CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

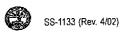
| 1. DATE OF REPORT 2.a. NAME OF C | ANDIDATE OR COMMITTEE |
|---|--|
| 1-14-21 Jim | WATERS |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE | 3. ELECTION DATE |
| JIM WAIERS | 11-3-20 |
| 4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City | |
| Street or Rural Route 244 SOUTH BUTH DR. HV; | 12E, TN 37075 6/5-945-0414 |
| 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) | LLE, TN. 37075 6/5-945-0414 |
| Street or Rural Route City | State Zip Code Phone |
| 218ME | |
| 5. OFFICE SOUGHT (include district number, if applicable) | 6. NAME OF POLITICAL TREASURER (may be candidate) |
| ALDERMAN WARD 6 | Jim WATERS |
| 7. CATEGORY OR REPORT (Check one) | |
| FIRST SECOND THIRD FOORTH | LJ LJ LJ PRE- PRE- MID-YEAR YEAR-END |
| QUARTER QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD | PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL |
| | 8.b. ENDING DATE OF REPORTING PERIOD |
| 9. (Check one) | Jan. 15, 202/ |
| | |
| a. This campaign is exempt from detailed disclosure becautures total \$1,000 or less for this reporting period. (Com | se contributions (including in-kind) received total \$1,000 or less AND expendi- plete items 12d., 12e. and 12f.) |
| | |
| and/or expenditures total more than \$1,000 for this report | osure because contributions (including in-kind) received total more than \$1,000 ting period. |
| | |
| 10. I/we do solemnty swear or affirm that the information containe | d in this campaign financial disclosure report is true and that this report is an |
| accurate accounting of campaign contributions and expenditure Financial Disclosure Act. Additionally, I/we swear or affirm that | es required to be reported by the candidate committee by the Campaign to campaign contributions have been expended for the personal financial |
| benefit of the candidate or for any other nonpolitical purpose as | s defined by the federal internal revenue code. |
| (C) I I | |
| 1-14-21 | fin Walis 1-14-21 |
| signature of candidate date | signature of political treasurer date |
| 11. WITNESS SIGNATURE | |
| TI. WITNESS SIGNATURE | |
| * Vuainia Watar 41-16. | x 7/ Morenia (1) of 2017 x 1-101 |
| signature of witness date | Signature of witness date |
| | |
| 12. SUMMARY | ILED PM S 5 2021 S COUNTY SION S COUNTY SION |
| a. BALANCE ON HAND LAST REPORT | ILLE S |
| AM | 1500 |
| b. TOTAL RECEIPTS THIS PERIOD | 2 p 500 8 |
| 71 | COUNTY |
| c. TOTAL DISBURSEMENTS THIS PERIOD | UMNER COUNTY SHON |
| d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) | cTIO' \$ |
| c. TOTAL DISBURSEMENTS THIS PERIOD | |
| e. TOTAL LOANS OUTSTANDING | \$_ \times |
| | - |
| f. TOTAL OBLIGATIONS OUTSTANDING | |
| | |

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e :

SUMMARY PAGE - CANDIDATE

| 13. NAME OF CANDIDATE OR COMMITTEE (In Full) | | ERING THE PERIOD |
|--|-------------------------|------------------|
| Jim WATERS | FROM:10-25-20 | TO: 1-15-Z1 |
| RECEIPTS 15. CONTRIBUTIONS (other than loans and interest) | | |
| a. Unitemized Contributions (\$100 or less from each source this period) | ·····\$ <u>Ø</u> | _ |
| b. Itemized Contributions (over \$100 from each source this period) | \$ <u>`</u> | |
| 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.) | | \$ <u>\%</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) |
| \$ | | |
| \$ | | |
| \$ | | |
| \$ | | |
| \$ | | |
| \$ | | |
| \$ | | |
| \$ | | |
| \$ | | |
| | . 75 | |
| Total of Expenditures (\$100 or less each payee) | ~ ' | _ |
| b. Itemized Expenditures (Over \$100 each payee this period) | • | _ % |
| c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) | | VEN |
| 20. LOAN REPAYMENTS MADE THIS PERIOD | | • |
| 21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) | | \$ |
| 22.IN-KIND CONTRIBUTIONS | ≫ 0 | |
| 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 | 8 | |
| 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 | ern 12.f.) | \$ |



