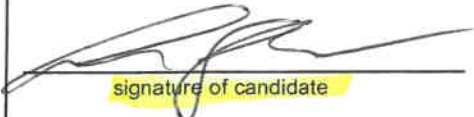
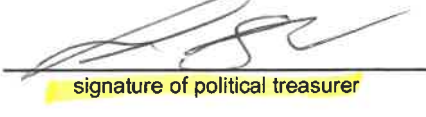
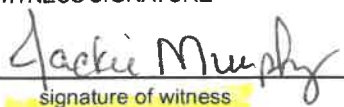
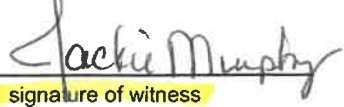


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

RECEIVED
MAY 16 2022
K.M. 2:00

WILSON COUNTY
ELECTION COMMISSION 13

1. DATE OF REPORT <u>5/16/2022</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>AARON SHANE - CO. COMMISSIONER</u>	
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE <u>2022</u>	
4.a. CAMPAIGN ADDRESS AND PHONE			
Street or Rural Route <u>1237 LONE OAK RD.</u>		City <u>MT. JULIET</u>	State <u>TN</u>
Zip Code <u>37122</u>		Phone <u>615-525-7712</u>	
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) <u>COMMISSION #13</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>SELF</u>	
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 <u>4-1-22</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>4-23-22</u>	
9. (Check one)			
a. <input 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		 signature of political treasurer	
<u>5/16/22</u> date		<u>5/16/22</u> date	
11. WITNESS SIGNATURE			
 signature of witness		 signature of witness	
<u>5/16/22</u> date		<u>5/16/22</u> date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT	\$	<u>551.26</u>	
b. TOTAL RECEIPTS THIS PERIOD	\$	<u>350.00</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD	\$	<u>196.56</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$	<u>704.70</u>	
e. TOTAL LOANS OUTSTANDING	\$	<u>2000.00</u>	
f. TOTAL OBLIGATIONS OUTSTANDING	\$	<u>0</u>	



FILED
MAY 16 2022
WILSON COUNTY
ELECTION COMMISSION

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE AARON SHANE		2. REPORT COVERING THE PERIOD FROM: 4-1-22 TO: 4-23-22	
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 DANIEL	Middle Name TURKCLAY	Contribution Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Last Name/Organization Name TURKCLAY		Amount of Contribution 350.00	
Address 1705 RED CLAY DR.			
City LEBANON	State TN	Zip Code 37087	Date of Contribution 4/25/22
Occupation ATTORNEY.		Aggregate This Election	
Employer			
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Last Name/Organization Name		Amount of Contribution	
Address			
City	State	Zip Code	Date of Contribution
Occupation		Aggregate This Election	
Employer			
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Last Name/Organization Name		Amount of Contribution	
Address			
City	State	Zip Code	Date of Contribution
Occupation		Aggregate This Election	
Employer			
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Last Name/Organization Name		Amount of Contribution	
Address			
City	State	Zip Code	Date of Contribution
Occupation		Aggregate This Election	
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.)			350.00