

SS-1109 (Rev. 1/2023)

CAMPAIGN FINANCIAL DISCLOSURE STATEM ENT 17 834

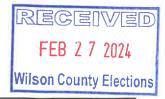
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Wilson County Elections

For State and Local Candidates For Single-Candidate Committees

1. Date: 2/21/29 2.a. Cand	didate or Committee Nam	e: COMNITIES 1	w BLET I	FHIRE CEC
2.b. If Committee, Name of Candic	late: DONNIG SEC	F	3. Election Date	2024
4. Campaign Address: 447				
City: LEBANOM	State: TH	Zip Code: 3703	Phone: 615	-636.4662
5. Candidate Home Address: 😃	17 COMBENIUS R	₽		
City: Laborate	State:	Zip Code: 3787	Phone: 615	-636-4662
Candidate Email Address:	sefy behools o	GMAILCOM		
6. Office Sought: (include district r	number, if applicable) <u></u>	victati Conty	School boaks	2048 5
7. Name of Political Treasurer (may	y be candidate): {6B _	PAINTER		
Political Treasurer Email Address				
8. Category or Report: (check one)				
☐ First Quarter ☐ Second C	Quarter Third Quarter	Fourth Quarter	Pre-Primary	☐ Pre-Genera
☐ Mid-Year Supplemental ☐		_		
9. Reporting Period: Start Date	1-16-24	End Date: 2-2	1-24	
10. Detailed Disclosure: (Check on				
This campaign is exempt from or less AND expenditures to	m detailed disclosures bed	cause contributions (inc eporting period. (Comp	cluding in-kind) red plete items 12.d., 1	ceived total \$1,000 2.e., and 12.f.)
This campaign is required to total more than \$1,000 and/				g in-kind) received
11. I/we do solemnly swear or affir and that this report is an accur by the candidate committee k campaign contributions have nonpolitical purpose as define	ate accounting of campai by the Campaign Financia been expended for the p	gn contributions and e al Disclosure Act. Addit personal financial bene	expenditures requi cionally, I/we swea	red to be reported r or affirm that no
the sign	2/24/24	1192	2	124/24
Candidate Signature	Date	Political Treasurer Sign	nature Date	/
Aut C.Bl	02/24/2024 (Dand	× 2/	24/24
Witness Signature	Date	Witness Signature	Date	1101
12. Summary:			. 22	
a. Balance On Hand Last Rep	ort	\$	278.32	_
b. Total Receipts This Period		\$.05	
c. Total Disbursements This P	'eriod	\$	Ø	_
d. Balance On Hand (12.a. plu	ıs 12.b. minus 12.c.)	\$,	218,20	
e. Total Loans Outstanding		\$	200	
f. Total Obligations Outstand	ling	\$	$-\varphi$	- 1 -
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13. Na	ne of Candidate or Committee: COMMITTES TO SUST DANNUE SELF	_
	porting Period: Start Date: 1-16-24 End Date: 2-24-24	
15. Re		
a.	Unitermized 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. Dis	oursements:	
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. ln-	ind 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. Ob	igations:	
a.	Total Obligations Outstanding (must be shown in item 12.f.) \$\$	

ITEMIZED S	TATEN	MENT OF LOA	NS - C	ANDID	ATE REC	EIVE
1. Candidate or Committee Name:	D 8m 177	55 % SLECT	PON	416 550	P FFR	2 7 2024
2 Reporting Period: Start Date:	16-24	End Date: 2-24	4-24			
3. Complete the appropriate items for	r each loar	n totaling more than	one hund	red dollars	(\$100). Wilson Co.	unty Electi
Complete the following for the source of ea						
Business or Organization Name:						OR
First Name: DouNIE	Middle N	Name:	L	ast Name: _	SELF	
Address:		City:		State:	_ Zip Code:	
Outstanding Loan Balance (Beginning)	\$ <u> 500</u>				
Loans Received		\$ ø				
Loan Payments		\$ <u> </u>	CW			
Outstanding Loan (End)		s <u>1,500</u>	. 02			
Loan Received For: Primary Ele	ction [General Election	Runof	(Local Elect	tions Only)	
Date of Loan: 9-12-23						
List all endorsers or guarantors for above lo	an (If more s	pace is needed, please at	ttach additi	onal pages.)		
Business or Organization Name:						OR
First Name:	Middle	Name:		Last Name:		
Address:		_City:		State:	_ Zip Code:	
Amount Guaranteed Outstanding: \$						
Business or Organization Name:						OR
First Name:	Middle	Name:		Last Name	e:	
Address:		_City:		State:	_ Zip Code:	
Amount Guaranteed Outstanding: \$						
Business or Organization Name:						OR
First Name:	Middle	Name:		Last Name	e:	
Address:		_ City:		State:	_ Zip Code:	
Amount Guaranteed Outstanding: \$						
Business or Organization Name:						OR
irst Name:	Middle	Name:		Last Name	e: ,	
Address:		City:		State:	_ Zip Code:	
Amount Guaranteed Outstanding: \$						
Totals for all loans (Complete this page for Total loans received and loan payments should	r each outsta be shown on	nding loan during the peri	iod. Comple ling loan bal	te this section ance should be	only on last page of lo e shown on front page.	ans.
Balance (Beginning)	*********************	\$,500.00				
oans Received						
oan Payments		\$ Ø				
Outstanding Loan (End)	••••	\$ 1,500.2	-			
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