

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT JAN. 24, 2015	2.a. NAME OF CANDIDATE OR COMMITTEE Jo Ann Graves Mayor 2014		
2.b. IF COMMITTEE, NAME OF CANDIDATE Jo Ann Graves		3. ELECTION DATE 11-4-2014	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 197 WOODLAKE DR, GALLATIN TN 37066 615-451-2257			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone			
5. OFFICE SOUGHT (include district number, if applicable) MAYOR		6. NAME OF POLITICAL TREASURER (may be candidate) Bill Graves	
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 OCT. 26, 2014		8.b. ENDING DATE OF REPORTING PERIOD JAN. 15, 2015	
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.			
<u><i>Jo Ann Graves</i></u> <u>1/25/15</u> signature of candidate date		<u><i>Bill Graves</i></u> <u>1/25/15</u> signature of political treasurer date	
<u><i>Rosemary [unclear]</i></u> <u>1/25/15</u> signature of witness date		<u><i>Rosemary [unclear]</i></u> <u>1/25/15</u> signature of witness date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ <u>2172⁷⁰</u>	
b. TOTAL RECEIPTS THIS PERIOD		\$ <u>1624⁸³</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ <u>2620³⁰</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ <u>1176⁶²</u>	
SUMNER COUNTY ELECTION COMMISSION			
e. TOTAL LOANS OUTSTANDING		\$ <u>0</u>	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ <u>0</u>	



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <u>Jo Ann Graves Mayor 2014</u>	14. REPORT COVERING THE PERIOD FROM: <u>10-26-14</u> TO: <u>1-15-15</u>
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RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>299⁰⁰</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>1325⁰⁰</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>1624⁰⁰</u>

16. LOANS RECEIVED THIS REPORTING PERIOD \$ 0

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ 0²²

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 1624²²

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)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total of Expenditures (\$100 or less each payee) \$ 0

b. Itemized Expenditures (Over \$100 each payee this period) \$ 2620⁰⁰

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 2620⁰⁰

20. LOAN REPAYMENTS MADE THIS PERIOD \$ 0

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 2620⁰⁰

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.) \$ 0

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 in item 12.f.) \$ 0



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Jo Ann Graves Mayor 2014				2. REPORT COVERING THE PERIOD FROM: 10-26-14 TO: 1-15-15		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount \$1325⁰⁰	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name Michelle		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name HAYNES				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		\$500⁰⁰
Address 375 W. MAIN ST.				<input type="checkbox"/> Runoff (Local Elections Only)		
City GALLATIN		State TN	Zip Code 37066	Date of Contribution 11-3-14		Aggregate This Election \$500⁰⁰
Occupation BUSINESS OWNER						
Employer SELF						
First Name Thomas		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name McPherson				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		\$200⁰⁰
Address 747 Plantation Blvd				<input type="checkbox"/> Runoff (Local Elections Only)		
City GALLATIN		State TN	Zip Code 37066	Date of Contribution 11-3-14		Aggregate This Election \$200⁰⁰
Occupation BEST EFFORT						
Employer BEST EFFORT						
First Name CHARLES		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name TOMKINS III				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		\$125⁰⁰
Address PO BOX 741				<input type="checkbox"/> Runoff (Local Elections Only)		
City GALLATIN		State TN	Zip Code 37066	Date of Contribution 11-6-14		Aggregate This Election \$225⁰⁰
Occupation BUSINESS OWNER						
Employer SELF						
First Name Steve		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name BOTTS				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		\$500⁰⁰
Address 100 BLUE GRASS COMMONS BLVD				<input type="checkbox"/> Runoff (Local Elections Only)		
City Hendersonville		State TN	Zip Code 37075	Date of Contribution		Aggregate This Election \$1000⁰⁰
Occupation BUSINESS OWNER						
Employer SELF						
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.)					\$1325⁰⁰	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Jo Ann Graves Mayor 2014			2. REPORT COVERING THE PERIOD		
			FROM: 10-26-14	TO: 1-15-15	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount \$2620.00		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure		
Last Name/Business Name CONQUEST COMMUNICATIONS		professional services	\$925.00		
Address 2812 Emenwood Pkwy					
City Richmond	State VA				Zip Code 23294
First Name					Middle Name
Last Name/Business Name ABBIES		printing	\$195.00		
Address 203 W. MAIN ST.					
City GALLATIN	State TN				Zip Code 37066
First Name					Middle Name
Last Name/Business Name Zach		professional services	\$1500.00		
Address 605 New Hill Ln.					
City GOODLETTSVILLE	State TN				Zip Code 37072
First Name					Middle Name
Last Name/Business Name					
Address					
City	State				Zip Code
First Name					Middle Name
Last Name/Business Name					
Address					
City	State				Zip Code
First Name					Middle Name
Last Name/Business Name					
Address					
City	State				Zip Code
First Name					Middle Name
Last Name/Business Name					
Address					
City	State				Zip Code
First Name					Middle Name
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.)			\$2620.00		