CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT	_	NDIDATE OR COMMITTEE		
July 17, 2018	Jam	ie clary a	for Mayor	
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE	1020
			Nov. 3	, 2-2-
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	State	Zip Code	Phone
125 N. Shadowhaven l	lay Hen	delionville	TN 3707	5- 615-824-5799
4.b. CANDIDATE'S HOME ADDRESS (if differer Street or Rural Route	t than 4.a.) City	State	Zip Code	Phone
5. OFFICE SOUGHT (include district number,			AL TREASURER (may b	e candidate)
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH QUARTER	PRE- PRE- PRIMARY GENERA 8.b. ENDING DATE OF RE	MID-YEAR L SUPPLEMENTA	YEAR-END L SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD			, 2018	
January 16, 2018 9. (Check one)			,	
a. This campaign is exempt from detail tures total \$1,000 or less for this rep b. This campaign is required to file a deand/or expenditures total more than	orting period. (Competailed financial discl	osure because contribution	121.)	
I/we do solemnly swear or affirm that the accurate accounting of campaign contribut Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other not the candidate or for any other not the candidate.	ions and expenditure	es required to be reported to no campaign contributions	have been expended for	
Signature of sanktiguate	7.14-18 date	Lau signati		7-14-18 date
Mals	7-14-7	8		
11. WITNESS SIGNATURE signature of witness	7./4 .,	<i></i>	ignature of witness	20 7-14"X date
12. SUMMARY	<u> </u>			•
a. BALANCE ON HAND LAST REPORT	***************************************		\$ 8,595	,
b. TOTAL RECEIPTS THIS PERIOD			s <u>3,500</u>	_
a. BALANCE ON HAND LAST REPORT. b. TOTAL RECEIPTS THIS PERIOD)		s 1258.	52
d. BALANCE ON HAND (12.a. plus 12.b	, minus 12.c.)			\$ 10,836.78
e. TOTAL LOANS OUTSTANDING				n
f. TOTAL OBLIGATIONS OUTSTANDING				

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)		ERING THE PERIOD
Jamie Clary for Mayor	FROM: 1-16-15	TO: 6-30-18
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	m /A	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 830	_
b. Itemized Contributions (over \$100 from each source this period)	\$ 2430	_
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	***************************************	\$
16. LOANS RECEIVED THIS REPORTING PERIOD	***************************************	\$
17. INTEREST RECEIVED THIS REPORTING PERIOD	***************************************	\$
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		\$ _3,500
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)
Printing \$ 22.7	14_	
		
\$	<u> </u>	
\$		
\$		
\$ <u></u>		
\$		
\$		
\$		•
	. 22,74	1
Total of Expenditures (\$100 or less each payee)	\$	_
b. Itemized Expenditures (Over \$100 each payee this period)	9	. 1258,52
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		0
20. LOAN REPAYMENTS MADE THIS PERIOD		\$
22.IN-KIND CONTRIBUTIONS	_	
a. Unitemized in-kind contributions (\$100 or less from each source this period)		
b. Itemized in-kind contributions (over \$100 from each source this period)		
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22	b.)	\$
23. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)		
b. Itemized Obligations Outstanding (Over \$100 each)		
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i ite	em 12.f.)	\$



