



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 1/25/2024 2.a. Candidate or Committee Name: Marcia Masulla
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/3/2023
4. Campaign Address: 2817 West End Ave 126-470
City: Nashville State: TN Zip Code: 37203 Phone: _____
5. Candidate Home Address: 1225 4th Avenue South
City: Nashville State: TN Zip Code: 37210 Phone: (615) 878-0950
Candidate Email Address: marcia@marciafornashville.com
6. Office Sought: (include district number, if applicable) Council Members at Large
7. Name of Political Treasurer (may be candidate): phil cobucci
Political Treasurer Email Address: treasurer@marciafornashville.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: 10/1/2023 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.

Candidate Signature

Date

Political Treasurer Signature

Date

Witness Signature

Date

Witness Signature

Date

12. Summary:

- | | |
|---|-----------------------|
| a. Balance On Hand Last Report | \$ <u>\$20,571.59</u> |
| b. Total Receipts This Period | \$ <u>\$0.00</u> |
| c. Total Disbursements This Period | \$ <u>\$14,948.94</u> |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.) | \$ <u>\$5,622.65</u> |
| e. Total Loans Outstanding | \$ <u>\$0.00</u> |
| f. Total Obligations Outstanding | \$ <u>\$0.00</u> |

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Marcia Masulla

14. Reporting Period: Start Date: 10/1/2023 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)..... \$ \$14,948.94
(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.)..... \$ \$14,948.94

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: Marcia Masulla
2. Reporting Period: Start Date: 10/1/2023 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: The Happy Hour Nashville **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2911 12th Avenue South City: Nashville State: TN Zip Code: 37204
Purpose of Expenditure: Staff Gift
Amount of Expenditure: \$ \$175.00 Date of Expenditure: \$ 10/2/2023

Business or Organization Name: USPS **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2006 Acklen Avenue City: Nashville State: TN Zip Code: 37212
Purpose of Expenditure: Postage
Amount of Expenditure: \$ \$198.00 Date of Expenditure: \$ 10/3/2023

Business or Organization Name: Community Resource Center Nashville **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 218 Omohundro Pl City: Nashville State: TN Zip Code: 37210
Purpose of Expenditure: Donation
Amount of Expenditure: \$ \$259.06 Date of Expenditure: \$ 10/4/2023

Business or Organization Name: Gloria for Tennessee **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 73 White Bridge Road 103-353 City: Nashville State: TN Zip Code: 37205
Purpose of Expenditure: Donation
Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 10/4/2023

Business or Organization Name: Moxie Print Market **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1312 Division Street City: Nashville State: TN Zip Code: 37212
Purpose of Expenditure: Printing
Amount of Expenditure: \$ \$360.09 Date of Expenditure: \$ 10/4/2023

Total Expenditures: \$ \$1,242.15

(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: Marcia Masulla
2. Reporting Period: Start Date: 10/1/2023 End Date: 1/15/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$1,242.15

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: OZ Arts **OR**

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

Address: 6172 Cockrill Bend Circle City: Nashville State: TN Zip Code: 37209

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$750.00 Date of Expenditure: \$ 10/4/2023

Business or Organization Name: YWCA Nashville **OR**

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

Address: 1608 Woodmont Blvd City: Nashville State: TN Zip Code: 37215

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$259.38 Date of Expenditure: \$ 10/6/2023

Business or Organization Name: USPS **OR**

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

Address: 2006 Acklen Ave City: Nashville State: TN Zip Code: 37212

Purpose of Expenditure: Postage

Amount of Expenditure: \$ \$33.00 Date of Expenditure: \$ 10/10/2023

Business or Organization Name: Emerge America **OR**

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

Address: 818 Connecticut Avenue NW Suite: _____ City: Washington State: DC Zip Code: 20006

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$500.00 Date of Expenditure: \$ 10/10/2023

Business or Organization Name: Google.com **OR**

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

Address: 1600 Amphitheatre Parkway City: Mountain View State: CA Zip Code: 94043

Purpose of Expenditure: Domain Renewal

Amount of Expenditure: \$ \$60.00 Date of Expenditure: \$ 10/11/2023

Total Expenditures: \$ \$2,844.53

(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: Marcia Masulla
2. Reporting Period: Start Date: 10/1/2023 End Date: 1/15/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$2,844.53

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: Friends of Caleb Hemmer **OR**

