

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 07-06-22		2.a. NAME OF CANDIDATE OR COMMITTEE GREGORY N. ARZAS	
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE 08-04-22	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone (615) 234 BEACON ST. GALLATIN TN. 37066 519-7338			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone (615) 234 BEACON ST. GALLATIN TN. 37066 519-7338			
5. OFFICE SOUGHT (include district number, if applicable) SUMNER COUNTY MAYOR		6. NAME OF POLITICAL TREASURER (may be candidate) STEVEN ADAM CANNON	
7. CATEGORY OR REPORT (Check one)			
<input type="checkbox"/> FIRST QUARTER <input checked="" type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input 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 04-01-22		8.b. ENDING DATE OF REPORTING PERIOD 06-30-22	
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><i>Gregory N. Arzas</i></u> signature of candidate		<u>07-06-22</u> date	
<u><i>Steven Adam Cannon</i></u> signature of political treasurer		<u>07-06-2022</u> date	
11. WITNESS SIGNATURE			
<u><i>Michelle Arzas</i></u> signature of witness		<u>07-06-22</u> date	
_____ signature of witness		_____ date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ <u>3.72</u>	
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>1328.55</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>1,119.45</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>209.10</u>	
FILED			
e. TOTAL LOANS OUTSTANDING		\$ <u>0</u>	
JUL 07 2022			
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>0</u>	

SUMNER COUNTY
ELECTION COMMISSION



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE GREGORY N. ARIAS			2. REPORT COVERING THE PERIOD FROM 04-1-22 TO 06-30-22	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 1,328.55	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)				
First Name GREGORY	Middle Name NEAL	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		Amount of Contribution \$100.00
Last Name/Organization Name ARIAS		<input type="checkbox"/> Runoff (Local Elections Only)		
Address 234 BEACON ST.		Date of Contribution 05-09-22		Aggregate This Election 2,540.00
City GALATIN	State TX	Zip Code 75066		
Occupation SALES/SPORTS DIRECTOR				
Employer WHIN RADIO/OVERWATCH SECURITY				
First Name GREGORY	Middle Name NEAL	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		Amount of Contribution 170.00
Last Name/Organization Name ARIAS		<input type="checkbox"/> Runoff (Local Elections Only)		
Address		Date of Contribution 05-27-22		Aggregate This Election 2,810.00
City	State	Zip Code		
Occupation				
Employer				
First Name GREGORY	Middle Name NEAL	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		Amount of Contribution 208.55
Last Name/Organization Name ARIAS		<input type="checkbox"/> Runoff (Local Elections Only)		
Address		Date of Contribution 06-01-22		Aggregate This Election 3,018.55
City	State	Zip Code		
Occupation				
Employer				
First Name GREGORY	Middle Name NEAL	Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		Amount of Contribution 500.00
Last Name/Organization Name ARIAS		<input type="checkbox"/> Runoff (Local Elections Only)		
Address		Date of Contribution 06-08-22		Aggregate This Election 3,518.55
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 CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE GREGORY N. AREAS				2. REPORT COVERING THE PERIOD FROM: 04-01-22 TO: 06-30-22	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 1,328⁵⁵
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name GREGORY		Middle Name NEAL		Contribution Received For:	
Last Name/Organization Name AREAS		Address 234 BEACON ST.		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
City GALLATIN		State TN		Zip Code 37066	
Occupation SALES/SPORTS DIRECTOR		Employer WHEN RADIO/SECURITY		Date of Contribution 06-24-22	
				Amount of Contribution 200⁰⁰	
				Aggregate This Election 3,718⁵⁵	
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
City		State		Zip Code	
Occupation		Employer		Date of Contribution	
				Amount of Contribution	
				Aggregate This Election	
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
City		State		Zip Code	
Occupation		Employer		Date of Contribution	
				Amount of Contribution	
				Aggregate This Election	
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
City		State		Zip Code	
Occupation		Employer		Date of Contribution	
				Amount of Contribution	
				Aggregate This Election	
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.)					1,328⁵⁵

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE GREGORY N. AREAS				2. REPORT COVERING THE PERIOD FROM: 04-01-22 TO: 06-30-22		
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 1,328.55	
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		State		Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind 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		Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind 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		Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind 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		Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind 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		Date of In-Kind Contribution		Aggregate this Election
Occupation		Employer		Description of In-Kind Contribution		
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 GREGORY N. AREAS		2. REPORT COVERING THE PERIOD FROM: 09-01-22 TO: 06-30-22	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)		Amount 1,328 55	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)			
First Name TAKE HOLD PRINTING	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		CAMPAIGN T-SHIRTS	267 ¹²
Address			
City	State		
First Name MR SIGN MAN	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		LARGE CAMPAIGN SIGNS	498 ¹⁸
Address			
City	State		
First Name TRATOR SUPPLY	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		FENCE POSTS FOR CAMPAIGN SIGNS	124 ⁷⁴
Address			
City	State		
First Name WALMART	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		CAMPAIGN SUPPLIES	29 ⁴¹
Address			
City	State		
First Name WESTMORELAND	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name CHAMBER OF COMMERCE		FREEDOMFEST BOOTH	50 ⁰⁰
Address			
City	State		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State	Zip Code	
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.)			1,119 ⁴⁵

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE GREGORY N. AREAS				2. REPORT COVERING THE PERIOD FROM: 04-01-22 TO: 06-30-22					
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)									
Complete the Following for the Source of the Loan									
First Name		Middle Name		Outstanding Loan Balance (Beginning of Period)		Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	
Last Name/Organization Name				Address		Loan Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Date of Loan	
City		State	Zip Code						
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)									
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Address					
City		State	Zip Code		City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Address					
City		State	Zip Code		City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Address					
City		State	Zip Code		City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Address					
City		State	Zip Code		City		State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16, on summary page.) (Total loan payments should also be shown in item 20, on summary page.) (Total outstanding loan balance should also be shown in item 12.e, on front page.)				Outstanding Loan Balance (Beginning of Period)		Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	
				0		0	0	0	



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
GREGORY N. AREAS				04-01-22		TO: 06-30-22	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name		0	1,119⁴⁵	1,119⁴⁵	0
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
4. TOTALS							
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)				0	1,119⁴⁵	1,119⁴⁵	0