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ACCEPTED TCA 2-5-102

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAME OF CANDIDATE OR COMMITTEE
8-11-22	Ryan Strain

2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE
	11-3-20

4.a. CAMPAIGN ADDRESS AND PHONE

Street or Rural Route	City	State	Zip Code	Phone
8750 Pierpoint Cove	Germantown	TN	38139	

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)	6. NAME OF POLITICAL TREASURER (may be candidate)
Germantown School Bd., Pos. 1	Alan Strain

7. CATEGORY OR REPORT (Check one)

☐ FIRST QUARTER ☐ SECOND QUARTER ☐ THIRD QUARTER ☐ FOURTH QUARTER ☐ PRE-PRIMARY ☐ PRE-GENERAL ☒ MID-YEAR SUPPLEMENTAL ☐ YEAR-END SUPPLEMENTAL

8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. ENDING DATE OF REPORTING PERIOD
1-16-22	6-30-22

9. (Check one)

a. ☒ 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. ☐ 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.

signature of candidate	date	signature of political treasurer	date
Ryan Strain	8-11-22	Alan R. Strain	8/11/22

11. WITNESS SIGNATURE

signature of witness	date	signature of witness	date
[illegible]	8/11/2022	[illegible]	8/11/22

12. SUMMARY

a.	BALANCE ON HAND LAST REPORT	$ 356.29
b.	TOTAL RECEIPTS THIS PERIOD	$ 0
c.	TOTAL DISBURSEMENTS THIS PERIOD	$ 120.00
d.	BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	$ 236.29
e.	TOTAL LOANS OUTSTANDING	$ 235.00
f.	TOTAL OBLIGATIONS OUTSTANDING	$ 0

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
Ryan Strain	FROM: 1-16-22 TO: 6-30-22

RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 0

b. Itemized Contributions (over $100 from each source this period) ..... $ 0

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) ..... $ 0

16. LOANS RECEIVED THIS REPORTING PERIOD ..... $ 0

17. INTEREST RECEIVED THIS REPORTING PERIOD ..... $ 0

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) ..... $ 0

DISBURSEMENTS

19. EXPENDITURES (other than loan payments)

a. Expenditures ($100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)

	$
	$
	$
	$
	$
	$
	$
	$
	$

Total of Expenditures ($100 or less each payee) ..... $ 0

b. Itemized Expenditures (Over $100 each payee this period) ..... $ 120.00

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) ..... $ 120.00

20. LOAN REPAYMENTS MADE THIS PERIOD ..... $ 0

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) ..... $ 120.00

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions ($100 or less from each source this period) ..... $ 0

b. Itemized in-kind contributions (over $100 from each source this period) ..... $ 0

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) ..... $ 0

23. OBLIGATIONS

a. Unitemized Obligations Outstanding ($100 or less each) ..... $ 0

b. Itemized Obligations Outstanding (Over $100 each) ..... $ 0

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.) ..... $ 0

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD FROM:	TO:
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	Middle Name		Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name				
Address				
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation				
Employer				

First Name	Middle Name		Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name				
Address				
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation				
Employer				

First Name	Middle Name		Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name				
Address				
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation				
Employer				

First Name	Middle Name		Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name				
Address				
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation				
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	2. REPORT COVERING THE PERIOD FROM:	TO:
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 totaling more than $100 from any contributor during the period)

First Name	Middle Name	In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	Value of In-Kind Contribution
Last Name/Organization Name			
Address		Date of In-Kind Contribution	Aggregate this Election
City	State / Zip Code	Description of In-Kind Contribution	
Occupation	Employer		

First Name	Middle Name	In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	Value of In-Kind Contribution
Last Name/Organization Name			
Address		Date of In-Kind Contribution	Aggregate this Election
City	State / Zip Code	Description of In-Kind Contribution	
Occupation	Employer		

First Name	Middle Name	In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	Value of In-Kind Contribution
Last Name/Organization Name			
Address		Date of In-Kind Contribution	Aggregate this Election
City	State / Zip Code	Description of In-Kind Contribution	
Occupation	Employer		

