

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 1/25/19	2.a. NAME OF CANDIDATE OR COMMITTEE JONATHAN HAYES		
2.b. IF COMMITTEE, NAME OF CANDIDATE NA	3. ELECTION DATE Nov 6 2018		
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 120 Governors Pt HEND TN 37075 330-5707			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone SAME			
5. OFFICE SOUGHT (include district number, if applicable) Aldermen Ward 5 HEND		6. NAME OF POLITICAL TREASURER (may be candidate) JEFF GLOWACKI	
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input checked="" 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 10/28/18		8.b. ENDING DATE OF REPORTING PERIOD 1/15/19	
9. (Check one) a. <input 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 checked="" 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.			
<i>Jonathan Hayes</i> signature of candidate 1/23/19 date		<i>Jeff Glowacki</i> signature of political treasurer 1/23/19 date	
<i>[Signature]</i> signature of witness 1/23/19 date		<i>[Signature]</i> signature of witness 1-23-19 date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT	FILED A.M. P.M. 1472.79		
b. TOTAL RECEIPTS THIS PERIOD	4400		
c. TOTAL DISBURSEMENTS THIS PERIOD	5365.92		
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	506.87		
e. TOTAL LOANS OUTSTANDING	3500		
f. TOTAL OBLIGATIONS OUTSTANDING	0		



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD FROM: <u>10/22</u> TO: <u>1/15/19</u>
RECEIPTS	
15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>1900</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>0</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>1900</u>
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>2500</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>0</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>4400</u>
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)	
<u>Food bank add</u>	\$ <u>100</u>
<u>Candy</u>	\$ <u>100</u>
<u>Food bank add</u>	\$ <u>60</u>
<u>Fuel</u>	\$ <u>88.47</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total of Expenditures (\$100 or less each payee)	\$ <u>348.47</u>
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>5018.32</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ <u>5366.79</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ <u>0</u>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ <u>5366.79</u>
22. IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>0</u>
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ <u>250</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	\$ <u>250</u>
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>0</u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u>0</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.)	\$ _____



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE JONATHAN HAYES				2. REPORT COVERING THE PERIOD FROM: 10/28/19 TO: 1/15/19			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 0		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)							
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
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		Aggregate This Election	
Occupation							
Employer							
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
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		Aggregate This Election	
Occupation							
Employer							
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
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		Aggregate This Election	
Occupation							
Employer							
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
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		Aggregate This Election	
Occupation							
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.)					0		

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD	
				FROM: 10-28	TO: 1/15/19
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount: 0
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)					
First Name: Rachel		Middle Name:		In-Kind Contribution Received For:	
Last Name/Organization Name: COLLINS				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address: Hunt Club		Date of In-Kind Contribution: 10/29/18		Value of In-Kind Contribution: 250	
City: HEND		State:		Aggregate this Election: 250	
Occupation: Interior Decorator		Employer: Self		Description of In-Kind Contribution: PTO sponsorship	
				Healthy Snacks Preparation	
First Name:		Middle Name:		In-Kind Contribution Received For:	
Last Name/Organization Name:				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address:		Date of In-Kind Contribution:		Value of In-Kind Contribution:	
City:		State:		Aggregate this Election:	
Occupation:		Employer:		Description of In-Kind Contribution:	
First Name:		Middle Name:		In-Kind Contribution Received For:	
Last Name/Organization Name:				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address:		Date of In-Kind Contribution:		Value of In-Kind Contribution:	
City:		State:		Aggregate this Election:	
Occupation:		Employer:		Description of In-Kind Contribution:	
First Name:		Middle Name:		In-Kind Contribution Received For:	
Last Name/Organization Name:				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address:		Date of In-Kind Contribution:		Value of In-Kind Contribution:	
City:		State:		Aggregate this Election:	
Occupation:		Employer:		Description of In-Kind Contribution:	
First Name:		Middle Name:		In-Kind Contribution Received For:	
Last Name/Organization Name:				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Address:		Date of In-Kind Contribution:		Value of In-Kind Contribution:	
City:		State:		Aggregate this Election:	
Occupation:		Employer:		Description of In-Kind Contribution:	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE JONATHAN HAYES		2. REPORT COVERING THE PERIOD FROM: 10/28 TO: 1/15/19	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 0
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)			
First Name HAIford	Middle Name	Purpose of Expenditure Mailers	Amount of Expenditure 2365.¹⁵
Last Name/Business Name Company			
Address Spence Lane			
City Nashville	State TN		
First Name US Post office	Middle Name	Purpose of Expenditure Postage	Amount of Expenditure 1,410
Last Name/Business Name			
Address Hendersonville P.O.			
City Hend.	State TN		
First Name Office	Middle Name	Purpose of Expenditure Printing	Amount of Expenditure 981.45
Last Name/Business Name Depot			
Address Main St			
City Hendersonville	State TN		
First Name SAMS	Middle Name	Purpose of Expenditure PTO Sponsorship Healthy Snacks & Water	Amount of Expenditure 261.72
Last Name/Business Name Wholesale			
Address Indian Lake Stone			
City Hend.	State TN		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State		
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)			5018.32

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <p style="text-align: center; font-size: 1.2em;">JONATHAN HAYES</p>				2. REPORT COVERING THE PERIOD FROM: 10/28/19 TO: 1/15/19					
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)									
Complete the Following for the Source of the Loan									
First Name JONATHAN		Middle Name CRAFT		Outstanding Loan Balance (Beginning of Period) \$1000		Loans Received \$2500	Loan Payments 0	Outstanding Loan Balance (End of Period) \$3500.00	
Last Name/Organization Name HAYES				Loan Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)			Date of Loan November 3, 2019		
Address 120 Gow Pt Blvd				City Hend		State TN		Zip Code 37075	
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)									
First Name		Middle Name		First Name		Middle Name		Last Name/Organization Name	
Last Name/Organization Name		Address		City		State		Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name		Last Name/Organization Name	
Last Name/Organization Name		Address		City		State		Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name		Last Name/Organization Name	
Last Name/Organization Name		Address		City		State		Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name		Last Name/Organization Name	
Last Name/Organization Name		Address		City		State		Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
4. Totals for all Loans (complete on last page of itemized loans) <small>(Total loans received should also be shown in item 16, on summary page.) (Total loan payments should also be shown in item 20, on summary page.) (Total outstanding loan balance should also be shown in item 12.e, on front page.)</small>				Outstanding Loan Balance (Beginning of Period) 1000		Loans Received 2500	Loan Payments 0	Outstanding Loan Balance (End of Period) \$3500.00	



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
				FROM:		TO:	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totalling more than \$100 owed to any person/vendor at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name		0	0	0	0
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
4. TOTALS							
(Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)							