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

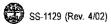
| 1. NAME OF CANDIDATE OR COMMITTEE | REPORT COVERI | | | | | | | |
|--|--|-------------------------|----------------------------|-------------------------|-------------------------|--|--|--|
| Jim WATER | TO: 1-15-21 | | | | | | | |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTI | Amount | | | | | | | |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor) | | | | | | | | |
| First Name | Aiddle Name | 3 | Contribution Received For: | | Amount of Contribution | | | |
| Last Name/Organization Name | <u> </u> | | Primary Election | General Election | | | | |
| | | | | | | | | |
| Address | | | Runoff (Local Election | $\mid \varnothing \mid$ | | | | |
| City | State | Zip Code | Date of Contribution | | Aggregate This Election | | | |
| Occupation | | | 1 | | | | | |
| Employer | | · . | _ | | \varnothing | | | |
| | | | | | | | | |
| First Name | Middle Nam | е | Contribution Received Fe | or: | Amount of Contribution | | | |
| Last Name/Organization Name | <u>. </u> | | Primary Election | General Election | | | | |
| Address | | | Runoff (Local Election | ns Only) | \mathcal{Q} | | | |
| City | State | Zip Code | Date of Contribution | | Aggregate This Election | | | |
| Occupation | | <u> </u> | - | | | | | |
| Cocapation | |] | | | | | | |
| Employer | | | | Ø | | | | |
| First Name | ę | Contribution Received F | Amount of Contribution | | | | | |
| Last Name/Organization Name | | | Primary Election | General Election | | | | |
| Address | | | Runoff (Local Election | ns Only) | B | | | |
| City | Zip Code | Date of Contribution | | Aggregate This Election | | | | |
| | State Zip Code | | 2010 01 20111113011011 | | 1.33,434.4 | | | |
| Occupation | | | | | | | | |
| Employer | | | | | Ø | | | |
| First Name | Middle Nam | <u> </u> | Contribution Received For | | Amount of Contribution | | | |
| riist radiic | VIII OIG IVE | | | | Allocate of Gorgadulli | | | |
| Last Name/Organization Name | | | Primary Election | General Election | <u>~</u> | | | |
| Address | | Runoff (Local Election | ns Only) | 3 | | | | |
| City | State | Zip Code | Date of Contribution | Aggregate This Election | | | | |
| Occupation | |] | | 2 | | | | |
| Employer | | - | | <u> </u> | | | | |
| TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages (If this is the last page of contributions, this amount must | | | | | Ä | | | |

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

| NAME OF CANDIDATE O | | E | | 2 | REPORT COVER | | | | | |
|---|-----------------------|--|-------------------------------------|---|---|-------------------------------|--|--|--|--|
| Jim WA | टेन्टर | | | | FROM 0-X-20 | TO: (-/5-2/ Amount | | | | |
| 3. TOTAL ITEMIZED IN-KIND (| CONTRIBUTIO | NS FRON | PRECEDING PAGE | GE (enter \$0 if first itemized page | e) | S Amount | | | | |
| 4. COMPLETE THE APPROPRIAT | E ITEMS FOR EA | ACH ITEMI | ZED IN-KIND CONT | RIBUTION (in-kind contributions totaling | more than \$100 from any co | ntributor during the period) | | | | |
| First Name | | Middle Na | me | | In-Kind Contribution Received For: Primary Election | | | | | |
| Last Name/Organization Name | | | | Runoff (Local Election | Runoff (Local Elections Only) | | | | | |
| Address | | | | Date of In-Kind Contribution | Date of In-Kind Contribution Aggregate this Election | | | | | |
| City | State Zip Code | | | | 1 | | | | | |
| Occupation | Employer | | | | | | | | | |
| First Name | | /iddle Na | ime | In-Kind Contribution Recei | | Value of In-Kind Contribution | | | | |
| Last Name/Organization Name | | | | Runoff (Local Election | | 0 | | | | |
| Address | | | | Date of In-Kind Contribution | | Aggregate this Election | | | | |
| City | | State | Zip Code | Description of in-Kind Contribution | n | | | | | |
| Occupation | Employer | | | | | | | | | |
| First Name Middle Name | | | | i i | In-Kind Contribution Received For: Primary Election General Election | | | | | |
| Last Name/Organization Name | | | | Runoff (Local Elections Only) | | | | | | |
| Address | | | | Date of In-Kind Contribution | Date of In-Kind Contribution Aggregate this Election | | | | | |
| City | | State | Zip Code | Description of In-Kind Contributio | n | | | | | |
| Occupation | Employer | | | | | | | | | |
| First Name | | viiddle Na | ame | In-Kind Contribution Recei | | Value of In-Kind Contribution | | | | |
| Last Name/Organization Name | | <u> </u> | | | ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only) | | | | | |
| Address | | | | Date of In-Kind Contribution | Date of In-Kind Contribution Aggregate this Election | | | | | |
| City | | State | Zip Code | Description of In-Kind Contributio | Description of In-Kind Contribution | | | | | |
| Occupation | Employer | | - | | | | | | | |
| First Name | <u> </u> | Middle Na | ame | | In-Kind Contribution Received For: | | | | | |
| Last Name/Organization Name | | | | ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only) | | | | | | |
| Address | | | Date of In-Kind Contribution | | | | | | | |
| City State Zip Code | | | Description of In-Kind Contribution | n | Ĭ. | | | | | |
| Occupation | Employer | 1 . | | | | | | | | |
| 5. TOTAL ITEMIZED IN-KIND (Carry forward to item 3. of next page (If this is the last page of in-kind cor | ge if additional page | s of this form | | rnmary.) | | B | | | | |
| SS-1128 (Rev. 2/06) | | | | | age | RDA 1159 | | | | |

