



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees

1. Date: 10.08.24 2.a. Candidate or Committee Name: Christina Moran Baker  
 2.b. If Committee, Name of Candidate: \_\_\_\_\_ 3. Election Date: \_\_\_\_\_  
 4. Campaign Address: 115 Stonewall Dr.  
 City: Hendersonville State: TN Zip Code: 37075 Phone: 615-498-6493  
 5. Candidate Home Address: 115 Stonewall Dr.  
 City: Hendersonville State: TN Zip Code: 37075 Phone: 615-498-6493  
 Candidate Email Address: clbaker0116@gmail.com  
 6. Office Sought: (include district number, if applicable) Alderman  
 7. Name of Political Treasurer (may be candidate): Matthew Stewart **AM** **FILED** **PM**  
 Political Treasurer Email Address: mstewart440@gmail.com

OCT 10 2024

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

SUMNER COUNTY ELECTION COMMISSION

9. Reporting Period: Start Date: 08.15.24 End Date: 09.30.24

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.

Christina Baker 10.09.24  
 Candidate Signature Date  
[Signature] 10-9-24  
 Witness Signature Date

Matthew Stewart 10-9-2024  
 Political Treasurer Signature Date  
[Signature] 10-9-2024  
 Witness Signature Date

12. Summary:

a. Balance On Hand Last Report .....	\$	<u>0</u>
b. Total Receipts This Period .....	\$	<u>9,951.64</u>
c. Total Disbursements This Period .....	\$	<u>6,489.50</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) .....	\$	<u>3,462.14</u>
e. Total Loans Outstanding .....	\$	<u>0</u>
f. Total Obligations Outstanding .....	\$	<u>0</u>

# SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Christina Moran Baker

14. Reporting Period: Start Date: 08.15.24 End Date: 09.30.24

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ 2,092.00  
(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) ..... \$ 7,859.64
- c. Loans Received This Reporting Period..... \$ 0
- d. Interest Received This Reporting Period ..... \$ 0
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... \$ 9,951.64

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 6,489.50  
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period ..... \$ 0
- c. Total Obligation Payments Made This Period..... \$ 0
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ 6,489.50

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period ..... \$ 60
- b. Itemized In-Kind Contributions Received This Period ..... \$ 0
- c. Total In-Kind Contributions Received This Period ..... \$ 60

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) ..... \$ 0

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Christina Moran Balcer  
2. Reporting Period: Start Date: 08.15.24 End Date: 09.30.24  
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: Melissa Middle Name: \_\_\_\_\_ Last Name: Marshall  
Address: 991 Aqueduct City: Gallatin State: TN Zip Code: 37066  
Occupation: Dental Asst. Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 500 Date of Contribution: 08.21.24 Aggregate This Election: \$ 500

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Joseph Middle Name: \_\_\_\_\_ Last Name: Moran III  
Address: 153 Sanders Ferry Rd City: Hendersonville State: TN Zip Code: 37075  
Occupation: Self-employed Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 500 Date of Contribution: 08.22.24 Aggregate This Election: \$ 500

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Brent Middle Name: \_\_\_\_\_ Last Name: Clements  
Address: 1200 Waterstone Blvd City: Franklin State: TN Zip Code: 37069  
Occupation: retired Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 1,000 Date of Contribution: 08.22.24 Aggregate This Election: \$ 1,000

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Matt Middle Name: \_\_\_\_\_ Last Name: Campbell  
Address: 1022 Paddock Park Cr City: Gallatin State: TN Zip Code: 37066  
Occupation: best effort Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 250 Date of Contribution: 08.16.24 Aggregate This Election: \$ 250

Total Contributions: \$ 2,250  
(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Christina Moran Baker  
2. Reporting Period: Start Date: 08/15/24 End Date: 09/30/24  
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ 2,250

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars (\$100) from any contributor during the period must be reported.

