

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

JUL - 5 2023

1. Date: 6/128/17023 2.a. Candidate or Committee Name:	
2.b. If Committee, Name of Candidate:	3. Election Date: 3/5/2023
4. Campaign Address: Wilson County, TN, 3708 City: Lapon State: TN Zig	7
5. Candidate Home Address: 8886 Hartsuille PKE City: Lebenon State: TN Zip Candidate Email Address: Garonhucs 569mc	Code: 37027 Phone: 615-920-1991
6. Office Sought: (include district number, if applicable) Wisc	on County School Board Zone 5
7. Name of Political Treasurer (may be candidate): Jessica L Political Treasurer Email Address: Jessica treasurer L	
8. Category or Report: (check one)	
☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Mid-Year Supplemental ☐ Year-End Supplemental	Fourth Quarter Pre-Primary Pre-General
9. Reporting Period: Start Date: 01/16/2023 E	nd Date: 06/36/2023
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	e contributions (including in-kind) received total \$1,000 rting period. (Complete items 12.d., 12.e., and 12.f.)
This campaign is required to file a detailed financial discloted total more than \$1,000 and/or expenditures total more than	sure because contributions (including in-kind) received an \$1,000 for this reporting period.
Jane Carallell 6128 12023	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
Witness Signature Colors Colors Date Wi	tness Signature 6/28/2023
12. Summary:	, 6 C to
a. Balance On Hand Last Report	\$ 0.00
b. Total Receipts This Period	\$ 2,855.75
c. Total Disbursements This Period	
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	
e. Total Loans Outstanding	£ 769.75
f. Total Obligations Outstanding	3 1 4 0 - 2 3

SUMMARY PAGE - CANDIDATE

JUL - 5 2023

13. Na	me of Candidate	or Committe	ee: Haron Folch	er	WILSON COUNTY
			01/16/2023		3
15. Re					
a.	(Note: Effective Ja	nuary 16, 2023,	Unitemized Contributions a	source this period) <mark>\$ 년31</mark> re capped at \$2,000. See <i>Instructions</i> fo	r more information.)
b.	Itemized Cont	ributions (ove	er \$100 from each sour	ce this period) \$ 2, 11	124.00
C.	Loans Receive	d This Report	ing Period	\$ <u>6 . (</u>	0
d.	Interest Receiv	ed This Repo	rting Period	\$ <u>0</u> *	00
e.	Total Receipts	(add 15.a., 15.b.,	15.c., and 15.d.) (must be sh	own in item 12.b.) \$ _ 2 ,	855-75
16. Dis	bursements:				
a.	Total Expendit (Note: Effective Ja	ures (other th nuary 16, 2023,	nan loan payments) all expenditures must be ite		01.98
b.	Loan Repayme	ents Made Th	s Period	\$ <u>O</u> ,	00
c.	Total Obligation	n Payments	Made This Period	<u>\$</u>	00
d.	Total Disburse	ments (add 16	a. and 16.b.) (must be show	n in item 12.c.) \$ <u>\ i l</u>	01.98
17. ln-	Kind Contribution	ons:	¥		
a.	Unitemized In	-Kind Contrib	utions Received This Pe	eriod \$ <u>O</u> (50
b.	Itemized In-Ki	nd Contributi	ons Received This Perio	od \$ <u>0.0</u>	00
c.				\$0.0	
18. Ob	ligations:				
a.	Total Obligation	ns Outstand	ing (must be shown in item	12.f.) \$ 76	8.25