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

| NAME OF CANDIDATE OR COMMITTEE | 2. REPORT COVER | | | | | | |
|---|-----------------------|--------------------|--------------------------------------|------------------------------|--|--|--|
| JIM WATERS | TO: (-15-21 | | | | | | |
| | Amount | | | | | | |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDITU | | | | | <u> </u> | | |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR E | ACH ITEMI | ZED EXPENDITURE (e | xpenditures totaling more than \$100 | to any payee during the peri | od) | | |
| First Name | Middle Nan | ne | Purpose of Expenditure | | Amount of Expenditure | | |
| Last Name/Business Name | | | | | | | |
| Address | · . | | | | | | |
| City | State | Zip Code | | 4 | | | |
| First Name | Middle Name | | | | Amount of Expenditure | | |
| Last Name/Business Name | 1 | | | | | | |
| Address | | | · | | | | |
| City | State | Zip Code | | | \$ | | |
| First Name | Middle Nan | ne | Purpose of Expenditure | | Amount of Expenditure | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | 100 | | |
| City | State | Zip Code | | | | | |
| First Name Middle Name | | | Purpose of Expenditure | | Amount of Expenditure | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | The state of the s | | |
| City | State | Zip Code | | | 7 | | |
| First Name | Middle Nam | ne | Purpose of Expenditure | | Amount of Expenditure | | |
| Last Name/Business Name | | | - - - - | | | | |
| Address | | | | | 30 | | |
| City | State | Zip Code | | | 3 | | |
| First Name | irst Name Middle Name | | | | Amount of Expenditure | | |
| Last Name/Business Name | | | | | ~ | | |
| Address | | | | | W | | |
| City | State | Zip Code | | | | | |
| TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages) | s of this form : | are used.) | | | Ø | | |
| (if this is the last page of expenditures, this amount mus | | | | | 1 | | |



