

SS-1109 (Rev. 1/2023)

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

FEB 26 2024

1. Date: 2-24-24 2.a. Candidate or Committee Nam	me: Britteny ASM
2.b. If Committee, Name of Candidate:	3. Election Date: <u>2024</u>
4. Campaign Address: <u>228 Moore Rd.</u>	
City: Lebonon State: TN	_ Zip Code: 37087 Phone: 615-598-171
5. Candidate Home Address: 228 Mcone &	2d. _ Zip Code: 37087 Phone: 615-598-17 (C
6. Office Sought: (include district number, if applicable)	
7. Name of Political Treasurer (may be candidate): A.M. Political Treasurer Email Address: Lester Estates	ee lester
8. Category or Report: (check one)	
☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Mid-Year Supplemental ☐ Year-End Supplemental	Pre-Primary Pre-General
9. Reporting Period: Start Date: 1-16-24	End Date: 3-24-24
10. Detailed Disclosure: (Check one)	
This campaign is exempt from detailed disclosures be or less AND expenditures total \$1,000 or less for this	reporting period. (Complete items 12.d., 12.e., and 12.f.)
This campaign is required to file a detailed financial of total more than \$1,000 and/or expenditures total mo	disclosure because contributions (including in-kind) received ore 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 campaign contributions have been expended for the nonpolitical purpose as defined by the federal internal	
Candidate Signature Date	Political Treasurer Signature Date
Witness Signature Date	Witness Signature Date
12. Summary:	
a. Balance On Hand Last Report	\$ 0275
b. Total Receipts This Period	\$ 8315.7
c. Total Disbursements This Period	\$ 466.29
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ 1908.48
e. Total Loans Outstanding	\$\$
f. Total Obligations Outstanding	
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SUMMARY PAGE - CANDIDATE

FFR 26 2024

13. Name of Candidate or Committee: Britany ASV	MC 11133			
14. Reporting Period: Start Date: 1-10-24 End Date: 2-24-23	Andreas contact tolerands of the State			
15. Receipts:				
a. Unitemized Contributions (\$100 or less from each source this period)	nformation.)			
b. Itemized Contributions (over \$100 from each source this period)\$	<u>5 </u>			
c. Loans Received This Reporting Period\$				
d. Interest Received This Reporting Period\$	/0			
e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.)	5-			
16. Disbursements:				
a. Total Expenditures (other than loan payments)	,52			
b. Loan Repayments Made This Period\$				
c. Total Obligation Payments Made This Period \$				
d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) \$ 466	5 <u>a</u>			
17. In-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\$ 325	_			
18. Obligations:				
a. Total Obligations Outstanding injust be shown in item 12f)				

ITEMIZED STATEMENT OF CONTRIBUTIONS - CA 1. Candidate or Committee Name: Britany ASY 2. Reporting Period: Start Date: 1-16-24 End Date: 2-24-24 3. Total campaign contributions from preceding page (enter \$0 if first page) \$___ COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION. Business or Organization Name: 10114 Last Name: Lester First Name: Aime Middle Name: Lynge Address: 466 Hunter Pont-Pive City: Lebonon State: TN Zip Code: 37087 _____ Employer: 5-012 Occupation: Contracted Contribution Received For: Primary Election General Election Runoff (Local Elections Only) Amount of Contribution: \$ 1800,00 Date of Contribution: 1-33-34 Aggregate This Election: \$ 1805 Business or Organization Name: 12/12 OR Last Name: Opurt - Hilton First Name: Brittary Middle Name: State: ひ Zip Code: 37182 Address: 1403 A15dole Rd. City: Mt. Juliet _ Employer: NOVQ Occupation: NOCQ Primary Election General Election Runoff (Local Elections Only) Contribution Received For: Amount of Contribution: \$50.99 Date of Contribution: 3-5-34 Aggregate This Election: \$50.99Business or Organization Name: 12/14. Middle Name: Alice Last Name: Carki First Name: Mary State: TN Zip Code: 3708 Address: 406 Barros Dr. City: Lebaran Employer: Self Occupation: AHOTNEY Primary Election General Election Runoff (Local Elections Only) Contribution Received For: Amount of Contribution: \$ $\frac{350}{}$ Date of Contribution: $\frac{2-8-24}{}$ Aggregate This Election: \$ $\frac{250}{}$ Business or Organization Name: _N/A _ Last Name: <u>Codu</u> First Name: 50hn Middle Name: State: TD Zip Code: Address: 3080 Oxford Dr. City: Mt. Juliet Occupation: Consultent _____ Employer: ______BM Primary Election General Election Runoff (Local Elections Only) Contribution Received For: Amount of Contribution: \$\\\ \(\begin{align*} \left(\text{LOO} - \) Date of Contribution: \(\frac{2-8-24}{2} \) Aggregate This Election: \$\\\ \frac{100-1}{2} \] Total Contributions: \$ 3, 200 -(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name:	Brithery ASN	LAN S.D.
2. Reporting Period: Start Date:	16-24 End Date: 2-21	FEB 2.6 2024
3. Total campaign contributions fro	om preceding page (enter \$0 if first pag	e) \$ 2,200 - MC 11:38
		Beauty of the Control
COMPLETE THE APPROPRIATE ITEM	AS FOR EACH ITEMIZED CONTRIBUTION	N.
Business or Organization Name: _		OI
First Name: Denniker	Middle Name:	Last Name: Watson
		State: Zip Code: 3731
Occupation: Engineer	Employer: Engin	reaged Solutions IVC.
	Primary Election General Election	
Amount of Contribution: \$ 25	Date of Contribution: $\frac{\partial -9-6}{\partial -6}$	94 Aggregate This Election: \$ 25
Business or Organization Name:		OF
		Last Name: Tyron
		State: ME Zip Code: 04401
	NOT Employer: Pengu	
	Primary Election General Election	
		Aggregate This Election: \$ 50
	40.1 W 44	
First Name: Of Group	Middle Name:	Last Name: Byrd
		State: TN Zip Code: 37192
	Employer: 500	
	Primary Election General Election	
Amount of Contribution: \$_100	Date of Contribution:	Aggregate This Election: \$ 100-
Business or Organization Name: _		OR
First Name:	Middle Name:	Last Name:
Address:	City:	State: Zip Code:
Occupation:	Employer:	
Contribution Received For:	Primary Election General Election	Runoff (Local Elections Only)
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$
Total Contributions: \$ 0375-		
		If this is the last page of contributions, this
amount must be shown in the sur	nmary on first page.)	



