

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>July 10, 2022</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>ROXIE E. KELSEY</u>		
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE <u>May Aug. 4, 2022</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>900 LAURA ST.</u> <u>GALLATIN</u> <u>TN</u> <u>37066</u> <u>615.969.6771</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>School Board District 9</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>DIONKIA KELSEY</u>	
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 <u>April 23, 2022</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>JUNE 30, 2022</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>Roxie E. Kelsey</u> signature of candidate		<u>Dionkia Kelsey</u> signature of political treasurer	
<u>7/11/22</u> date		<u>7-10-2022</u> date	
11. WITNESS SIGNATURE			
<u>Bethony A. Kelsey</u> signature of witness		<u>Bethony A. Kelsey</u> signature of witness	
<u>7-11-22</u> date		<u>7-11-22</u> date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ <u>6155.00</u>	
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>2222.00</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>3348.29</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>5028.71</u>	
e. TOTAL LOANS OUTSTANDING		\$ <u>0</u>	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>0</u>	

FILED **PM**
JUL 11 2022
SUMNER COUNTY
ELECTION COMMISSION



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <u>ROXIE E. KELSEY</u>	14. REPORT COVERING THE PERIOD FROM: <u>4-23-2022</u> TO: <u>6-30-2022</u>
RECEIPTS	
15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>352.00</u> 302.00
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>1870.00</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>2222.00</u>
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>0</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>0</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>2222.00</u>
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>ACT BLUE Donate Process Fee</u>	\$ <u>36.26</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ <u>36.26</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>3312.03</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>3348.29</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u>0</u>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>3348.29</u>
22. IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>0</u>
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ <u>0</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	\$ <u>0</u>
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>0</u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u>0</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.)	\$ <u>0</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE ROXIE E. KELSEY				2. REPORT COVERING THE PERIOD FROM: 4-23-2022 TO: 6-30-2022		
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 JEAN		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name GREGORY				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address 113 TRAIL DRIVE				<input type="checkbox"/> Runoff (Local Elections Only)		1000.00
City GALLATIN		State TN	Zip Code 37066	Date of Contribution 6-21-2022		Aggregate This Election 1000.00
Occupation DOCTOR						
Employer SELF-EMPLOYED						
First Name SYLVIA		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name SPANN				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address 919 COARSEY DR.				<input type="checkbox"/> Runoff (Local Elections Only)		200.00
City NASHVILLE		State TN	Zip Code 37217	Date of Contribution 5-31-2022		Aggregate This Election 700.00
Occupation RETIRED						
Employer NISSAN AUTO						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name ACT BLUE Merchant Dep.				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address ONLINE WEBSITE				<input type="checkbox"/> Runoff (Local Elections Only)		670.00
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation				5/14 150.00		670.00
Employer				5/12 160.00		
				5/19 250.00		
				6/2 110.00		
First Name		Middle Name		Contribution Received For:		Amount of 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	Zip Code	Date of Contribution		Aggregate This Election
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.)					1870.00 700.00	



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE ROXIE E KELSEY				2. REPORT COVERING THE PERIOD FROM: 4-23-2022 TO 6-30-2022		
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 0	
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		N/A		Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		N/A
Occupation		Employer				
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		N/A		Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		N/A
Occupation		Employer				
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		N/A		Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		N/A
Occupation		Employer				
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		N/A		Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		N/A
Occupation		Employer				
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		N/A		Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		N/A
Occupation		Employer				
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.)					Amount 0	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE ROXIE E. KELSEY			2. REPORT COVERING THE PERIOD FROM: 4-23-2022 TO: 6-30-2022		
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
				Signs Coroplast w/lt stands 250 qty	\$1488.53
Last Name/Business Name MR. SIGN MAN					
Address 129 Commerce DR					
City Hendersonville	State TN	Zip Code 37075			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
				Push Cards 1000 qty	\$252.91
Last Name/Business Name ASAP Printing					
Address 116 IMPERIAL BLVD					
City Hendersonville	State TN	Zip Code 37075			
First Name KAYCE		Middle Name		Purpose of Expenditure	Amount of Expenditure
				Campaign T-shirts 12 qty	\$204.00 \$222.87
Last Name/Business Name Johnson Smith					
Address					
City	State	Zip Code			
First Name DNI		Middle Name		Purpose of Expenditure	Amount of Expenditure
				Post Cards Cut 12998 qty - 1886	\$1171.28
Last Name/Business Name DNI CORP					
Address 711 Spence LN					
City NASHVILLE	State TN	Zip Code 37217			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
				Push Cards qty 500	\$176.44
Last Name/Business Name ASAP Printing					
Address 116 IMPERIAL BLVD					
City Hendersonville	State TN	Zip Code 37075			
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.)				3312.03	



ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <div style="font-size: 1.2em; font-family: cursive;">ROXIE E. KELSEY</div>				2. REPORT COVERING THE PERIOD					
				FROM: 4-23-2022		TO: 6-30-2022			
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 <div style="font-size: 1.5em; font-family: cursive; text-align: center;">NA</div>									
Address <div style="font-size: 1.5em; font-family: cursive; text-align: center;">NA</div>				Loan Received For:				Date of Loan	
City		State	Zip Code		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election				
				<input type="checkbox"/> Runoff (Local Elections Only)					
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 <div style="font-size: 1.5em; font-family: cursive; text-align: center;">NA</div>				Last Name/Organization Name <div style="font-size: 1.5em; font-family: cursive; text-align: center;">NA</div>					
Address <div style="font-size: 1.5em; font-family: cursive; text-align: center;">NA</div>				Address <div style="font-size: 1.5em; font-family: cursive; text-align: center;">NA</div>					
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 <div style="font-size: 1.5em; font-family: cursive; text-align: center;">NA</div>				Last Name/Organization Name <div style="font-size: 1.5em; font-family: cursive; text-align: center;">NA</div>					
Address <div style="font-size: 1.5em; font-family: cursive; text-align: center;">NA</div>				Address <div style="font-size: 1.5em; font-family: cursive; text-align: center;">NA</div>					
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 <div style="font-size: 1.5em; font-family: cursive; text-align: center;">NA</div>				Last Name/Organization Name <div style="font-size: 1.5em; font-family: cursive; text-align: center;">NA</div>					
Address <div style="font-size: 1.5em; font-family: cursive; text-align: center;">NA</div>				Address <div style="font-size: 1.5em; font-family: cursive; text-align: center;">NA</div>					
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 <div style="font-size: 1.5em; font-family: cursive; text-align: center;">NA</div>				Last Name/Organization Name <div style="font-size: 1.5em; font-family: cursive; text-align: center;">NA</div>					
Address <div style="font-size: 1.5em; font-family: cursive; text-align: center;">NA</div>				Address <div style="font-size: 1.5em; font-family: cursive; text-align: center;">NA</div>					
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)				Outstanding Loan Balance (Beginning of Period)		Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	
(Total loans received should also be shown in item 16, on summary page.)				<div style="font-size: 1.5em; font-family: cursive; text-align: center;">0</div>		<div style="font-size: 1.5em; font-family: cursive; text-align: center;">0</div>	<div style="font-size: 1.5em; font-family: cursive; text-align: center;">0</div>	<div style="font-size: 1.5em; font-family: cursive; text-align: center;">0</div>	
(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.)									



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE ROXIE E. KELSEY				2. REPORT COVERING THE PERIOD FROM: 4-23-2022 TO: 6-30-2022			
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		—	—	—	—
Last Name/Business Name							
Address NA							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name		—	—	—	—
Last Name/Business Name							
Address NA							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name		—	—	—	—
Last Name/Business Name							
Address NA							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name		—	—	—	—
Last Name/Business Name							
Address NA							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name		—	—	—	—
Last Name/Business Name							
Address NA							
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	0	0	0