

SS-1109 (Rev. 1/2023)

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

FEB 2 6 2024

Page ____ of ___

1. Date: 2/23/24 2.a. Candidate or Committee Name:	Mchissa Lynn Mison County Election
1. Date: 4 2.a. Candidate or Committee Name:	3. Election Date ≥ 224
2.b. If Committee, Name of Candidate:	5. Election Dates
4. Campaign Address: 2404 CouchVille PK	Code: 37122 Phone: 615 51786
	1 01.
5. Candidate Home Address: 2404 Couch 0.11	
City M+ 111/18 + State: 1/V Zir	Code: 37122 Phone: 615 517868
Candidate Email Address: JunnZone3@gn	10:11:0011
6. Office Sought: (include district number, if applicable)	son (o Schoo) Board Lone 3
7. Name of Political Treasurer (may be candidate): Meh's	59 Wnri
Political Treasurer Email Address: 4559 9635@	amail. Com
8. Category or Report: (check one)	☐ Fourth Quarter
	Fourth Quarter Pre-Primary Pre-General
Mid-Year Supplemental Year-End Supplemental	- 1 - 1
9. Reporting Period: Start Date: 1~16つ24 Er	nd Date: 2 · 2 · 2 · 2 ·
10. Detailed Disclosure: (Check one)	
This campaign is exempt from detailed disclosures because or less AND expenditures total \$1,000 or less for this report	e contributions (including in-kind) received total \$1,000 rting period. (Complete items 12.d., 12.e., and 12.f.)
This campaign is required to file a detailed financial disclost total more than \$1,000 and/or expenditures total more than	sure because contributions (including in-kind) received an \$1,000 for this reporting period.
11. I/we do solemnly swear or affirm that the information contain and that this report is an accurate accounting of campaign coby the candidate committee by the Campaign Financial Discampaign contributions have been expended for the person nonpolitical purpose as defined by the federal internal rever	ontributions and expenditures required to be reported sclosure Act. Additionally, I/we swear or affirm that no anal financial benefit of the candidate or for any other
meline for about m	John Stone 2/23/24
Candidate Signature Date Poli	tical Treasurer Signature Date
al i I) O soloalot b	al an A 21/12/2014
Witness Signature Date Witness	ness Signature Date
12. Summary:	53 49
a. Balance On Hand Last Report	\$ 00; []
b. Total Receipts This Period	1 / 6 / 6 / 6
c. Total Disbursements This Period	21 47
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	1 / 2 % 6
e. Total Loans Outstanding	
f. Total Obligations Outstanding	\$

SUMMARY PAGE - CANDIDATE

RECEIVED FEB 2 6 2024

13. Na	ame of Candidate or Committee: Melissa lynn
14. Re	eporting Period: Start Date: 1-16-24 End Date: 2-24-24 Wilson County Elections
15. Re	eceipts:
a.	Unitemized Contributions (\$100 or less from each source this period) \$
b.	, -10
c.	
d.	to the control of the programme product
e.	Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.)
16. Di	sbursements:
a.	Total Expenditures (other than loan payments)
b.	
c.	Total Obligation Payments Made This Period\$
d.	Total Obligation Payments Made This Period
17. ln-	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. Ob	oligations:
a.	Total Obligations Outstanding (must be shown in item 12.f.) \$\$

ITEMIZED STATEMENT OF EXPENDITURES - CAND 1. Candidate or Committee Name: Me U Wilson County Election 2. Reporting Period: Start Date: /-/6-2 End Date: 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. emiel **Business or Organization Name:** Last Name: Middle Name: Purpose of Expenditure: Date of Expenditure: \$ Amount of Expenditure: \$ Business or Organization Name: First Name: Purpose of Expenditure: Date of Expenditure: \$ Amount of Expenditure: \$ **Business or Organization Name:** Middle Name: First Name: Zip Code: 3 Address: 19 Purpose of Expenditure: Date of Expenditure: \$ Amount of Expenditure: \$ **Business or Organization Name:** Last Name: Middle Name: First Name: Address: 2 Purpose of Expenditure: Date of Expenditure: \$ **Amount of Expenditure: \$** Business or Organization Name: _ Last Name: Middle Name: First Name: __ State: ____ Zip Code: _ City: Address: _ Purpose of Expenditure: Date of Expenditure: \$_ Amount of Expenditure: \$ Total Expenditures: \$.. (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 STA	ATEMENT OF LOANS -	CANDID	AIE	
1. Candidate or Committee Name:	elissa 4n2		FEB 2	6 2024
2. Reporting Period: Start Date:	-24 End Date: 2-24-	24	Wilson Cou	nty Elections
3. Complete the appropriate items for e	ach loan totaling more than one hun	dred dollars (\$100).	ney Elections
Complete the following for the source of each I	oan received and/or outstanding during the	period.		
Business or Organization Name:			,	OR
		Last Name: 4		1 2
Address: 2404 Couch wilk	PK City: Mt Juliet	State: 7N	Zip Code: 37	122
Outstanding Loan Balance (Beginning)	\$ 98800			
Loans Received	s <u>650</u>			
Loan Payments	\$ 143000			
Outstanding Loan (End)	\$ 16389			
Loan Received For: Primary Election	n 🗆 General Election 🗀 Runo	ff (Local Election	ons Onl y)	
Date of Loan: 1/31 2/20				
List all endorsers or guarantors for above loan (If more space is needed, please attach addit	tional pages.)		
Business or Organizațion Name:			1	OR
First Name: Meli 35a	Middle Name:	Last Name:	Lynn	
Address: 2404 Couchoille	Eff City: Mt Suliet	State: 110	Zip Code: 37/	22
Amount Guaranteed Outstanding: \$ 55	0			
Business or Organization Name:				OR
F1 1 - 110	Middle Name:	_ Last Name:	Lynn	
Address: 2404 Couchville	Middle Name:	State: 1	Zip Code: 37	120
Amount Guaranteed Outstanding: \$ 100	3 80	•		
·				
Business or Organization Name:				OR
	Middle Name:	_ Last Name:		
Address:			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 eac Total loans received and loan payments should be sl	h outstanding loan during the period. Compl	ete this section o	nly on last page of loai	ns.
Balance (Beginning)	(a) (III		. 3	
Loans Received	/ / / /			
Loan Payments				
Outstanding Loan (End)	1 / •) (//) U			

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