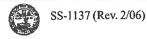
## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For State and Local Judicial Single - Candidate Committees SON COUNTY ELECTION COMMISSION

1. DATE OF REPORT	2.a. NAME OF CAND	IDATE TIMAN	111/-1	
JULY 27, 2022		JIMIN	14 LEAT	
2.b. NAME OF CANDIDATE'S COMMITTEE			3. ELECTION DAT	E
FRIENDS OF JUD	GE JIMM	LEA		2022
4.a. CAMPAIGN ADDRESS AND PHONE		Otata	Zin Code	Dhana
Street or Rural Route	City	State	Zip Code	Phone
1633 WEST MAIN ST. STE	OU LEBAN	an IIV	2/00/	615.161.0571
4.b. CANDIDATE'S HOME ADDRESS (if different	t than 4.a.) City	State	Zip Code	Phone
704 SCARLETT PLACE	LEBANON	TN	37087	615.767.0591
5. JUDICIAL OFFICE SOUGHT (include district		The same of the sa	CAL TREASURER	,
GENERAL SESSIONS JUDGE	DIN II	LAURE	EN SMITH	<i>f</i>
7. CATEGORY OR REPORT (Check one)		The state of		
FIRST SECOND THIRD	FOURTH	PRE- PRE-	MID-YEA	
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD		PRIMARY GENERA D. ENDING DATE OF REPO		NTAL SUPPLEMENTAL
7-1-22	0.1		25-22	
9. (Check one)				
a. X This campaign is exempt from detaile	ed disclosures because o	contributions (including in-	kind) received total \$	1,000 or less AND
expenditures total \$1,000 or less for	this reporting period. (C	omplete items 12d., 12e.	and 12f.)	
<ul> <li>This campaign is required to file a de and/or expenditures total more than \$\frac{1}{2}\$</li> </ul>	tailed financial disclosure \$1,000 for this reporting	e because contributions (i period.	ncluding in-kind) rece	eived total more than \$1,000
10. SIGNATURE OF CANDIDATE	11	. SIGNATURE OF POLITIC	ALTREASURER	
1.1	1 ,	I do solemniv swear or a	ffirm that the informati	ion contained in thiscampaign
(11/1/1	177/22	•		ate. Additionally, I swear or
10WHILL 1	11/10			en expended for the personal
Signature of Candidate	Date			other nonpolitical purpose as
,		defined by he federal	internal revenue cod	e.
(my) of work	4/27/22	the all	1	7/28/22
William Q. Word	1/dijad	Mun	1	110010101
Signature of Witness	Daje	Signature of Political Ti	reasurer	Date
	4		4 1.	m/m/m
		C/08/1	bus an	1/08/00
		Signature of Witness		/ Date
12. SUMMARY			2571	46
a. BALANCE ON HAND LAST REPORT			.\$ 3,5/9	. 10
b. TOTAL RECEIPTS THIS PERIOD				_ [
c. TOTAL DISBURSEMENTS THIS PERIO	DD DO		.\$	
d. BALANCE ON HAND (12.a. plus 12.b. m	ninus 12.c.)			\$ 3,574.46
e. TOTAL LOANS OUTSTANDING				\$ 15,000.00
f. TOTAL OBLIGATIONS OUTSTANDING				\$ <u>-0-</u>

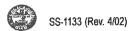


RECEIVED

#### SUMMARY PAGE - CANDIDATE

RECEIVED SULL 28 2022

		WILSON COUNTY
13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COV	TO: 7/75/22
RECEIPTS	111/22	10 1/15/IL
15. CONTRIBUTIONS (other than loans and interest)		
a. Unitemized Contributions (\$100 or less from each source this period)	\$	- }
b. Itemized Contributions (over \$100 from each source this period)	\$	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.).		\$
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)
\$		
\$		
\$		
\$		
\$		
\$	-	
\$		
\$		
	- 0 -	
Total of Expenditures (\$100 or less each payee)		_
b. Itemized Expenditures (Over \$100 each payee this period)		-
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		
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 ite	m 12.f.)	\$ <u>-0 -</u>





#### **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDAT**

1. NAME OF CANDIDATE OR COMMITTEE  FRIENDS OF	NG THE PERIOD TO: 7/25/22 Amount							
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTI	# O							
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)								
First Name	Middle Name	9	Contribution Received For:		Amount of Contribution			
Last Name/Organization Name			Primary Election	neral Election				
Address			Runoff (Local Elections On					
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation								
Employer								
First Name	Middle Nam	10	Contribution Received For:		Amount of Contribution			
Last Name/Organization Name			☐ Primary Election ☐ Ge	eneral Election				
Address			Runoff (Local Elections Or	nly)				
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		Primary Election Ge	eneral Election					
Address			Runoff (Local Elections Or	nly)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation		-1						
Employer								
First Name	Middle Nam	e	Contribution Received For:		Amount of Contribution			
Last Name/Organization Name			Primary Election Ge	eneral Election				
Address			Runoff (Local Elections Or	nly)				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation								
Employer								
TOTAL ITEMIZED CONTRIBUTIONS     (Carry forward to item 3. of next page if additional pages     (If this is the last page of contributions, this amount must	re used.) item 15b. of summary.)			40				



## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

						ECTION COMMISSION		
1. NAME OF CANDIDATE OR COL	TO: 7/25/22							
3. TOTAL ITEMIZED IN-KIND CON	Amount							
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)								
First Name		Middle Nam	e	In-Kind Contribution Received Primary Election	d For: General Election	Value of In-Kind Contribution		
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	ne	In-Kind Contribution Receive Primary Election	_	Value of In-Kind Contribution		
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 Name			In-Kind Contribution Receive	d For:  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								
First Name		Middle Nam	ne	In-Kind Contribution Receive	d For:  General Election	Value of In-Kind Contribution		
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 Name			In-Kind Contribution Received For:  ☐ Primary Election ☐ General Election  Value of In-Kind Contribution					
Last Name/Organization Name		Runoff (Local Election	ns Only)	l.				
Address		Date of In-Kind Contribution		Aggregate this Election				
City State Zip Code			Description of In-Kind Contribution		J			
Occupation Employer								
				A				
TOTAL ITEMIZED IN-KIND CONTRIBUTIONS     (Carry forward to item 3. of 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 item 22b. of summary.)				:)		#0		

SS-1128 (Rev. 2/06)

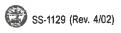
Page 4 of 7

RDA 1159



### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE  FRIENDS OF  3. TOTAL ITEMIZED CAMPAIGN EXPENDITURE			LEA FROM: 7/1	COVERING THE PERIOD  TO: 7/25/22  Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEM	IZED EXPENDITURE (	expenditures totaling more than \$100 to any payee durin	g the period)
First Name	Middle Nar	me	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			1	
Address			1	
City	State	Zip Code		
First Name	Middle Nar	ne	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				
Address				
City	State	Zip Code		
First Name	Middle Nar	ne e	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			1	
Address				
City	State	Zip Code	1	
First Name Middle Name			Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			1	
Address				
City	State	Zip Code		
First Name	Middle Nan	ne	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			1	
Address				
City	State	Zip Code		
First Name	Middle Nan	ne	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 page (If this is the last page of expenditures, this amount mu.)	s of this form	are used.) nitem 19b. of summery.)		#0







# RECEIVED ITEMIZED STATEMENT OF LOANS - CANDIDATEL 28 2022

1. NAME OF CANDIDATE OR COMMITTE	Ε				2.	REPORT	COVERIN	THE PERIOR TY	
I CDOM:									
FRIENDS OF TUDGE TIMMY LEA 7/1/22 ELECTION COMMISSION 3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)									
Complete the Following for the Source of the Loan									
First Name Middle N	ame		g Loan Balance ig of Period)	Loans Receive	d Pa	Loan ayments		ding Loan Balance nd of Period)	
Last Name/Organization Name  # 15, 0				-0-	-  -	0 -	\$15	,000.00	
Address 704 SCARUETT PLACE  Loan Received  Primary 8				General	Election	Date of Loa	an		
City LEBANON State 77	Zip Code   370		3 7 □ Runoff (Local Elections Only)						
List All End	7	antors for Above L		ace is needed	d please attac	h a page)	7		
First Name	Middle Nam	e	First Name				Middle Na	me 	
Last Name/Organization Name			Last Name/Oi	rganization Nan	ne				
704 SCARLETT PL	ACE		Address						
City LEBANON	State	Zip Code 37087	City				State	Zip Code	
Amount Guaranteed Outstanding				anteed Outstan	ding				
First Name	arne Middle Name			First Name Middle Name					
Last Name/Organization Name			Last Name/Organization Name						
Address			Address						
City	State	Zip Code	City State Zip Code				Zip Code		
Amount Guaranteed Outstanding			Amount Guar	anteed Outstan	ding				
First Name	Middle Nam	е	First Name				Middle Na	ame	
Last Name/Organization Name	-		Last Name/O	rganization Nan	ne		1		
Address			Address	Address					
City	State	Zip Code	City				State	Zip Code	
Amount Guaranteed Outstanding			Amount Guara	anteed Outstan	ding				
First Name Middle Name			First Name Middle Name						
Last Name/Organization Name			Last Name/O	rganization Nan	ne		1		
Address			Address						
City	State	Zip Code	City State Zip Code				Zip Code		
Amount Guaranteed Outstanding				anteed Outstan	ding				
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.)				Loan Balance of Period)	Loans Received	Lo. Payr	nents	Outstanding Loan Balance (End of Period)	
(Total loan payments should also be shown in item 20.	iii summary page tem 12 e on front	nage )	\$ 15.1	200.00	-0-	-0	- 8	15.000.00	



## ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATELSON COUNTY

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVERING THE PERIOD					
FRIENDS OF JUDGE JIMMY			LEA		22 TO:	7/25/22	
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED     OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)			Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)	
First Name	Middle Nam	e e					
Last Name/Business Name							
Address	113						
City	State	Zip Code					
Description of Obligation							
First Name	Middle Nam	ne e					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Middle Name						
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Middle Name						
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name	Middle Nап	ne					
Last Name/Business Name							
Address						ļ	
City	State	Zip Code					
Description of Obligation			•				
4. TOTALS	- 2 7		0.0	//		4 -	
(Total from Outstanding Balance - (End of Period) c in item 23b. on summary page.)	olumn must	also be shown	#0	#0	\$0	#0	