		8				
	ANCIAL or State and Single-Car	d Local C	andidat	es	TEME!	NT EIVED &
1. DATE OF REPORT 4-25-22	2.a. NAMEOFO		OMMITTEE		WILSON	5 2022
2.b. IF COMMITTEE, NAME OF CANDIDATE	0.11-0.			3. ELECTION DAT	ECTION CON	OUNTY IMISSION
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route 1339 Calro Ben d	loll, Le	baron	State	Zip Code 37087	Phone G1S	804-908
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	than 4.a.) City	/	State	Zip Code	Phone	
5. OFFICE SOUGHT (include district number, if		6. NAME C	F POLITICAL	treasurer (may b Leeman	e candidate)	
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	FOURTH QUARTER			MID-YEAR SUPPLEMENTAL ORTING PERIOD	YEAR-I SUPPLEM	
9. (Check one)		2	1-23-	<u>aa</u>		
a. This campaign is exempt from detailed tures total \$1,000 or less for this report b. This campaign is required to file a deta and/or expenditures total more than \$100. I/we do solemnly swear or affirm that the infraccurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we spenefit of the candidate or for any other none.	ailed financial discletion of this report ormation contained and expenditure wear or affirm that	osure because of ling period. I in this campaig s required to be no campaign co	ontributions (ir gn financial dis reported by th ntributions hav	acluding in-kind) receits closure report is true e candidate committe ve been expended for	ved total more and that this reby the Camp	than \$1,000
signature of candidate	date	-	signature o	f political treasurer		date
11. WITNESS SIGNATURE signature of witness	<u>14-25-2</u>	Z _	signar	ture of witness	_ 4-	-25-27 date
12. SUMMARY				647 9	3	
a. BALANCE ON HAND LAST REPORT			•••••	.\$	ي	
b. TOTAL RECEIPTS THIS PERIOD				.\$	_	
c. TOTAL DISBURSEMENTS THIS PERIOD				.\$ ———	- - < < 7.1	93
d. BALANCE ON HAND (12.a. plus 12.b. mi	nus 12.c.)			•••••	\$ 507	
e. TOTAL LOANS OUTSTANDING					\$	
f. TOTAL OBLIGATIONS OUTSTANDING			•••••		\$	



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