CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 1/24/2024 2.a. Candidate or Committee Name: Paul L Webb

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/4/2022

4. Campaign Address: 1201 Twin Springs Drive

City: Brentwood State: TN Zip Code: 37027 Phone: _____

5. Candidate Home Address: 1201 Twin Springs Drive

City: Brentwood State: TN Zip Code: 37027 Phone: _____

Candidate Email Address: pwebbwm6@yahoo.com

6. Office Sought: (include district number, if applicable) County Commissioner - Dist 06

7. Name of Political Treasurer (may be candidate): Vicki Sanford

Political Treasurer Email Address: Tnvsan@aol.com

8. Category or Report: (check one)

☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☐ Pre-Primary ☐ Pre-General

☐ Mid-Year Supplemental ☑ Year-End Supplemental ☐ Runoff Election

9. Reporting Period: Start Date: 7/1/2023 End Date: 1/15/2024

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.

-82EE-4550-9925-8B17
01/24/24 - 8:31 PM

Candidate Signature	Date	Political Treasurer Signature	Date
Witness Signature	Date	Witness Signature	Date

12. Summary:

a.	Balance On Hand Last Report	$ $317.63
b.	Total Receipts This Period	$ $0.00
c.	Total Disbursements This Period	$ $317.63
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $0.00
e.	Total Loans Outstanding	$ $0.00
f.	Total Obligations Outstanding	$ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Paul L Webb

14. Reporting Period: Start Date: 7/1/2023 End Date: 1/15/2024

15. Receipts:

a. 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.) ..... $ _____

16. Disbursements:

a. Total Expenditures (other than loan payments)..... $ $317.63
(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.)..... $ $317.63

17. In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period ..... $ _____

b. Itemized In-Kind Contributions Received This Period ..... $ $2.54

c. Total In-Kind Contributions Received This Period ..... $ $2.54

18. Obligations:

a. Total Obligations Outstanding (must be shown in item 12.f.) ..... $ _____

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Paul L Webb

2. Reporting Period: Start Date: 7/1/2023 End Date: 1/15/2024

3. Total in-kind contributions from preceding page (enter $0 if first page) $ $0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars ($100) from any contributor during the period must be reported.

Business or Organization Name: ______ **OR**

First Name: Pat Middle Name: Webb Last Name: Reimburse for Amazo

Address: 1201 Twin Springs Drive City: Brentwood State: TN Zip Code: 37027

Occupation: retired Employer: n/a

In-Kind Contribution Received For: Primary Election ■ General Election Runoff (Local Elections Only)

In-Kind Contribution Value: $$2.54 In-Kind Contribution Date: 9/15/2023 Aggregate This Election: $ $2.54

Description of In-Kind Contribution: Donated portion of a package of copy paper

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Business or Organization Name: ______ **OR**

First Name: ______ Middle Name: ______ Last Name: ______

Address: ______ City: ______ State: ____ Zip Code: ______

Occupation: ______ Employer: ______

In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

In-Kind Contribution Value: $______ In-Kind Contribution Date: ______ Aggregate This Election: $ ______

Description of In-Kind Contribution: ______

Business or Organization Name: ______ **OR**

First Name: ______ Middle Name: ______ Last Name: ______

Address: ______ City: ______ State: ____ Zip Code: ______

Occupation: ______ Employer: ______

In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

In-Kind Contribution Value: $______ In-Kind Contribution Date: ______ Aggregate This Election: $ ______

Description of In-Kind Contribution: ______

Business or Organization Name: ______ **OR**

First Name: ______ Middle Name: ______ Last Name: ______

Address: ______ City: ______ State: ____ Zip Code: ______

Occupation: ______ Employer: ______

In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

In-Kind Contribution Value: $______ In-Kind Contribution Date: ______ Aggregate This Election: $ ______

Description of In-Kind Contribution: ______

Total In-Kind Contributions: $ $2.54

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Paul L Webb

2. Reporting Period: Start Date: 7/1/2023 End Date: 1/15/2024

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: _____ **OR**

First Name: Pat Middle Name: Webb Last Name: Reimburse for Ama

Address: 1201 Twin Springs Drive City: Brentwood State: TN Zip Code: 37027

Purpose of Expenditure: Reimbursement for partial package of copy paper

Amount of Expenditure: $ $4.63 Date of Expenditure: $ 1/13/2024

Business or Organization Name: Ann Peterson re-election campaign **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 400 Chesterfield Place City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: Campaign contribution

Amount of Expenditure: $ $50.00 Date of Expenditure: $ 8/31/2023

Business or Organization Name: Brandy Blanton re-election campaign **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 406 Vienna Court City: Franklin State: TN Zip Code: 37067

Purpose of Expenditure: Campaign contribution

Amount of Expenditure: $ $75.00 Date of Expenditure: $ 8/31/2023

Business or Organization Name: Erin Nations for Judge campaign **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 8221 Falmouth Court City: Brentwood State: TN Zip Code: 37027

Purpose of Expenditure: Campaign Contribution

Amount of Expenditure: $ $50.00 Date of Expenditure: $ 11/30/2023

Business or Organization Name: Mark Elrod for Sheriff campaign **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 2635 York Road City: Nolensville State: TN Zip Code: 37135

Purpose of Expenditure: Campaign Contribution

Amount of Expenditure: $ $100.00 Date of Expenditure: $ 1/6/2024

Total Expenditures: $ $279.63

(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.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Paul L Webb

2. Reporting Period: Start Date: 7/1/2023 End Date: 1/15/2024

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $279.63

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: Multiply LLC **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 7051 Highway 70 South #309 City: Nashville State: TN Zip Code: 37221-220
Purpose of Expenditure: Web site domain renewal
Amount of Expenditure: $ $38.00 Date of Expenditure: $ 9/26/2023

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: $ ______

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: $ $317.63
(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.)