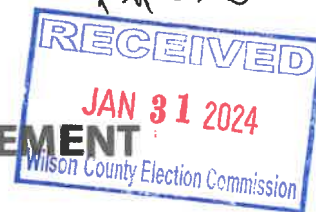




CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
For State and Local Candidates
For Single-Candidate Committees



1. Date: 1-31-24 2.a. Candidate or Committee Name: Melissa Lynn
2.b. If Committee, Name of Candidate: _____ 3. Election Date: _____
4. Campaign Address: 2404 Couchville PK
City: Mt Juliet State: TN Zip Code: 37122 Phone: 615 517 8684
5. Candidate Home Address: 2404 Couchville PK
City: Mt Juliet State: TN Zip Code: 37122 Phone: 615 517 8684
Candidate Email Address: lynnzone3@gmail.com
6. Office Sought: (include district number, if applicable) Wilson Co. School Board Zone 3
7. Name of Political Treasurer (may be candidate): Melissa Lynn
Political Treasurer Email Address: lynnzone3@gmail.com

8. Category or Report: (check one)

☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☐ Pre-Primary ☐ Pre-General
☐ Mid-Year Supplemental ☒ Year-End Supplemental ☐ Runoff Election

9. Reporting Period: Start Date: 7-1-23 End Date: 1-15-24

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.

Melissa Lynn 1-31-24
Candidate Signature Date

Melissa Lynn 1-31-24
Political Treasurer Signature Date

Cheryl Lynn _____
Witness Signature Date

Abbie Hanley 1-31-24
Witness Signature Date

12. Summary:

a. Balance On Hand Last Report \$ 0
b. Total Receipts This Period \$ 98800
c. Total Disbursements This Period \$ 93451
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) \$ 5349
e. Total Loans Outstanding \$ _____
f. Total Obligations Outstanding \$ _____



SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Melissa Lynn

14. Reporting Period: Start Date: 7-1-23 End Date: 1-15-24

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 0
(Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See *Instructions* for more information.)
- b. Itemized Contributions (over \$100 from each source this period) \$ 0
- c. Loans Received This Reporting Period \$ 98800
- d. Interest Received This Reporting Period \$ 0
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 98800

16. Disbursements:

- a. Total Expenditures (other than loan payments) \$ 93451
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ 0
- c. Total Obligation Payments Made This Period \$ 0
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) \$ 93451

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ 0
- b. Itemized In-Kind Contributions Received This Period \$ 0
- c. Total In-Kind Contributions Received This Period \$ 0

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ 0

ITEMIZED STATEMENT OF LOANS - CANDIDATE



- Candidate or Committee Name: Melissa Lynn
- Reporting Period: Start Date: 7-1-23 End Date: 1-15-24
- Complete the appropriate items for each loan totaling more than one hundred dollars (\$100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: _____ OR
 First Name: Melissa Middle Name: _____ Last Name: Lynn
 Address: 2404 Couchville PK City: Mt Juliet State: TN Zip Code: 37122
 Outstanding Loan Balance (Beginning) \$ _____
 Loans Received \$ 988.00
 Loan Payments \$ 0
 Outstanding Loan (End)..... \$ 988.00
 Loan Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
 Date of Loan: 11-3-23; 12-1-23; 12-6-23; 12-7-23; 12-15-23; 1-15-24

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: _____ OR
 First Name: Melissa Middle Name: _____ Last Name: Lynn
 Address: 2404 Couchville PK City: Mt Juliet State: TN Zip Code: 37122
 Amount Guaranteed Outstanding: \$ 25.00

Business or Organization Name: _____ OR
 First Name: Melissa Middle Name: _____ Last Name: Lynn
 Address: 2404 Couchville PK City: Mt Juliet State: TN Zip Code: 37122
 Amount Guaranteed Outstanding: \$ 530.00