First Name	Middle Name	In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	Value of In-Kind Contribution
Last Name/Organization Name			
Address		Date of In-Kind Contribution	Aggregate this Election
City	State / Zip Code	Description of In-Kind Contribution	
Occupation	Employer		

First Name	Middle Name	In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	Value of In-Kind Contribution
Last Name/Organization Name			
Address		Date of In-Kind Contribution	Aggregate this Election
City	State / Zip Code	Description of In-Kind Contribution	
Occupation	Employer		

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: Ryan Strain

2. REPORT COVERING THE PERIOD FROM: 1-16-22 TO: 6-30-22

3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter $0 if first itemized page): Amount $0

4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than $100 to any payee during the period)

First Name	Middle Name	Last Name/Business Name	Address	City	State	Zip Code	Purpose of Expenditure	Amount of Expenditure
		First Horizon	P.O. Box 84	Memphis	TN	38101	Service charge	$15
		First Horizon	P.O. Box 84	Memphis	TN	38101	Service charge	$5
		First Horizon	P.O. Box 84	Memphis	TN	38101	Service charge	$15
		First Horizon	P.O. Box 84	Memphis	TN	38101	Service charge	$5
		First Horizon	P.O. Box 84	Memphis	TN	38101	Service charge	$15
		First Horizon	P.O. Box 84	Memphis	TN	38101	Service charge	$5

5. TOTAL ITEMIZED EXPENDITURES: $60

(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 EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE: Ryan Strain

2. REPORT COVERING THE PERIOD FROM: 1-16-22 TO: 6-30-22

3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter $0 if first itemized page): Amount $60

4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than $100 to any payee during the period)

First Name	Middle Name	Last Name/Business Name	Address	City	State	Zip Code	Purpose of Expenditure	Amount of Expenditure
First Horizon		✓	P.O. Box 84	Memphis	TN	38101	Service charge	$15
		First Horizon	P.O. Box 84	Memphis	TN	38101	Service charge	$5
		First Horizon	P.O. Box 84	Memphis	TN	38101	Service charge	$15
		First Horizon	P.O. Box 84	Memphis	TN	38101	Service charge	$5
		First Horizon	P.O. Box 84	Memphis	TN	38101	Service charge	$15
		First Horizon	P.O. Box 84	Memphis	TN	38101	Service charge	$5

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	2. REPORT COVERING THE PERIOD FROM:	TO:
Ryan Strain	1-16-22	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	Middle Name	Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)
Ryan	Andrew	$235.00	Ø	Ø	$235.00

Last Name/Organization Name: Strain

Address: 8750 Pierpoint Cove

City: Germantown | State: TN | Zip Code: 38139

Loan Received For:
- ☐ Primary Election
- ☑ General Election
- ☐ Runoff (Local Elections Only)

Date of Loan: 8-31-20

List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)

First Name	Middle Name	First Name	Middle Name
Last Name/Organization Name		Last Name/Organization Name	
Address		Address	
City / State / Zip Code		City / State / Zip Code	
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	

First Name	Middle Name	First Name	Middle Name
Last Name/Organization Name		Last Name/Organization Name	
Address		Address	
City / State / Zip Code		City / State / Zip Code	
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	

First Name	Middle Name	First Name	Middle Name
Last Name/Organization Name		Last Name/Organization Name	
Address		Address	
City / State / Zip Code		City / State / Zip Code	
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	

First Name	Middle Name	First Name	Middle Name
Last Name/Organization Name		Last Name/Organization Name	
Address		Address	
City / State / Zip Code		City / State / Zip Code	
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	

4. Totals for all Loans (complete on last page of itemized loans)
(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.)

Outstanding Loan Balance (Beginning of Period)	Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)
$235.00	Ø	Ø	$235.00

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD FROM:	TO:	
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 / Middle Name Last Name/Business Name Address City / State / Zip Code Description of Obligation					
First Name / Middle Name Last Name/Business Name Address City / State / Zip Code Description of Obligation					
First Name / Middle Name Last Name/Business Name Address City / State / Zip Code Description of Obligation					
First Name / Middle Name Last Name/Business Name Address City / State / Zip Code Description of Obligation					
First Name / Middle Name 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.)					