CAMPAIGN FINANCIAL DISCLOSURE STATEMENTIVED

For State and Local Judicial Single - Candidate Committees

1. DATE OF REPORT 2.a. NAME OF CAND	DIDATE JIMMY LEA WILSON COUNTY			
2.b. NAME OF CANDIDATE'S COMMITTEE	3. ELECTION DATE ELECTION COMMISS			
FRIENDS OF JUDGE JIMMY LE	7022			
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City	State Zip Code Phone			
1633 W. MAINST. STE GOO LEBANOI	N TN 37087 615.767.0591			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City City CHARLETT PL LEBANON	State Zip Code Phone 7N 37087 6/5.767.059/			
5. JUDICIAL OFFICE SOUGHT (include district number, if applicable)	6. NAME OF POLITICAL TREASURER			
GENERAL SESSIONS JUDGE DIVIL	LAUREN SMITH			
COMPLET CONTIENT CONTIENT	PRE- PRE- MID-YEAR YEAR-END PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL b. ENDING DATE OF REPORTING PERIOD			
8.a. BEGINNING DATE OF REPORTING PERIOD 8.	6-30-23			
9, (Check one)				
a. 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 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.				
	I. SIGNATURE OF POLITICAL TREASURER			
Signatue of Candidate Multiple Source 7/3/23 Signatue of Vitness Date 7/3/23 Date	I do solemnly swear or affirm that the information contained in thiscampaign financial disclosure report is true and accurate. Additionally, I 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 Political Teasure. Date Signature of Witness Date			
12. SUMMARY a. BALANCE ON HAND LAST REPORT	\$ 3574.46			
b. TOTAL RECEIPTS THIS PERIOD				
c. TOTAL DISBURSEMENTS THIS PERIOD	3574.46			
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ 2011			
e. TOTAL LOANS OUTSTANDING	\$ 3574.46 \$ 15,000.00			
f. TOTAL OBLIGATIONS OUTSTANDING				

SUMMARY PAGE - CANDIDATE

WILSON COUNTY ELECTION COMMISSION 1/,

ALANAS OF CANIDIDATE OF COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD				
13. NAME OF CANDIDATE OR COMMITTEE (In Full) JIMMY LEA	FROM: 1/16/23 TO: 6/30/23				
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	2 2				
a. Unitemized Contributions (\$100 or less from each source this period)	\$				
b. Itemized Contributions (over \$100 from each source this period)					
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)					
16. LOANS RECEIVED THIS REPORTING PERIOD					
17. INTEREST RECEIVED THIS REPORTING PERIOD					
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)					
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)				
a. Experialitates (\$\psi\text{100 of less cash payes this perior) (\text{instantial} \)					
*					
φ					
\$					
 \$					
\$					
Total of Expenditures (\$100 or less each payee)	\$				
b. Itemized Expenditures (Over \$100 each payee this period)					
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)					
20. LOAN REPAYMENTS MADE THIS PERIOD					
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)					
22.IN-KIND CONTRIBUTIONS					
(see the bind contributions (\$100 or loss from each source this period)	\$				
s at the little and the strategy (over \$400 from each source this period)					
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)\$					
23. OBLIGATIONS					
Ohlimations Outstanding (\$100 or less each)	\$				
b. Itemized Obligations Outstanding (Over \$100 each)					
b. Itemized Obligations Outstanding (Over \$100 each)					

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee N	Name: JIMMYLEA	5	100
2. Reporting Period: Start D	Pate: 1/16/23 End Date: 6/30/	<u>23</u> JUL	102
3. Total campaign contribution	ons from preceding page (enter \$0 if first page)	\$O WILSO	ON COU
		ELECTION	N COMM
	E ITEMS FOR EACH ITEMIZED CONTRIBUTION.		
Business or Organization Nar	ne:		OR
First Name:	Middle Name:	Last Name:	
Address:	City:	State: Zip Code:	
Occupation:	Employer:		
Contribution Received For:	☐ Primary Election ☐ General Election	☐ Runoff (Local Elections Only)	
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$	
Rusiness or Organization Nar	ne:		OR
First Name:	Middle Name:	Last Name:	
Address:	City:	State: Zip Code:	
Occupation:	Employer:		
	☐ Primary Election ☐ General Election		
	Date of Contribution:		
	ne:		OR
	Middle Name:		
Address:	City:	State: Zip Codie:	
Occupation:	Employer:		
Contribution Received For:	☐ Primary Election ☐ General Election	☐ Runoff (Local Elections Only)	
	Date of Contribution:		-
	ne:		OR
First Name:	Middle Name:	Last Name:	
Address:	City:	State: Zip Code:	
Occupation:	Employer:		
Contribution Received For:	Primary Election General Election	☐ Runoff (Local Elections Only)	
	Date of Contribution:		
Total Contributions: \$ (Carry forward to the next p amount must be shown in t	age if additional pages of this form are used. If	this is the last page of contributions,	this

