



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 10/29/2024 2.a. Candidate or Committee Name: Andy Kaczmarek
 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 11/5/2024
 4. Campaign Address: 164 Fieldcrest Circle
 City: Hendersonville State: TN Zip Code: 37075 Phone: (478)972-9302
 5. Candidate Home Address: 164 Fieldcrest Circle
 City: Hendersonville State: TN Zip Code: 37075 Phone: (478)972-9302
 Candidate Email Address: andykaczward3@gmail.com
 6. Office Sought: (include district number, if applicable) Hendersonville City Alderman Ward 3
 7. Name of Political Treasurer (may be candidate): Lisa Kaczmarek
 Political Treasurer Email Address: andykaczward3@gmail.com

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: 10/1/2024 End Date: 10/26/2024

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 non-political purpose as defined by the federal internal revenue code.

[Signature] 10/29/2024 Lisa M. Kaczmarek 10/29/24
 Candidate Signature Date Political Treasurer Signature Date
[Signature] 10/29/2024 [Signature] 10/29/24
 Witness Signature Date Witness Signature Date

12. Summary:

| | | | | | |
|---|----|---------------------|----|----|----------------|
| a. Balance On Hand Last Report | AM | FILED | PM | \$ | <u>325.00</u> |
| b. Total Receipts This Period | | OCT 29 2024 | | \$ | <u>100.00</u> |
| c. Total Disbursements This Period | | | | \$ | <u>300.00</u> |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.) | | SUMNER COUNTY | | \$ | <u>125.00</u> |
| e. Total Loans Outstanding | | ELECTION COMMISSION | | \$ | <u>0</u> |
| f. Total Obligations Outstanding | | | | \$ | <u>4092.92</u> |

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Andy Kaczmarek

14. Reporting Period: Start Date: 10/1/2024 End Date: 10/26/2024

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 100.⁰⁰
(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) \$ 0
- 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.) \$ 100.⁰⁰

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 0
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ 0
- c. Total Obligation Payments Made This Period..... \$ 300.⁰⁰
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ 300.⁰⁰

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ _____
- b. Itemized In-Kind Contributions Received This Period \$ 2941.83
- c. Total In-Kind Contributions Received This Period \$ 2941.83

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ 4092.92

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Andy Kaczmarek
2. Reporting Period: Start Date: 10/1/2024 End Date: 10/26/2024
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ 0

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: Andy Middle Name: _____ Last Name: Kaczmarek
Address: 164 Fieldcrest Circle City: Hendersonville State: TN Zip Code: 37075
Occupation: Facilities and Maintenance Manager Employer: Pro Ampac
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ 2783.⁷⁹ In-Kind Contribution Date: 10/7/24 Aggregate This Election: \$ 4392.⁹²
Description of In-Kind Contribution: Direct Edge Campaigns - Campaign Mailers

Business or Organization Name: _____ OR
First Name: Andy Middle Name: _____ Last Name: Kaczmarek
Address: 164 Fieldcrest Circle City: Hendersonville State: TN Zip Code: 37075
Occupation: Facilities and Maintenance Manager Employer: Pro Ampac
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ 158.⁰⁴ In-Kind Contribution Date: 10/11/24 Aggregate This Election: \$ 4392.⁹²
Description of In-Kind Contribution: Mr. Sign Man 18x24 Campaign Signs

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

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

Total In-Kind Contributions: \$ 2941.⁸³
(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Andy Kaczmarek
2. Reporting Period: Start Date: 10/1/2024 End Date: 10/26/2024
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: _____ OR
First Name: Andy Middle Name: _____ Last Name: Kaczmarek
Address: 164 Fieldcrest Circle City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Return of In Kind Contribution
Amount of Expenditure: \$ 300 Date of Expenditure: \$ 10/16/2024

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: \$ _____

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

(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: Andy Kaczmarek
2. Reporting Period: Start Date: 10/1/2024 End Date: 10/26/2024
3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: _____

First Name: Andy Middle Name: _____

Last Name: Kaczmarek

Address: 164 Fieldcrest Circle

City: Hendersonville

State: TN Zip Code: 37075

| | | | |
|--|---------------------------|------------------------------|----------------------------------|
| Description of Obligation: | | <u>In Kind Contributions</u> | |
| Outstanding Balance (Period Beginning) | Debt Incurred This Period | Payments This Period | Outstanding Balance (Period End) |
| \$ <u>1451.09</u> | \$ <u>2941.83</u> | \$ <u>300.00</u> | \$ <u>4692.92</u> |

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) |
| \$ <u>1451.09</u> | \$ <u>2941.83</u> | \$ <u>300.00</u> | \$ <u>4692.92</u> |