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Haron Fulcher	RECEIVED
2. Reporting Period: Start Date: 11617013 End Date: 061301701333 3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 0.00 COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.	TT U LULU
Business or Organization Name: First Name: Teresa	ate: TN Zip Code: 37087 5 Ycd unoff (Local Elections Only)
Amount of Contribution: \$\frac{1.024.00}{0.024.00}\text{ Date of Contribution: }\frac{2127123}{2127123}\text{ Age} Business or Organization Name:	oregate This Election: \$ 1.024 corrections oregate This Election: \$ 1.024 corrections oregate This Elections (\$ 1.024 corrections)
Business or Organization Name: First Name: Kim Middle Name: L Address: 460 D Betis PD City: Lcbonon St Occupation: 400 D Betis PD Employer: Self emplo Contribution Received For: Primary Election General Election R Amount of Contribution: \$25.00 Date of Contribution: 2127123 Agr	tunoff (Local Elections Only)
Business or Organization Name: First Name: HYNCHOA Middle Name: L Address: 1709 Statcounce RD City: LCOCHON St Occupation: Hair dieser Employer: Self employer Contribution Received For: Primary Election General Election Elec	ast Name: Price tate: TW Zip Code: 37087 Sunoff (Local Elections Only) gregate This Election: \$ 20.00

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE VED

1. Candidate or Committee Name: ACON FUCKEY
2. Reporting Period: Start Date: 011612023 End Date: 0613012023
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1, 5 6 9.00 WILSON COUNTY
ELECTION COMMISSION
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.
Business or Organization Name:O
First Name: Ruby Middle Name: Last Name: Rollins
Address: City: <u>Lbcnon</u> State: <u>TV</u> Zip Code: <u>37087</u> Occupation: <u>Pctired</u> Employer:
Occupation: YCHIRCS Employer:
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$\frac{70.00}{20.00} Date of Contribution: \frac{717712673}{2073} Aggregate This Election: \$\frac{70.00}{20.00}
Business or Organization Name: Online Donation - This Donation was a test to see it worth and
First Name: Paron Middle Name: Dawson Last Name: Fulcher
Address: 8886 Hart ville PKE City: Lebenon State: TW Zip Code: J7087
Occupation: Candidate Employer: Self-comPloyed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: $$9.23$ Date of Contribution: 3120123 Aggregate This Election: $$9.23$
Business or Organization Name:OI
First Name: Derry Middle Name: Byrd Last Name: Carney
Address: 66 W Spring St City: Lebenon State: TN Zip Code: 37087
Occupation: Retiral National Guard Employer: National Guard
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$560.00 Date of Contribution: 4116123 Aggregate This Election: \$500.00
Business or Organization Name: Online Donation On
First Name: MIKKI Middle Name: Last Name: HORCYOFF
Address: VIA State: VIA Zip Code: VIA
Occupation: WIA Employer: NIA
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$47.37 Date of Contribution: 4125123 Aggregate This Election: \$47.37
Total Contributions: \$
(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:	Maron Fulcher	RECEIVED
2. Reporting Period: Start Date:	01116/2013 End Date: 06/30/2	JUL - 5 2023
	om preceding page (enter \$0 if first page) <mark>\$</mark>	576.60
		WILSON COUNTY ELECTION COMMISSION
	MS FOR EACH ITEMIZED CONTRIBUTION.	
Business or Organization Name:	Online Donation	OR
First Name: Katherine	Middle Name: NI H	Last Name: HSplcy
	City: NIA	State: NIT Zip Code: NIT
Occupation: <u>VIA</u>	Employer: NIA	
	Primary Election General Election	Runoff (Local Elections Only)
Amount of Contribution: \$ 95.0	Date of Contribution: 4175123	_ Aggregate This Election: \$ <u> 역ち・0 気</u>
Business or Organization Name:	online Donation	OR
	Middle Name: NIA	Last Name: GIIVMOVE
Address: U(A	City: NIA	State: WIA Zip Code: WIA
	Employer: NIA	
	Primary Election General Election	Runoff (Local Elections Only)
Amount of Contribution: \$ 95.0	5 Date of Contribution: 4128123	_ Aggregate This Election: $$95.05$
Business or Organization Name:	Online Donation	OR
	Middle Name: NA	Last Name: Wen siev
	City: NIA	
	Employer: NIA	
	Primary Election General Election	Runoff (Local Elections Only)
_	Date of Contribution: 511 23	Aggregate This Election: \$ <u>95-05</u>
Business or Organization Name:		OR
First Name: Pamcia	Middle Name: Phillips	Last Name: Payks
Address: ZIG W End Her	ghts city: <u>Lebonon</u>	State: TN Zip Code: 37087
Occupation: Hair Stylist	Employer: Self en	Noved
	Primary Election General Election	Runoff (Local Elections Only)
Amount of Contribution: \$ 406 •	00 Date of Contribution: 512517	Aggregate This Election: \$ 400.00
Total Contributions: \$		
(Carry forward to the next page i	f additional pages of this form are used. If t	his is the last page of contributions, this
amount must be shown in the su		

