

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 07/01/2022	2.a. NAME OF CANDIDATE OR COMMITTEE Pascal Jouvence		
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE 11/08/2022	
4.a. CAMPAIGN ADDRESS AND PHONE			
Street or Rural Route 1335 Long Hollow Pike	City Gallatin	State TN	Zip Code Phone 37066
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)			
Street or Rural Route 1335 Long Hollow Pike	City Gallatin	State TN	Zip Code Phone 37066
5. OFFICE SOUGHT (include district number, if applicable) Gallatin Alderman District 3		6. NAME OF POLITICAL TREASURER (may be candidate) Pascal Jouvence	
7. CATEGORY OR REPORT (Check one)			
<input type="checkbox"/> FIRST QUARTER <input checked="" type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input 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 04/01/2022		8.b. ENDING DATE OF REPORTING PERIOD 06/30/2022	
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.			
_____ signature of candidate		_____ signature of political treasurer	
07/01/22 date		07/01/22 date	
11. WITNESS SIGNATURE			
_____ signature of witness		_____ signature of witness	
07/01/22 date		07/01/22 date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT \$ 14.93			
b. TOTAL RECEIPTS THIS PERIOD \$ 11,575.00			
c. TOTAL DISBURSEMENTS THIS PERIOD \$ 33.49			
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) \$ 11,156.44			
e. TOTAL LOANS OUTSTANDING \$ 10,500.00			
f. TOTAL OBLIGATIONS OUTSTANDING \$ _____			



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Pascal Jouvence			2. REPORT COVERING THE PERIOD FROM: 04/01/22 TO: 06/30/22		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name TOM		Middle Name		Contribution Received For:	
Last Name/Organization Name BERCAW				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 3530 W GARRY AVENUE				<input type="checkbox"/> Runoff (Local Elections Only)	
City SANTA ANA		State CA	Zip Code 92704	Date of Contribution 5/13/2022	Amount of Contribution 1,000.00
Occupation BUSINESS OWNER					Aggregate This Election 1,000.00
Employer INSULTECH					
First Name MATTHEW		Middle Name		Contribution Received For:	
Last Name/Organization Name SCHOAF				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address 100 GOVERNORS POINT BOULEVARD				<input type="checkbox"/> Runoff (Local Elections Only)	
City HENDERSONVILLE		State TN	Zip Code 37075	Date of Contribution 06/14/2022	Amount of Contribution 125.00
Occupation EXECUTIVE					Aggregate This Election 125.00
Employer FREE MARKET HEALTH					
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City		State	Zip Code	Date of Contribution	Amount of Contribution
Occupation					Aggregate This Election
Employer					
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City		State	Zip Code	Date of Contribution	Amount of Contribution
Occupation					Aggregate This Election
Employer					
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.)					

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Pascal Jouvence			2. REPORT COVERING THE PERIOD FROM: 04/01/22 TO: 06/30/22	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$0
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				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
5. TOTAL ITEMIZED EXPENDITURES				
<small>(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.)</small>				

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <p style="text-align: center;">Pascal Jouvence</p>				2. REPORT COVERING THE PERIOD FROM: 04/01/22 TO: 06/30/22							
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 Pascal		Middle Name		Outstanding Loan Balance (Beginning of Period) 500.00		Loans Received 10,000.00	Loan Payments 0.00	Outstanding Loan Balance (End of Period) 10,500.00			
Last Name/Organization Name Jouvence				Address 1335 LONG HOLLOW PIKE				Loan Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Date of Loan 06/28/2022	
City GALLATIN		State TN	Zip Code 37066								
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)											
First Name			Middle Name			First Name			Middle Name		
Last Name/Organization Name						Last Name/Organization Name					
Address						Address					
City			State	Zip Code		City			State	Zip Code	
Amount Guaranteed Outstanding						Amount Guaranteed Outstanding					
First Name			Middle Name			First Name			Middle Name		
Last Name/Organization Name						Last Name/Organization Name					
Address						Address					
City			State	Zip Code		City			State	Zip Code	
Amount Guaranteed Outstanding						Amount Guaranteed Outstanding					
First Name			Middle Name			First Name			Middle Name		
Last Name/Organization Name						Last Name/Organization Name					
Address						Address					
City			State	Zip Code		City			State	Zip Code	
Amount Guaranteed Outstanding						Amount Guaranteed Outstanding					
First Name			Middle Name			First Name			Middle Name		
Last Name/Organization Name						Last Name/Organization Name					
Address						Address					
City			State	Zip Code		City			State	Zip Code	
Amount Guaranteed Outstanding						Amount Guaranteed Outstanding					
4. Totals for all Loans (complete on last page of itemized loans) <small>(Total loans received should also be shown in item 16. on summary page.) (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.)</small>				Outstanding Loan Balance (Beginning of Period) 500.00		Loans Received 10,000	Loan Payments 0.00	Outstanding Loan Balance (End of Period) 10,500.00			

