



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT ^{KMB 3}

For State and Local Candidates

For Single-Candidate Committees



1. Date: 2/26/24 2.a. Candidate or Committee Name: Greg Hohman
2.b. If Committee, Name of Candidate: _____ 3. Election Date: 2024
4. Campaign Address: 74 E. Hill St.
City: Mount Juliet State: TN Zip Code: 37122 Phone: (615) 922.0436
5. Candidate Home Address: 343 Lakeview Circle
City: Mount Juliet State: TN Zip Code: 37122 Phone: (615) 922.0436
Candidate Email Address: Greg@HohmanZone1.com
6. Office Sought: (include district number, if applicable) Wilson County School Board Zone 1
7. Name of Political Treasurer (may be candidate): Melanie Hohman
Political Treasurer Email Address: Greg@HohmanZone1.com

8. Category or Report: (check one)

☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☒ Pre-Primary ☐ Pre-General
☐ Mid-Year Supplemental ☐ Year-End Supplemental ☐ Runoff Election

9. Reporting Period: Start Date: 1/16/24 End Date: 2/24/24

10. Detailed Disclosure: (Check one)

- ☐ 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 12.d., 12.e., and 12.f.)
- ☒ 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.

11. 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] 2/27/24
Candidate Signature Date

[Signature] 2/27/24
Political Treasurer Signature Date

[Signature] 2/27/2024
Witness Signature Date

[Signature] 2/27/24
Witness Signature Date

12. Summary:

a	Balance On Hand Last Report	\$	<u>3112.67</u>
b	Total Receipts This Period	\$	<u>1537.02</u>
c	Total Disbursements This Period	\$	<u>0</u>
d	Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$	<u>4649.69</u>
e	Total Loans Outstanding	\$	<u>4500.00</u>
f	Total Obligations Outstanding	\$	<u>4500.00</u>

SUMMARY PAGE - CANDIDATE



13. Name of Candidate or Committee: Greg Hohman

14. Reporting Period: Start Date: 1/16/24 End Date: 2/24/24

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 173.17
(Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See *Instructions* for more information.)
- b. Itemized Contributions (over \$100 from each source this period) \$ 1363.85
- c. Loans Received This Reporting Period..... \$ Ø
- d. Interest Received This Reporting Period \$ Ø
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 1537.02

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ Ø
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ Ø
- c. Total Obligation Payments Made This Period..... \$ Ø
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ Ø

17. In-Kind Contributions:

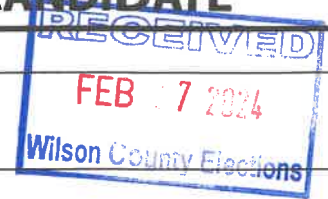
- a. Unitemized In-Kind Contributions Received This Period \$ Ø
- b. Itemized In-Kind Contributions Received This Period \$ Ø
- c. Total In-Kind Contributions Received This Period \$ Ø

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ 4500

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Greg Hohman
2. Reporting Period: Start Date: 1/16/24 End Date: 2/24/24
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 0



COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Kenneth Middle Name: _____ Last Name: Kiloba
Address: 109 Tanglewood Dr. City: Mount Juliet State: TN Zip Code: 37122
Occupation: _____ Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 1/27/24 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Pam Middle Name: _____ Last Name: King
Address: 353 Windhaven Bay City: Mount Juliet State: TN Zip Code: 37122
Occupation: realtor Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 1/27/24 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Anthony Middle Name: _____ Last Name: DeI Conte
Address: 5067 Twin Lakes City: Old Hickory State: TN Zip Code: 37122
Occupation: retired Employer: _____
Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 193.73 Date of Contribution: 1/31/24 Aggregate This Election: \$ _____

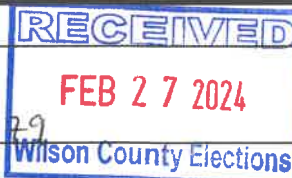
Business or Organization Name: _____ OR
First Name: Joshua Middle Name: _____ Last Name: Shamblin
Address: 206 Rustic Crt City: Mount Juliet State: TN Zip Code: 37122
Occupation: computer IT Employer: _____
Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 485.06 Date of Contribution: 2/7/24 Aggregate This Election: \$ _____

Total Contributions: \$ 878.79

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Greg Hohman
2. Reporting Period: Start Date: 1/16/24 End Date: 2/24/24
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 878.79



COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Kevin Middle Name: _____ Last Name: Chancy
Address: 527 Lakeview Circle City: Mount Juliet State: TN Zip Code: 37122
Occupation: IT computer Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 485.06 Date of Contribution: 2/7/24 Aggregate This Election: \$ _____

Business or Organization Name: _____ 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: \$ _____

Business or Organization Name: _____ 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: \$ _____

Business or Organization Name: _____ 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: \$ _____

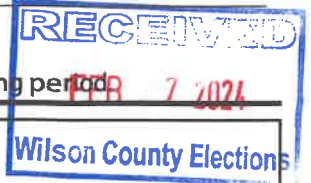
Total Contributions: \$ 1363.85

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Greg Hohman
 2. Reporting Period: Start Date: 1/16/24 End Date: 2/24/24

3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.



Business Name: #
 First Name: Greg Middle Name: _____
 Last Name: Hohman
 Address: 74 E. Hill St.
 City: Mount Juliet
 State: TN Zip Code: 37122

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$ 4500	\$ 0	\$ 0	\$ 4500

Business Name: _____
 First Name: _____ Middle Name: _____
 Last Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: _____
 First Name: _____ Middle Name: _____
 Last Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: _____
 First Name: _____ Middle Name: _____
 Last Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

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)
\$ 4500	\$ 0	\$ 0	\$ 4500