



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates

## For Single-Candidate Committees



1. Date: 1/19/2024 2.a. Candidate or Committee Name: James Maness
- 2.b. If Committee, Name of Candidate: \_\_\_\_\_ 3. Election Date: 11/5/2024
4. Campaign Address: 2558 Edinburgh St.  
City: Old Hickory State: TN Zip Code: 37138 Phone: 615-729-7290
5. Candidate Home Address: 2558 Edinburgh St.  
City: Old Hickory State: TN Zip Code: 37138 Phone: 615-729-7290  
Candidate Email Address: support@jamesmaness.com
6. Office Sought: (include district number, if applicable) Mayor
7. Name of Political Treasurer (may be candidate): James Maness  
Political Treasurer Email Address: support@jamesmaness.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: 12/12/2023 End Date: 1/15/2024
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.

James Maness 1/19/2024  
Candidate Signature Date  
Tracy Maness 1/19/24  
Witness Signature Date

James Maness 1/19/2024  
Political Treasurer Signature Date  
Tracy Maness 1/19/24  
Witness Signature Date

### 12. Summary:

a. Balance On Hand Last Report .....	\$ 0
b. Total Receipts This Period .....	\$ 10,560.35
c. Total Disbursements This Period .....	\$ 24.13
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) .....	\$ 10,536.22
e. Total Loans Outstanding .....	\$ 0
f. Total Obligations Outstanding .....	\$ 0

## SUMMARY PAGE - CANDIDATE



13. Name of Candidate or Committee: James Maness

14. Reporting Period: Start Date: 12/12/2023 End Date: 1/15/2024

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ 0  
(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) ..... \$ 10,560.35
- c. Loans Received This Reporting Period..... \$ 0
- d. Interest Received This Reporting Period ..... \$ 0
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... \$ 10,560.35

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 24.13  
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period ..... \$ 0
- c. Total Obligation Payments Made This Period..... \$ 0
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ 24.13

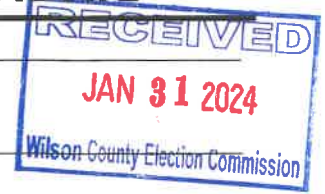
17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period ..... \$ 0
- b. Itemized In-Kind Contributions Received This Period ..... \$ 0
- c. Total In-Kind Contributions Received This Period ..... \$ 0

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) ..... \$ 0

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE



1. Candidate or Committee Name: James Maness  
2. Reporting Period: Start Date: 12/12/2023 End Date: 1/15/2024  
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: Transfer from 2020 Campaign **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 2558 Edinburgh St. City: Old Hickory State: TN Zip Code: 37138  
Occupation: NA Employer: NA  
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)  
Amount of Contribution: \$ 4,978.35 Date of Contribution: 12/12/2023 Aggregate This Election: \$ 4,978.35

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Michelle Middle Name: \_\_\_\_\_ Last Name: Sanders  
Address: 654 Sire Ave City: Mt. Juliet State: TN Zip Code: 37122  
Occupation: Retired Employer: Retired  
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)  
Amount of Contribution: \$ 25.00 Date of Contribution: 1/7/2024 Aggregate This Election: \$ 25.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Ray Middle Name: \_\_\_\_\_ Last Name: Render  
Address: 5413 Pisano St City: Mt. Juliet State: TN Zip Code: 37122  
Occupation: Deputy District Director Employer: Congressman John Rose  
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)  
Amount of Contribution: \$ 100.00 Date of Contribution: 1/7/2024 Aggregate This Election: \$ 100.00

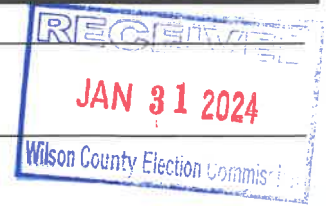
Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Tina Middle Name: \_\_\_\_\_ Last Name: Hutsenpiller  
Address: 305 Michael Circle City: Mt. Juliet State: TN Zip Code: 37211  
Occupation: Retired Employer: Retired  
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)  
Amount of Contribution: \$ 47.00 Date of Contribution: 1/7/2024 Aggregate This Election: \$ 47.00

Total Contributions: \$ 5,150.35

(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: James Maness  
2. Reporting Period: Start Date: 12/12/2023 End Date: 1/15/2024  
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 5,150.35



COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Thi Middle Name: \_\_\_\_\_ Last Name: Dar  
Address: 2111 Greenslope Trail NE City: Huntsville State: AL Zip Code: 35811  
Occupation: Crew Member Employer: KFC  
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)  
Amount of Contribution: \$ 10.00 Date of Contribution: 1/10/2024 Aggregate This Election: \$ 10.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Joseph Middle Name: \_\_\_\_\_ Last Name: Crumby  
Address: 2733 Fleet Drive City: Hermitage State: TN Zip Code: 37067  
Occupation: Dean of Students Employer: Father Ryan High School  
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)  
Amount of Contribution: \$ 1,800.00 Date of Contribution: 1/11/2024 Aggregate This Election: \$ 1,800.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Nancy Middle Name: \_\_\_\_\_ Last Name: Johnson  
Address: 1154 Brookwood Lane City: Nashville State: TN Zip Code: 37220  
Occupation: Retired Employer: Retired  
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)  
Amount of Contribution: \$ 1,800.00 Date of Contribution: 1/14/2024 Aggregate This Election: \$ 1,800.00

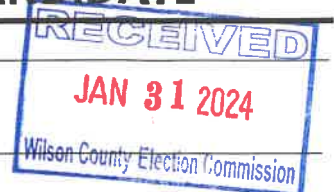
Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Harry Middle Name: \_\_\_\_\_ Last Name: Johnson  
Address: 1154 Brookwood Lane City: Nashville State: TN Zip Code: 37220  
Occupation: Manager Employer: A H Johnson Management Co. LLC  
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)  
Amount of Contribution: \$ 1,800.00 Date of Contribution: 1/14/2024 Aggregate This Election: \$ 1,800.00

Total Contributions: \$ 10,560.35

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: James Maness  
2. Reporting Period: Start Date: 12/12/2023 End Date: 1/15/2024  
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 0



COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Volunteer State Bank OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 11400 Lebanon Road City: Mt. Juliet State: TN Zip Code: 37122  
Purpose of Expenditure: Checks and deposit slips  
Amount of Expenditure: \$ 17.65 Date of Expenditure: 7/12/23

Business or Organization Name: Stripe OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 510 Townsend St. City: San Francisco State: CA Zip Code: 94103  
Purpose of Expenditure: Processing Fee  
Amount of Expenditure: \$ .59 Date of Expenditure: 1/8/2024

Business or Organization Name: Stripe OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 510 Townsend St. City: San Francisco State: CA Zip Code: 94103  
Purpose of Expenditure: Processing Fee  
Amount of Expenditure: \$ 5.89 Date of Expenditure: 1/10/2024

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: \_\_\_\_\_ OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: \_\_\_\_\_  
Amount of Expenditure: \$ \_\_\_\_\_ Date of Expenditure: \_\_\_\_\_

Total Expenditures: \$ 24.13

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