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Jason Middle Name: \_\_\_\_\_ Last Name: Thompson  
Address: 312 Willow Baugh Ln City: Old Hickory State: TN Zip Code: 37138  
Occupation: manufacturing Employer: \_\_\_\_\_  
In-Kind Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
In-Kind Contribution Value: \$ 200 In-Kind Contribution Date: 08.28.24 Aggregate This Election: \$ 200  
Description of In-Kind Contribution: \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Amy Middle Name: \_\_\_\_\_ Last Name: Bray  
Address: 4013 Crestridge Dr City: Nashville State: TN Zip Code: 37204  
Occupation: best effort Employer: \_\_\_\_\_  
In-Kind Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
In-Kind Contribution Value: \$ 200 In-Kind Contribution Date: 08.23.24 Aggregate This Election: \$ 200  
Description of In-Kind Contribution: \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Jonathan Middle Name: \_\_\_\_\_ Last Name: Langlois  
Address: 117 Stonewall Dr. City: Hendersonville State: TN Zip Code: 37075  
Occupation: accounting Employer: \_\_\_\_\_  
In-Kind Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
In-Kind Contribution Value: \$ 250 In-Kind Contribution Date: 08.24.24 Aggregate This Election: \$ 250  
Description of In-Kind Contribution: \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Steve Middle Name: \_\_\_\_\_ Last Name: Elbert  
Address: 214 Bluegrass Dr. City: Hendersonville State: TN Zip Code: 37075  
Occupation: retired Employer: \_\_\_\_\_  
In-Kind Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
In-Kind Contribution Value: \$ 1000 In-Kind Contribution Date: 08.25.24 Aggregate This Election: \$ 1000  
Description of In-Kind Contribution: \_\_\_\_\_

Total In-Kind Contributions: \$ 3900  
(Carry forward to the 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 the summary on first page.)

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Christina Moran Baker  
2. Reporting Period: Start Date: 08.15.24 End Date: 09.30.24  
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 3,900

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Kara Middle Name: \_\_\_\_\_ Last Name: Garrett  
Address: 1100 Willis Branch Rd City: Goodlettsville State: TN Zip Code: 37072  
Occupation: nurse Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 1,000 Date of Contribution: 08.27.24 Aggregate This Election: \$ 1000

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Lorie Middle Name: \_\_\_\_\_ Last Name: Taylor  
Address: 115 Trout Valley Rd City: Hendersonville State: TN Zip Code: 37075  
Occupation: nurse Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 150 Date of Contribution: 08.28.24 Aggregate This Election: \$ 150

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Amy Middle Name: \_\_\_\_\_ Last Name: Burns  
Address: 118 Arrowhead Rd City: Louisville State: KY Zip Code: 40207  
Occupation: Sales Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 500 Date of Contribution: 08.30.24 Aggregate This Election: \$ 500

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Larry Middle Name: \_\_\_\_\_ Last Name: Bryant  
Address: 305 Highland Heights Dr City: Goodlettsville State: TN Zip Code: 37072  
Occupation: real estate Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 250 Date of Contribution: 09.03.24 Aggregate This Election: \$ 250

Total Contributions: \$ 5,800  
(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: Christina Moran Baker  
2. Reporting Period: Start Date: 08.15.24 End Date: 09.30.24  
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 5,800

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Janna Middle Name: \_\_\_\_\_ Last Name: Barton  
Address: 101 Glance Ct City: Hendersonville State: TN Zip Code: 37075  
Occupation: self employed Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 250 Date of Contribution: 09.03.24 Aggregate This Election: \$ 250

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Charles Middle Name: \_\_\_\_\_ Last Name: Bone  
Address: 105 Riverchase City: Hendersonville State: TN Zip Code: 37075  
Occupation: lawyer Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 250 Date of Contribution: 09.04.24 Aggregate This Election: \$ 250

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Marshall Middle Name: \_\_\_\_\_ Last Name: Cook  
Address: 103 Citation Cir City: Hendersonville State: TN Zip Code: 37075  
Occupation: lawyer Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 250 Date of Contribution: 09.04.24 Aggregate This Election: \$ 250

Business or Organization Name: \_\_\_\_\_ OR  
First Name: George Middle Name: \_\_\_\_\_ Last Name: Phillips  
Address: 211 Woodlake Dr City: Gallatin State: TN Zip Code: 37066  
Occupation: lawyer Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 250 Date of Contribution: 09.04.24 Aggregate This Election: \$ 250

Total Contributions: \$ 6,800  
(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: Christina Moran Baker  
2. Reporting Period: Start Date: 08.15.24 End Date: 09.30.24  
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 6,800

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Chris Middle Name: \_\_\_\_\_ Last Name: George  
Address: PO Box 8130 City: Gallatin State: TN Zip Code: 37066  
Occupation: lawyer Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 200 Date of Contribution: 09.04.24 Aggregate This Election: \$ 200

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Jamie Middle Name: \_\_\_\_\_ Last Name: Wiggs  
Address: 249 Hidden Lake Rd City: Hendersonville State: TN Zip Code: 37025  
Occupation: nurse Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 200 Date of Contribution: 09.13.24 Aggregate This Election: \$ 200

Business or Organization Name: Republican Women of Sumner OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 101 William Sky Dr. City: Hendersonville State: TN Zip Code: 37075  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 333 Date of Contribution: 09.12.24 Aggregate This Election: \$ 333