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE2024

1. Candidate or Committee Name: Brister	y ABN	MC 11:33	on —
2. Reporting Period: Start Date: 1-10-24		/	-
3. Total campaign expenditures from preceding p	age (enter \$0 if first page) \$	0	
COMPLETE THE APPROPRIATE ITEMS FOR EACH E kind contribution to a candidate, please remember to include candidate's name in the purpose of the expenditure section	le the purpose of the expenditure (e.g.,	ust be itemized. If the expenditure is postage, printing, etc.) along with th	an in- e
Business or Organization Name: 54aples			
First Name: Middle	Name:	Last Name:	
Address: 401 S. Mt. Julya Rd	City: Mt. Juliet	State: TU Zip Code: 37	193
Purpose of Expenditure: POSTEC			
Amount of Expenditure: \$ 46.10	Date of Expenditure: 2-14	1-24	
Business or Organization Name: Squares	50902		OR
First Name: Middle	Name:	Last Name:	
Address: 225 Varick St.	city: New York	State: NY Zip Code: 160	14
Purpose of Expenditure: Website			
Amount of Expenditure: \$ 303.91		-24	
Business or Organization Name:			
First Name: Middle Address: 415 S. Cumberland St.	Name:	ctate TV) Zin Cada 270	58-7
		State: 130 Zip Code: 0 10	100
Purpose of Expenditure: \$\S\frac{\colored{	0-5	20-24	
• · · · · · · · · · · · · · · · · · · ·		,, , , , , , , , , , , , , , , , , , ,	
Business or Organization Name: 5400165			OR
First Name: Middle	Name:	Last Name:	
Address: 401, S. Mt. Juliet Rd Purpose of Expenditure: business cond	City: Mr. Sulvet	State: TD Zip Code: 371	<u> </u>
Purpose of Expenditure: <u>business</u> cord	holders, greeting a	ands, postcoinds, 3 bus	siness and
Amount of Expenditure: \$ 84,45	Date of Expenditure: 2-20	D-24	
Business or Organization Name: ACT Blue)		OR
First Name: Middle	Name:	Last Name:	
Address: PO Box 441146	city: Somerville	State: MA Zip Code: 00	144
Purpose of Expenditure: Service Reas	-		
Amount of Expenditure: \$ 32.06		04 - a-a3-a4	
Total Expenditures: \$ 466.53			
(Carry forward to the next page if additional page	 s of this form are used. If this is	the last page of expenditures. t	his
amount must be shown in the summary on first p		and the state of t	-

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS 1. Candidate or Committee Name: Bottany Ash 2. Reporting Period: Start Date: 1-10-24 End Date: 2-24-24 1 3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ 0 COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars (\$100) from any contributor during the period must be reported. Business or Organization Name: First Name: Brandu Last Name: BUVO Middle Name: Cay winds Dr city: mt Julet State: N Zip Code: 37/2: Address: USS Occupation: Photographer Employer: Self Primary Election General Election Runoff (Local Elections Only) In-Kind Contribution Received For: In-Kind Contribution Value: \$175 In-Kind Contribution Date: 213124 Aggregate This Election: \$175 Description of In-Kind Contribution: NeadShot whotos Business or Organization Name: OR First Name: Garrett Last Name: FOSTER Middle Name: Address: 295 Carellton Tr _ City: Gallatin State: TN Zip Code: 370(0) Occupation: Oraphic Deslavver Employer: Coodall Homes Primary Election General Election Runoff (Local Elections Only) In-Kind Contribution Received For: In-Kind Contribution Value: \$ 150 In-Kind Contribution Date: _____ Aggregate This Election: \$ 150 -Description of In-Kind Contribution: USO all Slag M Business or Organization Name: First Name: _____ Last Name: _____ Last Name: _____ _____City: _____State: Zip Code: Address: ____ Occupation: Employer: In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only) In-Kind Contribution Value: \$_____ In-Kind Contribution Date: _____ Aggregate This Election: \$____ Description of In-Kind Contribution: Business or Organization Name: ____ First Name: _____ Middle Name: ____ Last Name: ____ Address: ______ State: ____ Zip Code: ____ _____ Employer: Occupation: ___ In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only) In-Kind Contribution Value: \$______ In-Kind Contribution Date: _____ Aggregate This Election: \$____ Description of In-Kind Contribution: Total In-Kind Contributions: \$ _325 (Carry forward to the next page if additional pages of this form are used. If this is the last page of in-kind contributions, this amount must be shown in the summary on first page.)

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