

JUL 1 - 2014

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WILSON COUNTY
COMMISSION

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>June 27 2014</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>Jim Mason</u>	
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE <u>8-7-14</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>294 North Spradling RD LeBaron Tenn 444-5477</u>			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone <u>Same</u>			
5. OFFICE SOUGHT (include district number, if applicable) <u>Trustee of Wilson County</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>Jim Mason</u>	
7. CATEGORY OR REPORT (Check one)			
<input type="checkbox"/> FIRST QUARTER <input checked="" type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD <u>April 1 2014</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>June 30 2014</u>	
9. (Check one)			
a. <input checked="" type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. <input type="checkbox"/> 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.			
10. 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.			
<u>Jim Mason</u> signature of candidate		<u>7-1-14</u> date	
<u>Jim Mason</u> signature of political treasurer		<u>7-1-14</u> date	
11. WITNESS SIGNATURE			
<u>Jessie Phagan</u> signature of witness		<u>7-1-14</u> date	
<u>Justin Holbrook</u> signature of witness		<u>7/1/14</u> date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ <u>0-</u>	
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>8200</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>4765</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>3500</u>	
e. TOTAL LOANS OUTSTANDING		\$ <u>0-</u>	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>0-</u>	



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Jim Mason</i>				2. REPORT COVERING THE PERIOD FROM: TO:	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <i>\$200</i>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name <i>MT Juliet Realtor</i>		Middle Name		Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address <i>South Mt. Juliet Rd</i>				<input type="checkbox"/> Runoff (Local Elections Only)	
City <i>MT Juliet</i>		State <i>Tenn</i>	Zip Code	Date of Contribution	
Occupation <i>Real Estate</i>				Aggregate This Election	
Employer				<i>\$200^{or}</i>	
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City		State	Zip Code	Date of Contribution	
Occupation				Aggregate This Election	
Employer					
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City		State	Zip Code	Date of Contribution	
Occupation				Aggregate This Election	
Employer					
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City		State	Zip Code	Date of Contribution	
Occupation				Aggregate This Election	
Employer					
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					<i>\$200</i>