



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees



1. Date: 1/23/26 2.a. Candidate or Committee Name: Terri Nicholson DC 18
 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8-4-2022
 4. Campaign Address: 1303 Camelot Bay
 City: mt Juliet State: TN Zip Code: 37122 Phone: 615-804-4059
 5. Candidate Home Address: 1303 Camelot Bay
 City: mt Juliet State: TN Zip Code: 37122 Phone: 615-804-4059
 Candidate Email Address: terrinicholson@comcast.net
 6. Office Sought: (include district number, if applicable) County Commissioner D-18
 7. Name of Political Treasurer (may be candidate): Terri Nicholson
 Political Treasurer Email Address: terrinicholson@comcast.net

8. Category or Report: (check one)
 First Quarter Second Quarter Third Quarter Fourth Quarter Pre-Primary Pre-General
 Mid-Year Supplemental Year-End Supplemental

9. Reporting Period: Start Date: July 1 2025 End Date: Jan 15, 2026

10. Detailed Disclosure: (Check one)
 This campaign is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 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 disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.

11. 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.

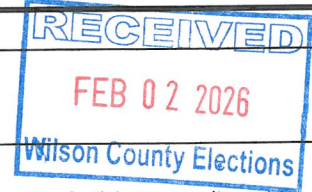
<u>Terri Nicholson</u> Candidate Signature	<u>1/23/26</u> Date	<u>Terri Nicholson</u> Political Treasurer Signature	<u>1/23/26</u> Date
<u>Brooke Nicholson</u> Witness Signature	<u>1/23/26</u> Date	<u>Brooke Nicholson</u> Witness Signature	<u>1/23/26</u> Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>194.06</u>
b. Total Receipts This Period	\$ <u>0</u>
c. Total Disbursements This Period	\$ <u>194.06</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>0</u>
e. Total Loans Outstanding	\$ <u>0</u>
f. Total Obligations Outstanding	\$ <u>0</u>

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Terri Nicholson
2. Reporting Period: Start Date: 7/1/2025 End Date: 1/15/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____



COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: County Commission Aect 2022 OR
First Name: Terri Middle Name: R Last Name: Nicholson
Address: 1303 Camelot Bay City: MT Juliet State: TN Zip Code: 37122
Purpose of Expenditure: Transfer balance to 2026 SEC account
Amount of Expenditure: \$ 194.06 Date of Expenditure: 1-23-26

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: _____

Total Expenditures: \$ _____
(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)