

#### **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

# For State and Local Candidates For Single-Candidate Committees

1. Date: 1-29-25 2.a. Candidate or Committee Name:	LEE PETERSON
2.b. If Committee, Name of Candidate:	3. Election Date:
4. Campaign Address: 248 LAKE TERRACE	DRIVE
City: HENDERSONVILLE State: 7 Zi	
5. Candidate Home Address: 248 LAKE TENZACE	DRIVE
City: HENDERSONVILLE State: TN Zi	p Code: 37075 Phone: 615-822-542
Candidate Email Address: LEE4 PETS@	AOL, Com
6. Office Sought: (include district number, if applicable)	LDERMAN -WARD Q
7. Name of Political Treasurer (may be candidate):	BRADLEY J NIEMIEC
Political Treasurer Email Address:	0129 @ gmoil, com
8. Category or Report: (check one)	
☐ First Quarter ☐ Second Quarter ☐ Third Quarter	☐ Fourth Quarter ☐ Pre-Primary ☐ Pre-General
☐ Mid-Year Supplemental	Runoff Election
9. Reporting Period: Start Date: July 1 2024 E	
	and Date:
10. Detailed Disclosure: (Check one)	
This campaign is exempt from detailed disclosures because or less AND expenditures total \$1,000 or less for this repo	
This campaign is required to file a detailed financial disclosure total more than \$1,000 and/or expenditures total more than	
11. I/we do solemnly swear or affirm that the information conta and that this report is an accurate accounting of campaign by the candidate committee by the Campaign Financial D campaign contributions have been expended for the pers nonpolitical purpose as defined by the federal internal reve	contributions and expenditures required to be reported isclosure Act. Additionally, I/we swear or affirm that no onal financial benefit of the candidate or for any other
Candidate Signature Date Po	Intical Treasurer Signature Date
Starie Niemiec 1-29-25 Witness Signature Date Wi	Stocie Neemier 1-29-25 tness Signature Date
12. Summary:	
a. Balance On Hand Last Report	s 1,525.5 9
b. Total Receipts This Period	\$\$
c. Total Disbursements This Period	\$ \$ - 0 -
d. Balance On Hand (12.a. plus 12.b. minus 12.c)	\$ 51,527.13
e. Total Loans Outstanding	9ION\$
f. Total Obligations Outstanding	\$\$

#### **SUMMARY PAGE - CANDIDATE**

13. Name of	Candidate or Committee: LEE PETERSON
14. Reportin	g Period: Start Date: July 1, 2024 End Date: January 15, 2025
15. Receipts	
a. Unit	emized Contributions (\$100 or less from each source this period)
	ized Contributions (over \$100 from each source this period)\$
	s Received This Reporting Period\$\$
	est Received This Reporting Period
e. Tota	Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.)
16. Disburse	ments:
a. Tota (Note	Expenditures (other than loan payments)
b. Loar	Repayments Made This Period \$ \$
	Obligation Payments Made This Period\$
d. Tota	Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)\$
17. In-Kind C	ontributions:
a. Unit	emized In-Kind Contributions Received This Period \$\$
	ized In-Kind Contributions Received This Period\$
	In-Kind Contributions Received This Period\$
18. Obligatio	
a. Tota	Obligations Outstanding (must be shown in item 12.f.) \$

### **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$	
	Primary Election General Election		
	Employer:		
	City:		
	Middle Name:		
	me:		
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$	
	☐ Primary Election ☐ General Election		
Occupation:	Employer:		1
Address:	City:	State: Zip Code:	
	Middle Name:		
Business or Organization Nar	me:		OR
	Date of Contribution:		
	☐ Primary Election ☐ General Election		
	Employer:		
	City:		
	Middle Name:		
Business or Organization Na	me:		0.5
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$	
Contribution Received For:	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)	
Occupation:	Employer:		
	City:		
	Middle Name:		
Business or Organization Na	me:		OF
COMPLETE THE APPROPRIAT	E ITEMS FOR EACH ITEMIZED CONTRIBUTION.		
3. Total campaign contribution	ons from preceding page (enter \$0 if first page)	s	
2. Reporting Period: Start D	Date: 7-1-24 End Date: 1-15-3	15	

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## **ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE**

