

SS-1109 (Rev. 8/2023)

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT9 2024

Wilson County Election Commission

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

1. Date:	or Committee Name	CONNITTES	TO BLET	DONNIG CELL
2.b. If Committee, Name of Candidate:	DONNUS SEL	F	3. Election D	ate: 2024
4. Campaign Address: 441 Carr	SAMUE RD.			
City: LEBANOM S	State: TN	Zip Code: 3708	Phone: 6	15-636-4662
5. Candidate Home Address: 447	CENTERYIUG	RD.		
City: LEBANON S	State: TH	Zip Code: 37057	Phone: 🚣	15-636-4662
Candidate Email Address:	4 SCHOOLS 0	GMAIL COM		
6. Office Sought: (include district number			box Boxer	20HE 5
7. Name of Political Treasurer (may be car	ndidate): <del>Ro</del> &_	PAINTER		
Political Treasurer Email Address:	20 0 celland	gmail.com		
8. Category or Report: (check one)				
☐ First Quarter ☐ Second Quarter	☐ Third Quarter	Fourth Quarter	☐ Pre-Prima	ry Pre-General
☐ Mid-Year Supplemental ☐ Year-E	nd Supplemental	☐ Runoff Election		
9. Reporting Period: Start Date:	1/23	End Date:	5/24	
10. Detailed Disclosure: (Check one)				
This campaign is exempt from detail or less AND expenditures total \$1,0	led disclosures beca 00 or less for this re	ause contributions (in porting period. (Com	cluding in-kind) plete items 12.d	received total \$1,000 ., 12.e., and 12.f.)
This campaign is required to file a d total more than \$1,000 and/or expe	etailed financial dis nditures total more	closure because cont than \$1,000 for this r	ributions (includ eporting period	ling in-kind) received l.
11. I/we do solemnly swear or affirm that and that this report is an accurate accept the candidate committee by the campaign contributions have been enonpolitical purpose as defined by the	ounting of campaig Campaign Financial expended for the po	gn contributions and o Disclosure Act. Addi ersonal financial beno	expenditures rec tionally, I/we sw efit of the candi	quired to be reported rear or affirm that no
Candidate Signature Date	Hoy	Political Treasurer Sig	nature Dat	e
· · · · · · · · · · · · · · · · · · ·	9/2024	Witness Signature	Dat	127/24 e
12. Summary:				
a. Balance On Hand Last Report	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ <u>_</u>	O	
b. Total Receipts This Period		\$_	1,500,33	
c. Total Disbursements This Period		\$ <u></u>	1,221.4	
d. Balance On Hand (12.a. plus 12.b.	minus 12.c.)	\$	278.33	
e. Total Loans Outstanding	100200222000000000000000000000000000000	\$	1,500.00	
f. Total Obligations Outstanding	) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$	0	
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13. Na	ne of Candidate or Committee: COMMITTEE TO ELECT DOWNLE SECT	_
14. Rep	orting Period: Start Date: 7 1 23 End Date: 1 18 24	
15. Red	eipts:	
a.	Unitemized 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	bursements:	
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-l	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 STATEMENT OF CONTRIBUTIONS - CANDIDATE**

1. Candidate or Committee N	lame: COMMITTEE TO ELECT D	MING SELF RECEIVE	国
2. Reporting Period: Start D	Pate: 7   23 End Date: 1   5 2	LAN 9 0 202	ÞΛ
• =	ons from preceding page (enter \$0 if first page)		. <del></del>
		Wilson County Election Cor	nmissi
COMPLETE THE APPROPRIAT	E ITEMS FOR EACH ITEMIZED CONTRIBUTION.		
Business or Organization Nar	ne:		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: \$	
Business or Organization Nar	me:		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: \$	
Business or Organization Nar	ne:		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: \$	
Business or Organization Nar	me:		OR
First Name:	Middle Name:	Last Name:	
	City:		
Occupation:	Employer:		
Contribution Received For:	☐ Primary Election ☐ General Election	☐ Runoff (Local Elections Only)	
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$	
	page if additional pages of this form are used. If the summary on first page.)	this is the last page of contributions,	this