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVE	
Jamie Clary	for Mayor	FROM: 1. 16-18	TO: 6-30-15
		C (antes \$0 if first itemized page)	Amount
3. TOTAL ITEMIZED CAMPAIGN CONTRIBL	JTIONS FROM PRECEDING PAG	enter \$0 it list iterrazed page	<u> </u>
		ontributions totaling more than \$100 from any contributo Contribution Received For:	Amount of Contribution
irst Name N; Ya Allen ast Name/Organization Name			
Last Name/Organization Name		Primary Election General Election	300
		D p. 1966 (S. 1914) Floridana Onto)	
Address 101 Worcestels Pt.		Runoff (Local Elections Only)	
Hendersanville State Zip Code 37075		Date of Contribution	Aggregate This Election
Occupation refired	1.22	May 3, 2018	1300
Employer		1 / 1-/	
First Name	Middle Name	Contribution Received For:	Amount of Contribution
rien		Primary Election General Election	1. 200
Last Name/Organization Name (+1b/e a +4			1,200
Address 166 Candill P		Runoff (Local Elections Only)	Aggregate This Election
City Honderson ville	State Zip Code 77 5	Date of Contribution	
Occupation (etile d		June 14, 2018	1,200
Employer			
First Name Mark Conf	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name	Middle Name	Contribution Received For: Primary Election General Election	Amount of Contribution
Last Name/Organization Name			
Last Name/Organization Name		Primary Election General Election Runoff (Local Elections Only)	\$500
Last Name/Organization Name Koen Address 101 11, 'dden Lake		☐ Primary Election	
Last Name/Organization Name Koen Address Address O		☐ Primary Election	Aggregate This Election
City Hendriven: 1/e Occupation		Primary Election General Election Runoff (Local Elections Only)	\$500
City Henderson Cocupation Dentist Employer		☐ Primary Election	Aggregate This Election
Last Name/Organization Name Koen Address Address I o 1		☐ Primary Election	Aggregate This Election
City Henderson Cocupation Dentist Employer	(† - Stale Zip Code 7 J	Primary Election Runoff (Local Elections Only) Date of Contribution May 13, 2017 Contribution Received For:	Aggregate This Election 500 Amount of Contribution
Last Name/Organization Name Koen Address Address IOI H, dden Lake City Hen dellar : 1/e Occupation Dentist Employer Self First Name T; m Last Name/Organization Name	(† - Stale Zip Code 7 J	Primary Election Runoff (Local Elections Only) Date of Contribution May 13, 2017	Aggregate This Election
Last Name/Organization Name KOEN Address Address I o 1	C+- State TN Zip Code 770 75	Primary Election Runoff (Local Elections Only) Date of Contribution May 13, 2017 Contribution Received For:	Aggregate This Election 500 Amount of Contribution
Last Name/Organization Name Koen Address 101 Hidden Lake City Henders: 1/e Occupation Dentist Employer Self First Name Tim Last Name/Organization Name Fugus Address 117 Shilley	(† - State TW Zip Code J 7 0 7 J	□ Primary Election	Aggregate This Election 500 Amount of Contribution
City Cocupation Dentist Employer Last Name/Organization Name First Name Address 117 Shiley	C+- State TN Zip Code 770 75	□ Primary Election ☑ General Election □ Runoff (Local Elections Only) Date of Contribution May 13, 2 0 17 Contribution Received For: □ Primary Election ☑ General Election	Aggregate This Election SOD Amount of Contribution Aggregate This Election
Last Name/Organization Name Koen Address Address IOI Hidden Lake City Hendrisen: 1/e Occupation Dentist Employer Self First Name Tim Last Name/Organization Name Fugura Address IIT Shilley City Hendrisen: 1/12	(† - State TW Zip Code J 7 0 7 J	□ Primary Election	Aggregate This Election 500 Amount of Contribution
Last Name/Organization Name Koen Address Address Address Iol Hidden Lake City Hendrisens: 1/e Occupation Dentist Employer Self First Name Tim Last Name/Organization Name Fugua Address 117 Shilley City Itendrisens: 1/f	(† - State TW Zip Code J 7 0 7 J	□ Primary Election	Aggregate This Election SOD Amount of Contribution Aggregate This Election
Last Name/Organization Name KOEN Address Address Address City HPN drivent.'//e Occupation Dentist Employer Self First Name Tim Last Name/Organization Name FHR 49 Address Address IT Shilley City HPN drivenzille Occupation Fetiled Employer	(† - State TW Zip Code J 7 0 7 J	□ Primary Election	Aggregate This Election Amount of Contribution Aggregate This Election
Last Name/Organization Name Koen Address Address Idl Hidden Lake City Hendrise Dentist Employer Self First Name Tim Last Name/Organization Name Fugua Address IT Shilley City Hendrisen Cetying City Coccupation Ceting Cetying Coccupation Cetying Address Cetying Coccupation Cetying Cetying	C + - State Zip Code 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7	□ Primary Election	Aggregate This Election SOD Amount of Contribution Aggregate This Election

