

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees

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APR 25 2022

WILSON COUNTY  
ELECTION COMMISSION

1. DATE OF REPORT <b>4/25/2022</b>	2.a. NAME OF CANDIDATE OR COMMITTEE <b>Kimberly McGee</b>
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE <b>August 4, 2022</b>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route                      City                      State                      Zip Code                      Phone <b>129 Timber Trail Drive                      Lebanon                      TN                      37090                      615-478-7828</b>	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route                      City                      State                      Zip Code                      Phone	
5. OFFICE SOUGHT (include district number, if applicable) <b>School Board Zone 6</b>	6. NAME OF POLITICAL TREASURER (may be candidate) <b>Kimberly McGee</b>
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input checked="" type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD <b>4/1/2022</b>	8.b. ENDING DATE OF REPORTING PERIOD <b>4/23/2022</b>
9. (Check one) a. <input checked="" type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. <input type="checkbox"/> This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.	
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.	
 signature of candidate	<b>4/25/22</b> date
 signature of political treasurer	<b>4/25/22</b> date
11. WITNESS SIGNATURE	
 signature of witness	<b>4/25/22</b> date
 signature of witness	<b>4/25/22</b> date
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT .....	\$ <u>0</u>
b. TOTAL RECEIPTS THIS PERIOD .....	\$ <u>\$723.94</u>
c. TOTAL DISBURSEMENTS THIS PERIOD .....	\$ <u>\$723.94</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .....	\$ <u>0</u>
e. TOTAL LOANS OUTSTANDING .....	\$ <u>\$723.94</u>
f. TOTAL OBLIGATIONS OUTSTANDING .....	\$ <u>0</u>





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ELECTION COMMISSION

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>Kimberly McGee</b>			2. REPORT COVERING THE PERIOD FROM: 4/1/2022 TO: 4/23/2022	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)				
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address		<input type="checkbox"/> Runoff (Local Elections 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		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address		<input type="checkbox"/> Runoff (Local Elections 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		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address		<input type="checkbox"/> Runoff (Local Elections 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		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address		<input type="checkbox"/> Runoff (Local Elections 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.)				

# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>Kimberly McGee</b>				2. REPORT COVERING THE PERIOD		
				FROM: 4/1/2022	TO: 4/23/2022	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					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 Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)		
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:		Value of In-Kind Contribution
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)		
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:		Value of In-Kind Contribution
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)		
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:		Value of In-Kind Contribution
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)		
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:		Value of In-Kind Contribution
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation		Employer				
5. 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.)						

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# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>Kimberly McGee</b>			2. REPORT COVERING THE PERIOD	
			FROM: 4/1/2022	TO: 4/23/2022
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)				
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name				
Address				
City	State			Zip Code
Last Name/Business Name				
Address				
City	State			Zip Code
Last Name/Business Name				
Address				
City	State			Zip Code
Last Name/Business Name				
Address				
City	State			Zip Code
Last Name/Business Name				
Address				
City	State			Zip Code
Last Name/Business Name				
Address				
City	State			Zip Code
Last Name/Business Name				
Address				
City	State			Zip Code
5. TOTAL ITEMIZED EXPENDITURES				
(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.)				

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# ITEMIZED STATEMENT OF LOANS - CANDIDATE

<b>1. NAME OF CANDIDATE OR COMMITTEE</b> <p style="text-align: center; font-size: 1.2em;"><b>Kimberly McGee</b></p>	<b>2. REPORT COVERING THE PERIOD</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">FROM: <b>4/1/2022</b></td> <td style="width:50%; padding: 2px;">TO: <b>4/23/2022</b></td> </tr> </table>	FROM: <b>4/1/2022</b>	TO: <b>4/23/2022</b>
FROM: <b>4/1/2022</b>	TO: <b>4/23/2022</b>		

**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 Name	Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)
Last Name/Organization Name					
Address		Loan Received For:		Date of Loan	
City		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
State		<input type="checkbox"/> Runoff (Local Elections Only)			
Zip Code					

List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)

First Name	Middle Name	First Name	Middle Name
Last Name/Organization Name		Last Name/Organization Name	
Address		Address	
City	State	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	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	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	City	State
Zip Code		Zip Code	
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	

<b>4. Totals for all Loans (complete on last page of itemized loans)</b> <small>(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.)</small>	Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)



# ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD			
Kimberly McGee			FROM: 4/1/2022		TO: 4/23/2022	
3. 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 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 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 Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
4. TOTALS						
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)						