ITEMIZED STATEMENT OF LOANS - CANDIDATE

| 1. NAME OF CANDIDATE OR C | OMMITTEE | | | | * | | | | | IG THE PERIOD |
|--|--|------------------|--|-----------------------------|-------------------------------|--|------------------|-------------|---|--------------------|
| Jim WATERS | | | | | | | IOM:) - 25-7 | - 1 | 1-15-21 | |
| 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 | First Name Middle Name Outs | | | | | Loans Receive | d Par | -oan | Outsta | nding Loan Polance |
| Last Name/Organization Name | | | | (Beginning o | | | | | | A N |
| WATERS | | | | #/5 | 3 | 9 | 1,5 | 93 | Far | zgiven |
| 244 SouthBurn DR. | | | | Loán Receive | | ☐ General | - | Date of Loa | ın | |
| City HVYLE | State | Zip Code 3767 | Zip Code Runoff (Local Elections Only) | | | | | | | |
| | List All Endor | sers or Guara | intors f | or Above Loa | n (If more spa | ice is needed | d please attach | n a page) | | , |
| First Name | | Middle Name | | | First Name | | | | Middle N | ame |
| Last Name/Organization Name | · | | | | Last Name/O | ganization Nan | me | | 1, | |
| Address | | | | | Address | | | | | • |
| City | | State | Zip C | ode | City | | | | State | Zip Code |
| Amount Guaranteed Outstanding | | | | | Amount Guaranteed Outstanding | | | | | |
| First Name Middle Name | | | | First Name Middle Name | | | | | | |
| Løst Name/Organization Name | | | | Last Name/Organization Name | | | | | | |
| Address | | | | - | Address | | | | | |
| City State Zip Co | | | Code | City State Zip Code | | | | | Zip Code | |
| Amount Guaranteed Outstanding | | | | | Amount Guar | anteed Outstan | ding | | | |
| First Name | | Middle Name | 9 | | First Name | | | | Middle | Name |
| Last Name/Organization Name | | | | | Last Name/Organization Name | | | | | |
| Address | | | | | Address | | | | | |
| City | | State | Zip C | Code | City State Zip Code | | | | | Zip Code |
| Amount Guaranteed Outstanding | | | | | Amount Guaranteed Outstanding | | | | | |
| First Name Middle Name | | | | | First Name Middle Name | | | | | Name |
| Last Name/Organization Name | | | Last Name/Organization Name | | | | | | | |
| Address | | | | Address | | | | | | |
| City | | State | Zip C | Code | City | | | | State | Zip Code |
| Amount Guaranteed Outstanding | | | | | Amount Guar | anteed Outstan | nding | | | |
| (Total loans received should also be show | 4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.) | | | | | Loan Balance Loans Loan Outstandin ng of Period) Received Payments (Engle | | | Outstanding Loan Balance (End of Period) | |
| (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.) | | | | 1593 | 38 | 9 | FORG | 712= | Ø n | |

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMITTEE | 2. REPORT COVERING THE PERIOD | | | | | |
|---|--|------------------------------|-------------------------|--|----------|---------------------------------------|
| | | FROM: 10-25 | | 12-21 | | |
| COMPLETE THE APPROPRIATE ITEMS F OBLIGATION (obligations totaling more that person/vendor at the end of the reporting p | Outstanding Balance (Beginning of Period) | Debt Incurred This Period | Payments This Period | Outstanding Balance (End of Period) | | |
| First Name | Middle Nar | ne | | | | |
| Last Name/Business Name | 1 | | | | | <u></u> |
| Address | | | | | | $ \mathcal{O} $ |
| City | State | Zip Code | | | | \ |
| Description of Obligation | <u> </u> | 1 | <u> </u> | I | <u> </u> | _\ |
| First Name | Middle Nar | пе | | | | |
| Last Name/Business Name | <u> </u> | | | | | , |
| Address | | | | | | $ \langle \mathcal{D} \rangle $ |
| City | State | Zip Code | | | | \forall |
| Description of Obligation | . | 1 | · I | | <u> </u> | |
| | Lett b | - | 1 | T | i | · · · · · · · · · · · · · · · · · · · |
| First Name Middle Name | | | | | | |
| Last Name/Business Name | | | | | | |
| Address | | | | 12 | | |
| City | State | Zip Code | | | | Y |
| Description of Obligation | | | | | | |
| First Name | Middle Nar | ne | | | | |
| Last Name/Business Name | 1 | ····· | | | | |
| Address | | | | | | 7 |
| City | State | Zip Code | | | | |
| Description of Obligation | <u> </u> | <u> </u> | 1 | | 1. | 1 |
| First Name | Middle Nar | те | | | | |
| Last Name/Business Name | | | | K | | |
| Address | | | | | | |
| City | State | Zip Code | | | | 7 |
| Description of Obligation | <u> </u> | | ! | 1 | 1 | \ |
| 4. TOTALS | | | | | | |
| (Total from Outstanding Balance - (End of Period) in item 23b. on summary page.) | | | | \mathcal{A} | | |

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