

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>7/11/22</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>David Klein</u>		
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE <u>8/4/2022</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>398 Branham Mill Road, Gallatin, TN</u> <u>37066</u> <u>615-504-4057</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>County Commission District 6</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>David Klein</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>4/24/2022</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>6/30/2022</u>	
9. (Check one) a. ☒ 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>[Signature]</u> signature of candidate		<u>7/11/22</u> date	
<u>[Signature]</u> signature of political treasurer		<u>7/11/22</u> date	
11. WITNESS SIGNATURE <u>Alex Keuler</u> signature of witness		<u>7/11/22</u> date	
<u>Jody Mandy</u> signature of witness		<u>7-11-22</u> date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT	 FILED \$ <u>1350.91</u>	
b. TOTAL RECEIPTS THIS PERIOD	 AM PM \$ <u>1,250.00</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD	 JUL 11 2022 \$ <u>1306.67</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	 SUMNER COUNTY ELECTION COMMISSION \$ <u>1,294.24</u>	
e. TOTAL LOANS OUTSTANDING	 \$ <u>4,000.00</u>	
f. TOTAL OBLIGATIONS OUTSTANDING	 \$ <u>0</u>	



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>David Klein</i>		2. REPORT COVERING THE PERIOD FROM <i>4/24/22</i> TO: <i>6/30/22</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	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name <i>Bill Whalen for General Sessions Judge</i>		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	<i>50.00</i>
Address <i>102 Lake Forrest Point</i>		<input type="checkbox"/> Runoff (Local Elections Only)	
City <i>Hendersonville</i>	State <i>TN</i>	Zip Code <i>37075</i>	Aggregate This Election
Occupation	Date of Contribution <i>6/1/22</i>		<i>50.00</i>
Employer			
First Name <i>Jeffrey + Linda</i>	Middle Name <i>Henry</i>	Contribution Received For:	Amount of Contribution
Last Name/Organization Name <i>Hury</i>		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	<i>100.00</i>
Address <i>201 Bahia Mar Point</i>		<input type="checkbox"/> Runoff (Local Elections Only)	
City <i>Hendersonville</i>	State <i>TN</i>	Zip Code <i>37075</i>	Aggregate This Election
Occupation	Date of Contribution <i>6/3/22</i>		<i>100.00</i>
Employer			
First Name	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name <i>Johnny Garrett for State Representative</i>		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	<i>\$ 500.00</i>
Address <i>P.O. Box 941</i>		<input type="checkbox"/> Runoff (Local Elections Only)	
City <i>Goodlettsville</i>	State <i>TN</i>	Zip Code <i>37070</i>	Aggregate This Election
Occupation	Date of Contribution <i>6/8/22</i>		<i>\$ 500.00</i>
Employer			
First Name	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name <i>The Committee to Elect William Lamborn</i>		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	<i>\$ 500.00</i>
Address <i>P.O. Box 812</i>		<input type="checkbox"/> Runoff (Local Elections Only)	
City <i>Portland</i>	State <i>TN</i>	Zip Code <i>37148</i>	Aggregate This Election
Occupation	Date of Contribution <i>6/12/22</i>		<i>500.00</i>
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 <i>David Klein</i>		2. REPORT COVERING THE PERIOD FROM <i>6/24/22</i> TO: <i>6/30/22</i>	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>1,150.00</i>
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 <i>Russell A Sara</i>		Middle Name	
Last Name/Organization Name <i>Edwards</i>		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address <i>133 Windham Cir</i>		Value of In-Kind Contribution <i>\$100.00</i>	
City <i>Hendersonville</i>		Date of In-Kind Contribution	
State <i>NC</i>		Aggregate this Election <i>\$100.00</i>	
Zip Code <i>27075</i>		Description of In-Kind Contribution	
Occupation		Employer	
First Name		Middle Name	
Last Name/Organization Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address		Value of In-Kind Contribution	
City		Date of In-Kind Contribution	
State		Aggregate this Election	
Zip Code		Description of In-Kind Contribution	
Occupation		Employer	
First Name		Middle Name	
Last Name/Organization Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address		Value of In-Kind Contribution	
City		Date of In-Kind Contribution	
State		Aggregate this Election	
Zip Code		Description of In-Kind Contribution	
Occupation		Employer	
First Name		Middle Name	
Last Name/Organization Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address		Value of In-Kind Contribution	
City		Date of In-Kind Contribution	
State		Aggregate this Election	
Zip Code		Description of In-Kind Contribution	
Occupation		Employer	
First Name		Middle Name	
Last Name/Organization Name		In-Kind Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address		Value of In-Kind Contribution	
City		Date of In-Kind Contribution	
State		Aggregate this Election	
Zip Code		Description of In-Kind Contribution	
Occupation		Employer	



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>David Klein</i>			2. REPORT COVERING THE PERIOD FROM: <i>4/20/22</i> TO: <i>6/30/22</i>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount
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>Downtown Gallatin</i>		<i>Booth for Gallatin Square fest</i>		<i>\$140.00</i>
Address <i>146 N Water Street</i>				
City <i>Gallatin</i>	State <i>TN</i>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>MR. Signman</i>		<i>Props (Maps) for Squarefest</i>		<i>\$107.07</i>
Address <i>129 Commerce Drive</i>				
City <i>Hendersonville</i>	State <i>TN</i>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>Quality Printing Company</i>		<i>Business Cards</i>		<i>\$102.70</i>
Address <i>141 East Eastland Street</i>				
City <i>Gallatin</i>	State <i>TN</i>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>Quality Printing Company</i>		<i>Push Cards</i>		<i>\$293.01</i>
Address <i>141 East Eastland Street</i>				
City <i>Gallatin</i>	State <i>TN</i>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>Mr. Sign Man</i>		<i>32" x 48" Campaign Signs</i>		<i>\$516.21</i>
Address <i>129 Commerce Drive</i>				
City <i>Hendersonville</i>	State <i>TN</i>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>Tractor Supply Company</i>		<i>T-Posters</i>		<i>\$147.42</i>
Address <i>670 A Nashville Pike</i>				
City <i>Gallatin</i>	State <i>TN</i>			
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>1306.41</i>

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE David Klein	2. REPORT COVERING THE PERIOD FROM: 4/24/22 TO: 6/30/22
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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		Loan Received For:			Date of Loan
Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
City	State	Zip Code	<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		Last Name/Organization Name	
Address		Address	
City	State	City	State
Zip Code		Zip Code	
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	

4. Totals for all Loans (complete on last page of itemized loans) <small>(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.)</small>	Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
<i>David Klein</i>				FROM: <i>4/24/22</i> TO: <i>6/30/22</i>			
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.)							