

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Ken Smith

14. Reporting Period: Start Date: 1/1/2025 End Date: 6/30/2025

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ \$119.40
(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.) \$ \$119.40

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$386.51
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- 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.)..... \$ \$386.51

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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Ken Smith
2. Reporting Period: Start Date: 1/1/2025 End Date: 6/30/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-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: Hixson Wrestling Takedown Club **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 5705 Middle Valley Rd City: Hixson State: TN Zip Code: 37343
Purpose of Expenditure: HHS Golf Tourney Fund
Amount of Expenditure: \$ \$300.00 Date of Expenditure: \$ 4/8/2025

Business or Organization Name: Google **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1600 Amphitheatre Parkway City: Mountain View State: CA Zip Code: 94043
Purpose of Expenditure: asuite software
Amount of Expenditure: \$ \$86.51 Date of Expenditure: \$ 6/30/2025

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: \$ _____

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: \$ _____

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: \$ _____

Total Expenditures: \$ \$386.51

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