CAMPAIGN FINANCIAL DISCLOSURE STATEMENTED

For State and Local Candidates For Single-Candidate Committees

JL - 6 2022

				TAVIL OOM OOM
1. DATE OF REPORT	2.a. NAME OF CANDIDAT	E OR COMMITTEE	10	WILSON COUNTY
1/2/22	Committe	e10618	3. ELECTION DATE	Viene
2.b. IF COMMITTEE, NAME OF CANDIDATE	31			
4.a. CAMPAIGN ADDRESS AND PHONE	<u></u>		2022	
Street or Rural Route	City	State	Zip Code	Phone
1014 Bellwood D.	r. Mt. Julie	+TN3	1122 615-9	457-9546
4.b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	nt than 4.á.) City	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, i	f applicable) 6. N	AME OF POLITICAL	TREASURER (may be ca	andidate)
Wilson (Sunty Commission	District 18	Angela X	Sutler	
7. CATEGORY OR REPORT (Check one)				
FIRST SECOND THIRD	FOURTH PRE-	PRE-	MID-YEAR	YEAR-END
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER PRIMAR 8.b. El	RY GENERAL NDING DATE OF REPC	SUPPLEMENTAL PRING PERIOD	SUPPLEMENTAL
4-24-22	0.5.	6.30-22		
9. (Check one)		4)0 00		
a. This campaign is exempt from detaile	ed disclosure because contrib	utions (including in-ki	nd) received total \$1,000	or less AND expendi-
tures total \$1,000 or less for this repo	orting period. (Complete item	s 12d., 12e. and 12f.))	
b. This campaign is required to file a de	tailed financial disclosure bed	cause contributions (ir	ncluding in-kind) received	total more than \$1,000
and/or expenditures total more than	\$1,000 for this reporting perio	d.		
I/we do solemnly swear or affirm that the in accurate accounting of campaign contributions Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other not	ons and expenditures require swear or affirm that no camp	d to be reported by th aign contributions hav	e candidate committee b ve been expended for the	y the Campaign
Jaurs Brute signature of candidate	7/6/202Z	mala	of political treasurer	7/2/22 date
11. WITNESS SIGNATURE		/ //	T 1	1 1
Archy Alene signature of witness	7/6/2022 date	Signa	ture of witness	7/2/22 date
12. SUMMARY			0000	2
DALANCE ON HANDLAST DEPORT			.s &dd. De	1
a. BALANCE ON HAND LAST REPORT	***************************************		01158 10	2
b. TOTAL RECEIPTS THIS PERIOD		•••••	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-
c. TOTAL DISBURSEMENTS THIS PERIOD			504.98	
c. TOTALDISBURSEMENTS THIS PERIOD				127552
d. BALANCE ON HAND (12.a. plus 12.b. r	minus 12.c.)		\$	QUIJOJ J
e. TOTAL LOANS OUTSTANDING			\$	1,000
5. 101/ALEO/ 410 00101/ 410/101/				X
f. TOTAL OBLIGATIONS OUTSTANDING			\$	<u> </u>

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JUL - 6 2022

SUMMARY PAGE - CANDIDATE

WILSON COUNTY

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
Committee to Elect Lauren Breeze	FROM: 4/24/22 TO: 6/30/22
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	12/1/200
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>1349.00</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ 109/12 0260 17
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>d070.1d</u> -
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>Q</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ 2050 11
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ \(\int 0 \) \(\text{8} \)
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e **Tace Dook Ad	
Total of Expenditures (\$100 or less each payee)	1161 711
b. Itemized Expenditures (Over \$100 each payee this period)	51191
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$07.15
20. LOAN REPAYMENTS MADE THIS PERIOD	\$
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 207.98
22.IN-KIND CONTRIBUTIONS	12
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ 12
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ 010
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b	\$ 49
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 item	n 12.f.)\$



