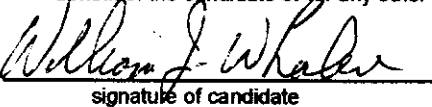
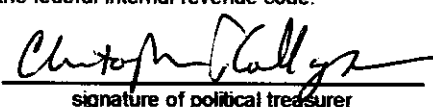
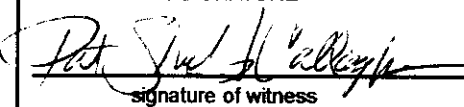
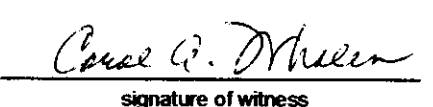


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT January 21, 2022	2.a. NAME OF CANDIDATE OR COMMITTEE Committee to Elect Bill Whalen
2.b. IF COMMITTEE, NAME OF CANDIDATE Bill Whalen	3. ELECTION DATE May 3, 2022
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 102 Lake Forest Point Hendersonville TN 37075 615.972.5536	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone 214 Cherokee Road Hendersonville TN 37075 310.968.5683	
5. OFFICE SOUGHT (include district number, if applicable) General Sessions Judge, Division I	6. NAME OF POLITICAL TREASURER (may be candidate) Christopher T. Callaghan
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input checked="" type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input checked="" type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD October 1, 2021	8.b. ENDING DATE OF REPORTING PERIOD January 15, 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. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;">  signature of candidate </div> <div style="text-align: center;"> <u>1/20/2022</u> date </div> <div style="text-align: center;">  signature of political treasurer </div> <div style="text-align: center;"> <u>1/20/22</u> date </div> </div>	
11. WITNESS SIGNATURE <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;">  signature of witness </div> <div style="text-align: center;"> <u>1/20/22</u> date </div> <div style="text-align: center;">  signature of witness </div> <div style="text-align: center;"> <u>1/20/22</u> date </div> </div>	
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT	0
b. TOTAL RECEIPTS THIS PERIOD	\$ 5,210.00
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ 395.35
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ 4,814.65
e. TOTAL LOANS OUTSTANDING	0
f. TOTAL OBLIGATIONS OUTSTANDING	\$ 9.30

FILED
JAN 20 2022

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Committee to Elect Bill Whalen</i>				2. REPORT COVERING THE PERIOD	
				FROM:	TO: <i>1/15/22</i>
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 0.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name William		Middle Name		Contribution Received For:	
Last Name/Organization Name Whalen				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address 214 Cherokee Road				<input type="checkbox"/> Runoff (Local Elections Only)	
City Hendersonville	State TN	Zip Code 37075	Date of Contribution 12/28/21		Amount of Contribution 800.00
Occupation Chief Financial Officer				Aggregate This Election	
Employer Diocese of Nashville				800.00	
First Name Carol		Middle Name		Contribution Received For:	
Last Name/Organization Name Whalen				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address 214 Cherokee Road				<input type="checkbox"/> Runoff (Local Elections Only)	
City Hendersonville	State TN	Zip Code 37075	Date of Contribution 1/5/22		Amount of Contribution 1,600.00
Occupation				Aggregate This Election	
Employer				1,600.00	
First Name William		Middle Name		Contribution Received For:	
Last Name/Organization Name Whalen				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address 214 Cherokee Road				<input type="checkbox"/> Runoff (Local Elections Only)	
City Hendersonville	State TN	Zip Code 37075	Date of Contribution 1/7/22		Amount of Contribution 100.00
Occupation				Aggregate This Election	
Employer				900.00	
First Name Chris		Middle Name		Contribution Received For:	
Last Name/Organization Name Callaghan				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address 102 Lake Forest Point				<input type="checkbox"/> Runoff (Local Elections Only)	
City Hendersonville	State TN	Zip Code 37075	Date of Contribution 1/7/22		Amount of Contribution 1,000.00
Occupation Consultant				Aggregate This Election	
Employer Self Employed				1,000.00	
5. TOTAL ITEMIZED CONTRIBUTIONS <small>(Carry forward to item 3 of next page if additional pages of this form are used.) <small>(If this is the last page of contributions, this amount must be shown in item 15b. of summary.)</small></small>					3,500.00

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Committee to Elect Bill Whalen			2. REPORT COVERING THE PERIOD	
			FROM: 10/1/21	TO: 1/15/22
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 3,500.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)				
First Name Brian	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name Cooper		<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		1,600.00
Address 110 Lynnwood Terrace		<input type="checkbox"/> Runoff (Local Elections Only)		
City Nashville	State TN	Zip Code 37205	Date of Contribution 1/14/22	Aggregate This Election 1,600.00
Occupation Chancellor and COO				
Employer Diocese of Nashville				
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.)				5,100.00

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Committee to Elect Bill Whalen				2. REPORT COVERING THE PERIOD FROM: 10/1/21 TO: 1/15/22		
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 0.00	
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 Sean		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution 500.00
Last Name/Organization Name Whalen				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address 2170 Maple Ave				Date of In-Kind Contribution December, 2021		Aggregate this Election 500.00
City Cortlandt Manor		State NY	Zip Code 10567	Description of In-Kind Contribution Web site design		
Occupation Architect		Employer Self Employed				
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 <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
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 <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
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 <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
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 <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation		Employer				
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS					500.00	
(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 Committee to Elect Bill Whalen			2. REPORT COVERING THE PERIOD		
			FROM: 10/1/21	TO: 1/15/22	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 0.00	
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 4ALLPROMOS		Emery board		267.66	
Address 50 West Ave					
City Essex	State CT				Zip Code 06426
City					State
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
City					State
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
City					State
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
City					State
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
City					State
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name					
Address					
City	State				Zip Code
City					State
5. TOTAL ITEMIZED EXPENDITURES				267.66	
(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 Committee to Elect Bill Whalen	2. REPORT COVERING THE PERIOD	
	FROM: 10/1/21	TO: 1/15/22

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	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		Last Name/Organization Name	
Address		Address	
City	State	City	State
Zip Code		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	City	State
Zip Code		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	City	State
Zip Code		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	City	State
Zip Code		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)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)
	0.00	0.00	0.00	0.00



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Committee to Elect Bill Whalen			2. REPORT COVERING THE PERIOD			
			FROM: 10/1/21		TO: 1/15/22	
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.)			0.00	0.00	0.00	0.00