

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 1/26/35 2.a. Candidate or Committee Name: KAREN E. Dixon
1. Date: 1/26/35 2.a. Candidate or Committee Name: KAREN E. DIXON 2.b. If Committee, Name of Candidate: 3. Election Date: 11/5/24
1 San Addition (200 Cl 2 see 2 doc) Place
City: Hendersonville State: 1N Zip Code: 37075 Phone: 615-766-573
11 11
5. Candidate Home Address: 100 CLARENDON - Zip Code: 37075 Phone: 615-766-5739
Candidate Email Address: Kmedixon Eyahod, Com
6. Office Sought: (include district number, if applicable) Alderman WARD 4
7. Name of Political Treasurer (may be candidate): KAREN DIXON
Political Treasurer Email Address: Kmedixon eyahoo. com
8. Category or Report: (check one)
☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☐ Pre-Primary ☐ Pre-Genera
☐ Mid-Year Supplemental ☐ Year-End Supplemental ☐ Runoff Election
9. Reporting Period: Start Date: 12/27/24 End Date: 1/15/2025
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.
Kare Disconstitute 1/26/25 Kare Disconstitute 1/26/25 Candidate Signature Date Da
Vernon Diston 1/26/25 Vernon Diston 1/26/25 Witness Signature Date Vernon Diston Date
12. Summary:
a. Balance On Hand Last Report \$ 343,00
b. Total Receipts This Period\$ 925.00
c. Total Disbursements This Period
d. Balance On Hand (12.a. plus 12.b. minus 12.q) 2025 \$ 12.7.29
e. Total Loans Outstanding\$
f. Total Obligations Outstanding

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: KARCH Dixar	
14. Reporting Period: Start Date: 10/27/29 End Date:	1/15/2023
15. Receipts:	
 Unitemized Contributions (\$100 or less from each source this period) (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)	\$\$
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.)	\$ 925.00
16. Disbursements:	
a. Total Expenditures (other than loan payments)	\$ <u>330,76</u>
b. Loan Repayments Made This Period	\$
c. Total Obligation Payments Made This Period	\$
d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)	s 30,76
17. In-Kind Contributions:	
a. Unitemized In-Kind Contributions Received This Period	\$
b. Itemized In-Kind Contributions Received This Period	\$
C. Total In-Kind Contributions Received This Period	\$
18. Obligations:	
a. Total Obligations Outstanding (must be shown in item 12.f.)	\$

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

Candidate or Committee Na	me: KAREN DIXAN	,
2 Reporting Period: Start Da	ite: 10/21/24 End Date: 1/6/	25
	ns from preceding page (enter \$0 if first page) \$	
5. Total campaign contribution	is from preceding page (enter 40 if insepage) 4	
COMPLETE THE APPROPRIATE	ITEMS FOR EACH ITEMIZED CONTRIBUTION.	
Business or Organization Nam	ne:	OR
First Name: JANC	Middle Name:	Last Name: Mamm
Address: 117 Cumbe	enjand TR City: HENDERSONUL	State: The Zip Code: 37075
Occupation: Retik	ed Employer:	
Contribution Received For:	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)
Amount of Contribution: \$	425.00 Date of Contribution: 11/4/24	Aggregate This Election: \$ 63
Business or Organization Nam	ne: Rogers Group INC PA	C OR
First Name:	Middle Name:	Last Name: 37 7 28
Address: 421 GREAT C	ircle Ra city: Nashville	State: TN Zip Code: 32728
	Employer:	
Contribution Received For:	☐ Primary Election ☐ General Election	☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 5	Date of Contribution: 11/4/2	Aggregate This Election: \$ 3000
Business or Organization Nam	ne:	OR
- ·	Middle Name:	
	City:	
Occupation:	Employer:	
	☐ Primary Election ☐ General Election	
	Date of Contribution:	
Business or Organization Nan	ne:	OR
	Middle Name:	
	City:	
	Employer:	
	☐ Primary Election ☐ General Election	
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$
Total Contributions: \$		
(Carry forward to the next p	page if additional pages of this form are used. If	this is the last page of contributions, this
amount must be shown in t	the summary on first page.)	

