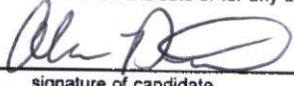
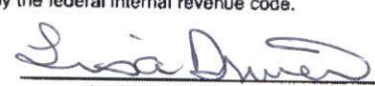
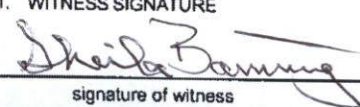
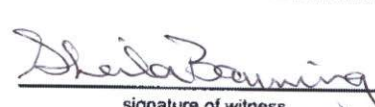


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 10/11/2022	2.a. NAME OF CANDIDATE OR COMMITTEE Alan Driver				
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DATE May 3, 2022	
4.a. CAMPAIGN ADDRESS AND PHONE					
Street or Rural Route 135 MT Vernon RD	City Bethpage	State TN	Zip Code 37022	Phone 615-428-4160	
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) County Commission District 5			6. NAME OF POLITICAL TREASURER (may be candidate) Lisa Driver		
7. CATEGORY OR REPORT (Check one)					
<input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input checked="" 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 July 1, 2022			8.b. ENDING DATE OF REPORTING PERIOD September 30, 2022		
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.					
 signature of candidate		10/11/22 date		 signature of political treasurer	
				10-11-22 date	
11. WITNESS SIGNATURE					
 signature of witness		10/11/22 date		 signature of witness	
				10/11/22 date	
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT \$ 1818.85					
b. TOTAL RECEIPTS THIS PERIOD \$ -0-					
c. TOTAL DISBURSEMENTS THIS PERIOD \$ 1818.85					
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) \$ -0-					
e. TOTAL LOANS OUTSTANDING \$ -0-					
f. TOTAL OBLIGATIONS OUTSTANDING \$ -0-					



FILED
 OCT 11 2022
 SUMNER COUNTY
 ELECTION COMMISSION

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD	
				FROM:	TO:
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
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					
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					
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					
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.)					

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:	
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 In-Kind Contribution	
Occupation		Employer		Aggregate this Election	
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	Zip Code	Date of In-Kind Contribution	
Occupation		Employer		Aggregate this Election	
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	Zip Code	Date of In-Kind Contribution	
Occupation		Employer		Aggregate this Election	
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	Zip Code	Date of In-Kind Contribution	
Occupation		Employer		Aggregate this Election	
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	Zip Code	Date of In-Kind Contribution	
Occupation		Employer		Aggregate this Election	
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			2. REPORT COVERING THE PERIOD	
			FROM: 7/1/22	TO: 9/30/22
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 Terry	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Moss		Campaign Contribution		318.85
Address 1406 S. Walnut St.				
City Westmoreland	State TN			
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			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
5. TOTAL ITEMIZED EXPENDITURES				318.85
(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.)				

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Alan Driver				2. REPORT COVERING THE PERIOD			
				FROM: 7/1/2022		TO: 9/30/2022	
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 Alan & Lisa		Middle Name		Outstanding Loan Balance (Beginning of Period) 1500.00	Loans Received	Loan Payments 1500.00	Outstanding Loan Balance (End of Period) -0-
Last Name/Organization Name Driver				Loan Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Date of Loan 3/4/2022	
Address 135 MT Vernon RD				City Bethpage		State TN	Zip Code 37022
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				Last Name/Organization Name			
Address				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				Last Name/Organization Name			
Address				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				Last Name/Organization Name			
Address				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				Last Name/Organization Name			
Address				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				Last Name/Organization Name			
Address				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) 1500.00	Loans Received	Loan Payments 1500.00	Outstanding Loan Balance (End of Period) -0-



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
				FROM:		TO:	
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							
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.)							