1. Candidate or Committee Name: _	LEE PET	ERSON		
2. Reporting Period: Start Date:	7-1-24 End Da	te: 1-15-2	5	
3. Total in-kind contributions from pr	eceding page (enter \$0	if first page) \$	-	0-
COMPLETE THE APPROPRIATE ITEMS dollars (\$100) from any contributor during the	FOR EACH IN-KIND CON e period must be reported.	TRIBUTION. In-kind co	ontributions to	taling more than one hundred
Business or Organization Name:				OR
First Name:				
Address:				
Occupation:				
In-Kind Contribution Received For: In-Kind Contribution Value: \$  Description of In-Kind Contribution:	_ In-Kind Contribution	Date: /	Aggregate T	his Election: \$
Business or Organization Name:				OR
First Name:				
Address:				
Occupation:				
In-Kind Contribution Received For:				
In-Kind Contribution Value: \$				
Description of In-Kind Contribution:				
Business or Organization Name:				OR
First Name:				
Address:				
Occupation:				
In-Kind Contribution Received For:	☐ Primary Election	General Election	n 🔲 Rur	noff (Local Elections Only)
In-Kind Contribution Value: \$	_ In-Kind Contribution	Date: A	Aggregate T	his Election: \$
Description of In-Kind Contribution:				
Business or Organization Name:				OR
First Name:				
Address:				
Occupation:	Employ	rer:		
In-Kind Contribution Received For:	☐ Primary Election	General Election	n Rur	noff (Local Elections Only)
In-Kind Contribution Value: \$				
Description of In-Kind Contribution:				
Total In-Kind Contributions: \$(Carry forward to the next page if add	itional pages of this for	m are used. If this is t	he last page	e of in-kind

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# **ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE**

1. Candidate or Committee Name: _	LE	E PETEREON			
2. Reporting Period: Start Date: 1	-1-24	End Date:	25		
3. Total campaign expenditures from				0 -	
COMPLETE THE APPROPRIATE ITEMS kind contribution to a candidate, please rem candidate's name in the purpose of the expe	lember to includ	de the purpose of the expenditure	s must be itemized (e.g., postage, printi	I. If the expendituring, etc.) along with	e is an in- i the
Business or Organization Name:					OI
First Name:					
Address:					
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure: \$			
Business or Organization Name:					OF
First Name:	Middle	Name:	Last Name:		
Address:					
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure: \$		<u> </u>	
Business or Organization Name:					OF
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:			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: \$			
	-6-				
(Carry forward to the next page if add	ditional page	s of this form are used. If this	is the last page	of expenditures	s, this
amount must be shown in the summ	ary on first p	age.)			

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### **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

	EE PETERSON		
2. Reporting Period: Start Date:	7-1-24 End Date:	-15-25	
3. Complete the appropriate iter	ns for each loan totaling more th	an one hundred dollars (\$100).	
Complete the following for the source	of each loan received and/or outstandi	ng during the period.	
Business or Organization Name:			O
First Name:	Middle Name:	Last Name:	
Address:	City:	State: Zip Code:	
	ning)\$\$		
Loans Received	\$		
Loan Payments	\$		
Outstanding Loan (End)	\$		
Loan Received For: Primar	y Election General Election	Runoff (Local Elections Only)	
Date of Loan:			
List all endorsers or guarantors for abo	ove loan (If more space is needed, pleas	e attach additional pages )	
Business or Organization Name:			OF
First Name:	Middle Name:	Last Name:	
Address:	City:	State: Zip Code:	
	ı: \$		
Business or Organization Name:			01
First Name:	Middle Name:	Last Name:	0
Address:	City:	State: Zip Code:	969 148
Amount Guaranteed Outstanding	:\$	State 2.ip code	
Business or Organization Name:			01
		Last Name:	OF
Address:	City:	State: Zip Code:	
Amount Guaranteed Outstanding	:\$	State Zip code	
			OF
First Name:	Middle Name:	Last Name:	0.
Address:	City:	State: Zip Code:	
Amount Guaranteed Outstanding	:\$		
<b>Totals for all loans</b> (Complete this pa Total loans received and loan payments sh	nge for each outstanding loan during the p nould be shown on summary page. Outsta	period. Complete this section only on last page of nding loan balance should be shown on front pag	loans.
	\$		
	\$		
	\$		
	\$		
SS-1132 (Rev. 1/2023)			

#### **ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE** 1. Candidate or Committee Name: LEE PETERSON 2. Reporting Period: Start Date: 7-1-24 End Date: 1-15-25 3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period. Description of Business Name: \_\_\_\_\_ Obligation: First Name: Middle Name: Last Name: Address: Outstanding Debt **Payments** Outstanding Balance (Period Incurred This Period Balance Beginning) This Period (Period End) \$ \$ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Description of Business Name: \_\_\_\_\_ Obligation: First Name: \_\_\_\_\_ Middle Name: \_\_\_\_ Last Name: Outstanding Debt **Payments** Outstanding Address: Balance (Period This Period Incurred Balance (Period End) Beginning) This Period \$ \$ State: Zip Code: Description of Business Name: \_\_\_\_\_ Obligation: First Name: \_\_\_\_\_ Middle Name: \_\_\_\_ Last Name: Outstanding Debt **Payments** Outstanding Address: Balance (Period This Period Incurred Balance Beginning) (Period End) This Period \$ \$ \$ State: \_\_\_\_\_ Zip Code: \_\_\_\_ Description of Business Name: \_\_\_\_ Obligation: First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: Outstanding Debt **Payments** Outstanding Address: Balance (Period Incurred This Period Balance Beginning) This Period (Period End) City: \$ \$ 5 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### **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)
\$	\$	\$	\$