

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

1. DATE OF REPORT <u>10-29-22</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>CRAIG HAMIS</u>	
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE <u>11-8-22</u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>1156 IMESWOOD DR GALLATI NJ 37066 615-347-8677</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>CITY COUNCIL DISTRICT 4</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>Daryl Holt</u>	
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input checked="" type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL		
8.a. BEGINNING DATE OF REPORTING PERIOD <u>10-1-22</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>10-29-22</u>	
9. (Check one) a. <input checked="" 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 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>[Signature]</u> signature of candidate	<u>10-27-22</u> date	<u>[Signature]</u> signature of political treasurer
<u>[Signature]</u> signature of witness	<u>10/27/2022</u> date	<u>[Signature]</u> signature of witness
<u>[Signature]</u> signature of witness	<u>10/27/2022</u> date	<u>[Signature]</u> signature of witness
12. SUMMARY		
a. BALANCE ON HAND LAST REPORT .....	AM <b>FILED</b> PM	\$ <u>715.87</u>
b. TOTAL RECEIPTS THIS PERIOD .....	<b>OCT 28 2022</b>	\$ <u>1100.00</u>
c. TOTAL DISBURSEMENTS THIS PERIOD .....	<b>SUMNER COUNTY ELECTION COMMISSION</b>	\$ <u>679.75</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .....		\$ <u>1,136.12</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) <span style="font-size: 1.5em; font-family: cursive;">CRAIG HAYES</span>	14. REPORT COVERING THE PERIOD FROM: <u>10-1-22</u> TO: <u>10-29-22</u>
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### RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ 600.00

b. Itemized Contributions (over \$100 from each source this period) ..... \$ 500.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) ..... \$ 1100.00

16. LOANS RECEIVED THIS REPORTING PERIOD ..... \$ 0

17. INTEREST RECEIVED THIS REPORTING PERIOD ..... \$ 0

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) ..... \$ 1100.00

### 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>POSTAGE</u>	\$ <u>88.00</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total of Expenditures (\$100 or less each payee) ..... \$ 88.00

b. Itemized Expenditures (Over \$100 each payee this period) ..... \$ 591.75

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) ..... \$ 679.75

20. LOAN REPAYMENTS MADE THIS PERIOD ..... \$ 0

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) ..... \$ 679.75

### 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 i item 12.f.) ..... \$ \_\_\_\_\_





# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>CRAIG HAYES</i>			2. REPORT COVERING THE PERIOD		
			FROM: <i>10-1-22</i>	TO: <i>10-29-22</i>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <i>0</i>	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name <i>JAMES</i>		Middle Name		Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	Amount of Contribution  <i>250.00</i>
Last Name/Organization Name <i>HAMILTON</i>					
Address <i>1059 BOARDWALK PL</i>				Date of Contribution  <i>10-4-22</i>	Aggregate This Election
City <i>GALLATIN</i>	State <i>TX</i>	Zip Code <i>37066</i>			
Occupation <i>ENGINEER</i>					
Employer <i>DIVIC SITE DESIGN</i>					
First Name <i>ZOE</i>		Middle Name		Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	Amount of Contribution  <i>250.00</i>
Last Name/Organization Name <i>DOYLE</i>					
Address <i>821 LONGBOAT DR</i>				Date of Contribution  <i>10-19-22</i>	Aggregate This Election  <i>2</i>
City <i>GALLATIN</i>	State <i>TN</i>	Zip Code <i>37066</i>			
Occupation <i>ARCHITECT</i>					
Employer <i>BAKER/DONELSON</i>					
First Name		Middle Name		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	Amount of Contribution
Last Name/Organization Name					
Address				Date of Contribution	Aggregate This Election
City	State	Zip Code			
Occupation					
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.)					

# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD		
				FROM:	TO:	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)						
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City				Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
State		Zip Code				
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City				Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
State		Zip Code				
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City				Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
State		Zip Code				
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City				Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
State		Zip Code				
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City				Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
State		Zip Code				
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS						
(Carry forward to item 3. of 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 item 22b. of summary.)						



# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>CRAIG HAYS</i>		2. REPORT COVERING THE PERIOD		
		FROM: <i>10-1-22</i>	TO: <i>10-29-22</i>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>0</i>	
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 <i>US Post Offices</i>		<i>POSTAL</i>	<i>264.00</i>	
Address <i>380 MAPLE ST</i>				
City <i>GALLATI</i>	State <i>TN</i>			Zip Code <i>37066</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>DoDat Communications</i>		<i>POSTCARDS</i>	<i>131.10</i>	
Address <i>1026 LAUREN CIRCLE</i>				
City <i>HONDONVILLE</i>	State <i>TN</i>			Zip Code <i>37075</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name <i>DoDat Communications</i>		<i>POSTCARDS</i>	<i>196.65</i>	
Address <i>1026 LAUREN CIRCLE</i>				
City <i>HONDONVILLE</i>	State <i>TN</i>			Zip Code <i>37075</i>
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name				
Address				
City	State			Zip Code
First Name	Middle Name			Purpose of Expenditure
Last Name/Business Name				
Address				
City	State			Zip Code
First Name	Middle Name			Purpose of Expenditure
5. TOTAL ITEMIZED EXPENDITURES (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.)			<i>591.75</i>	