

## CAMPAIGN FINANCIAL DISCLOSURE STATEM

# For State and Local Candidates For Single-Candidate Committees

TEMENT
APR 1 0 2024
Wilson County Election Commission

1. Date: 3-31-24 2.a. Candidate or Committee Name: COMMITTES TO EVERY DANKS SEF
2.b. If Committee, Name of Candidate: Danie See 3. Election Date: 2024
4. Campaign Address: 447 Corrective Ro.
City: LELYNDH State: TH Zip Code: 37057 Phone: 615-636-4662
5. Candidate Home Address: 447 CENTRAVILLE RO
City: LEPAUSH State: TH Zip Code: 37087 Phone: 615-636-4662
Candidate Email Address: DSELFY SCHOOLS & GMILL COM
6. Office Sought: (include district number, if applicable) www country Sche Board Zohles 5
7. Name of Political Treasurer (may be candidate): Rob PALETOL
Political Treasurer Email Address: 688772 66841.004
8. Category or Report: (check one)
First Quarter Second Quarter Third Quarter Fourth Quarter Pre-Primary Pre-Genera
Mid-Year Supplemental Year-End Supplemental
9. Reporting Period: Start Date: 2-25-24 End Date: 3-31-24
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.
3/31/24 27/2 331-24
Candidate Signature Date Political Treasurer Signature Date
1-20.36 03/31/24 Don't 2-11-21
Witness Signature Date Witness Signature Date
a. Balance On Hand Last Report\$
b. Total Receipts This Period\$
c. Total Disbursements This Period\$
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)
e. Total Loans Outstanding\$
f. Total Obligations Outstanding \$ $-\!$

## **SUMMARY PAGE - CANDIDATE**

APR 1 0 2024
Wilson County Election Commission

13. Na	me of Candidate or Committee: COMMITTEE TO ELECT DONNIE SELF	
14. Reporting Period: Start Date: 2-25-24 End Date: 3-31-24		
15. Receipts:		
a.	Unitemized Contributions (\$100 or less from each source this period) \$	
b.	Itemized Contributions (over \$100 from each source this period)\$	
c.	Loans Received This Reporting Period\$	
d.	Interest Received This Reporting Period\$	
e.	Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.)\$	
16. Disbursements:		
a.	Total Expenditures (other than loan payments)	
b.	Loan Repayments Made This Period \$\$	
c.	Total Obligation Payments Made This Period\$	
d.	Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)\$	
17. In-Kind Contributions:		
a.	Unitemized In-Kind Contributions Received This Period\$	
b.	Itemized In-Kind Contributions Received This Period \$	
c.	Total In-Kind Contributions Received This Period \$\$	
18. Obligations:		
a.	Total Obligations Outstanding (must be shown in item 12.f.)\$	

### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE ELELT DANNIE 2. Reporting Period: Start Date: 2-25-24 End Date: 3-31-24 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 inkind 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: WATSNTOWN HIGHSCHOOL SOFTANL OR First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: City: LAGSETOWN State: TV Zip Code: 31/84 Address: 9360 SPARTA PIKES Purpose of Expenditure: SIMAGE/FONCE Date of Expenditure: \$ \_\_\_\_3-4 Amount of Expenditure: \$ \_ \25. 92 Business or Organization Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ \_\_\_\_\_ City: \_\_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Address: \_\_\_ Purpose of Expenditure: \_\_\_\_ Date of Expenditure: \$ \_\_\_\_\_ Amount of Expenditure: \$ \_\_\_\_\_ Business or Organization Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_ Last Name: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Address: Purpose of Expenditure: Date of Expenditure: \$ \_\_\_\_\_ Amount of Expenditure: \$ \_\_\_\_\_ Business or Organization Name: \_\_\_\_\_ \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Address: Purpose of Expenditure: Amount of Expenditure: \$ \_\_\_\_\_\_ Date of Expenditure: \$ Business or Organization Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ \_\_\_\_\_City: \_\_\_\_\_ Address: Purpose of Expenditure: \_\_\_\_\_ Amount of Expenditure: \$ \_\_\_\_\_\_ Date of Expenditure: \$ \_\_\_\_\_ Total Expenditures: \$ \_\_\_\_125. == (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.)

### ITEMIZED STATEMENT OF LOANS - CANDIDAT 1. Candidate or Committee Name: COMMITS TO BET DANNIE SEF APR 1 0 2024 2. Reporting Period: Start Date: 2-25-24 End Date: 2-31-24 3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100 Milson County Florien Commission Complete the following for the source of each loan received and/or outstanding during the period. **Business or Organization Name:** \_\_\_\_\_Last Name: \_\_\_\_\_\_Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ City: \_\_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_ Address: \_\_\_\_ Outstanding Loan Balance (Beginning) ......\$ Loans Received ......\$ Loan Payments ...... \$ \_\_\_\_\_\_\$ Outstanding Loan (End).....\$ \_\_\_\_\_\_\$ Primary Election General Election Runoff (Local Elections Only) Loan Received For: Date of Loan: List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.) Business or Organization Name: \_\_\_\_\_ \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name:\_\_\_\_ \_\_\_\_\_ City: State: \_\_\_\_ Zip Code: \_\_\_\_ Address: Amount Guaranteed Outstanding: \$\_\_\_\_\_ Business or Organization Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ \_\_\_\_\_City: \_\_\_\_\_ Address: \_\_\_\_\_ Amount Guaranteed Outstanding: \$\_\_\_\_\_ OR Business or Organization Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_ Last Name; \_\_\_\_ City: \_\_\_\_\_\_ State: \_\_\_\_ Xip Code: \_\_\_\_\_ Address: Amount Guaranteed Outstanding: \$\_\_\_\_\_ OR Business or Organization Name: \_\_\_\_\_\_ City: \_\_\_\_\_\_ State: \_\_\_\_ Zip Code: 🔌 Address: Amount Guaranteed Outstanding: \$\_\_\_\_\_ Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.) Balance (Beginning) ......\$ Loans Received ......\$\_\_\_\_\_\$ Loan Payments.....\$ Outstanding Loan (End).....\$\_\_\_\_\_\$