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Christina Middle Name: \_\_\_\_\_ Last Name: Baker  
Address: 115 Stonewall Dr City: Hendersonville State: TN Zip Code: 37075  
Occupation: lego asst Employer: Spencer Fane  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 126.64 Date of Contribution: 08.22.24 Aggregate This Election: \$ 126.64

Total Contributions: \$ 7659.64  
(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: Christina Moran Baker  
2. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 7,659.64

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Don & Terri Goodwin Middle Name: \_\_\_\_\_ Last Name: Goodwin  
Address: 164 Berrywood Ct. City: Hendersonville State: TN Zip Code: 37075  
Occupation: retired Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 200 Date of Contribution: 08.20.24 Aggregate This Election: \$ 200

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: \$ \_\_\_\_\_

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: \$ 7859.64  
(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: Christina Moran Baker  
2. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
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: Deluxe Check OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: online City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: checks  
Amount of Expenditure: \$ 26.50 Date of Expenditure: \$ 08.27.24

Business or Organization Name: Jiffy.com OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: online City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: shirts/advertising  
Amount of Expenditure: \$ 314.32 Date of Expenditure: \$ 08.29.24

Business or Organization Name: Dodot Communications OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 1026 Cavern Cir City: Hendersonville State: TN Zip Code: 37075  
Purpose of Expenditure: printing  
Amount of Expenditure: \$ 1,269.95 Date of Expenditure: \$ 09.04.24

Business or Organization Name: Lowe's OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 360 East Main St City: Hendersonville State: TN Zip Code: 37075  
Purpose of Expenditure: supplies for signs  
Amount of Expenditure: \$ 130.45 Date of Expenditure: \$ 09.09.24

Business or Organization Name: Lowe's OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 360 E Main St City: Hendersonville State: TN Zip Code: 37075  
Purpose of Expenditure: sign supplies  
Amount of Expenditure: \$ 16.69 Date of Expenditure: \$ 09.13.24

Total Expenditures: \$ 1,757.91

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Christina Moran Baker
2. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1,757.91

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: Lowe's OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 360 E Main St City: Hendersonville State: TN Zip Code: 37075  
Purpose of Expenditure: sign supplies  
Amount of Expenditure: \$ 29.92 Date of Expenditure: \$ 09.13.24

Business or Organization Name: Dodat Communications OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 1026 Lavern Cir City: Hendersonville State: TN Zip Code: 37075  
Purpose of Expenditure: printing  
Amount of Expenditure: \$ 677.59 Date of Expenditure: \$ 09.12.24

Business or Organization Name: Direct Edge Campaigns OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 2000 Glen Echo Rd 207a City: Nashville State: TN Zip Code: 37215  
Purpose of Expenditure: printing  
Amount of Expenditure: \$ 3,480.42 Date of Expenditure: \$ 09.24.24

Business or Organization Name: Dodat Communications OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 1026 Lavern Cir City: Hendersonville State: TN Zip Code: 37075  
Purpose of Expenditure: printing  
Amount of Expenditure: \$ 543.66 Date of Expenditure: \$ 09.25.24

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: \$ \_\_\_\_\_

Total Expenditures: \$ 6,489.50

(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.)

N/A None

# ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Christina Moran Baker

2. Reporting Period: Start Date: 08.15.24 End Date: 09.30.24

3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100).

**Complete the following for the source of each loan received and/or outstanding during the period.**

Business or Organization Name: \_\_\_\_\_ **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Outstanding Loan Balance (Beginning) ..... \$ \_\_\_\_\_

Loans Received ..... \$ \_\_\_\_\_

Loan Payments ..... \$ \_\_\_\_\_

Outstanding Loan (End)..... \$ \_\_\_\_\_

Loan Received For:  Primary Election  General Election  Runoff (Local Elections Only)

Date of Loan: \_\_\_\_\_

**List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)**

Business or Organization Name: \_\_\_\_\_ **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount Guaranteed Outstanding: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount Guaranteed Outstanding: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount Guaranteed Outstanding: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount Guaranteed Outstanding: \$ \_\_\_\_\_

**Totals for all loans** (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) ..... \$ \_\_\_\_\_

Loans Received ..... \$ \_\_\_\_\_

Loan Payments ..... \$ \_\_\_\_\_

Outstanding Loan (End)..... \$ \_\_\_\_\_

None

# ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Christina Moran Baker

2. Reporting Period: Start Date: 08.15.24 End Date: 09.30.24

3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

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)
\$	\$	\$	\$

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	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

12/8/24