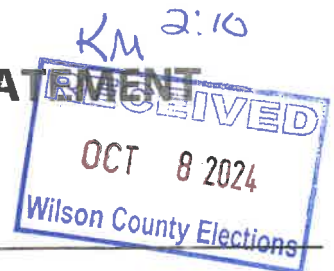




# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees



1. Date: 10-7-2024 2.a. Candidate or Committee Name: Gerri Ashley  
 2.b. If Committee, Name of Candidate: \_\_\_\_\_ 3. Election Date: 11-5-2024  
 4. Campaign Address: 211 E. Spring St.  
 City: Lebanon State: TN Zip Code: 37087 Phone: 615-708-5445  
 5. Candidate Home Address: Same as above  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: 615-708-5445  
 Candidate Email Address: Gcashley1005@gmail.com  
 6. Office Sought: (include district number, if applicable) City Council - ward 2  
 7. Name of Political Treasurer (may be candidate): Lisa Chaney  
 Political Treasurer Email Address: Lchaney8085@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: 7-1-2024 End Date: 9-30-2024

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.

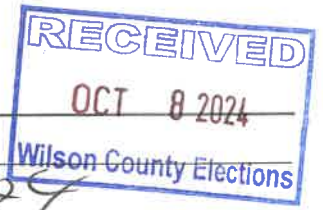
11. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. 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.

<u>Gerri Ashley</u>	<u>10-7-2024</u>	<u>[Signature]</u>	<u>10-07-24</u>
Candidate Signature	Date	Political Treasurer Signature	Date
<u>[Signature]</u>	<u>10/7/24</u>	<u>Gerri Ashley</u>	<u>10-7-24</u>
Witness Signature	Date	Witness Signature	Date

12 Summary:

a. Balance On Hand Last Report .....	\$	<u>0</u>
b. Total Receipts This Period .....	\$	<u>4,250</u>
c. Total Disbursements This Period .....	\$	<u>2,900</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) .....	\$	<u>1,350</u>
e. Total Loans Outstanding .....	\$	<u>3,000</u>
f. Total Obligations Outstanding .....	\$	<u>        </u>

# SUMMARY PAGE - CANDIDATE



13. Name of Candidate or Committee: Gerri Ashley

14. Reporting Period: Start Date: 7/1/24 End Date: 9/30/24

### 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~~ 1,250
- c. Loans Received This Reporting Period..... \$ 3,000
- 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.) ..... \$ 4,250

### 16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \_\_\_\_\_  
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- 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:

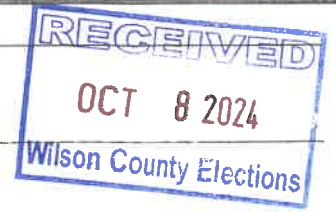
- a. Unitemized In-Kind Contributions Received This Period ..... \$ \_\_\_\_\_
- b. Itemized In-Kind Contributions Received This Period ..... \$ \_\_\_\_\_
- c. Total In-Kind Contributions Received This Period ..... \$ \_\_\_\_\_

### 18. Obligations:

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

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Geri Ashley  
2. Reporting Period: Start Date: 7-1-24 End Date: 9-30-24  
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \_\_\_\_\_



COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Cedar City RV OR  
First Name: Darryl Middle Name: \_\_\_\_\_ Last Name: Noble  
Address: 466 Louisa Lane City: Lebanon State: TN Zip Code: 37087  
Occupation: owner Employer: self  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 500 Date of Contribution: 9/17/2024 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: Statewide Management Inc. OR  
First Name: Darryl Middle Name: \_\_\_\_\_ Last Name: Noble  
Address: 466 Louisa Lane City: Lebanon State: TN Zip Code: 37087  
Occupation: owner Employer: self  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 500 Date of Contribution: 9-17-24 Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Lisa Middle Name: \_\_\_\_\_ Last Name: Baldwin  
Address: 416 Sumatra Dr. City: Nashville State: TN Zip Code: 37218  
Occupation: vice president Employer: HCA, Inc.  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 250 Date of Contribution: 9-23-2024 Aggregate This Election: \$ \_\_\_\_\_

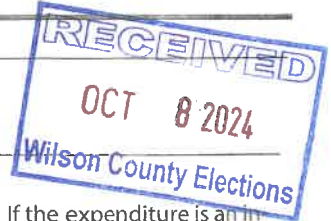
Business or Organization Name: \_\_\_\_\_ OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ \_\_\_\_\_ Date of Contribution: \_\_\_\_\_ Aggregate This Election: \$ \_\_\_\_\_

Total Contributions: \$ 1,250

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Geri Ashley  
 2. Reporting Period: Start Date: 7/1/2024 End Date: 9/30/24  
 3. Total campaign expenditures from or residing page (enter \$0 if first page) \$ \_\_\_\_\_