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDAT 1. Candidate or Committee Name: COMMITTES TO ELECT DONNIE SELF 2. Reporting Period: Start Date: 1123 End Date: 11524 Wilson County Flection Commission 3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ \_\_\_\_\_ COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars (\$100) from any contributor during the period must be reported. Business or Organization Name: \_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ City: State: \_\_\_\_ Zip Code: \_\_\_\_\_ Address: Employer: Occupation: In-Kind Contribution Value: \$\_\_\_\_\_ In-Kind Contribution Date: \_\_\_\_\_ Aggregate This Election: \$\_\_\_\_\_ Description of In-Kind Contribution: Business or Organization Name: \_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_ Last Name: \_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_ \_\_\_\_\_Employer: \_\_\_ Occupation: In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only) In-Kind Contribution Value: \$\_\_\_\_\_ In-Kind Contribution Date: \_\_\_\_\_ Aggregate This Election: \$\_\_\_\_\_ Description of In-Kind Contribution: Business or Organization Name: \_\_\_\_\_ \_\_\_\_\_\_City: \_\_\_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_ Address: Occupation: \_\_\_\_\_ Employer: \_\_\_\_ In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only) In-Kind Contribution Value: \$ In-Kind Contribution Date: \_\_\_\_\_ Aggregate This Election: \$ \_\_\_\_\_ Description of In-Kind Contribution: Business or Organization Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_ Last Name: \_\_\_\_\_ \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_ Address: Employer: Occupation: \_\_\_\_ In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only) In-Kind Contribution Value: \$\_\_\_\_\_ In-Kind Contribution Date: \_\_\_\_\_ Aggregate This Election: \$\_\_\_\_\_ Description of In-Kind Contribution: Total In-Kind Contributions: \$ \_\_\_\_\_ (Carry forward to the next page if additional pages of this form are used. If this is the last page of in-kind

contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE
1 Candidate or Committee Name: CommiTTES To SUECT DANNUE SELF
3. Reporting Pariods Start Dates 7 1 2 End Dates 1 15 24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$
COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. <b>All expenditures must be itemized.</b> 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.
Business or Organization Name: Door THE Door PRIVALE OR
First Name: Middle Name: Last Name:
Address: 28 w. SPRING ST City: COOKEYILUS State: TH Zip Code: 38501
Purpose of Expenditure: YARO SIGNS
Amount of Expenditure: \$ 540. 540. Date of Expenditure: \$ 9 12 23
Business or Organization Name: MAIN STREET CHECICS OR
First Name: Middle Name: Last Name:
Address: 1620 W. MAIN ST. City: LESANON State: TR Zip Code: 37087
Purpose of Expenditure: Acoust
Amount of Expenditure: \$ 28.73 Date of Expenditure: \$ 9 18 23
Business or Organization Name: OT THE DOOR PRINTING OR
First Name: Middle Name: Last Name:
Address: 28 w. spring St City: Cookeville State: TR Zip Code: 3850
Purpose of Expenditure: YALO SIGNS
Amount of Expenditure: \$ 432.00 Date of Expenditure: \$ 10 4 23
Business or Organization Name: SIBNS HOW (BBANCOM) OR
First Name: Middle Name: Last Name:
Address: 218 5, MALS ST City: COANOL State: TV Zip Code: 31087
Purpose of Expenditure: SIBM
Amount of Expenditure: \$ 46.22 Date of Expenditure: \$ 10 12 23
Business or Organization Name: LEGANOH HIGH SCHOOL BASKETBALL OR
First Name: Middle Name: Last Name:
Address: 500 BLUE DEVIL BULD. City: LOCAHOH State: TH Zip Code: 37057
Purpose of Expenditure: 6YM ELECTROPIC SIGN
Amount of Expenditure: \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Amount of Experience 7
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 STATEMENT OF EXPENDITURES - CANDIDATE JAN 2 9 2024

