

### CAMPAIGN FINANCIAL DISCLOSURE STATEMENT ENTER DELIVED

# For State and Local Candidates For Single-Candidate Committees

FEB 2 4 2024
Wilson County Election Commission

1. Date: 20424 2.a. Candidate or Committee Name: Committee to elect Jamie Faron	192
2.b. If Committee, Name of Candidate: 2024  3. Election Date: 2024	
4. Campaign Address: 1377 Woods Ferry Rd	
City: State: Zip Code: Phone: Phone: State: Zip Code: Phone:  State:	
5. Candidate Home Address: 1371 woods ferry Rd	
City: Lebanon State: The Zip Code: 37087 Phone: 617 420 8340	
Candidate Email Address: Jane to (Zone 76) gmcul. Con	
6. Office Sought: (include district number, if applicable) Wilson Courty School Board Zone 7	
7. Name of Political Treasurer (may be candidate): Jaule Farough	
Political Treasurer Email Address: Jame for Tone To small. 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	
9. Reporting Period: Start Date: 1116 24 End Date: 2124124	
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.	
Candidate Signature  Date  Date  Date  Date  Date  Date	
Facle With 2/24/24 Sacre Withess Signature Date  Date  Date  Date  Date	
12. Summary:	
a. Balance On Hand Last Report \$ 486	
b. Total Receipts This Period\$	
c. Total Disbursements This Period\$	
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	
e. Total Loans Outstanding \$	
f. Total Obligations Outstanding\$	

#### **SUMMARY PAGE - CANDIDATE**

FEB 2 4 2024

13. Na	me of Candidate or Committee: Committee to elect	Dan	nie farogn
14. Re	porting Period: Start Date: 1-16-24 End Date: 2-24	24	J
15. Re			න් <u>න්</u> ව
a.	Unitemized Contributions (\$100 or less from each source this period)	ructions	
b.	Itemized Contributions (over \$100 from each source this period)	\$	10
c.	Loans Received This Reporting Period	. \$	8
d.	Interest Received This Reporting Period	. \$	000
e.	Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.)	\$	100
16. Dis	bursements:		11011 91
a.	Total Expenditures (other than loan payments)(Note: Effective January 16, 2023, all expenditures must be itemized.)	. \$	999.5
b.	Loan Repayments Made This Period		
c.	Total Obligation Payments Made This Period	\$	D
d.	Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)		49491
17. ln-l	Kind Contributions:		
a.	Unitemized In-Kind Contributions Received This Period	\$	10
b.	Itemized In-Kind Contributions Received This Period		
c.	Total In-Kind Contributions Received This Period		
18. Ob	ligations:		
	Total Obligations Outstanding (must be shown in item 12.f.)	. \$	Ø

#### ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDID AT 15 4 2024

1. Candidate or Committee N	Jame: Committee to elect	Samle tarmison of the election Commiss
2. Reporting Period: Start D	Date: 1-110-24 End Date: 2-24-2	4
3. Total campaign contribution	ons from preceding page (enter \$0 if first page) \$	-X
	TENES CON EACH ITEMIZED CONTRIBUTION	
COMPLETE THE APPROPRIAT	E ITEMS FOR EACH ITEMIZED CONTRIBUTION.	
_ \	me:	
	Middle Name:	
	odsferryred city: lebanon	
	Employer:	
Contribution Received For:	Primary Election General Election	☐ Runoff (Local Elections Only)
Amount of Contribution: \$	Date of Contribution: 2/8/24	Aggregate This Election: \$
Business or Organization Nar	me:	OR
	Middle Name:	
	City:	
Occupation:	Employer:	
	☐ Primary Election ☐ General Election	
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$
Business or Organization Nar	ne:	OR
_	Middle Name:	4
	City:	
	Employer:	
Contribution Received For:	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$
Business or Organization Nar	ne:	OR
	Middle Name:	
Address:City:		
	Employer:	
Contribution Received For:	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$
Total Contributions: \$ \alpha Corrus forward to the post of	page if additional pages of this form are used. If t	his is the last page of contributions, this

(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 IN-KIND CONTRIBUTIONS - CANDIDATE