JUL - 6 2022

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

			ELECTION	COMMISSION
1. NAME OF CANDIDATE OR COMMITTEE	B	2. REPORT COVER	RING THE PERIOD	
7 mm/ Hee to a	TO: 6/30/d2			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	Amount			
4. COMPLETE THE APPROPRIATE ITEMS FOR E.	ACH ITEMIZED CONTRIBUTION (contributions totaling more than	\$100 from any contributor)
First Name	Middle Name	Contribution Received For:		Amount of Contribution
andra		Drimon Clastica	General Election	1.
Last Name/Organization Name		Primary Election	General Election	\$500
Address 240 Winding Wa		Runoff (Local Election	7000	
City Mt. Thiret	State Zin Code / 2	Date of Contribution	Aggregate This Election	
Occupation refined		6/05/0	4500	
Employer		1 ' '		1000
NA				
First Name	Middle Name	Contribution Received For	. :	Amount of Contribution
Last Name/Organization Name		Primary Election	General Election	\$175
Address 24/5 Winding In	lad	Runoff (Local Election	ns Only)	700
city mt, Juliet	State Zin Code	Date of Contribution		Aggregate This Election
Occupation	711 37/22	6/05/	(2.7	#126
Sales		1 W/W	\propto	1/105
Employer 1, 55				
First Name 1	Middle Name	Contribution Received For	:	Amount of Contribution
Last Name/Organization Name			General Election	
Javi 5				#104.12
Address 45 Burris (+	1	Runoff (Local Electio	ns Only)	.,0,,,2
City M. Tuliet	State Zip Code 37/22	Date of Contribution		Aggregate This Election
Occupation	77.00	5/20/2)	\$104.12
Employer		- Maa	\prec	1101010
NA				
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name	☐ Primary Election ☐ General Election			
Address	Runoff (Local Elections Only)			
City	State Zip Code	Date of Contribution		Aggregate This Election
VV				
Occupation				
Employer				
		*		Rice Telephone
5. TOTAL ITEMIZED CONTRIBUTIONS				#709.12

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ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	+ Lauren	Breeze	TO: 6/30/22				
3. TOTAL ITEMIZED IN-KIND CONTRIBUTION	PRECEDING PAGE (6	enter \$0 if first itemized page	Amount				
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	ACH ITEMIZ	ED IN-KIND CONTRIBU	TION (in-kind contributions totaling r	nore than \$100 from any con	tributor during the period)		
First Name KN15	Middle Nam	le	In-Kind Contribution Received Primary Election	-	Value of In-Kind Contribution		
Last Name/Organization Name Midaett			Runoff (Local Elections Only)				
Address 1027 Posev Hill	Rd.		Date of In-Kind Contribution 5/9/da Aggregate this Election				
City Mt. Turies	State	Zip Code	Description of In-Kind Contribution adin June edition of				
Occupation Employer editor Life	Bet	vean the Large	Life Between	en the Lax	res magazine		
First Name Rachel	Middle Nam	ne	In-Kind Contribution Received For: Primary Election				
Last Name/Organization Name			Runoff (Local Elections Only)				
Address 1010 Pol/Wax	1DI		Date of In-Kind Contribution	15/22	Aggregate this Election		
City MI Juliet	State	Zip Code	Description of In-Kind Contribution	101100			
Occupation Employer Clerk Dus.	ic Cit	y Autopley	9-75 X4	8" L'ampa	ign DIGNS		
First Name	Middle Nam	e	In-Kind Contribution Received Primary Election	f For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name		Runoff (Local Election	s 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	ie .	In-Kind Contribution Received	f For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name	•		☐ Runoff (Local Election				
Address			Date of In-Kind Contribution Aggregate this Elect		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	_				
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 CONTRIBUTION	NS			The state of the s			
	(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.)						
- The							

