

## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT For Certain Tax Exempt Organizations**

Tennessee Bureau of Ethics and Campaign Finance WRS Tennessee Tower, 26th Floor 312 Rosa L. Parks Avenue Nashville, TN 37243 (615) 741-7959 Registry.Info@tn.gov

**INSTRUCTIONS:** This form must be used to report expenditures as required by the Campaign Financial Disclosure Act (T.C.A. § 2-10-132(b)), by any organization that is tax exempt under United States Internal Revenue Service Code §§ 501(c)(4), 501(c)(5), or 501(c)(6) (26 U.S.C. §§ 501(c)(4)-(6)) which expends an aggregate total of at least five thousand dollars (\$5,000) in organizational funds, moneys, or credits for communications that expressly contain the name or visually depict the likeness of a state or local candidate in a primary or general election within sixty (60) calendar days immediately preceding a primary or general election in which the named or visually depicted candidate appears on the ballot.

This form should be used for each reporting period of the election year in which the organization is required to file. 2. Organization Name: \_\_\_\_\_\_\_ 2.a. Short Name (If Applicable): \_\_\_\_\_\_ 3. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_ Phone: \_\_\_\_\_ 4. Name of Filer: \_\_\_\_ \_\_\_\_ 5. Title of Filer: \_\_\_\_\_ 6. Category or Report: ☐ First Ouarter 7. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_ 8. Certification: This organization is required to report its expenditures as required by T.C.A.  $\S$  2-10-132(b) because the organization is a tax exempt organization under United States Internal Revenue Service Code §§ 501(c)(4), 501(c)(5), or 501(c)(6) (26 U.S.C. §§ 501(c)(4)-(6)) which has expended an aggregate total of at least five thousand dollars (\$5,000) in organizational funds, moneys, or credits for communications that expressly contain the name or visually depict the likeness of a state or local candidate in a primary or general election within sixty (60) calendar days immediately preceding a primary or general election in which the named or visually depicted candidate appears on the ballot. I do solemnly swear or affirm that the information contained in this statement is true and that the committee has complied with all applicable provisions of the Campaign Financial Disclosure Act. Signature of Filer Date Signature of Witness Date 9. Summary:

## **STATEMENT OF EXPENDITURES**

1. Organization Name:						
2. Reporting Period: Start Date:	ing Period: Start Date: End Date:					
3. TOTAL EXPENDITURES FROM PRECED	ING PAGE (Enter \$0 if first p	page):				
		each expenditure's purpose, include the name of the candidate liture relates and the office sought by such candidate.				
First Name:	Middle Name:	Last Name:				
Business Name:						
Address:	City:	State: Zip Code:				
Purpose of Expenditure:						
Date of Expenditure:	Amount of Expenditure: \$					
First Name:	Middle Name:	Last Name:				
Business Name:						
Address:	City:	State: Zip Code:				
Purpose of Expenditure:						
Date of Expenditure:	Amount of Expenditure: \$					
First Name:	Middle Name:	Last Name:				
Business Name:						
Address:	City:	State: Zip Code:				
Purpose of Expenditure:						
Date of Expenditure:	Amount of Expenditure: \$					
First Name:	Middle Name:	Last Name:				
Business Name:						
Address:	City:	State: Zip Code:				
Purpose of Expenditure:						
Date of Expenditure:		Amount of Expenditure: \$				
First Name:	Middle Name:	Last Name:				
Business Name:						
Address:	City:	State: Zip Code:				
Purpose of Expenditure:						
Date of Expenditure:		Amount of Expenditure: \$				
Total Expenditures: \$						

(Carry forward to item 3. of next page if additional pages of this form are used. If this is the last page of campaign expenditures, this amount must be shown in item 9.a. of summary on first page.)

## **STATEMENT OF OBLIGATIONS**

1. Organization Name:				
2. Reporting Period: Start Date: End Date	:			
COMPLETE THE APPROPRIATE ITEMS FOR EACH OBLIGATION: (Ob	9	, ,		
period. For each obligation's purpose, include the name of the cathe expenditure relates and the office sought by such candidate.)		or pictured i	n the communic	ation to which
Fig. 1. No.	Description of	1		
First Name: Middle Name:	Obligation:			
Last Name:				
Business Name:				
Address:	Outstanding	Debt	Payments This Pariod	Outstanding
City:	Balance (Period Beginning)	Incurred	This Period	Balance (Period End)
State: Zip Code:	\$	\$	\$	\$
First Name: Middle Name:	Description of			
	Obligation:			
Last Name:				
Business Name:	Outstanding	Debt	Dayments	Outstanding
Address:	Balance (Period	Incurred	Payments This Period	Outstanding Balance
City:	Beginning)	ļ	1.	(Period End)
State: Zip Code:	\$	\$	\$	\$
	<u> </u>			
First Name: Middle Name:	Description of Obligation:			
Last Name:				
Business Name:				
Address:	Outstanding	Debt	Payments	Outstanding
	Balance (Period Beginning)	Incurred	This Period	Balance (Period End)
City:	\$	\$	\$	\$
State: Zip Code:	,	1 7	1 *	1 *
	Description of			
First Name: Middle Name:	Obligation:			
Last Name:				
Business Name:				
Address:	Outstanding Balance (Period	Debt Incurred	Payments This Period	Outstanding Balance
City:	Beginning)	lincurred	Tills reliou	(Period End)
State: Zip Code:	\$	\$	\$	\$
State Zip Code:				
TOTALS	Outstanding	Debt	Payments	Outstanding
(Total from "Outstanding Balance - (Period End)" column must	Balance (Period Beginning)	Incurred	This Period	Balance (Period End)
also be shown in item 9.b. of summary on first page.)	ς ς	\$	\$	\$