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ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE 1. Candidate or Committee Name: 2. Reporting Period: Start Date: 1/16/23 End Date: 6 JUL 1 0 2023 3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ ______ COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred TY dollars (\$100) from any contributor during the period must be reported. Business or Organization Name: ____ First Name: _____ Last Name: _____ Last Name: _____ Address: ______ City: _____ State: ____ Zip Code: _____ Employer: _____ Occupation: In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only) In-Kind Contribution Value: \$_____ In-Kind Contribution Date: _____ Aggregate This Election: \$_____ Description of In-Kind Contribution: Business or Organization Name: _____ First Name: _____ Middle Name: ____ Last Name: ____ Address: ______ City: _____ State: ____ Zip Code: ____ Occupation: _____ Employer: ____ General Election Runoff (Local Elections Only) In-Kind Contribution Received For: Primary Election In-Kind Contribution Value: \$_____ In-Kind Contribution Date: _____ Aggregate This Election: \$_____ Description of In-Kind Contribution: Business or Organization Name: ____ First Name: _____ Last Name: _____ Last Name: _____ _____City: ______ State: ____ Zip Code: _____ Address: ____ _____ Employer: _____ Occupation: In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only) In-Kind Contribution Value: \$_____ In-Kind Contribution Date: _____ Aggregate This Election: \$_____ Description of In-Kind Contribution: _____ Business or Organization Name: _____ First Name: _____ Last Name: _____ Last Name: _____ _____ Employer: ____ Occupation: _____ ☐ General Election ☐ Runoff (Local Elections Only) In-Kind Contribution Received For: Primary Election In-Kind Contribution Value: \$_____ In-Kind Contribution Date: _____ Aggregate This Election: \$_____ Description of In-Kind Contribution:

(Carry forward to the 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 the summary on first page.)

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Total In-Kind Contributions: \$ _____

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE



	Ti	MANNI / ISM			RECE	LV
1. Candidate or Committee Name:	11/2	MINY CEA	2		ILLCL	
1. Candidate or Committee Name:	16/23	_ End Date: 6/30/23			JUL 1	02
3. Total campaign expenditures from p	receding p	page (enter \$0 if first page) \$ _			WILSON	COL
COMPLETE THE APPROPRIATE ITEMS F kind contribution to a candidate, please remer candidate's name in the purpose of the expen	nber to includ	le the purpose of the expenditure (6	must be itemized e.g., postage, printi	. If the expending, etc.) along	FOTEGN6	
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: \$				
Business or Organization Name:						OF
First Name:	Middle	Name:	Last Name:			_
Address:		City:	State:	Zip Code:		
Purpose of Expenditure:						
Amount of Expenditure: \$		Date of Expenditure: \$				
Business or Organization Name:						
First Name:						
Address:		City:	 State:	Zip Code:		
Purpose of Expenditure:						
Amount of Expenditure: \$						
Business or Organization Name:						
First Name:	Middle	Name:	Last Name:	7in Code		-
Address:		City:	_ State:	Zib Code:		- 12
Purpose of Expenditure:		Data of Francoitura ¢				
Amount of Expenditure: \$		Date of Expenditure: \$				_
Susiness or Organization Name:						OR
irst Name:	Middle	Name:	Last Name:			_
Address:		City:	State:	Zip Code:		
urpose of Expenditure:						_
Amount of Expenditure: \$		Date of Expenditure: \$				

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ITEMIZED STATEMENT OF LOANS - CANDIDATE 1. Candidate or Committee Name: IIII **10**2023 2. Reporting Period: Start Date: 1/16/23 End Date: ______ 3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100). WILSON COUNTY **ELECTION COMMISSION** Complete the following for the source of each loan received and/or outstanding during the period. Business or Organization Name: _____ _____ Last Name: _____ Middle Name: ____ First Name: ___ State: 71 Zip Code: 37087 Address: 704 SCARLETT PL City: LEBANON Outstanding Loan Balance (Beginning) \$ /5,000,00 Loans Received \$ _____ Loan Payments...... \$ ___ Outstanding Loan (End)......\$ 15,000. Loan Received For: Primary Election General Election Runoff (Local Elections Only) Date of Loan: __ List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.) Business or Organization Name: ____ First Name: _____ Middle Name: ____ Last Name: ____ _____ City: ______ State: ____ Zip Code: _____ Address: Amount Guaranteed Outstanding: \$____ Business or Organization Name: ____ First Name: _____ Middle Name: ____ Last Name: ____ _____ City: ______ State: ____ Zip Code: _____ Address: Amount Guaranteed Outstanding: \$_____ Business or Organization Name: _____ First Name: _____ Last Name: ____ Last Name: ____ ______ City: ______ State: ____ Zip Code: _____ Address: Amount Guaranteed Outstanding: \$_____ Business or Organization Name: _____ Last Name: _____ First Name: _____ Middle Name: _____ _____City: ______ State: ____ Zip Code: _____ Address: ____ Amount Guaranteed Outstanding: \$_____ Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans.

Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

	00
Balance (Beginning)	\$/5/000·
Loans Received	\$
Loan Payments Outstanding Loan (End)	\$\$
Outstanding Loan (End)	\$ /5,000.

Page of 7

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE 1. Candidate or Committee Name: ____ 2. Reporting Period: Start Date: 1/16/23 End Date: 3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period 102023 WILSON COUNTY Description of Business Name: _____ **ELECTION COMMISSION** Obligation: First Name: ______ Middle Name: _____ Last Name: ___ **Payments** Outstanding Debt Outstanding Address: ____ This Period Balance Balance (Period Incurred (Period End) This Period Beginning) City: _____ Ś State: _____ Zip Code: _____ Description of Business Name: ____ Obligation: First Name: ______ Middle Name: ____ Last Name: _____ **Payments** Outstanding Outstanding Debt Address: _____ This Period Balance Balance (Period Incurred (Period End) Beginning) This Period \$ \$ \$ State: _____ Zip Code: _____ Description of Business Name: _____ Obligation: First Name: _____ Middle Name: _____ Last Name: _____ **Payments** Outstanding Debt Outstanding This Period Balance Incurred Balance (Period (Period End) This Period Beginning) \$ \$ \$ \$ State: Zip Code: _____ Description of Business Name: _____ Obligation: First Name: _____ Middle Name: _____ Last Name: **Payments** Outstanding Outstanding Debt Address: _____ This Period Balance Balance (Period Incurred (Period End) Beginning) **This Period** City: _____ \$ \$ State: _____ Zip Code: _____

TOTALS

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period End)
\$ 0	\$ 0	\$ 0	\$ 0