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name:			
2. Reporting Period: Start Date:			
3. Total in-kind contributions from pro	eceding page (enter \$0 if fi	rst page) \$	
COMPLETE THE APPROPRIATE ITEMS F			
COMPLETE THE APPROPRIATE ITEMS I dollars (\$100) from any contributor during the	period must be reported.	JOHON. III killa contribe	
Business or Organization Name:			O R
First Name:	Middle Name:	Last	Name:
Address:	City:	State	e: Zip Code:
Occupation:	Employer:		
In-Kind Contribution Received For:	☐ Primary Election [General Election	Runoff (Local Elections Only)
In-Kind Contribution Value: \$	_ In-Kind Contribution Da	ite:Aggr	egate This Election: \$
Description of In-Kind Contribution:			
			OR
Business or Organization Name:	Middle News	Last	Name:
First Name:	Middle Name:	Last	7in Code:
Address:	City:	Z Stat	e zip code
Occupation: In-Kind Contribution Received For:	Employer:	Toporal Flortion	Rupoff (Local Elections Only)
In-Kind Contribution Value: \$	_ in-kind Contribution Da	ite Aggi	egate mis Election. \$
Description of In-Kind Contribution:			
Business or Organization Name:			OR
First Name:	Middle Name:	Last	Name:
Address:	City:	Stat	te: Zip Code:
Occupation:	Employer:		
In-Kind Contribution Received For:	☐ Primary Election	☐ General Election	Runoff (Local Elections Only)
In-Kind Contribution Value: \$	In-Kind Contribution Da	ate: Aggı	regate This Election: \$
Description of In-Kind Contribution:	<u> </u>		
2 i O i i i i i i Nome			OR
Business or Organization Name: First Name:			
Address:	Middle Name	Cas	te: Zin Code:
Address:	City:	5ta	te zip code
In-Kind Contribution Received For:	Drimary Election	 General Election	Runoff (Local Elections Only)
In-Kind Contribution Value: \$			
Description of In-Kind Contribution:			

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

Candidate or Committee Name:					
2. Reporting Period: Start Date:		End Date:			
3. Total campaign expenditures from pre	ceding pa	ge (enter \$0 if first page) \$			
COMPLETE THE APPROPRIATE ITEMS FOlkind contribution to a candidate, please rememb candidate's name in the purpose of the expenditure.	er to include	PENDITURE. All expenditure the purpose of the expenditure	s must be itemized. (e.g., postage, printin	If the expenditure g, etc.) along with	is an in- the
Business or Organization Name:	nathos	3 Geill	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		OR
First Name:	Middle	Name:	Last Name:		20
First Name: Address: 307 Ind! A LAKE	BIVA	City: Hendersonvi	State: Tre	Zip Code:37	015
Purpose of Expenditure: CAMAR	IGN KI	IENT			
Amount of Expenditure: \$ 530.70		Date of Expenditure: \$	1/3/25		
Business or Organization Name:					OR
First Name:					
Address:	Section 19	City:	State:	Zip Code:	
Purpose of Expenditure:					
Amount of Expenditure: \$					
Business or Organization Name:					
First Name:					
Address:	_ Middle	City:	State:	Zip Code:	
Purpose of Expenditure:					
Amount of Expenditure: \$					
Business or Organization Name:					
First Name:					
Address:					
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure: \$	<u>jilki.</u>		
Business or Organization Name:					OF
First Name:					
Address:	_ made	City:	State:	Zip Code:	
Purpose of Expenditure:					
Amount of Expenditure: \$	100	Date of Expenditure: \$			
		wasters to the state of the sta	12		
Total Expenditures: \$ 536, 7 (Carry forward to the next page if addit amount must be shown in the summar	ional page		nis is the last page	e of expenditure	es, this

