

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

RECEIVED
APR 13 2020

WILSON COUNTY
ELECTION COMMISSION

1. DATE OF REPORT <u>4/12/2020</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>Joey Wayne Carmack</u>	
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>Committee to Elect Joey W. Carmack</u>		3. ELECTION DATE <u>11/3/2020</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>11A Kebie Dr</u> <u>Lexington</u> <u>TN</u> <u>37087</u> <u>615-969-6419</u>			
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) <u>City Council - Ward 1</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>Joey Wayne Carmack</u>	
7. CATEGORY OR REPORT (Check one)			
<input checked="" type="checkbox"/> FIRST QUARTER <input 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 <u>1/16/2020</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>3/31/2020</u>	
9. (Check one)			
a. <input 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 checked="" 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>[Signature]</u> signature of candidate		<u>[Signature]</u> signature of political treasurer	
<u>4/12/2020</u> date		<u>4/12/2020</u> date	
11. WITNESS SIGNATURE <u>Wayne Carmack</u> signature of witness		<u>Wayne Carmack</u> signature of witness	
<u>4/12/20</u> date		<u>4/12/20</u> date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ <u>0</u>	
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>2314.¹⁴</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>\$300.⁰⁰</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>2014.¹⁴</u>	
e. TOTAL LOANS OUTSTANDING		\$ <u>0</u>	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>0</u>	



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)

14. REPORT COVERING THE PERIOD

FROM: 1/1/2020 TO: 3/31/2020

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) \$ 2314.¹⁴
 c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 2314.¹⁴

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.) \$ 2314.¹⁴

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) \$ 300.⁰⁰

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 300.⁰⁰

20. LOAN REPAYMENTS MADE THIS PERIOD \$ 0

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 300.⁰⁰

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 in item 12.f.) \$ 0



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD	
				FROM: 1/16/2020	TO: 3/31/2020
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 0
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City		State	Zip Code	Date of Contribution	Amount of Contribution
Occupation					
Employer					
Transfer From				1/16/2020	\$1364.14
2016 Election					
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City		State	Zip Code	Date of Contribution	Amount of Contribution
Occupation					
Employer					
Electronic Media Systems				1/24/2020	\$150.00
216 Hartman Drive					
Lebanon		TN	37087		
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City		State	Zip Code	Date of Contribution	Amount of Contribution
Occupation					
Employer					
Jackie				1/27/2020	\$100.00
Gaither					
121 Public Square					
Lebanon		TN	37087		
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City		State	Zip Code	Date of Contribution	Amount of Contribution
Occupation					
Employer					
Geoff				2/12/2020	\$200.00
Hurdle					
107 Waters Hill Cir					
Lebanon		TN	37087		
5. TOTAL ITEMIZED CONTRIBUTIONS					\$1814.14
(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 CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVERING THE PERIOD	
		FROM: 1/10/2020	TO: 3/31/2020
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount \$1814.14
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)			
First Name Timmy	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name Wells		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	\$300.00
Address 1020 Hickory Court		<input type="checkbox"/> Runoff (Local Elections Only)	
City Lebanon	State TN	Zip Code 37087	Date of Contribution 2/25/2020
Occupation Officer			Aggregate This Election
Employer Fisk University			
First Name William	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name Tomlinson		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	\$200.00
Address 4030 Hwy 231 South		<input type="checkbox"/> Runoff (Local Elections Only)	
City Castalian Springs	State TN	Zip Code 37031	Date of Contribution 2/26/2020
Occupation Double T. Masonary			Aggregate This Election
Employer Owner / Self			
First Name	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address		<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution
Occupation			Aggregate This Election
Employer			
First Name	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address		<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution
Occupation			Aggregate This Election
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.)			\$2314.14



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD		
				FROM: <u>1/1/2020</u>	TO: <u>3/31/2020</u>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <u>0</u>	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)						
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				Ball Field Signs		\$300.00
Address						
131 WJB Pride Ln						
City		State		Zip Code		
Lebanon		TN		37087		
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name						
Address						
City		State		Zip Code		
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name						
Address						
City		State		Zip Code		
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name						
Address						
City		State		Zip Code		
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name						
Address						
City		State		Zip Code		
First Name		Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name						
Address						
City		State		Zip Code		
5. TOTAL ITEMIZED EXPENDITURES					\$300.00	
(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.)						