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATED

1. Candidate or Committee N	Name: Aaron Fulcher	TL CET VE
2. Reporting Period: Start D	Date: 01/16/2023 End Date: 01/30	12023 JUL - 5 2023
3. Total campaign contribution	ons from preceding page (enter \$0 if first page	s 685.15 WILSON COUNTY
		ELECTION COMMISSION
	TE ITEMS FOR EACH ITEMIZED CONTRIBUTION	
	me: Reimbursment for \$25.	
	Middle Name: Dawson	
	THE PLE City: LEBONON	
Occupation: Candidate	Employer: _Self-	employed
Contribution Received For:	Primary Election General Election	Runoff (Local Elections Only)
Amount of Contribution: \$	25.00 Date of Contribution: 612712	3 Aggregate This Election: \$ 25-00
Business or Organization Nar	me:	OF
First Name:	Middle Name:	Last Name:
Address:	City:	State: Zip Code:
	Employer:	
Contribution Received For:	Primary Election General Election	Runoff (Local Elections Only)
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$
Business or Organization Nar	me:	OF
	Middle Name:	
	City:	
	Employer:	
	Primary Election General Election	
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$
Business or Organization Nar	me:	OF
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: \$
	page if additional pages of this form are used. the summary on first page.)	If this is the last page of contributions, this

1. Candidate or Committee Name: Haron Fulcher	RECEIVED
2. Reporting Period: Start Date: Ollie12023 End Date: O613017023	JUL - 5 2023
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 0.	06
COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures mu	WILSON COUNTY FLECTION COMMISSION
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: Wristen ISac Photography	
First Name: Middle Name:	Last Name:
Address: Wilson County City: Kbcnon	State: 10 Zip Code: 51087
Purpose of Expenditure: Candidate Photos - Acron Fulche	
Amount of Expenditure: \$ 100.00 Date of Expenditure: 317	. 25
Business or Organization Name: Wilson County Election Con	omission or
First Name: Middle Name:	
Address: 203 & Main St City: Lebonon	State: TN Zip Code: 37087
Purpose of Expenditure: Flash Drive - Aaron Fuicher	
Amount of Expenditure: \$ 38.00 Date of Expenditure: 3181	23
Business or Organization Name: <u>Vista Print</u>	
First Name: Middle Name:	
Address: 275 Wynmon St City: Walthmon	
Purpose of Expenditure: Post Cords - Acron Foliance 3 (13)	
Amount of Expenditure: \$ 148.14 Date of Expenditure: 3113	1 2 2 3
Business or Organization Name: El Molino	OR
First Name: Middle Name:	Last Name:
Address: 809 S cumberiand St City: Labonon	State: TN Zip Code: 37087
Purpose of Expenditure: Campaighn Staff Lunch / Meeting	- Aaron Fullher
Amount of Expenditure: \$\frac{18-94}{}\text{ Date of Expenditure: }\frac{512}{}	123
D. I. C.	OR
Business or Organization Name: Middle Name:	
Address: 104 Main St City: Carthage	State: TN Zin Code: 37030
Purpose of Expenditure: Campaighn To Interveiw - Pacor	State. Com Zipcode. O 1000
Amount of Expenditure: \$ 32.50 Date of Expenditure: \$ 514	123
Amount of expenditure: 3 020 0 Date of expenditure: 071	
Total Expenditures: \$	
(Carry forward to the next page if additional pages of this form are used. If this is t	he last page of expenditures, this
amount must be shown in the summary on first page.)	

