.2					
	or State and	DISCLOSU Local Candidat didate Committ	es	TE MEI RE(EIVED
. DATE OF REPORT		NDIDATE OR COMMITTEE		OCT .	- 6 2022
7-26-9-30-12	JIM MAT	UR		WILSON	COUNT
.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DA	ATECLECTION CO	DMMISSION
I.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	State	Zip Code	Phone	
294 HORNSRINUS Rn.	LERAMON	Tena	37057	615-44454	77
b. CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	nt than 4.a.) City	State	Zip Code	Phone	
i. OFFICE SOUGHT (include district number,	if applicable)	6. NAME OF POLITICAL	. TREASURER (may	y be candidate)	
TRustee		JIM MA			-
7. CATEGORY OR REPORT (Check one) FIRST SECOND	FOURTH	PRE-PRE-	MID-YEAR		
QUARTER QUARTER QUARTE B.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY GENERAL 8.b. ENDING DATE OF REP		IAL SUPPLEIVE	ENIAL
7-26-22		9-30	22		
b. This campaign is required to file a dand/or expenditures total more than 1/we do solemnly swear or affirm that the accurate accounting of campaign contribute Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other not the can	information contained itions and expenditures	in this campaign financial d required to be reported by to campaign contributions hat lefined by the federal internal	isclosure report is to the candidate common ave been expended al revenue code.	rue and that this reittee by the Camp for the personal fi	eport is an aign nancial
signature of candidate	date	signature	of political treasure		date
11. WITNESS SIGNATURE Signature of witness	9/24/29 date	Jiou sign	w cke	<u>9/</u>	26/d2 date
2. SUMMARY			Ò		
a. BALANCE ON HAND LAST REPORT			\$		
b. TOTAL RECEIPTS THIS PERIOD			\$		
c. TOTAL DISBURSEMENTS THIS PERIOD			1		
d. BALANCE ON HAND (12.a. plus 12.b.	minus 12.c.)		V.	\$	
e. TOTAL LOANS OUTSTANDING				\$	
f. TOTAL OBLIGATIONS OUTSTANDING				\$	

