

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

APR 1 0 2024
Wilson County Election Commission

HISDICOUNT
1. Date: 4-1-24 2.a. Candidate or Committee Name: Brittony Ash
2.b. If Committee, Name of Candidate: 3. Election Date: 2004
4. Campaign Address: 208 Moore Rd.
City: Lebona State: TN Zip Code: 37087 Phone: 615-598-171
5. Candidate Home Address: <u>888 Moore Rd</u>
City: Cloor State: TD Zip Code: 37087 Phone: 615-598-11
Candidate Email Address: Bash4 wcschools@gmail.com
6. Office Sought: (include district number, if applicable) WC School Board, Zone 5
7. Name of Political Treasurer (may be candidate): AWRE LESTEC
Political Treasurer Email Address: <u>Lester Estates@gmail.com</u>
8. Category or Report: (check one)
First Quarter Second Quarter Third Quarter Fourth Quarter Pre-Primary Pre-General
☐ Mid-Year Supplemental ☐ Year-End Supplemental
9, Reporting Period: Start Date: $3 - 35 - 34$ End Date: $3 - 31 - 34$
10. Detailed Disclosure: (Check one)
This campaign is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 তা 'ess 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. 4 / 1 / 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Candidate Signature Date Political Treasurer Signature Date
1-1-24 ABO 4-1-24
Witness Signature Date Witness Signature Date
12. Summary:
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



13. Name of Candidate or Committee: Brittony ASN	Wilson County Election Co
14. Reporting Period: Start Date: 2-35-34 End Date: 3-31-24	
15. Receipts:	
a. Unitermized Contributions (\$100 or less from each source this period)	or more information.)
b. Itemized Contributions (over \$100 from each source this period)\$	05,00
c. Loans Received This Reporting Period\$	0
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.)	5.00
16. Disbursements:	
a. Total Expenditures (other than loan payments)\$\$	164,712
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.)\$	59.72
17. In-Kind Contributions:	
a. Unitemized In-Kind Contributions Received This Period\$	<u> </u>
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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Brittony ASK	RECEIVED
2. Reporting Period: Start Date: 2-25-24 End Date: 3-31-04	APR 1 0 2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$	
	Wilson County Election Commission
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.	
Business or Organization Name:	OR
First Name: Dittay Middle Name: Last Name:	
Address: 1603 Alsade Rd City: Mt, Julet State: TN 2	Zip Code: <u>37132</u>
Occupation: Employer:	
Contribution Received For: Primary Election General Election Runoff (Local	
Amount of Contribution: \$ 10.80 Date of Contribution: $3-5-24$ Aggregate This	s Election: \$_3 60,00
Business or Organization Name:	OR
First Name: Och Cossa Middle Name: Last Name:	Hall
Address: 3625 Mitchell Rd. City: Lebonon State: TN Z	Zip Code: 37087
Occupation: Employer: COC	
Contribution Received For: Primary Election General Election Runoff (Local	
Amount of Contribution: \$ 30.99 Date of Contribution: $3-\sqrt{3-39}$ Aggregate This	Election: \$ 30.00
Business or Organization Name:	OR
First Name: Middle Name: Last Name:	
Address: 198 Africa Rd City: Lebonon State: TN 2	Zip Code: 31087
Occupation: Employer: The Control of	
Contribution Received For: Primary Election General Election Runoff (Local	Elections Only)
Amount of Contribution: \$ 25.00 Date of Contribution: 3-14-24 Aggregate This	
Business or Organization Name:	OR
First Name: Middle Name: Last Name:	
Address: City: State: 2	
Occupation: Employer:	
Contribution Received For:	Elections Only)
Amount of Contribution: \$ Date of Contribution: Aggregate This	Election: \$
Total Contributions: \$ 6,00 (Carry forward to the next page if additional pages of this form are used. If this is the last page amount must be shown in the summary on first page.)	e of contributions, this

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Britten	y ABN		RECEIVED
2. Reporting Period: Start Date: 2-25-24	End Date: 3-31-24		APR 1 0 2024
3. Total campaign expenditures from preceding pa	age (enter \$0 if first page) \$	0	
COMPLETE THE APPROPRIATE ITEMS FOR EACH EX	(PENDITURE All expenditures m	ust be itemized.	Wilson County Election Commission
kind contribution to a candidate, please remember to include candidate's name in the purpose of the expenditure section.	e the purpose of the expenditure (e.g.	, postage, printing	, etc.) along with the
			O.P.
Business or Organization Name:			
First Name: Middle Address: 275 Wyman 84.	cimi I) all thoon	Ctato: MA:	7in Code: (1245)
Burnose of Evnanditure:	city. Oct 11011	State. V 2	Lip code. On 191
Purpose of Expenditure: Amount of Expenditure: \$ 739.14	Date of Expenditure: 3-	4-24	
Business or Organization Name: Uisterpr	int		OR
First Name: Middle	Name:	Last Name:	A
First Name: Middle Address: 275 Wyman St.	city: Waltham	State: 111+	Zip Code: <u>09451</u>
Purpose of Expenditure:Amount of Expenditure: \$ 136.74	2 17	011	
Amount of Expenditure: \$ 156,79	Date of Expenditure:	1200	_
Business or Organization Name: UiStopp	+		OR
First Name: Middle	Name:	Last Name:	
Address: 275 Wymon 3t.	city: Waltham	State: MA :	Zip Code: <u>08451</u>
Purpose of Expenditure:			
Amount of Expenditure: \$ 80.74	Date of Expenditure: $3-1$	9-24	_
Business or Organization Name: ACT BIU	0		OR
First Name: Middle	Name:	Last Name	
Address: PO Box 441146 Purpose of Expenditure: Securco Re	city: Somewille	State: MA	Zip Code: 02144
Purpose of Expenditure: 3eVice Re	es		
Amount of Expenditure: \$ 3,10	Date of Expenditure: 2-25	584 - 3	1-31-24
Business or Organization Name: US POS	an Servico		OR
First Name: Middle		Last Name:	
			Zip Code: 37087
Purpose of Expenditure: 31emps			
	Date of Expenditure: 2-3	16-04	
07222			
Total Expenditures: \$ 413.58 (Carry forward to the next page if additional pages	s of this form are used. If this is	the last page o	of expenditures, this
amount must be shown in the summary on first pa	age.)		•