1. Candidate or Committee Name: Haron Fulcher	RECEIVED
2. Reporting Period: Start Date: Oll612077 End Date:	
3. Total campaign expenditures from preceding page (enter \$0)	if first page) \$ 337-58
COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. kind contribution to a candidate, please remember to include the purpose of candidate's name in the purpose of the expenditure section.	ELECTION COMMISSION All expenditures must be itemized. If the expenditure is an in-
Business or Organization Name: ChiCK-Fil-A	
First Name: Middle Name:	Last Name:
Address: 706 S cumberions St city: Lebox	<u>060</u> State: TN Zip Code: <u>37087</u>
Purpose of Expenditure: Campaignn Staff Who	n after Doorknocking-Aaron Fulch
Amount of Expenditure: \$ 9.82 Date of Expe	enditure: <u>\$112 23</u>
Business or Organization Name: Square Space	OR
First Name: Middle Name:	
Address: 8 Clarkson St City: NY	State: NY Zip Code: 3103 1001
Purpose of Expenditure: Website - Monthly - Aa	
Amount of Expenditure: \$ 25.24 Date of Expe	
Business or Organization Name: Any Cava	OR
First Name: Middle Name:	
Address: 7025 (Umberland St City: Leba	2000 State: TN Zip Code: 37087
Purpose of Expenditure: Petunded Per Registry	
Amount of Expenditure: \$ 25.00 Date of Expe	
Business or Organization Name: US POST Office	OR
First Name: Middle Name:	
Address: 226 E Fran St City: LCbc	non State: TN Zip Code: 37087
Purpose of Expenditure: Stamps - Haran Fulch	
Amount of Expenditure: \$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	enditure: 5 24 23
Business or Organization Name: Factoov	OR
	Last Name:
First Name: Middle Name:	Davk States CA Zin Code: 94075
Address: Haller Way City Ment	Julie State. Oth Zip Code. 1-1003
Address: Haller Way City: Mentile Purpose of Expenditure: Ads - Aaron Fulcher	

Page of 15

1. Candidate or Committee Name: Hoxon Fulcher	KECEIVED
2. Reporting Period: Start Date: 011612023 End Date: 0613012073	JUL - 5 2023
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 221.06	
COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing candidate's name in the purpose of the expenditure section.	WILSON COUNTY ELECTION COMMISSION If the expenditure is an in- g, etc.) along with the
Business or Organization Name: Facebook	OR
First Name: Middle Name: Last Name:	
Address: 1 Hackerway City: Menlo Park State: CA	Zip Code: 94025
Purpose of Expenditure: AUS- AOON FUCNEY	
Amount of Expenditure: \$ 3.82 Date of Expenditure: 51241 Z3	_
Business or Organization Name: Amazon	OF
First Name: Middle Name: Last Name:	
Address: 410 Terry Ave N City: Seattle State: WA:	Zip Code: <u>98101</u>
Purpose of Expenditure: Post cord Stomper - Acron Fulcher	
Amount of Expenditure: \$ 25-21 Date of Expenditure: \$ 5124123	
Business or Organization Name: Marco Gas Station	OR
First Name: Middle Name: Last Name:	
Address: 667 S Combarland St City: Labonon State: TN:	
Purpose of Expenditure: Campaignn Darknocking gas - Acron For	
Amount of Expenditure: \$ 36.00 Date of Expenditure: 5 125 123	
Business or Organization Name: Starbucks Coffae	OF
First Name: Middle Name: Last Name:	
Address: 604 S combellend St City: Lebenon State: TN :	
Purpose of Expenditure: Campaighn Staff Metting - Acron Fulcher	C
Amount of Expenditure: \$ 1.54 Date of Expenditure: 5130123	
Business or Organization Name: Office Hax	OF
First Name: Middle Name: Last Name:	
Address: 417 S combanand St city: Lebanon State: TN	Zip Code: <u>37087</u>
Purpose of Expenditure: Campaighn Printing - Haron Fulcher	
Amount of Expenditure: \$ 0.5\ Date of Expenditure: 611123	1
Total Expenditures: \$ (Carry forward to the next page if additional pages of this form are used. If this is the last page of amount must be shown in the summary on first page.)	of expenditures, this

