

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 13 23 2.a. Candidate or Committee Name: Jettrey Jasse
2.b. If Committee, Name of Candidate:
4. Campaign Address: 10,6 Villa Way
City: Hendersonville State: 9N Zip Code: 31013 Phone: 615-348-1838
5. Candidate Home Address: 106 Villa Way City: Hendersonville State: TN Zip Code: 37075 Phone: 615-348-8135
Candidate Email Address: jeffsasse @ amail. com
6. Office Sought: (include district number, if applicable) Aderman Ward 3
7. Name of Political Treasurer (may be candidate): Wasan Wasse
Political Treasurer Email Address: Susun, Sasse3@ gmail, com
8. Category or Report: (check one)
☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☐ Pre-Primary ☐ Pre-Genera
Mid-Year Supplemental Year-End Supplemental
9. Reporting Period: Start Date: 1/16/23 End Date: 6/30/23
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. Candidate Signature
12. Summary: FILED
a. Balance On Hand Last Report
b. Total Receipts This Period
c. Total Disbursements This Period. SUMNER COUNTY \$ 272.56
d. Balance On Hand (12.a. plus 12.b. Minus
e. Total Loans Outstanding\$
f. Total Obligations Outstanding \$\$
SS-1109 (Rev. 1/2023)

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee:	se
14. Reporting Period: Start Date: End D	Date: 6/30/23
15. Receipts:	
 Unitemized Contributions (\$100 or less from each source th (Note: Effective January 16, 2023, Unitemized Contributions are capped) 	
b. Itemized Contributions (over \$100 from each source this pe	eriod)\$\$
c. Loans Received This Reporting Period	ss
d. Interest Received This Reporting Period	\$
e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in iter	m 12.b.) \$
16. Disbursements:	
a. Total Expenditures (other than loan payments)(Note: Effective January 16, 2023, all expenditures must be itemized.)	s_212.56
b. Loan Repayments Made This Period	ss
c. Total Obligation Payments Made This Period	\$
d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12	
17. In-Kind Contributions:	
a. Unitemized In-Kind Contributions Received This Period	\$
b. Itemized In-Kind Contributions Received This Period	
c. Total In-Kind Contributions Received This Period	\$
18. Obligations:	
a. Total Obligations Outstanding (must be shown in item 12.f.)	\$

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name:	y Sasse		
2. Reporting Period: Start Date: 1/6/23	End Date: 6/30/23		
3. Total campaign expenditures from preceding		272,5	6
COMPLETE THE APPROPRIATE ITEMS FOR EACH kind contribution to a candidate, please remember to include candidate's name in the purpose of the expenditure section	ude the purpose of the expenditure (e.g	ust be itemized. ., postage, printir	If the expenditure is an in- ng, etc.) along with the
Business or Organization Name: Shack	le Island Fire P	4 pa Amer	OR
First Name: David Middle Address: 3199 Log Hollow Pil	le Name:	Last Name:	Pitzer
Address: 3199 Lug Hollow Pil	clcity: Hendersmile	State: N	Zip Code: 37075
Purpose of Expenditure: Donatio			
Amount of Expenditure: \$ 272.56	Date of Expenditure:		
Business or Organization Name:			OR OR
First Name: Midd	le Name:	_ Last Name:	
Address:	City:	State:	Zip Code:
Purpose of Expenditure:			
Amount of Expenditure: \$	Date of Expenditure:		
Business or Organization Name:			OR
First Name: Midd			
Address:	City:	State:	Zip Code:
Purpose of Expenditure:			
Amount of Expenditure: \$	Date of Expenditure:		
Business or Organization Name:			OR
First Name: Midd	le Name:	_ Last Name:	
Address:	City:	State:	Zip Code:
Purpose of Expenditure:			
Amount of Expenditure: \$	_ Date of Expenditure:		
Business or Organization Name:			OR
First Name: Midd	le Name:	_ Last Name:	
Address:	City:	State:	Zip Code:
Purpose of Expenditure:			
Amount of Expenditure: \$	_ Date of Expenditure:		
Total Expenditures: \$ 272.56 (Carry forward to the next page if additional page amount must be shown in the summary on first		s the last page	of expenditures, this