



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 10/2/24 2.a. Candidate or Committee Name: ALISA HULING
 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 11/5/24
 4. Campaign Address: 1335 LANGBRAE DR
 City: Goodlettsville State: TN Zip Code: 37072 Phone: 615-308-0674
 5. Candidate Home Address: - same -
 City: _____ State: _____ Zip Code: _____ Phone: _____
 Candidate Email Address: alisahuling@gmail.com
 6. Office Sought: (include district number, if applicable) Commissioner
 7. Name of Political Treasurer (may be candidate): JEFF Huling
 Political Treasurer Email Address: oleshiner@gmail.com

AM FILED PM
 OCT 03 2024
 SUMNER COUNTY
 ELECTION COMMISSION

8. Category or Report: (check one)
 First Quarter Second Quarter Third Quarter Fourth Quarter Pre-Primary Pre-General
 Mid-Year Supplemental Year-End Supplemental Runoff Election

9. Reporting Period: Start Date: 7/1/24 End Date: 9/30/24

10. Detailed Disclosure: (Check one)
 This campaign is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)
 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.

11. 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>Alisa L. Huling</u> Candidate Signature	<u>10/2/24</u> Date	<u>Jeffery L. Huling</u> Political Treasurer Signature	<u>10/2/24</u> Date
<u>[Signature]</u> Witness Signature	<u>10/2/24</u> Date	<u>[Signature]</u> Witness Signature	<u>10/2/24</u> Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>0.00</u>
b. Total Receipts This Period	\$ <u>650.00</u>
c. Total Disbursements This Period	\$ <u>300.98</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>349.02</u>
e. Total Loans Outstanding	\$ <u>0.00</u>
f. Total Obligations Outstanding	\$ <u>2161.61</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: ALISA HURLING

14. Reporting Period: Start Date: 7/1/24 End Date: 9/30/24

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 50⁰⁰
(Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See *Instructions* for more information.)
- b. Itemized Contributions (over \$100 from each source this period) \$ 600⁰⁰
- c. Loans Received This Reporting Period..... \$ -
- d. Interest Received This Reporting Period \$ -
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 650⁰⁰

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 300.98
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ 0.00
- c. Total Obligation Payments Made This Period..... \$ ~~300.98~~ 0.00
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ 300.98

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ 0.00
- b. Itemized In-Kind Contributions Received This Period \$ 0.00
- c. Total In-Kind Contributions Received This Period \$ 0.00

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ 2161.61

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: ALISA HULING
2. Reporting Period: Start Date: 7/1/24 End Date: 9/30/24
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Judy Middle Name: _____ Last Name: Daniel
Address: 5131 Slaters Creek Access City: Goodlettsville State: TN Zip Code: 37072
Occupation: Retired Employer: —
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 7/27/24 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ OR
First Name: Keith Middle Name: E. Last Name: Bell
Address: 429 Pole Hill Road City: Goodlettsville State: TN Zip Code: 37072
Occupation: Retired Employer: —
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 7/27/24 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ OR
First Name: Deborah Middle Name: L. Last Name: Chadwick
Address: 2253 Gideon Road City: Greenbrier State: TN Zip Code: 37073
Occupation: Retired Employer: —
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 9/17/24 Aggregate This Election: \$ 100.00

Business or Organization Name: CRAVE, LLC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 324 Gallatin Pike South City: Madison State: TN Zip Code: 37115
Occupation: Catering Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: 9/18/24 Aggregate This Election: \$ 200.00

Total Contributions: \$ _____

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: ALISA HULING
2. Reporting Period: Start Date: 7/1/24 End Date: 9/30/24
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 500.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Michael Middle Name: G. Last Name: Tobin
Address: 462 Gibbs Lane City: Gallatin State: TN Zip Code: 37066
Occupation: Engineer Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 9/19/24 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ OR
First Name: Paula Middle Name: _____ Last Name: Taylor
Address: 1130 Louisville Hwy City: Goodlettsville State: TN Zip Code: 37072
Occupation: Retired Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50.00 Date of Contribution: 9/20/24 Aggregate This Election: \$ 50.00

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Total Contributions: \$ 650.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: ALISA HULLING
2. Reporting Period: Start Date: 7/1/24 End Date: 9/30/24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: S.O.S. Printing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 706 Space Park North City: Goodlettsville State: TN Zip Code: 37072
Purpose of Expenditure: Printing
Amount of Expenditure: \$ 36.05 Date of Expenditure: \$ 8/31/24

Business or Organization Name: S.O.S. Printing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 706 Space Park North City: Goodlettsville State: TN Zip Code: 37072
Purpose of Expenditure: Printing
Amount of Expenditure: \$ 81.94 Date of Expenditure: \$ 9/23/24

Business or Organization Name: S.O.S. Printing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 706 Space Park North City: Goodlettsville State: TN Zip Code: 37072
Purpose of Expenditure: Printing
Amount of Expenditure: \$ 182.99 Date of Expenditure: \$ 9/23/24

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Total Expenditures: \$ 300.98

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: _____
2. Reporting Period: Start Date: _____ End Date: _____
3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: S.O.S. Printing
 First Name: _____ Middle Name: _____
 Last Name: _____
 Address: 706 Space Park North
 City: Goodlettsville
 State: TN Zip Code: 37072

Description of Obligation:	<div style="font-size: 1.5em; font-family: cursive;">Printing, addressing & mailing</div>		
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$ 0	\$ 2161.61	\$ 0	\$ 2161.61

Business Name: _____
 First Name: _____ Middle Name: _____
 Last Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: _____
 First Name: _____ Middle Name: _____
 Last Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: _____
 First Name: _____ Middle Name: _____
 Last Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

TOTALS

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$ 0	\$ 2161.61	\$ 0	\$ 2161.61