1. Candidate or Committee Name: Haron Fucher	RECEIVED
2. Reporting Period: Start Date: Old 12023 End Date: Ob 13012023	JUL - 5 2023
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ <u></u> も つら	
COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. It kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing candidate's name in the purpose of the expenditure section.	WILSON COUNTY f the Expenditue with the
Business or Organization Name: Fact book	OF
First Name: Middle Name: Last Name: _	
Address: Haurrway City: Mano Park State: CA Z	Zip Code: 94025
Purpose of Expenditure: Ads- Acron Fulcher	
Amount of Expenditure: \$ 5-17 Date of Expenditure: 6/11/23	
Business or Organization Name: MUTPYY EXPYESS	OF
First Name: Middle Name: Last Name: _	
Address: 603 S Comperiond St City: Lebonon State: TN Z	
Purpose of Expenditure: <u>Campaigny Door knocking gas</u> - A cron 5	Fulcher
Amount of Expenditure: \$ 4\.00 Date of Expenditure: 6 / 2 / 23	
Business or Organization Name: Office Max	
First Name: Middle Name: Last Name: _	
Address: 4175 (umberland St City: Lebonon State: TN Z	'ip Code: <u>\$7057</u>
Purpose of Expenditure: Campaighn Printing- Acron Fulcher	
Amount of Expenditure: \$ \(\begin{align*} \limits & \li	
Business or Organization Name: Office Max	Of
First Name: Middle Name: Last Name:	
First Name: Middle Name: Last Name: Address: LILTS (umberland St City: Laborion State: TN Z	Zip Code: 37087
Purpose of Expenditure: Campaiann Printing - Acron Fucher	
Amount of Expenditure: \$ 0.30 Date of Expenditure: 6 / 6 / 23	
Business or Organization Name: US Post Office	OF
First Name: Middle Name: Last Name:	
Address: 226 & Aay St City: Lebenon State: TN Z	Zip Code: 37087
Amount of Expenditure: \$ 96.00 Date of Expenditure: 6 16 123	
Total Expenditures: \$ (Carry forward to the next page if additional pages of this form are used. If this is the last page of	of expanditures this
amount must be shown in the summary on first page.)	. especialistics, tilis

1. Candidate or Committee Name: Paro	control from the Calaborate Calab	KELEIVEI)
- W	in tolcher	RECEIVEL	
2. Reporting Period: Start Date: Circuit	623 End Date: 06/30/	JUL - 5 2023	
3. Total campaign expenditures from prece	ding page (enter \$0 if first page)	WILSON COUNTY	
COMPLETE THE APPROPRIATE ITEMS FOR E kind contribution to a candidate, please remember to candidate's name in the purpose of the expenditure	to iliciane the barbose of the expenditor.	es must be itemized. If the expenditure is an	
Business or Organization Name: Faub	00K	Harries and the second	OR
First Name:	Middle Name:	Last Name:	_
Address: 1 Hacker Way	city: Henlo Park	State: CA Zip Code: 9402	2
Purpose of Expenditure: PAS - ACCO	n Fulgher		
Amount of Expenditure: \$ 16.45	Date of Expenditure: 👲	112 23	
Business or Organization Name: Souty	reast Improssions		OF
First Name:	Middle Name:	Last Name:	
Address: 114 Lecuille PK	city: Labonon	State: <u>TN</u> Zip Code: <u>3708</u>	7
Purpose of Expenditure: <u>Campaign</u>			
Amount of Expenditure: \$ 43.90	Date of Expenditure:	113/23	
Business or Organization Name: 7-8h			OF
First Name:	Middle Name	Last Name:	
Address: 810 5 combelled St	City 18W000	State: TN Zin Code: 3708	7-
Purpose of Expenditure: <u>Campaign</u>	n Dongving fig	- Acron Fulcher	
Amount of Expenditure: \$ 40.00	Date of Expenditure: 6	/13/23	
Business or Organization Name: McAN	iskrs Dai	Laut Name	_ Ur
First Name:	Middle Name:	Last Name:	
Address: 609 S Cumberiend St	City: LUBORTOVY	State: <u>IN</u> Zip Code: <u>57001</u>	
Purpose of Expenditure: Campaighr) Staff Meeting - Horor	117177	
	Date of Expenditure: 6	711123	
Amount of Expenditure: \$ 34.70			
Amount of Expenditure: \$ 34.70 Business or Organization Name: Square			_ OF
Business or Organization Name:	Middle Name:	Last Name:	
Business or Organization Name: Square First Name: Address: 8 Clarkson S+	Middle Name: City:	Last Name: State: <u>NY</u> Zip Code: <u>\$1001</u>	
Business or Organization Name:	Middle Name: City:	Last Name: State: <u>NY</u> Zip Code: <u>\$1001</u>	

