



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees

1. Date: 3-31-24 2.a. Candidate or Committee Name: Jamie Clary

2.b. If Committee, Name of Candidate: \_\_\_\_\_ 3. Election Date: 11-5-24

4. Campaign Address: Home address  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Candidate Home Address: 125 N. Shadowhaven Way  
 City: Hendersonville State: TN Zip Code: 37075 Phone: 615-824-5999  
 Candidate Email Address: jamieclary@comcast.net

6. Office Sought: (include district number, if applicable) Hendersonville Mayor

7. Name of Political Treasurer (may be candidate): Jamie Clary  
 Political Treasurer Email Address: \_\_\_\_\_

8. Category or Report: (check one)  
 First Quarter     Second Quarter     Third Quarter     Fourth Quarter     Pre-Primary     Pre-General  
 Mid-Year Supplemental     Year-End Supplemental

9. Reporting Period: Start Date: 1-16-24 End Date: 3-31-24

10. Detailed Disclosure: (Check one)  
 This campaign is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)  
 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.

11. 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.

Jamie Clary 4-10-24  
 Candidate Signature Date

Jamie Clary 4-10-24  
 Political Treasurer Signature Date

Eric Miller 4/10/24  
 Witness Signature Date

Eric Miller 4/10/24  
 Witness Signature Date

12. Summary:

	FILED		
a. Balance On Hand Last Report	AM	PM	\$ <u>45,054.05</u>
b. Total Receipts This Period	APR 10 2024		\$ <u>595.00</u>
c. Total Disbursements This Period			\$ <u>2,297.32</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	SUMNER COUNTY ELECTION COMMISSION		\$ <u>43,351.75</u>
e. Total Loans Outstanding			\$ <u>0</u>
f. Total Obligations Outstanding			\$ <u>0</u>

# SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Jamie Clary for Mayor

14. Reporting Period: Start Date: 1-16-24 End Date: 3-31-24

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ 195  
(Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See *Instructions* for more information.)
- b. Itemized Contributions (over \$100 from each source this period) ..... \$ 400
- c. Loans Received This Reporting Period..... \$ 0
- d. Interest Received This Reporting Period ..... \$ 0
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... \$ 595 00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 2,297.32  
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period ..... \$ 0
- c. Total Obligation Payments Made This Period..... \$ 0
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ 2297.32

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period ..... \$ 0
- b. Itemized In-Kind Contributions Received This Period ..... \$ 0
- c. Total In-Kind Contributions Received This Period ..... \$ 0

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) ..... \$ 0

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Clary for Mayor  
2. Reporting Period: Start Date: 1-16-24 End Date: 3-31-24  
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \_\_\_\_\_

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Will Middle Name: \_\_\_\_\_ Last Name: Garland  
Address: 119 Cumberland Shores Dr. City: Hendersonville State: TN Zip Code: 37075  
Occupation: Best Effort Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 400 Date of Contribution: 2-21-24 Aggregate This Election: \$ 900

Business or Organization Name: \_\_\_\_\_ OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ \_\_\_\_\_ Date of Contribution: \_\_\_\_\_ Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ \_\_\_\_\_ Date of Contribution: \_\_\_\_\_ Aggregate This Election: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ \_\_\_\_\_ Date of Contribution: \_\_\_\_\_ Aggregate This Election: \$ \_\_\_\_\_

Total Contributions: \$ 400

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Clary for Mayor  
2. Reporting Period: Start Date: 1-16-24 End Date: 3-31-24  
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: USPS OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 105 Imperial Blvd. City: Hendersonville State: TN Zip Code: 37075  
Purpose of Expenditure: postage  
Amount of Expenditure: \$ 1060 Date of Expenditure: 2-27-24

Business or Organization Name: USPS OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 105 Imperial Blvd. City: Hendersonville State: TN Zip Code: 37075  
Purpose of Expenditure: postage  
Amount of Expenditure: \$ 466 Date of Expenditure: 2-29-24

Business or Organization Name: ASAP OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 116 Imperial Blvd. City: Hendersonville State: TN Zip Code: 37075  
Purpose of Expenditure: printing  
Amount of Expenditure: \$ 491.32 Date of Expenditure: 2-22-24

Business or Organization Name: First Baptist Church OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 106 Bluegrass Commons Blvd. City: Hendersonville State: TN Zip Code: 37075  
Purpose of Expenditure: Gifts for reserve police officers  
Amount of Expenditure: \$ 280 Date of Expenditure: 2-15-24

Business or Organization Name: \_\_\_\_\_ OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: \_\_\_\_\_  
Amount of Expenditure: \$ \_\_\_\_\_ Date of Expenditure: \_\_\_\_\_

Total Expenditures: \$ 2,297.32

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)