## CAMPAIGN FINANCIAL DISCLOSURE STATE MENT

For State and Local Candidates
For Single-Candidate Committees

FOI	Jiligie-Call	didate committe	1000	JAN 1 0 2022
1. DATE OF REPORT	2.a. NAME OF CA	ANDIDATE OR COMMITTEE		. 0 2022
1-17-22	Jaso	m Moore		WILSON COUNTY
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE	
			202	2
4.a. CAMPAIGN ADDRESS AND PHONE	City	State	Zip Code	Phone
Street or Rural Route	City	State	37118	615-339-9977
9636 N Milton Rd 4.b. CANDIDATE'S HOME ADDRESS (if different	Milton	111	01110	013 337-7117
Street or Rural Route	City	State	Zip Code	Phone
9636 N Milton Rd	M. Iton	TN	37118	615-339-9977
5. OFFICE SOUGHT (include district number, if	applicable)	•	L TREASURER (may be	candidate)
County Commissioner d	Strict 9	Cary Ma	ore	
7. CATEGORY OR REPORT (Check one)				No.
FIRST SECOND THIRD	FOURTH	PRE- PRE-	MID-YEAR	YEAR END
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY GENERAL 8.b. ENDING DATE OF REF		SUPPLEMENTAL
		1 - 15-		
9. (Check one)		1110	<i>a</i> &	
· , , ,	1.00		Lind) received total \$1.0	OO on loss AND synandi
<ul> <li>a. This campaign is exempt from detaile tures total \$1,000 or less for this repo</li> </ul>	d disclosure because rting period. (Compl	e contributions (including in- lete items 12d., 12e. and 12	f.)	DO OF less AND expendi-
b. This campaign is required to file a det	ailed financial displa	ouro bacques contributions	(including in-kind) receiv	red total more than \$1,000
and/or expenditures total more than \$	1,000 for this reporti	ng period.	(moluding in kind) 10001v	od total more than \$1,000
10. I/we do solemnly swear or affirm that the in	formation contained	in this campaign financial	lisclosure report is true	and that this report is an
accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we	ns and expenditures	required to be reported by no campaign contributions h	the candidate committee ave been expended for	by the Campaign the personal financial
benefit of the candidate or for any other non	political purpose as	defined by the federal interr	al revenue code.	
1-11-	1 10 07	17,00	Man	118-22
- 1000c	1-11-22	COY	of political treasurer	- (-10 /d
signature of candidate	date	Signature	or political treasurer	date
11. WITNESS SIGNATURE				
4			11	
(ary Mose	1-18-22	(1	- / love	1-17-22
signature of witness	date	sign	nature of witness	date
		-t		
12. SUMMARY				
a. BALANCE ON HAND LAST REPORT			\$	<u>.</u> )
b. TOTAL RECEIPTS THIS PERIOD			\$	-
c. TOTAL DISBURSEMENTS THIS PERIOD			\$	_
d. BALANCE ON HAND (12.a. plus 12.b. m	inus 12.c.)			\$ _ >0 > . 35
d. BALANCE ON HAND (12.a. plus 12.b. m				X22
e. TOTAL LOANS OUTSTANDING				\$ 200,00
				D
f. TOTAL OBLIGATIONS OUTSTANDING	***************************************			\$



								REC	
ITEMI	ZED \$	STAT	EME	NT OF L	OANS .	- CAN	DIDA	RECEIVE	
NAME OF CANDIDATE OR COMMIT	TTEE					Z. INLP	ORT COV	ETING OFFICE	
3. COMPLETE THE APPROPRIATE ITE	MS FOR F	ACH ITEM	IZED I O	A N 1 11		I FROM:		TO: 1-15-22	
Complete the Following for the Source of the			ZED LO	MIN (loans totaling more	than \$100 from an	y source during	the period)		
Complete the Following for the Source of the Loan  First Name  Middle Name  Last Name/Organization Name		Outstand (Beginn	Outstanding Loan Balance Loans (Beginning of Period) Received		Loan Outstanding Loan Balance Payments (End of Period)				
Address		-	20.00	0	0		(210 0 , 50)		
SU36 N Milton RD				ceived For: mary Election	General Election		of Loan	,00,00	
Milton TN 37118			Run	off (Local Elections Only)		1	2-8-	21	
First Name	Middle	Suarantors to	or Above L	oan (If more space is	needed please a	ittach a page			
Last Name/Organization Name	, sindale	riums		First Name			Middle	Middle Name	
				Last Name/Organizat	tion Name				
oddress				Address					
City	State	Zip Coo	de	City			State	Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed O	Nutotandina			Zip code	
First Name	Middle N				rutatanunig				
	Middle Name			First Name			Middle Name		
ast Name/Organization Name				Last Name/Organizatio	on Name				
				Address					
City	State	Zip Code		City			State	7in Code	
mount Guaranteed Outstanding				Amount Guaranteed Outstanding					
st Name	Middle Name			First Name			Legan		
t Name/Organization Name	1						Middle Name		
tress				Last Name/Organization	Name				
			F	Address					
	State	Zip Code		City			State		
unt Guaranteed Outstanding		A	Amount Guaranteed Outstanding			State	Zip Code		
Name				mount Guaranteed Olitst	anding				
	Middle Name		Fi	First Name Middle			Middle Nam	e	
lame/Organization Name			La	Last Name/Organization Name					
ess				dress					
	State	Zip Code	Cit	v					
nt Guaranteed Outstanding							State	Zip Code	
			i Amo	ount Guaranteed Outstan	nding				
								1	
als for all Loans (complete on last page of itel I loans received should also be shown in item 16. on sum I loan payments should also be shown in item 20. on sum outstanding loan balance should also be shown in item 12	mary page.)		Out:	standing Loan Balance Beginning of Period)	Loans Received	Loan Payment	Outst	anding Loan Balance End of Period)	