enter \$0 if first page) \$ 15 IDITURE. All expenditures mupurpose of the expenditure (e.g.,	st be itemized.	If the expendit g, etc.) along w	- 5 2023 N COUNTY HISTORIESTON
NDITURE. All expenditures mupurpose of the expenditure (e.g.,	st be itemized. postage, printin	If the expendit g, etc.) along w	
ne:			N COUNTY WE IS A STON
ne:			
ne:			
0	Last Name:		
: Stattle	State: WH	Zip Code: 9	18101
- Acron Fulcher			
e of Expenditure: 6/22	2123	==	
			OR
: Menio Park	State: CA	Zip Code: _	7.4025
	3123		
icale Photography			OR
ue.	Last Name		
· lebenon	State: TN	7in Code: 3	1087
- Acron Fuicher	5tate. <u></u>	zip couc.	
		· · · · · · · · · · · · · · · · · · ·	
(3)	State: Oti	Zip Code;	11023
	123		
e or expenditure:		 >	
:	State:	Zip Code: _	
e of Expenditure:			
	e of Expenditure: 6/22 Le of Expenditure: 6/22 Le of Expenditure: 6/22 Le of Expenditure: 6/23 Le of Expenditure: 6/23 Le of Expenditure: 6/23 Le of Expenditure: 6/24 Le of Expenditure: 6/2	Last Name: Last Name: Last	Last Name: HONOPOW State: CH Zip Code: Che of Expenditure: 6 123123 COR Photography The Last Name: Last Name: Locnon State: TN Zip Code: 3 Perron Function The of Expenditure: 6 123 123 The Last Name: Last Name: State: TN Zip Code: 3 The Code State: CH Zip Code: Che Zip C

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name:	aron Folkher		RECEIVED
2. Reporting Period: Start Date: <u>0</u>	116 7027 End Date	e: 0013017073	IIII = 5,000
3. Total in-kind contributions from pr	eceding page (enter \$0 if	f first page) \$ 0 a 00	JUL - 5 2023
COMPLETE THE APPROPRIATE ITEMS dollars (\$100) from any contributor during the	FOR EACH IN-KIND CONT e period must be reported.	RIBUTION. In-kind contributions	WILSON COUNTY totaling more than one hundred
Business or Organization Name:			OR
First Name:	Middle Name:	Last Name	2:
Address:	City:	State:	Zip Code:
Occupation:	Employe	er:	
In-Kind Contribution Received For:	Primary Election	General Election R	unoff (Local Elections Only)
In-Kind Contribution Value: \$	In-Kind Contribution I	Date: Aggregate	This Election: \$
Description of In-Kind Contribution:		+	
Business or Organization Name:			OR
First Name:			
Address:			
Occupation:	Employe	er:	
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 R	unoff (Local Elections Only)
In-Kind Contribution Value: \$	In-Kind Contribution	Date: Aggregate	This Election: \$
Description of In-Kind Contribution:			
Business or Organization Name:			
First Name:			
Address:			
Occupation:	Employe	er:	
In-Kind Contribution Received For:	Primary Election	☐ General Election ☐ R	unoff (Local Elections Only)
In-Kind Contribution Value: \$			
Description of In-Kind Contribution:			
75	Α		
Total In-Kind Contributions: \$ 0.0	ditional pages of this form	n are used if this is the last na	age of in-kind