	Committee to	elect Jamle	tarough
2. Reporting Period: Start Date:			Wilson County Election Co
Total in-kind contributions from p			
COMPLETE THE APPROPRIATE ITEMS dollars (\$100) from any contributor during the	FOR EACH IN-KIND CONTRIBUTI		s totaling more than one hundred
Business or Organization Name:			
First Name:			
Address:			
Occupation:			
In-Kind Contribution Received For:			
In-Kind Contribution Value: \$			
Description of In-Kind Contribution:			
Business or Organization Name:			OR
First Name:			
Address:			
Occupation:			
In-Kind Contribution Received For:			
In-Kind Contribution Value: \$			
Description of In-Kind Contribution:			
Business or Organization Name:			OR
Business or Organization Name:	Middle Name:	Last Nan	OR
Business or Organization Name: First Name: Address:	Middle Name:	Last Nan	OR ne: Zip Code:
Description of In-Kind Contribution:  Business or Organization Name:  First Name:  Address:  Occupation:  In-Kind Contribution Received For:	Middle Name: City: Employer:	Last Nan	or ne: Zip Code:
Business or Organization Name: First Name: Address: Occupation: In-Kind Contribution Received For:	Middle Name: City: Employer: Primary Election	Last Nan State: neral Election	or o
Business or Organization Name: First Name: Address: Dccupation: n-Kind Contribution Received For: n-Kind Contribution Value: \$	Middle Name: City: Employer: □ Primary Election □ Ge In-Kind Contribution Date: _	Last Nan State: _  neral Election  Aggregat	ne: OR  Zip Code:  Runoff (Local Elections Only) e This Election: \$
Business or Organization Name: First Name: Address: Occupation: In-Kind Contribution Received For: In-Kind Contribution Value: \$ Description of In-Kind Contribution:	Middle Name: City: Employer: □ Primary Election □ Ge In-Kind Contribution Date: _	Last Nan State: _ neral Election  Aggregat	oR  ne: Zip Code:  Runoff (Local Elections Only) e This Election: \$
Business or Organization Name: First Name: Address: Occupation: In-Kind Contribution Received For: In-Kind Contribution Value: \$ Description of In-Kind Contribution: Business or Organization Name:	Middle Name:City: Employer: Primary Election Ge In-Kind Contribution Date: _	Last Nan State: _  neral Election  Aggregat	ne: OR  Zip Code:  Runoff (Local Elections Only) e This Election: \$  OR
Business or Organization Name: First Name: Address: Occupation: In-Kind Contribution Received For: In-Kind Contribution Value: \$ Description of In-Kind Contribution: Business or Organization Name:	Middle Name: City: Employer: Primary Election  Ge In-Kind Contribution Date: _ Middle Name:	Last Nan State: _  neral Election  Aggregat  Last Nan	OR ne: OR  Zip Code:  Runoff (Local Elections Only) e This Election: \$  OR ne:
Business or Organization Name: First Name: Address: Occupation: In-Kind Contribution Received For: In-Kind Contribution Value: \$ Description of In-Kind Contribution: Business or Organization Name: First Name:	Middle Name: City: Employer: Primary Election	Last Nan State: neral Election	oR ne: Zip Code: Runoff (Local Elections Only) e This Election: \$ OR ne: OR Tip Code:
Business or Organization Name: First Name: Address: Occupation: In-Kind Contribution Received For: In-Kind Contribution Value: \$ Description of In-Kind Contribution: Business or Organization Name: First Name: Address:	Middle Name: City: Employer:  Primary Election Ge In-Kind Contribution Date:  Middle Name: City: Employer:	Last Nan State: _  neral Election	oR ne: Zip Code: Runoff (Local Elections Only) e This Election: \$ OR ne: OR Tip Code:
Business or Organization Name: First Name: Address:	Middle Name: City: Employer: Ge In-Kind Contribution Date: Middle Name: City: Employer:	Last Nan State:  neral Election	OR  ne: Zip Code:  Runoff (Local Elections Only)  e This Election: \$  OR  ne: Zip Code:  Runoff (Local Elections Only)

Page  $\frac{4}{9}$  of  $\frac{7}{9}$ 

#### **ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE**

1. Candidate or Committee Name:	Her to elect Ja	mle ta	row RECE	
2. Reporting Period: Start Date: 1-16-24	_ End Date: <u> </u>			1 0004
3. Total campaign expenditures from preceding p			FEB 2 4	1 2024
COMPLETE THE APPROPRIATE ITEMS FOR EACH E kind contribution to a candidate, please remember to include candidate's name in the purpose of the expenditure section	le the purpose of the expenditure (e.g.,	i <b>st be itemized.</b> postage, printir	Wison County Elect If the expenditure is an ing, etc.) along with the	ion Commi <b>ssio</b> n
Business or Organization Name: VISIC PC	int			OR
First Name: Middle	Name:	Last Name:	-	
Address:	City:	State:	Zip Code:	_
Purpose of Expenditure: Flyers mail	ers	17		<del></del> 2
Amount of Expenditure: \$ 54. 47	Date of Expenditure: \$ 111	e/24		_
Business or Organization Name: United	States Postal Se	ruce		OR
First Name: Middle				
Address: 249/ N.mt. Juliet Rd.	City: M. Juliet	State: TV	Zip Code: 37(28	2
Purpose of Expenditure: Stamps				
Amount of Expenditure: \$ 34.00	Date of Expenditure: \$ 130	Pela		
Business or Organization Name: Bank				
First Name: Middle				
Address:		State:	zip code:	
Purpose of Expenditure: Service fee  Amount of Expenditure: \$ 1600000000000000000000000000000000000	D. L. of Francis difference (* 1/2)	74		
Business or Organization Name: Ello				OR
First Name: Middle	Name:	Last Name:		
Address: 11205 lebanon ed St 573	City: mt let	State: The	Zip Code: 37172	
Purpose of Expenditure: Syns	- 1.	3 f _ 3 /		
Amount of Expenditure: \$ 390 44	Date of Expenditure: \$ 211	1124		_
Business or Organization Name:				OR
First Name: Middle				
Address:				
Purpose of Expenditure:				
Amount of Expenditure: \$				
Total Expenditures: \$ 494.91				_
(Carry forward to the next page if additional page amount must be shown in the summary on first p		the last page	of expenditures, this	

## ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name:				le tarough
2. Reporting Period: Start Date: 1	6/24	_ End Date: <u>224124</u>		
Reporting Period: Start Date: 1 111     Complete the appropriate items for	each loan	totaling more than one hu	ındred dollars (	3100).
Complete the following for the source of each	h loan receiv	ed and/or outstanding during t	he period.	FEB 2 4 2024
Business or Organization Name:				Wilson County Flection Commission
First Name: Jame				
Address:		City:	State:	Zip Code:
Address:Outstanding Loan Balance (Beginning)	*************	\$ 1,000 °C	_	
Loans Received		\$ <u> </u>		
Loan Payments		\$	_	
Outstanding Loan (End)	0 40 67 60 EE 86 63 FFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFF	\$ <u>1,000</u>	-:	
Loan Received For: Primary Elec	tion 🗌	General Election Rur	noff (Local Electi	ons Only)
Date of Loan: 12127123				
List all endorsers or guarantors for above loa	n (If more sp	ace is needed, please attach ad	ditional pages.)	
Business or Organization Name:				OR
First Name:	_ Middle	Name:	Last Name:	
Address:				
Amount Guaranteed Outstanding: \$			<b>-</b> 9	
Business or Organization Name:				OR
First Name:				
Address:				
Amount Guaranteed Outstanding: \$				
Amount Guaranteed Guistanding. 7				
Business or Organization Name:				OR
First Name:	Middle	Name:	Last Name	
Address:		City:	State:	Zip Code:
Amount Guaranteed Outstanding: \$			-2	
Business or Organization Name:				OR
First Name:				
Address:				
Amount Guaranteed Outstanding: \$			_	
Totals for all loans (Complete this page for	ranch autote	eding loan during the period. Co-	nnlata this saction	only on last page of lease
Total loans received and loan payments should	be shown on	summary page. Outstanding loar	balance should be	shown on front page.)
Balance (Beginning)		s 1000°S	_	
Loans Received		\$	-	
Loan Payments	. P - 2 C C C C C C C C C C C C C C C C C C	\$	=	
Loan Payments Outstanding Loan (End)		\$ 1000 °°	_	_
CC 4477 /Bar- 4 /7077)				nonto se 7

or Committee Name: Committee to elect Jame Farous

2. Reporting Period: Start Date: 1-14-24 End Da	te: 2-24-24		a carr	
3. Complete the appropriate items for each obligation owed to			eporti <del>ng perio</del>	d
Business Name:	Description of Obligation:		INSTRU	3 <b>2 4</b> 2024
First Name: Middle Name:				
Last Name:	÷.		Wilson Coun	t Haction Commission
Address:		Debt	Payments This Period	Outstanding Balance
City:	Balance (Period Beginning)	Incurred This Period	This Period	(Period End)
State: Zip Code:	\$	\$	\$	\$
	Description of			
Business Name:	Obligation:			
First Name: Middle Name:	=			
Last Name:	-	Deba	Downsonts	To., 4-4 45
Address:	Outstanding Balance (Period	Debt Incurred	Payments This Period	Outstanding Balance
City:	Beginning)	This Period	\$	(Period End)
State: Zip Code:	- [3	7	17	,
Positional Manager	Description of			
Business Name:	Obligation:			
First Name: Middle Name:				
Last Name:	Outstanding	Debt	Payments	Outstanding
Address:	Balance (Period Beginning)	Incurred This Period	This Period	Balance (Period End)
State: Zip Code:	\$	\$	\$	\$
Business Name:	Description of Obligation:			
First Name: Middle Name:				
Last Name:		ļ	1-	1.
Address:	Outstanding Balance (Period	Debt Incurred	Payments This Period	Outstanding Balance
City:	Beginning)	This Period		(Period End)
State: Zip Code:	- \$	\$	\$	\$
TOTALS &		1	I-	1
(Carry forward to the next page if additional pages of this	Outstanding Balance (Period	Debt Incurred	Payments This Period	Outstanding Balance
form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column	Beginning)	·	\$	(Period End)
must also be shown on the summary on first page.)	\$	\$	13	\$