1. Candidate or Committee Name: Committee	TIE	TO BLECT	DONN	is socf	W	filson County Flaction (
a B B		Food Dates     15	211			
<ol> <li>Reporting Period: Start Date:</li></ol>	ling pa	age (enter \$0 if first pag	ge) \$	1,221.		
COMPLETE THE APPROPRIATE ITEMS FOR EAkind contribution to a candidate, please remember to candidate's name in the purpose of the expenditure se	CH EX	PENDITURE. All expend	litures mu	ıst be itemized.	If the expen	diture is an in- g with the
Business or Organization Name:						
First Name:M						
Address: 95 WHITE BRIDGE RO				State:   N	Zip Code:	37205
Purpose of Expenditure:	446					
Amount of Expenditure: \$ 25.00		Date of Expenditure:	\$ 12	18/23		
Business or Organization Name:						OR
First Name: M						
Address:						
Purpose of Expenditure:						
Amount of Expenditure: \$		Date of Expenditure:	\$			
Business or Organization Name:						OR
First Name: M						
Address:						
Purpose of Expenditure:						
Amount of Expenditure: \$		Date of Expenditure:	\$			
Business or Organization Name:						OR
First Name: M						
Address:						
Purpose of Expenditure:						
Amount of Expenditure: \$	-	Date of Expenditure:	\$			
Business or Organization Name:						OR
First Name: M						
Address:						
Purpose of Expenditure:						
Amount of Expenditure: \$						
Total Expenditures: \$	pages	s of this form are used.				

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# ITEMIZED STATEMENT OF LOANS - CANDIDATE

JAN 2 9 2024

1. Candidate or Committee Name: COMMITTEE TO ECECT DIMINUS SELF Wilson
2. Reporting Period: Start Date: 7 1 23 End Date: 1 15 24
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: OI
First Name: Last Name: Last Name:
Address: 447 CENTERVILLE RE City: LEBANOM State: TH Zip Code: 37057
Outstanding Loan Balance (Beginning)\$
Loans Received \$ 1,500.000
Loan Payments
Outstanding Loan (End)\$
Loan Received For: Primary Election General Election Runoff (Local Elections Only)
Date of Loan: 9 12 23
List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)
Business or Organization Name:Oi
First Name: DONNIS Middle Name: Last Name: Suff
Address: 447 Corrective RD City: LEGANDH State: TN Zip Code: 37087
Amount Guaranteed Outstanding: \$
Business or Organization Name:OI
First Name:       Middle Name:       Last Name:          Address:       City:       State:       Zip Code:
Amount Guaranteed Outstanding: \$
Business or Organization Name:O
First Name: Middle Name: Last Name:
Address:
Amount Guaranteed Outstanding: \$
Rusiness or Organization Name
Business or Organization Name: O  First Name: Middle Name: Last Name:
Address: State: Zip Code:
Amount Guaranteed Outstanding: \$
<b>Totals for all loans</b> (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\$

<b>ITEMIZED STATEMENT OF C</b>	BLIGATIO	NS - CA		
1. Candidate or Committee Name: Committee To Ex	BUT DONN	15 SELF	LKKI.	
2. Reporting Period: Start Date: End Date:	1 15 24			JAN <b>2 9</b> 2024
3. Complete the appropriate items for each obligation owed to a	person/vendor at th	ne end of the re	eporting period	Laurie Carlos Carno
Business Name:	Description of Obligation:		Tillsin	Marine Marida American
First Name: Middle Name:	Congettern			
Last Name:				
Address:	Outstanding Balance (Period	Debt Incurred	Payments This Period	Outstanding Balance
City:	Beginning)	This Period	\$	(Period End)
State: Zip Code:	7	14	17	17
Business Name:	Description of Obligation:			
First Name: Middle Name:	Obligation.			
Last Name:	ų.			
Address:	Outstanding Balance (Period	Debt Incurred	Payments This Period	Outstanding Balance
City:	Beginning)	This Period		(Period End)
State: Zip Code:	\$	\$	\$	\$
	Description of			
Business Name:	Obligation:			
First Name: Middle Name:				
Last Name:				
Address:	Outstanding Balance (Period	Debt Incurred	Payments This Period	Outstanding Balance
City:	Beginning)	This Period	111131 61104	(Period End)
State: Zip Code:	\$	\$	\$	\$
Business Name:	Description of Obligation:			
First Name: Middle Name:	Joseph			
Last Name:				_
Address:	Outstanding Balance (Period	Debt Incurred	Payments This Period	Outstanding Balance
City:	Beginning)	This Period	This renod	(Period End)
State: Zip Code:	\$	\$	\$	\$
TOTALS 🔿	Outstanding	Debt	Payments	Outstanding
(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the	Balance (Period Beginning)	Incurred	This Period	Balance (Period End)
Total from "Outstanding Balance - (Period End)" column	\$ 0	\$ 0	\$ 0	\$ 0

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must also be shown on the summary on first page.)