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name:				
2. Reporting Period: Start Date:	End Date:			
3. Complete the appropriate items for each lo	oan totaling more than	one hundred dollars (\$1	00).	
Complete the following for the source of each loan re Business or Organization Name:	ceived and/or outstanding o	luring the period.		OR
First Name: Middl	e Name:	Last Name:		_
Address:	Citv:	State:	Zip Code:	
Outstanding Loan Balance (Beginning)				
Loans Received				
Loan Payments				
Outstanding Loan (End)				
Loan Received For: Primary Election	General Election	Runoff (Local Electio	ns Only)	
Date of Loan:	/			
List all endorsers or guarantors for above loan (If mo	re space is needed, please a	ttach additional pages.)		_
Business or Organization Name:				OR
First Name: Mid	/			
Address:	City:	State:	Zip Code:	
Amount Guaranteed Outstanding: \$				
Business or Organization Name:		I N		
First Name: Mic	Idle Name	Last Name:		
Address:			Zip Code:	
Amount Guaranteed Outstanding: \$				
During an Organization Name:		1,781		OR
Business or Organization Name: Mic	Idle Name:	Last Name:	5	
Address:	City:	State:	Zip Code:	
Amount Guaranteed Outstanding: \$	1			
Amount duaranteed odestanding.				
Business or Organization Name:				
First Name: Mid	dle Name:	Last Name:		
Address:	City:	State:	Zip Code:	
Amount Guaranteed Outstanding: \$		1900, 190 and a		
Totals for all loans (Complete this page for each	outstanding loan during the pe	eriod. Complete this section of	nly on last page of loans.	
Total loans received and loan payments should be sho	wn on summary page. Outstar	nding loan balance should be	shown on front page.)	
Balance (Beginning)				
Loans Received				
Loan Payments				
Outstanding Loan (End)	\$	<u></u>		

SS-1132 (Rev. 1/2023)