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

Address: P.O. Box 150413 City: Nashville State: TN Zip Code: 37215

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$125.00 Date of Expenditure: \$ 10/10/2023

Business or Organization Name: Ronnie Glynn for State Representative **OR**

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

Address: 134 Wynwood Drive City: Clarksville State: TN Zip Code: 37042

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$125.00 Date of Expenditure: \$ 10/10/2023

Business or Organization Name: Olivia Hill for Metro Council at Large **OR**

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

Address: PO Box 210465 City: Nashville State: TN Zip Code: 37204

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 10/20/2023

Business or Organization Name: Tennessee Advocates for Planned Parenthood **OR**

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

Address: Best Effort City: Nashville State: TN Zip Code: 37201

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 11/23/2023

Business or Organization Name: inclusion tennessee **OR**

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

Address: 2817 West End Avenue 126-166 City: Nashville State: TN Zip Code: 37212

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$1,000.00 Date of Expenditure: \$ 10/31/2023

Total Expenditures: \$ \$4,594.53

(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: Marcia Masulla
2. Reporting Period: Start Date: 10/1/2023 End Date: 1/15/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$4,594.53

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: Adam Middle Name: _____ Last Name: Roddick
Address: Best Effort City: Nashville State: TN Zip Code: 37201
Purpose of Expenditure: Staff Remibursment
Amount of Expenditure: \$ \$500.00 Date of Expenditure: \$ 10/5/2023

Business or Organization Name: Salvation Army **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 631 Dickerson Pike City: Nashville State: TN Zip Code: 37207
Purpose of Expenditure: Donation
Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 11/2/2023

Business or Organization Name: _____ **OR**
First Name: Phil Middle Name: _____ Last Name: Cobucci
Address: 2817 West End Avenue City: Nashville State: TN Zip Code: 37203
Purpose of Expenditure: Campaign Support
Amount of Expenditure: \$ \$1,000.00 Date of Expenditure: \$ 11/3/2023

Business or Organization Name: YWCA Nashville **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1608 Woodmont Blvd City: Nashville State: TN Zip Code: 37215
Purpose of Expenditure: Donation
Amount of Expenditure: \$ \$518.45 Date of Expenditure: \$ 11/16/2023

Business or Organization Name: Arts and Business Council **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1900 Belmont Blvd City: Nashville State: TN Zip Code: 37212
Purpose of Expenditure: Donation
Amount of Expenditure: \$ \$500.00 Date of Expenditure: \$ 11/16/2023

Total Expenditures: \$ \$7,312.98

(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: Marcia Masulla
2. Reporting Period: Start Date: 10/1/2023 End Date: 1/15/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$7,312.98

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: The Table Action **OR**

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

Address: Best Effort City: Nashville State: TN Zip Code: 37201

Purpose of Expenditure: Donation / Membership

Amount of Expenditure: \$ \$258.00 Date of Expenditure: \$ 11/16/2023

Business or Organization Name: Belcourt Theatre **OR**

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

Address: 2102 Belcourt Avenue City: Nashville State: TN Zip Code: 37212

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 11/24/2023

Business or Organization Name: Leadership Nashville **OR**

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

Address: 222 2nd Avenue City: Nashville State: TN Zip Code: 37201

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$1,000.00 Date of Expenditure: \$ 11/27/2023

Business or Organization Name: The Giving Kitchen **OR**

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

Address: 970 Jefferson Street NW Suite 8 City: Atlanta State: GA Zip Code: 30318

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$100.00 Date of Expenditure: \$ 11/29/2023

Business or Organization Name: Megan Barry for Congress **OR**

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

Address: 73 White Bridge Road 103-353 City: Nashville State: TN Zip Code: 37205

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$100.00 Date of Expenditure: \$ 12/7/2023

Total Expenditures: \$ \$9,020.98

(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: Marcia Masulla
2. Reporting Period: Start Date: 10/1/2023 End Date: 1/15/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$9,020.98

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: Mosaic Changemakers **OR**

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

Address: PO Box 90221 City: Nashville State: TN Zip Code: 37209

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$75.00 Date of Expenditure: \$ 12/7/2023

Business or Organization Name: United Way Nashville **OR**

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

Address: 250 Venture Circle City: Nashville State: TN Zip Code: 37229

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$100.00 Date of Expenditure: \$ 12/11/2023

