

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 7/10/22		2.a. NAME OF CANDIDATE OR COMMITTEE Friends of Keri Blair	
2.b. IF COMMITTEE, NAME OF CANDIDATE Keri Blair		3. ELECTION DATE November 8, 2022	
4.a. CAMPAIGN ADDRESS AND PHONE			
Street or Rural Route 887 Deloach Lane		City Waverlyville	State TN
		Zip Code 38017	Phone 901-569-6402
4.b. CANDIDATE'S HOME ADDRESS (If different than 4.a.)			
Street or Rural Route		City	State
		Zip Code	Phone
5. OFFICE SOUGHT (include district number, if applicable) School Board Position 4		6. NAME OF POLITICAL TREASURER (may be candidate) Bethany Schmidt	
7. CATEGORY OR REPORT (Check one)			
<input type="checkbox"/> FIRST QUARTER	<input checked="" type="checkbox"/> SECOND QUARTER	<input type="checkbox"/> THIRD QUARTER	<input type="checkbox"/> FOURTH QUARTER
<input type="checkbox"/> PRE-PRIMARY		<input type="checkbox"/> PRE-GENERAL	
<input type="checkbox"/> MID-YEAR SUPPLEMENTAL		<input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD April 1, 2022		8.b. ENDING DATE OF REPORTING PERIOD June 30, 2022	
9. (Check one)			
a. <input checked="" type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)			
b. <input type="checkbox"/> 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.			
10. 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.			
<u>Keri Blair</u> signature of candidate		<u>Bethany Schmidt</u> signature of political treasurer	
<u>7/10/22</u> date		<u>7/10/22</u> date	
11. WITNESS SIGNATURE			
<u>[Signature]</u> signature of witness		<u>[Signature]</u> signature of witness	
<u>7/10/22</u> date		<u>7/10/22</u> date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ <u>0</u>	
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>0</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>0</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>0</u>	
e. TOTAL LOANS OUTSTANDING		\$ <u>0</u>	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>0</u>	



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Friends of Keri Blair				2. REPORT COVERING THE PERIOD FROM: 4/1/22 TO: 6/30/22		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name NA		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Ø
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						Ø
Employer						
First Name NA		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Ø
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						Ø
Employer						
First Name NA		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Ø
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						Ø
Employer						
First Name NA		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Ø
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						Ø
Employer						
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)						



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Friends of Keri Blair				2. REPORT COVERING THE PERIOD FROM: 4/1/22 TO: 6/30/22	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totalling more than \$100 from any contributor during the period)					
First Name N/A		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
City		State		Zip Code	
Occupation		Employer		Description of In-Kind Contribution	
				Value of In-Kind Contribution 0	
First Name N/A		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
City		State		Zip Code	
Occupation		Employer		Description of In-Kind Contribution	
				Value of In-Kind Contribution 0	
First Name N/A		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
City		State		Zip Code	
Occupation		Employer		Description of In-Kind Contribution	
				Value of In-Kind Contribution 0	
First Name N/A		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
City		State		Zip Code	
Occupation		Employer		Description of In-Kind Contribution	
				Value of In-Kind Contribution 0	
First Name N/A		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
City		State		Zip Code	
Occupation		Employer		Description of In-Kind Contribution	
				Value of In-Kind Contribution 0	
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS (Carry forward to item 3. of 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 item 22b. of summary.)					

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Friends of Keri Blair			2. REPORT COVERING THE PERIOD FROM: 4/1/22 TO: 6/30/22		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name NA	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name			0		
Address					
City	State				Zip Code
First Name NA	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name			0		
Address					
City	State				Zip Code
First Name NA	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name			0		
Address					
City	State				Zip Code
First Name NA	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name			0		
Address					
City	State				Zip Code
First Name NA	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name			0		
Address					
City	State				Zip Code
First Name NA	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name			0		
Address					
City	State				Zip Code
First Name NA	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name			0		
Address					
City	State				Zip Code
5. TOTAL ITEMIZED EXPENDITURES					
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)					

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Friends of Keri Blair				2. REPORT COVERING THE PERIOD FROM: 4/1/22 TO: 6/30/22							
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)											
Complete the Following for the Source of the Loan											
First Name NA		Middle Name		Outstanding Loan Balance (Beginning of Period)		Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)			
Last Name/Organization Name				Address				Loan Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Date of Loan	
City		State	Zip Code	List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)				City		State	Zip Code
First Name NA		Middle Name		First Name		Middle Name		Last Name/Organization Name		Last Name/Organization Name	
Last Name/Organization Name				Address				City		State	Zip Code
City		State	Zip Code	Amount Guaranteed Outstanding				Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	
First Name NA		Middle Name		First Name		Middle Name		Last Name/Organization Name		Last Name/Organization Name	
Last Name/Organization Name				Address				City		State	Zip Code
City		State	Zip Code	Amount Guaranteed Outstanding				Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	
First Name NA		Middle Name		First Name		Middle Name		Last Name/Organization Name		Last Name/Organization Name	
Last Name/Organization Name				Address				City		State	Zip Code
City		State	Zip Code	Amount Guaranteed Outstanding				Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	
First Name NA		Middle Name		First Name		Middle Name		Last Name/Organization Name		Last Name/Organization Name	
Last Name/Organization Name				Address				City		State	Zip Code
City		State	Zip Code	Amount Guaranteed Outstanding				Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	
4. Totals for all Loans (complete on last page of itemized loans) <small>(Total loans received should also be shown in item 16, on summary page.) (Total loan payments should also be shown in item 20, on summary page.) (Total outstanding loan balance should also be shown in item 12.e, on front page.)</small>				Outstanding Loan Balance (Beginning of Period)		Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)			



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD			
Friends of Keri Blair			FROM: 4/1/22		TO: 6/30/22	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)			Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	NA	Middle Name				0
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	NA	Middle Name				0
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	NA	Middle Name				0
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	NA	Middle Name				0
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	NA	Middle Name				0
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
4. TOTALS						
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)						