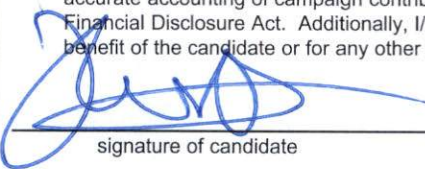





CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>9/28/22</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>Bob Garza</u>	
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>Comite to Elect Bob Garza Ward 3</u>		3. ELECTION DATE <u>Nov. 8, 2022</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>212 Saveny Dr. Hendersonville TN 37075 615-714-7920</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>ALDERMAN WARD 3</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>Kathleen Garza</u>	
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 <u>Sept. 30, '22 July 1, '22</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>SEPT 30, '22</u>	
9. (Check one)			
<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.)			
<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		 signature of political treasurer	
<u>9/28/22</u> date		<u>9/28/22</u> date	
11. WITNESS SIGNATURE			
 signature of witness		 signature of witness	
<u>9-28-22</u> date		<u>9-29-22</u> date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ <u>0</u>	
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>125.00</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>0</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>\$125.00</u>	
e. TOTAL LOANS OUTSTANDING		\$ <u>0</u>	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>0</u>	



FILED
AM SEP 29 2022 PM

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Bob Garza			2. REPORT COVERING THE PERIOD	
			FROM 11/1/22	TO: 9/30/22
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 Eddie Hodges	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name Hodges		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		\$20.00
Address 105 Lynhurst Cr.		<input type="checkbox"/> Runoff (Local Elections Only)		
City Hendersonville	State TN	Zip Code 37075	Date of Contribution 9/2/22	Aggregate This Election
Occupation retired				
Employer				
First Name Heather	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name Waldron		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		\$5.00
Address 125 Lynhurst Cr.		<input type="checkbox"/> Runoff (Local Elections Only)		
City Hendersonville	State TN	Zip Code 37075	Date of Contribution 8/25/22	Aggregate This Election
Occupation homemaker				
Employer				
First Name Leisa Freeman	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name FREEMAN		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		\$100.00
Address 113 Chaparral Dr.		<input type="checkbox"/> Runoff (Local Elections Only)		
City Hendersonville	State TN	Zip Code 37075	Date of Contribution 8/19/22	Aggregate This Election
Occupation consultant				
Employer TRC Companies				
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.)				\$125.00



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Bob Garza</i>				2. REPORT COVERING THE PERIOD FROM: <i>1/1/22</i> TO: <i>9/30/22</i>			
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <i>125.00</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		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		Zip Code	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
Description of In-Kind Contribution							
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		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:		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		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:		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		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:		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		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.)					<i>0</i>		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Bob Garza</i>			2. REPORT COVERING THE PERIOD FROM <i>7/1/22</i> TO: <i>9/30/22</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 <i>Summer Co. Election</i>	Middle Name <i>Commission</i>	Purpose of Expenditure <i>Working list</i>		Amount of Expenditure <i>15.00</i>
Last Name/Business Name				
Address				
City	State	Zip Code		
First Name	Middle Name	Purpose of Expenditure <i>Remit envelopes</i>		Amount of Expenditure <i>53.53</i>
Last Name/Business Name <i>ASAP Printing</i>				
Address <i>116 Imperial Blvd</i>				
City <i>Hendersonville</i>	State <i>TN</i>	Zip Code <i>37075</i>		
First Name	Middle Name	Purpose of Expenditure <i>Pushcards</i>		Amount of Expenditure <i>276.40</i>
Last Name/Business Name <i>ASAP Printing</i>				
Address <i>116 Imperial Blvd</i>				
City <i>Hendersonville</i>	State <i>TN</i>	Zip Code <i>37075</i>		
First Name	Middle Name	Purpose of Expenditure <i>48x32" signs</i>		Amount of Expenditure <i>622.73</i>
Last Name/Business Name <i>Mr. Sign Man</i>				
Address <i>129 Commerce Dr.</i>				
City <i>Hendersonville</i>	State <i>TN</i>	Zip Code <i>37075</i>		
First Name	Middle Name	Purpose of Expenditure <i>24x18 signs</i>		Amount of Expenditure <i>1,312.50</i>
Last Name/Business Name <i>Mr. Sign Man</i>				
Address <i>129 Commerce Dr.</i>				
City <i>Hendersonville</i>	State <i>TN</i>	Zip Code <i>37075</i>		
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.)				<i>2,280.16</i>

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Bob Garza</i>				2. REPORT COVERING THE PERIOD FROM: <i>7/1/22</i> TO: <i>9/30/22</i>					
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 <i>NA</i>									
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:		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				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)				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.)									
(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			2. REPORT COVERING THE PERIOD			
<i>Bob Garza</i>			FROM: <i>7/1/22</i>		TO: <i>9/30/22</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				<i>N/A</i>	
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.)						<i>0</i>