Business or Organization Name: United Way Nashville **OR**

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

Address: 250 Venture Circle City: Nashville State: TN Zip Code: 37209

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$100.00 Date of Expenditure: \$ 12/11/2023

Business or Organization Name: Big Brothers Big Sisters of Middle Tennessee **OR**

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

Address: 1704 Charlotte Avenue #130 City: Nashville State: TN Zip Code: 37203

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$111.92 Date of Expenditure: \$ 12/12/2023

Business or Organization Name: Pet Community Center **OR**

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

Address: 5233 Harding PI Suite 5247 City: Nashville State: TN Zip Code: 37217

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$1,000.00 Date of Expenditure: \$ 12/12/2023

Total Expenditures: \$ \$10,407.90

(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: Marcia Masulla
2. Reporting Period: Start Date: 10/1/2023 End Date: 1/15/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$10,407.90

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: Flying Pig Sanctuary **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2392 Possum Trot Rd City: Grandview State: TN Zip Code: 37337
Purpose of Expenditure: Donation
Amount of Expenditure: \$ \$257.78 Date of Expenditure: \$ 12/14/2023

Business or Organization Name: Community Resource Center Nashville **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 218 Omohundro Pl City: Nashville State: TN Zip Code: 37210
Purpose of Expenditure: Donation - Tornado Recovery
Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 12/14/2023

Business or Organization Name: Target **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 26 White Bridge Road City: Nashville State: TN Zip Code: 37205
Purpose of Expenditure: Purchase for Donation to Nashville Rescue Mission
Amount of Expenditure: \$ \$366.57 Date of Expenditure: \$ 12/15/2023

Business or Organization Name: Southern Trophy **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2705 Nolensville Pike City: Nashville State: TN Zip Code: 37205
Purpose of Expenditure: Donation for Pet Community Center
Amount of Expenditure: \$ \$111.44 Date of Expenditure: \$ 12/15/2023

Business or Organization Name: Safe Haven Family Shelter **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1234 3rd Ave S City: Nashville State: TN Zip Code: 37210
Purpose of Expenditure: Donation
Amount of Expenditure: \$ \$500.00 Date of Expenditure: \$ 12/15/2023

Total Expenditures: \$ \$11,893.69

(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: Marcia Masulla
2. Reporting Period: Start Date: 10/1/2023 End Date: 1/15/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$11,893.69

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: Nashville Banner **OR**

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

Address: P.O. Box 41972 City: Nashville State: TN Zip Code: 37204

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$184.36 Date of Expenditure: \$ 12/19/2023

Business or Organization Name: Nashville Ballet **OR**

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

Address: 3630 Redmon St City: Nashville State: TN Zip Code: 37209

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 12/19/2023

Business or Organization Name: The National Museum of African American Music **OR**

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

Address: 510 Broadway City: Nashville State: TN Zip Code: 37203

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 12/19/2023

Business or Organization Name: Nashville Film Festival **OR**

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

Address: 161 Rains Ave City: Nashville State: TN Zip Code: 37203

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$102.44 Date of Expenditure: \$ 12/19/2023

Business or Organization Name: The Nashville Entrepreneur Center **OR**

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

Address: 41 Peabody Street City: Nashville State: TX Zip Code: 37201

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$518.45 Date of Expenditure: \$ 12/19/2023

Total Expenditures: \$ \$13,198.94

(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: Marcia Masulla
2. Reporting Period: Start Date: 10/1/2023 End Date: 1/15/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$13,198.94

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: Country Music Hall of Fame **OR**

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

Address: 222 Rep. John Lewis Way S City: Nashville State: TN Zip Code: 37203

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 12/20/2023

Business or Organization Name: Nashville Opera **OR**

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

Address: 3622 Redmon St City: Nashville State: TN Zip Code: 37209

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 12/20/2023

Business or Organization Name: Mosaic Changemakers **OR**

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

Address: PO Box 90221 City: Nashville State: TN Zip Code: 37209

Purpose of Expenditure: Program Tuition + Donation

Amount of Expenditure: \$ \$1,000.00 Date of Expenditure: \$ 12/21/2023

Business or Organization Name: Committee to Elect Aftyn Behn **OR**

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

Address: PO BOX 60129 City: Nashville State: TN Zip Code: 37206

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 1/2/2024

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: \$ \$14,948.94

(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.)