

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 <u>11A Kebie Dr</u> | City <u>Lexington</u> | State <u>TN</u> | Zip Code <u>37087</u> |
| | | Phone <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>[Signature]</u> signature of witness | | <u>[Signature]</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: <u>1/1/2020</u> TO: <u>3/31/2020</u> |

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: | | Amount of Contribution |
| Last Name/Organization Name | | | | <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election | | \$1364.14 |
| Address | | | | <input type="checkbox"/> Runoff (Local Elections Only) | | |
| City | | State | Zip Code | Date of Contribution | | Aggregate This Election |
| Occupation | | | | 1/16/2020 | | |
| Employer | | | | | | |
| First Name | | Middle Name | | Contribution Received For: | | Amount of Contribution |
| Last Name/Organization Name | | | | <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election | | \$150.00 |
| Address | | | | <input type="checkbox"/> Runoff (Local Elections Only) | | |
| City | | State | Zip Code | Date of Contribution | | Aggregate This Election |
| Occupation | | | | 1/24/2020 | | |
| Employer | | | | | | |
| First Name | | Middle Name | | Contribution Received For: | | Amount of Contribution |
| Last Name/Organization Name | | | | <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election | | \$100.00 |
| Address | | | | <input type="checkbox"/> Runoff (Local Elections Only) | | |
| City | | State | Zip Code | Date of Contribution | | Aggregate This Election |
| Occupation | | | | 1/27/2020 | | |
| Employer | | | | | | |
| First Name | | Middle Name | | Contribution Received For: | | Amount of Contribution |
| Last Name/Organization Name | | | | <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election | | \$200.00 |
| Address | | | | <input type="checkbox"/> Runoff (Local Elections Only) | | |
| City | | State | Zip Code | Date of Contribution | | Aggregate This Election |
| Occupation | | | | 2/12/2020 | | |
| Employer | | | | | | |
| 5. TOTAL ITEMIZED CONTRIBUTIONS | | | | | Amount | |
| (Carry forward to item 3. of next page if additional pages of this form are used.) | | | | | \$1814.14 | |
| (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 <u>Timmy</u> | | Middle Name | | Contribution Received For: | | Amount of Contribution <u>\$300.⁰⁰</u> |
| Last Name/Organization Name <u>Wells</u> | | | | <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election | | |
| Address <u>1070 Hickory Court</u> | | | | <input type="checkbox"/> Runoff (Local Elections Only) | | |
| City <u>Lebanon</u> | | State <u>TN</u> | Zip Code <u>37087</u> | Date of Contribution <u>2/25/2020</u> | | Aggregate This Election |
| Occupation <u>Officer</u> | | | | | | |
| Employer <u>Fisk University</u> | | | | | | |
| First Name <u>William</u> | | Middle Name | | Contribution Received For: | | Amount of Contribution <u>\$200.⁰⁰</u> |
| Last Name/Organization Name <u>Tomlinson</u> | | | | <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election | | |
| Address <u>4030 Hwy 231 South</u> | | | | <input type="checkbox"/> Runoff (Local Elections Only) | | |
| City <u>Castalian Springs</u> | | State <u>TN</u> | Zip Code <u>37031</u> | Date of Contribution <u>2/26/2020</u> | | Aggregate This Election |
| Occupation <u>Double T. Masonary</u> | | | | | | |
| Employer <u>Owner / Self</u> | | | | | | |
| 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 | | Aggregate This Election |
| Occupation | | | | | | |
| 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 | | Aggregate This Election |
| Occupation | | | | | | |
| Employer | | | | | | |
| 5. TOTAL ITEMIZED CONTRIBUTIONS | | | | | <u>\$2314.¹⁴</u> | |
| <small>(Carry forward to item 3. of next page if additional pages of this form are used.)</small> | | | | | | |
| <small>(If this is the last page of contributions, this amount must be shown in item 15b. of summary.)</small> | | | | | | |



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

| | | | | | |
|--|-------------|------------------------|-------------------------------|----------------------|-------------------|
| 1. NAME OF CANDIDATE OR COMMITTEE | | | 2. REPORT COVERING THE PERIOD | | |
| | | | FROM: 1/16/2020 | TO: 3/31/2020 | |
| 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 | Purpose of Expenditure | Amount of Expenditure | | |
| Last Name/Business Name Walter J. Baird Middle School | | Ball Field Signs | \$300. ⁰⁰ | | |
| Address 131 WJB Pride Ln | | | | | |
| City Lebanon | State TN | | | | Zip Code 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.) | | | | | |