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

First Name:	1. Candidate or Committee Name:				
Business Name: Last Name: Middle Name: Middle Name: Description of Obligation:	2. Reporting Period: Start Date: End Date		=		
Description of Obligation: Description of Obligation: Debt Incurred This Period Dustanding Balance (Period End)	3. Complete the appropriate items for each obligation owed to a	person/vendor at th	e end of the re	porting period.	
First Name:	Business Name:				
Address: City:	First Name: Middle Name:				
Balance (Period Beginning) State:	Last Name:				
State: Zip Code: S S S S S	Address:	Balance (Period	Incurred	The state of the s	Balance
State: Zip Code: Business Name: Middle Name: Description of Obligation: Last Name: Middle Name: Description of Obligation: City: Business Name: Tirst Name: Middle Name: Description of Obligation: Business Name: Middle Name: Description of Obligation: Business Name: Middle Name: Description of Obligation: City: State: Zip Code: Description of Obligation: Debt Incurred This Period End Ealance (Period End) S S S S S S S S S S S S S S S S S S S					
Business Name:	State: Zip Code:	\$	\$	\$	\$
Business Name:					
First Name:	Business Name:	The state of the s			
Address:	First Name: Middle Name:				
Address: City: State: Zip Code: Business Name: First Name: Address: City: Description of Obligation: Description of Obligation: Outstanding Balance (Period End) State: Zip Code: Description of Obligation: Outstanding Balance (Period Balance (Period End) State: Zip Code: Description of Obligation: Outstanding Balance (Period Balance (Period End) State: Zip Code: Description of Obligation: Debt Incurred This Period This Period This Period This Period This Period Balance (Period End) State: Zip Code: Description of Obligation: Debt Incurred This Period This Period This Period This Period This Period Balance (Period End) State: Zip Code: Description of Obligation: Debt Incurred This Period This Period This Period This Period This Period Balance (Period End) State: Zip Code: Description of Obligation: Debt Incurred This Period This Period This Period This Period This Period Balance (Period End) State: Zip Code: Outstanding Balance (Period End) 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 Outstanding Balance (Period End) S S S S S S S S S S S S S S S S S S S	Last Name:		1000		T
State: Zip Code: Business Name:		Balance (Period	Incurred		Balance
State:Zip Code:	City:			\$	
Business Name: Last Name: Address: Address: City: State: Zip Code: Middle Name: Last Name: Last Name: Lost Name: City: State: Zip Code: Description of Obligation: Debt Incurred This Period Balance (Period End) \$ \$ \$ \$ \$ Cutstanding Balance (Period End) \$ \$ \$ \$ \$ Description of Obligation: Outstanding Balance (Period Balance (Period End) 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 Outstanding Balance (Period Incurred Incurred Payments This Period Balance (Period End) \$ \$ \$ \$ \$ \$	State: Zip Code:	3	1 7	4	
Business Name: Last Name: Address: Address: City: State: Zip Code: Middle Name: Last Name: Last Name: Lost Name: City: State: Zip Code: Description of Obligation: Debt Incurred This Period Balance (Period End) \$ \$ \$ \$ \$ Cutstanding Balance (Period End) \$ \$ \$ \$ \$ Description of Obligation: Outstanding Balance (Period Balance (Period End) 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 Outstanding Balance (Period Incurred Incurred Payments This Period Balance (Period End) \$ \$ \$ \$ \$ \$		Description of			
Last Name: Address:		The state of the s			
Address: City: State: Zip Code: Description of Obligation: City: Last Name: Address: City: City: City: City: Description of Obligation: Debt Incurred This Period Reginning) State: Description of Obligation: Description of Obligation: City: State: Zip Code: Doutstanding Balance (Period Balance (Period End) Reginning) Coutstanding Balance (Period End) Reginning					
State: Zip Code: State: Zip Code: State: Zip C	Address:	Balance (Period	Incurred	7.0	Outstanding Balance (Period End)
State: Zip Code: Business Name:				\$	
Business Name:	State: Zip Code:				100
Outstanding Balance (Period Balance (Period Balance (Period End)) Total from "Outstanding Balance - (Period End)" column Outstanding Balance (Period Incurred This Period Shalance (Period End) Shalance (Period End) Outstanding Balance (Period End) Shalance (Period End) Outstanding Balance (Period End) Outstanding Balance (Period End) Shalance (Period End) Outstanding Balance (Period End)					
Address: City: 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 Balance (Period Beginning) \$ \$ \$ \$ \$ \$ \$ \$ Outstanding Balance (Period Beginning) Balance (Period Beginning) Debt Incurred This Period Outstanding Balance (Period Beginning) Balance (Period End) S \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Last Name:		1.	T _D	Outstanding
City: 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 State: Sta		Balance (Period	Incurred		Balance
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 Outstanding Balance (Period Beginning) Boundard Debt Incurred This Period Balance (Period End)" Standing Balance (Period End) State: Zip Code: Outstanding Balance (Period Balance (Period End)" Standing Balance (Period End) State: Zip Code: Outstanding Balance (Period Balance) Beginning) State: Zip Code: Outstanding Balance (Period Balance) State: Zip Code: Payments This Period Balance (Period End) State: Zip Code: Payments This Period Balance (Period End) State: Zip Code: Payments This Period Balance (Period End) State: Zip Code: Payments This Period Balance (Period End) State: Zip Code: Payments This Period Balance (Period End)	City:	-		\$	-
(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 Outstanding Bebt Payments Outstanding Balance (Period Balance (Period Beginning) Balance (Period Beginning) \$\$ \$ \$ \$	State: Zip Code:				
(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 Outstanding Bebt Payments Outstanding Balance (Period Balance (Period Beginning) Balance (Period Beginning) \$\$ \$ \$ \$	TOTALS			1-	
Total from "Outstanding Balance - (Period End)" column \$ \$ \$	(Carry forward to the next page if additional pages of this	Balance (Period		,	
must also be shown on the summary on first page.)	Total from "Outstanding Balance - (Period End)" column		\$	\$	\$