

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>25 APR 2022</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>Tina Tobin</u>	
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE <u>3 MAY 2022</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>462 Gibbs Ln</u> <u>Gallatin</u> <u>TN</u> <u>37066</u> <u>615-745-9303</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 Commissioner District 7</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>Michael Tobin</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 checked="" 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>1 APR 2022</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>23 APR 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>Tina Tobin</u> signature of candidate		<u>4-25-22</u> date	
<u>Michael Tobin</u> signature of political treasurer		<u>25 APR 2022</u> date	
11. WITNESS SIGNATURE			
<u>[Signature]</u> signature of witness		<u>4-25-22</u> date	
<u>Michael Tobin</u> signature of witness		<u>4-25-22</u> date	
12. SUMMARY			
FILED			
APR 26 2022			
SUMNER COUNTY ELECTION COMMISSION			
a. BALANCE ON HAND LAST REPORT		\$	<u>1750.53</u>
b. TOTAL RECEIPTS THIS PERIOD		\$	<u>199</u>
c. TOTAL DISBURSEMENTS THIS PERIOD		\$	<u>1499.57</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$	<u>449.96</u>
e. TOTAL LOANS OUTSTANDING		\$	<u>3600</u>
f. TOTAL OBLIGATIONS OUTSTANDING		\$	<u>0</u>



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Tina Tobin			2. REPORT COVERING THE PERIOD FROM: 9/1/22 TO: 4/23/22		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 1491.01	
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 Allegria Marketing			Postcard mailing		796.49
Address PO Box 121146 Nashville					
City Nashville	State TN	Zip Code 37212			
First Name		Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Allegria Marketing			Postcard mailing		694.52
Address PO Box 121146					
City Nashville	State TN	Zip Code 37212			
First Name		Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
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.)				1491.01	

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Tina Tobin				2. REPORT COVERING THE PERIOD					
				FROM: 9/1/22		TO: 4/23/22			
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 Tina		Middle Name		Outstanding Loan Balance (Beginning of Period) 3600	Loans Received 0	Loan Payments 0	Outstanding Loan Balance (End of Period) 3600		
Last Name/Organization Name Tobin									
Address 462 Gibbs Ln			Loan Received For:			Date of Loan			
City Gallatin			<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)			1/27/22			
State TN			Zip Code 37066						
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					
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) 3600	Loans Received 0	Loan Payments 0	Outstanding Loan Balance (End of Period) 3600		