Total In-Kind Contributions: \$ _______ (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 LOANS - CANDIDATE

1. Candidate or Committee Name: Haron Fulcher		KECEIV	FD
2. Reporting Period: Start Date: O(11617027 End Date: O(180	12023	JUL - 52	
3. Complete the appropriate items for each loan totaling more than or	ne hundred dollars ((\$100).	UZJ
Complete the following for the source of each loan received and/or outstanding du		ELECTION COM	1411
Business or Organization Name:			
First Name: Middle Name:			
Address:City:			
Outstanding Loan Balance (Beginning)\$			TIEL
Loans Received\$			
Loan Payments\$			
Outstanding Loan (End)\$			
Loan Received For: Primary Election General Election		ions On i y)	
Date of Loan:			
List all endorsers or guarantors for above loan (If more space is needed, please atta	ach additional pages.)	40-	
Business or Organization Name:			
First Name: Middle Name:	Last Name:		
Address:City:	State:	Zip Code:	
Amount Guaranteed Outstanding: \$			
Business or Organization Name:			
First Name: Middle Name:			
Address:City:	State:	_ Zip Code:	
Amount Guaranteed Outstanding: \$			
Business or Organization Name:			OR
First Name: Middle Name:	Last Name	2:	
Address: City:	State:	_ Zip Code:	
Amount Guaranteed Outstanding: \$			
Business or Organization Name:			
First Name: Middle Name:	Last Name	e:	
Address:City:	State:	_ Zip Code:	
Amount Guaranteed Outstanding: \$			
Totals for all loans (Complete this page for each outstanding loan during the period Total loans received and loan payments should be shown on summary page. Outstanding	od. Complete this section	only on last page of e shown on front page	loans. Je.)
Balance (Beginning)			
Loans Received	-		
Loan Payments\$ 0.00			
Outstanding Loan (End)\$ 0.00			

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1. Candidate or Committee Name: Paron Folcher

2. Reporting Period: Start Date: () 11612023 End Date:	061301202	3		SON COUNTY			
3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.							
Business Name: Action Aunings + Signs	Description of Obligation:	Yord signs / Road signs					
First Name: Middle Name:							
Last Name:							
Address: 105 W High 56	Outstanding	Debt	Payments	Outstanding			
City: Lebonon	Balance (Period Beginning)	Incurred This Period	This Period	Balance (Period End)			
	\$ 0.00	\$ 768.25	\$0.00	\$768.25			
Business Name:	Description of Obligation:						
First Name: Middle Name:	Obligation.						
Last Name:							
Address:	Outstanding	Debt	Payments	Outstanding			
City:	Balance (Period Beginning)	Incurred This Period	This Period	Balance (Period End)			
State: Zip Code:	\$	\$	\$	\$			
Business Name:	Description of Obligation:						
First Name: Middle Name:	Obligation:						
Last Name:							
Address:	Outstanding	Debt	Payments	Outstanding			
City:	Balance (Period Beginning)	Incurred This Period	This Period	Balance (Period End)			
State: Zip Code:	\$	\$	\$	\$			
Business Name:	Description of Obligation:						
First Name: Middle Name:	Sangana	1					
Last Name:							
Address:	Outstanding	Debt	Payments This Period	Outstanding Balance			
City:	Balance (Period Beginning)	Incurred This Period	mis Period	(Period End)			
State: Zip Code:	\$	\$	\$	\$			
State zip code							
TOTALS: \$768.25	Outstanding	Debt	Payments	Outstanding			
(Carry forward to the next page if additional pages of this	Balance (Period Beginning)	Incurred	This Period	Balance (Period End)			
form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column	\$ O - OO	\$ 768.25	\$ 0.00	\$ 76%-25			
must also be shown on the summary on first page.)		0.					