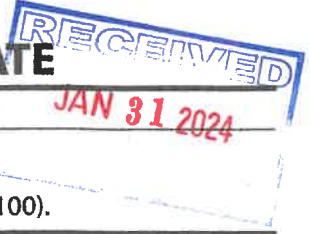
Business or Organization Name: _____ OR
 First Name: Melissa Middle Name: _____ Last Name: Lynn
 Address: 2404 Couchville PK City: Mt Juliet State: TN Zip Code: 37122
 Amount Guaranteed Outstanding: \$ 25.00

Business or Organization Name: _____ OR
 First Name: Melissa Middle Name: _____ Last Name: Lynn
 Address: 2404 Couchville PK City: Mt Juliet State: TN Zip Code: 37122
 Amount Guaranteed Outstanding: \$ 78.00

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)..... \$ _____

ITEMIZED STATEMENT OF LOANS - CANDIDATE



1. Candidate or Committee Name: _____
2. Reporting Period: Start Date: _____ End Date: _____
3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Outstanding Loan Balance (Beginning) \$ _____
Loans Received \$ _____
Loan Payments \$ _____
Outstanding Loan (End)..... \$ _____
Loan Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Date of Loan: _____

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: _____ OR
First Name: Melissa Middle Name: _____ Last Name: Lynn
Address: 2404 Couchville Pl City: Mt Juliet State: TN Zip Code: 37122
Amount Guaranteed Outstanding: \$ 300.00

Business or Organization Name: _____ OR
First Name: Melissa Middle Name: _____ Last Name: Lynn
Address: 2404 Couchville Pl City: Mt Juliet State: TN Zip Code: 37122
Amount Guaranteed Outstanding: \$ 300.00

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: _____
Address: _____ City: _____ State: _____ Zip Code: _____
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) \$ 988.00
Loans Received \$ 988.00
Loan Payments \$ 988.00
Outstanding Loan (End)..... \$ 988.00

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE



1. Candidate or Committee Name: Melissa Lynn
2. Reporting Period: Start Date: 1-1-23 End Date: 1-15-24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 0

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: 525 Designs OR
First Name: Courtney Middle Name: _____ Last Name: Patterson
Address: 8985 Stewarts Ferry Pk City: Mt Juliet State: TN Zip Code: 37122
Purpose of Expenditure: Signs and postcards
Amount of Expenditure: \$ 548.75 Date of Expenditure: 12-4-2023

Business or Organization Name: 525 Designs OR
First Name: Courtney Middle Name: _____ Last Name: Patterson
Address: 8985 Stewarts Ferry Pk City: Mt Juliet State: TN Zip Code: 37122
Purpose of Expenditure: Sign banner
Amount of Expenditure: \$ 82.31 Date of Expenditure: 12-8-2023

Business or Organization Name: TN Republican Party OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 98 White Bridge Rd City: Nashville State: TN Zip Code: 37205
Purpose of Expenditure: TN Republican Party Fee
Amount of Expenditure: \$ 25.00 Date of Expenditure: 12-7-2023

Business or Organization Name: Thorntons OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: gas
Amount of Expenditure: \$ 25.00 Date of Expenditure: 12-18-2023

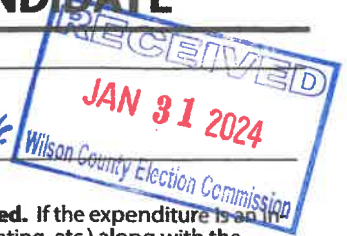
Business or Organization Name: Bank of America OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Monthly Maintenance Fee
Amount of Expenditure: \$ 12.00 Date of Expenditure: 1-11-2024

Total Expenditures: \$ 693.06

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Melissa Lynn
2. Reporting Period: Start Date: 7-1-2023 End Date: 1-15-2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 693.00



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: 525 Designs OR
First Name: Courtney Middle Name: _____ Last Name: Patterson
Address: 8985 Stewarts Ferry Pk City: Wt Juliet State: TX Zip Code: 37122
Purpose of Expenditure: signs and postcards
Amount of Expenditure: \$ 241.45 Date of Expenditure: 1-12-2024

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: \$ 934.51

(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.)