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE	<u> </u>	iv.		2 REPORT COVER	
Jamie clary	+01	174401		FROM 1-16-18	TO.6.30-18 Amount
3 TOTAL ITEMIZED CAMPAIGN CONTRIZ	BUTIONS FR	OM PRECEDING P	AGE renter 30 if first itemized p)age:	2150
4 COMPLETE THE APPROPRIATE ITEMS FOR				\$100 from any contribute.	
Fast Name I teve	Midfile Narce		Springston Received For		Amount of Contributor
Last Name Organization Name Eller +			Primary Electron [General Election	
			☐ Ruceff /Local Efections Chiy)		
Allers 214 Blue glass Obj Hendelsonville		Tawase L	Oste of Contribution		Aggregate This Election
retired			May 29	, 2018	500
Employer					
First Nama	Middle N	27%	Contribution Received Fo		Amount of Contribution
			□ = mary Election (
Cast Namer Citylanization Wulte			La - many Laconom	Cot to of the colon	
A Garase			Recoff (Local Elected	ons Only)	
Coty	State	de Cera	Crave of Contribution		Aggregate This Election
Cocquation					
Envicyer					
Tudota					
Pirst Name	Mode Name		Contribution Received For		Amount of Contribution
Last Name Organication Name		☐ Primary Bestion	General Election		
			Renoff (Local Election	nae Dalva	
Aidress				ons comy,	
Oty	State Individual		Dice of Contribution		Aggregate This Election
Occupation			Upramation of		
Employer					CL C
First Prante Ulled e Nums		Contribution Received For		Amount of Contribution	
Last Name Chizologich Name		Fromary Election	General Election	THE PARTY OF THE P	
Acdress		Ronoff (Local Erection	ons Only)		
Oly	State 2.0000		Sale of Completion		Aggregate This Election
Occupation					
Employe:					
5. TOTAL ITEMIZED CONTRIBUTIONS					2
(Carry toward to tem 3 of next page if additional a (if this is the instruage of confidentials if the district	Lages of this form	tilans views e Telegraphic on a managed			2,650
I the property of a purify of position money in section of	e in contract was with the App.				1

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVER	TO: 6-70-19	
Jamie Clary for Mayor FR				11101111/0/10/4	Amount
TOTAL ITEMIZED CAMPAIGN EXP	ENDITURES FRO	M PRECEDING PAG	SE (enter \$0 if first itemized p	age)	<u> </u>
COMPLETE THE APPROPRIATE ITEM	S FOR EACH ITEM	ZED EXPENDITURE		00 to any payee during the pe	riod)
rst Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure
Name/Business Name		Mailing	Strice	\$503.42	
Direct Ed 2000 Blen Ech	<u> </u>		-		-
2000 Blen Ech	State .	Zip Code	-		
Nashville	SP\$V	Zip Code 272 15			A at Expendity as
rst Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name Office Max			Postage		1300 -
					30-
ddress west Main ily Honders anville	Stale TN	Zip Code 37075			
irst Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name A 5 A P		Printing		432.36	
	/vd/				
Address 116 Impelial B. The Hendelson VIIIE	State TN	21p Code 37 p 75			
First Name	Middle Na	ıme	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle N	ame	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	<u>, , L., </u>				
Address					
City	State	Zip Code			
First Name	Middle N	апе	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address		<u> </u>			
City	State	Zip Code			
5. TOTAL ITEMIZED EXPENDIT	JRES				1235,7
, D. TOTAL HEMILED LAFLINDIN	iditional pages of this for				ニモエフマム・ガ