

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>1/24/23</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>Committee to Elect Sarah Hilton</u>	
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>Sarah Hilton</u>		3. ELECTION DATE <u>11/8/22</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>2317 Cages Bend Rd</u> <u>Gallatin TN</u> <u>37066</u> <u>5865304246</u>			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone			
5. OFFICE SOUGHT (include district number, if applicable) <u>Alderman Ward 5</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>Meaghan Mason</u>	
7. CATEGORY OR REPORT (Check one)			
<input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input checked="" type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD <u>10/30/22</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>1/24/23</u>	
9. (Check one)			
a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)			
b. <input checked="" type="checkbox"/> 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.			
10. 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>Sarah Hilton</u> signature of candidate		<u>Meaghan Mason</u> signature of political treasurer	
<u>1/24/23</u> date		<u>1/24/23</u> date	
11. WITNESS SIGNATURE			
<u>[Signature]</u> signature of witness		<u>[Signature]</u> signature of witness	
<u>1/24/23</u> date		<u>1/24/23</u> date	
12. SUMMARY			
FILED			
a. BALANCE ON HAND LAST REPORT		AM	PM
.....	 \$ <u>522.31</u>	
b. TOTAL RECEIPTS THIS PERIOD		JAN 24 2023	
.....	 \$ <u>300.00</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		SUMNER COUNTY ELECTION COMMISSION	
.....	 \$ <u>733.38</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	 \$ <u>88.93</u>	
e. TOTAL LOANS OUTSTANDING	 \$ <u>0</u>	
f. TOTAL OBLIGATIONS OUTSTANDING	 \$ <u>0</u>	



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) Committee to Elect Sarah Hilton	14. REPORT COVERING THE PERIOD FROM: 10/30/23 TO: 11/24/23
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RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ _____

b. Itemized Contributions (over \$100 from each source this period) \$ 300.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 300.00

16. LOANS RECEIVED THIS REPORTING PERIOD \$ ∅

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ ∅

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 300.00

DISBURSEMENTS

19. EXPENDITURES (other than loan payments)

a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)

<u>Service Charge-bank</u>	\$ <u>36.00</u>
<u>Emails</u>	\$ <u>38.24</u>
<u>Storage</u>	\$ <u>100.00</u>
<u>Sign collection</u>	\$ <u>100.00</u>
<u>Social media</u>	\$ <u>100.00</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total of Expenditures (\$100 or less each payee) \$ 374.24

b. Itemized Expenditures (Over \$100 each payee this period) \$ 359.14

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 733.38

20. LOAN REPAYMENTS MADE THIS PERIOD \$ ∅

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 733.38

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ ∅

b. Itemized in-kind contributions (over \$100 from each source this period) \$ _____

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ _____

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ ∅

b. Itemized Obligations Outstanding (Over \$100 each) \$ _____

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) \$ _____



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Committee to Elect SARAH Hilton			2. REPORT COVERING THE PERIOD FROM: 10/30/22 TO: 11/24/23	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$0
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)				
First Name		Middle Name	Contribution Received For:	
Last Name/Organization Name TN Realtors			<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 901 19th Ave S			<input type="checkbox"/> Runoff (Local Elections Only)	
City Nashville	State TN	Zip Code 37212	Date of Contribution 11/1/22	Amount of Contribution \$300
Occupation				Aggregate This Election \$300
Employer				
First Name		Middle Name	Contribution Received For:	
Last Name/Organization Name			<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address			<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution	Amount of Contribution
Occupation				Aggregate This Election
Employer				
First Name		Middle Name	Contribution Received For:	
Last Name/Organization Name			<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address			<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution	Amount of Contribution
Occupation				Aggregate This Election
Employer				
First Name		Middle Name	Contribution Received For:	
Last Name/Organization Name			<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address			<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution	Amount of Contribution
Occupation				Aggregate This Election
Employer				
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)				\$300.00

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Committee to Elect Sarah Hilton			2. REPORT COVERING THE PERIOD FROM: 10/30/22 TO: 11/24/23	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$0
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)				
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Scale to Win		Text Campaign		\$359.14
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
5. TOTAL ITEMIZED EXPENDITURES <small>(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)</small>				359.14