$				
	\$				
	l of Expenditures (\$100 or less each payee)	s 260.60			
Tota	of Expenditures (\$100 or less each payer)	\$1206.19			
b. Ite	emized Expenditures (Over \$100 each payee this period)	. + 3.22	\$		
	DAN REPAYMENTS MADE THIS PERIOD				
20. LC	OAN REPAYMENTS MADE THIS PERIOD		\$1.5/6.81		
21. TO	OTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		11-11-11-11		
	I-KIND CONTRIBUTIONS	\$			
	nitemized in-kind contributions (\$100 or less from each source this period)				
b. Itemized in-kind contributions (over \$100 from each source this period)\$					
	OTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	Ψ		
	BLIGATIONS	\$			
	nitemized Obligations Outstanding (\$100 or less each)				
	emized Obligations Outstanding (Over \$100 each)		2-3		
~ T(OTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	· · ∠ · · · · · · · · · · · · · · · · ·	Ψ		

ITEMIZED STATEMENT OF LOANS - CANDIDATE SON CONTROL OF LOANS - CAN

NAME OF CANDIDATE OR COMMITTEE					2. REPORT COVERING THE PERIOD FROM:			
Jenni Cer Milele					71-0	2	9-30-7	
3. COMPLETE THE APPROPRIATE ITEMS F	OR EACH	ITEMIZ	ED LOAN	loans totaling more than \$10	00 from any so	ource during the pe	riod)	
Complete the Following for the Source of the Loan							0.11	
First Name Outstanding (Beginning					Loan Payments		nding Loan Balance End of Period)	
Las Name/Organization Name	15		9,98	18.88 1,00	50	0	16,	928.88
Address		-	Loan Receiv			Date of Loa		
City PUSO State	Zip Code		☐ Primary	Election General General (Local Elections Only)	al Election	7,29	8 8	9-16
List All Endor	sers or Guara	antors fo	or Above Loa	n (If more space is neede	ed please at	tach a page)		
First Name	Middle Name)		First Name			Middle Na	ame
Last Name/Organization Name				Last Name/Organization Na	ame			
Address				Address				
City	State	Zip Co	ode	City			State	Zip Code
Amount Guaranteed Outstanding			Amount Guaranteed Outstanding					
First Name Middle Name		First Name Middle Name			ame			
Last Name/Organization Name				Last Name/Organization Na	ime			
Address			Address		18.			
City	State	Zip Co	de	City			State	Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstar	nding			
First Name Middle Name				First Name Middle Name				
Last Name/Organization Name				Last Name/Organization Name				
Address				Address				
City	State	Zip Co	de	City			State	Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstar	nding			
First Name	Middle Name	- A 1 2		First Name			Middle Na	me
Last Name/Organization Name		Last Name/Organization Name						
Address				Address				
City	State	Zip Co	de	City			State	Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstar	nding			
(Total loans received should also be shown in item 16, on summary page.)			Outstanding Loan Balance (Beginning of Period)	Loans Receive			Outstanding Loan Balance (End of Period)	
(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.)			9,928.88	1,00	00	1	6,92888	

OCT 112022

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				REPORT COVER	RING THE PERIOD "SOON		
Segrific Milde	TO: 9-30-22						
	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)							
26:Julia Marra			Purpose of Expenditure		Amount of Expenditure		
First Hampe M Profina	Whole Warne			O			
Last Name/Business Name			5igns	tor	,		
Address 1863 Lebagon Rd			signs Advotisi	Na	43211		
City ALL	State	Zip Code 3712a	710-07 (2-0)	17	·		
Firet Name	Middle Na		Purpose of Expenditure		Amount of Expenditure		
First Manne n+ Pace Com				_			
Last Name/Business Name			Campaig Malerial:				
Address			DIA OBERALS	<	667.91		
City	State	Zip Code	Maseras	<u>ر</u>			
	Middle Nar	ne en e	Purpose of Expenditure		Amount of Expenditure		
First Name Supply Charles Signs . Co	M	no .					
Last Name/Business Name			Conomical				
Address		Confidence.	`				
City	State	Zip Code	11 eal Dada C		129:48		
			muderice.)			
First Name Middle Name		Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name			O nanà	. ^			
Address			Company Maderial	γV)			
State Zip Code		Man Destrol	131.69				
					A		
First Name	Middle Nam	ne	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	State	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 be shown in			£1,306.19			