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: Build A Sign OR  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: 11525A Stonehollow City: Austin State: TX Zip Code: 78758  
 Purpose of Expenditure: Post cards  
 Amount of Expenditure: \$ 312.79 Date of Expenditure: \$ 9/10/2024

Business or Organization Name: \_\_\_\_\_ OR  
 First Name: Bennett Middle Name: \_\_\_\_\_ Last Name: Elms  
 Address: 115 S. Cumberland City: Lebanon State: TN Zip Code: 37087  
 Purpose of Expenditure: Labor - Sign installation  
 Amount of Expenditure: \$ ~~150~~ 150 Date of Expenditure: \$ 9/14/2024

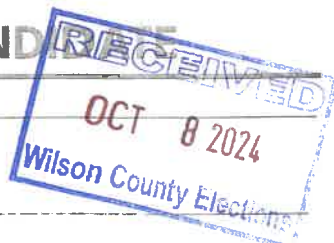
Business or Organization Name: Office Maxx OR  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: Lebanon State: TN Zip Code: 37087  
 Purpose of Expenditure: Supplies -  
 Amount of Expenditure: \$ 34.50 Date of Expenditure: \$ 9-17-2024

Business or Organization Name: Build A Sign OR  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: 11525A Stonehollow City: Austin State: TX Zip Code: 78758  
 Purpose of Expenditure: Signs / stands  
 Amount of Expenditure: \$ 636.55 Date of Expenditure: \$ 9/10/24

Business or Organization Name: Vista Print OR  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: 95 Hayden Avenue City: Lexington State: MA Zip Code: 02421  
 Purpose of Expenditure: Chapstick w/ Logo  
 Amount of Expenditure: \$ 115.24 Date of Expenditure: \$ 9/20/24  
 Total Expenditures: \$ 1,249.08 (~~1249.08~~)

(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 Name/Committee Name: WHS Geri Ashley  
2. Reporting Period: Start Date: 7/1/2024 End Date: 9/30/24  
3. Total Campaign Fund and Other Sources (including aggregate of all if first page) \$ \_\_\_\_\_

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 and the purpose of the expenditure section.

Business or Organization Name: Vista Print OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 95 Hayden Avenue City: Lexington State: MA Zip Code: 02421  
Purpose of Expenditure: Pens w/ logos (500)  
Amount of Expenditure: \$ 308.67 Date of Expenditure: \$ 9/8/2024

Business or Organization Name: Lowe's OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 634 S. Cumberland City: Lebanon State: TN Zip Code: 37087  
Purpose of Expenditure: Sign stand  
Amount of Expenditure: \$ 594.6 Date of Expenditure: \$ 9-8-2024

Business or Organization Name: Vista Print OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 95 Hayden Ave. City: \_\_\_\_\_ State: MA Zip Code: 02421  
Purpose of Expenditure: Logo Pens (500)  
Amount of Expenditure: \$ 349.89 Date of Expenditure: \$ 9-23-2024

Business or Organization Name: Build A Sign OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 11525A Stonehollow City: Austin State: TX Zip Code: 78758  
Purpose of Expenditure: Business Cards  
Amount of Expenditure: \$ 32.92 Date of Expenditure: \$ 9-17-2024

Business or Organization Name: WANT FM OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 510 Trousdale Ferry Rd. City: Lebanon State: TN Zip Code: 37087  
Purpose of Expenditure: Radio Advertising  
Amount of Expenditure: \$ 600.00 Date of Expenditure: \$ 9.30.2024  
Total Expenditures: \$ ~~1350.92~~ 1350.92

(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 Name: Jeri Blakey Date: 9/1/2024 E.O. Date: 9/30/2024

2 Kind of trip: \_\_\_\_\_

3 Candidate Name: \_\_\_\_\_  
First Name: Bennett Middle Name: \_\_\_\_\_ Last Name: Elms  
Address: 115 S. Cumberland City: Lebanon State: TN Zip Code: 37087  
Purpose of expenditure: labor - signs & door hangers  
Amount of expenditure: \$ 200<sup>00</sup> Date of expenditure: 9/30/2024

4 Candidate Name: \_\_\_\_\_  
First Name: Jeff Middle Name: \_\_\_\_\_ Last Name: Hicks  
Address: 215 E Spring City: Lebanon State: TN Zip Code: 37087  
Purpose of expenditure: Labor door hangers/signs  
Amount of expenditure: \$ 100 Date of expenditure: 9/29/2024

5 Candidate Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of expenditure: \_\_\_\_\_  
Amount of expenditure: \$ \_\_\_\_\_ Date of expenditure: \_\_\_\_\_

6 Candidate Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of expenditure: \_\_\_\_\_  
Amount of expenditure: \$ \_\_\_\_\_ Date of expenditure: \_\_\_\_\_

7 Candidate Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of expenditure: \_\_\_\_\_  
Amount of expenditure: \$ 300 Date of expenditure: \_\_\_\_\_

(Only for use if the next section additional pages of this form are used. If this is the last page of expenditures, this information will appear in the summary on this page.)