

SS-1109 (Rev. 1/2023)

CAMPAIGN FINANCIAL DISCLOSURE STATEN

For State and Local Candidates For Single-Candidate Committees

100		
APR	4 2024	
Son Count -		

		-oiszumine-
1. Date: 4/2/24 2.a. Candidate or Committee Na	me: Ray JUSTICE	The state of the s
2.b. If Committee, Name of Candidate:	3. Elec	tion Date: 11 5 24
4. Campaign Address: 2744 251 Spring	Hill (20.	
City: Mr. Juliet State: TN	Zip Code: <u>37(22</u> Phon	e: <u>615-975-029</u> 2
5. Candidate Home Address: 251 Spring H	1 6.	
City: MT. Juliet State: TN	Zip Code: 37122 Phon	e: 615.975.029
Candidate Email Address: Cay justice 314	e yahoo. Com	
6. Office Sought: (include district number, if applicable)	Mr. Julier City Co	mmission Distryct
7. Name of Political Treasurer (may be candidate): 🔱 🕽	liam EASley	
Political Treasurer Email Address: @ @ @ s l	ley associates.com	
8. Category or Report: (check one)		
First Quarter Second Quarter Third Quarter	er Fourth Quarter Pre-	Primary Pre-General
☐ Mid-Year Supplemental ☐ Year-End Supplementa	ıl	
9. Reporting Period: Start Date: 1-14 -24	End Date: 3 -31-24	
10. Detailed Disclosure: (Check one)		
This campaign is exempt from detailed disclosures be	ecause contributions (including in	-kind) received total \$1,000
or less AND expenditures total \$1,000 or less for this	reporting period. (Complete item	ns 12.d., 12.e., and 12.f.)
This campaign is required to file a detailed financial of total more than \$1,000 and/or expenditures total more		
11. I/we do solemnly swear or affirm that the information and that this report is an accurate accounting of camp by the candidate committee by the Campaign Financ campaign contributions have been expended for the nonpolitical purpose as defined by the federal internal	aign contributions and expenditu cial Disclosure Act. Additionally, I/ personal financial benefit of the	res required to be reported we swear or affirm that no
13 William 4/2/24	Whell	4-2-2024
Candidate Signature Date	Political Treasurer Signature	Date
Ala C Walnu	Jam Croud	4-2-2024
Witness Signature Date	Witness Signature	Date
12. Summary:		
a. Balance On Hand Last Report	\$\$	•
b. Total Receipts This Period	100) 2
c. Total Disbursements This Period	<u></u> \$ <u>62.</u>	43
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>537.5</u>	
e. Total Loans Outstanding	\$ <u>Ø</u>	
f. Total Obligations Outstanding	\$ <u>Ø</u>	
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SUMMARY PAGE - CANDIDATE

	SUMMARY PAGE - CANDIDATE RECEIVE
13. Na	me of Candidate or Committee: Friends of Ray JUSTICE APR 4 2024
14. Re	porting Period: Start Date: 1-16-24 End Date: 3-31-24 Wilson County Election Commi
15. Re	ceipts:
a.	Unitemized Contributions (\$100 or less from each source this period)
b.	Itemized Contributions (over \$100 from each source this period)\$ 600, 9
c.	Loans Received This Reporting Period \$
d.	Interest Received This Reporting Period\$
e.	Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.)
16. Dis	hursements:
a.	Total Expenditures (other than loan payments)
b.	Loan Repayments Made This Period\$
۲.	Total Obligation Payments Made This Period
d.	Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)\$
17. ln-l	Kind Contributions:
a.	Unitemized In-Kind Contributions Received This Period\$
b.	Itemized In-Kind Contributions Received This Period \$
c.	Total In-Kind Contributions Received This Period\$
18. Ob	ligations:
a.	Total Obligations Outstanding (must be shown in item 12.f.)\$

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee	Name: Ray JUSTICE	RECEIVE
2. Reporting Period: Start [Date: 1.16.24 End Date: 3.31.8	
	ions from preceding page (enter \$0 if first page) \$	600 9 AFR 4 2024
		Wilson County Election Commissio
COMPLETE THE APPROPRIAT	TE ITEMS FOR EACH ITEMIZED CONTRIBUTION.	
	me:	
First Name: 1294	Middle Name:	Last Name: Justice
Address: 251 Spn	Middle Name:	State: IN Zip Code: 37122
Occupation: REACTOR	Employer: SECA	E
	Primary Election 🔀 General Election	
Amount of Contribution: \$_	Date of Contribution:	Aggregate This Election: \$
Business or Organization Na	me:	OR
First Name: Bill	Middle Name:	Last Name:
	City:	
	Employer:	
Contribution Received For:	☐ Primary Election ☐ General Election	☐ Runoff (Local Elections Only)
Amount of Contribution: \$_	500 Date of Contribution:	Aggregate This Election: \$_500_
Business or Organization Na	me:	OR
First Name:	Middle Name:	Last Name:
	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	me:	OR
First Name:	Middle Name:	Last Name:
	City:	
Occupation:	Employer:	
Contribution Received For:	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$
(Carry forward to the next p	oage if additional pages of this form are used. If t the summary on first page.)	his is the last page of contributions, this

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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE 2. Reporting Period: Start Date: 1-16-24 End Date: 3-31-24 3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____ COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an inkind 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. OR Last Name: Middle Name: First Name: _____ Address: N. Mr. Jaker B. City: MT. July T State: IN Zip Code: 37/22 Purpose of Expenditure: Equipment for signs Amount of Expenditure: \$ 62.45 Date of Expenditure: \$ 3 25 24 Business or Organization Name: _____ First Name: _____ Middle Name: _____ Last Name: _____ ______City: ______ State: ____ Zip Code: _____ Address: Purpose of Expenditure: Amount of Expenditure: \$ ______ Date of Expenditure: \$ _____ Business or Organization Name: _____ First Name: _____ Middle Name: ____ Last Name: _____ _____City: ______ State: ____ Zip Code: _____ Address: Purpose of Expenditure: Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____ Business or Organization Name: First Name: _____ Middle Name: ____ Last Name: ____ ______ City: ______ State: ____ Zip Code: _____ Address: Purpose of Expenditure: Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____ Business or Organization Name: ____ First Name: _____ Middle Name: _____ Last Name: _____ ______ City: ______ State: ____ Zip Code: _____ Address: Purpose of Expenditure: Amount of Expenditure: \$ ______ Date of Expenditure: \$ _____ Total Expenditures: \$ 62.45 (Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this

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amount must be shown in the summary on first page.)