Page _____ of _____

WILSON COUNTY ITEMIZED STATEMENT OF EXPENDITURES CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE		1	2	2. REPORT COVER	ING THE PERIOD
Committee to Ele	146	auren	reeze	FROM: 4/24/22	TO: 6/30/32 Amount
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	Ø				
4. COMPLETE THE APPROPRIATE ITEMS FOR E.					od)
First Name	Middle Nam		Purpose of Expenditure		Amount of Expenditure
Last Name/Jusiness Name (each of Hy House of Printing Address 32 (20 Lebanon Rd. Ste. E			15 campaign +-shlits		#178.45
City Mt, Turiet	State	Zip,Code		Company of the Company	
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Address 7803 Lebanon K	motio	on.S	mack cards		#278.29
City Mt, Jullet	State	37/22			
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
	2		D of France differen		Amount of Evponditure
First Name Middle Name			Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address		T .			
City State Zip Code					
First Name	Middle Name	e	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle Name		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 pages (If this is the last page of expenditures, this amount must	456.74				

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JUL - 6 2022

ITEMIZED STATEMENT OF LOANS WILL AND IDATE

					decidado en estado	
1. NAME OF CANDIDATE OR COMMITTEE 2. REPORT COVERING THE PERIOD FROM: TO:						
3. COMPLETE THE APPROPRIATE ITEMS FOR EACHTEMIZED LOAN (loans totaling more than \$100 from any source during the period)						
Complete the Following for the Source of the Loan						
First Name Miggle Nam	ie co 1 L	Outstanding (Beginning	Loan Balance Loans of Period) Receive	Loan d Payments		ding Loan Balance nd of Period)
Last Name/Organization Name	eff	- #100	$g(x) = \emptyset$		# 10	000
Address Address	1,0	Loan Receiv	ed For:	Date of Lo	an	11 / 22
Sint Tillet Sin	24 Core	Primary	y Election General (Local Elections Only)	Election //// 3/2	8/21	#500 #500
List All Endor	sers or Guarar		n (If more space is needed	l please attach a page)	/	
First Name / AU (CO)	Middle Name	rett	First Name		Middle Na	me
Last Name/Organization Name	Char	41	Last Name/Organization Nan	ne		
Address 1914 Bo 1/WWW	Dr		Address			
City M. Thirst	State	Zip Code	City		State	Zip Code
Amount Guaranteed Outstanding			Amount Guaranteed Outstanding			
First Name	Middle Name		First Name		Middle Nar	me
Last Name/Organization Name			Last Name/Organization Name			
Address			Address			
City	State	Zip Code	City		State	Zip Code
Amount Guaranteed Outstanding			Amount Guaranteed Outstand	ling		
First Name	Middle Name		First Name		Middle Na	me
Last Name/Organization Name			Last Name/Organization Nam	ne		
Address			Address			
City	State	Zip Code	City		State	Zip Code
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding				
First Name	Middle Name		First Name		Middle Nan	me
Last Name/Organization Name		Last Name/Organization Name				
Address			Address			
City	State	Zip Code	City		State	Zip Code
Amount Guaranteed Outstanding	·		Amount Guaranteed Outstand	ling		
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.)			Outstanding Loan Balance (Beginning of Period)	Loans Loa Received Paym		utstanding Loan Balance (End of Period)
(Total loan payments should also be shown in item 20. on s (Total outstanding loan balance should also be shown in item	ummary page.) 12.e. on front pa	ge.)	P1000	Ø	0	#/000
SS-1132 (Rev. 4/02)			Pi	age of		RDA 1159



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ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

THE STATE OF STATE OF THE STATE				2. REPORT COVERING THE PERIOD		
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED			Outstanding Balance	FROM: 4/34/	ノス TO: (Payments	0/30/2
OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)			(Beginning of Period)	This Period	This Period	(End of Period)
First Name	Middle Na	me				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	me				
Last Name/Business Name						
Address						
City	State	Zip Code	1			
Description of Obligation	1					
First Name	Middle Na	me				
Last Name/Business Name ,						
Address			1			
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name			1			
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Nar	me				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
4. TOTALS	aluman	t also he she	H	4	ak	1
(Total from Outstanding Balance - (End of Period) of in item 23b. on summary page.)	olumn mus	i also de snówn	φ	P	9	P

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