CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

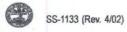
For State and Local Candidates For Single-Candidate Committees

| | OFREPORT /16/2022 | ACTIVITIES AND AND AND ASSESSMENT OF A STATE | ANDIDATEOR | | | | |
|---------------------------|--|--|---|---|--|---------------------------------|--|
| | DMMITTEE, NAME OF CANDIDATE | | | | 3. ELECTION DATE 11/08/20: | 22 | |
| Street | PAIGN ADDRESS AND PHONE tor Rural Route 5 Long Hollow Pike | City Gallatin | | State TN | Zip Code 37066 | Phone | |
| Street | DIDATE'S HOME ADDRESS (if differe t or Rural Route Long Hollow Pike | nt than 4.a.) City Gallatin | | State TN | Zip Code 37066 | Phone | |
| | CE SOUGHT (include district number, llatin Alderman Dis | | 1900 | OF POLITICAL SCAL JO | TREASURER (may be ouvence | candidate) | |
| FIR QUAF 8.a. BEGIN | GORY OR REPORT (Check one) ST SECOND THIRD RTER QUARTER QUARTER NNING DATE OF REPORTING PERIOD 10/30/2022 | FOURTH QUARTER | 1 | PRE- GENERAL DATE OF REF | MID-YEAR SUPPLEMENTAL PORTING PERIOD | YEAR-E SUPPLEME | A CONTRACTOR OF THE PARTY OF TH |
| Fina bene | do solemnly swear or affirm that the trate accounting of campaign contribution in the candidate of the candidate | tions and expenditure e swear or affirm that | es required to be t no campaign of s defined by the | e reported by contributions he federal intern | the candidate committee ave been expended for t | by the Campa he personal fir | aign |
| 11. WITH | NESS SIGNATURE Challed and the signature of witness | 12/16/22 date | N | <u>ùela</u> | Delac nature of witness | 12/ | 16/22 date |
| 12. SUMN | | | | | 0 055 50 |) | |
| | BALANCE ON HAND LAST REPORT TOTAL RECEIPTS THIS PERIOD | | | | \$ <u>9,855.58</u> \$ 800.00 | | |
| | TOTAL DISBURSEMENTS THIS PERIOD | SU | MNER COLL | UTV | 10,655.58 | | |
| d. E | BALANCE ON HAND (12.a. plus 12.b. | minus 12.c.) ELEC | TION COMM | SSION | | \$C | 0.00 |
| е. | TOTAL LOANS OUTSTANDING | | | | | \$ | 0.00 |
| f. | TOTAL OBLIGATIONS OUTSTANDING | | | | | \$ | |



SUMMARY PAGE - CANDIDATE

| 13. NAME OF CANDIDATE OR COMMITTEE (In Full) | 14. REPORT CO | THE PERIOD | | |
|---|--------------------------------|-----------------------|----------|---|
| Pascal Jouvence | | FROM: 10/30/2: | 2 TO:: | 12/16/22 |
| RECEIPTS 15. CONTRIBUTIONS (other than loans and interest) | | | | |
| a. Unitemized Contributions (\$100 or less from each source this pe | eriod) | \$50.00 |) | |
| b. Itemized Contributions (over \$100 from each source this period) | | \$ 750.0 | 0 | |
| c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15 | 5.a. and 15.b.) | | \$_ | 800.00 |
| 16. LOANS RECEIVED THIS REPORTING PERIOD | | | \$_ | 0.00 |
| 17. INTEREST RECEIVED THIS REPORTING PERIOD | | | \$_ | |
| 18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item | n 12.b.) | | \$_ | 800.00 |
| DISBURSEMENTS | | | | *************************************** |
| 19. EXPENDITURES (other than loan payments) | | | | |
| a. Expenditures (\$100 or less each payee this period) (must be listed | by category - e. | .g., printing, postag | e, gasol | line) |
| ADVERTISING | \$ _ 53.20 | 0 | | |
| | \$ | | | |
| | \$ | | | |
| | \$ | | | |
| | \$ | | | |
| | \$ | | | |
| | \$ | | | |
| | \$ | | | |
| | \$ | | | |
| | | | | |
| Total of Expenditures (\$100 or less each payee) | | 100 00 | - | |
| b. Itemized Expenditures (Over \$100 each payee this period) | | AND REPORT OF | | |
| c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. a | er and the same of the same of | | | |
| 20. LOAN REPAYMENTS MADE THIS PERIOD | | | \$ _ | 10,500.00 |
| 21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in | item 12.c.) | | \$_ | 10,655.58 |
| 22.IN-KIND CONTRIBUTIONS | | | | |
| a. Unitemized in-kind contributions (\$100 or less from each source the | is period) | \$ | | |
| b. Itemized in-kind contributions (over \$100 from each source this pe | riod) | \$ | | |
| c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (ad | d 22.a. and 22.b | .) | \$ _ | |
| 23. OBLIGATIONS | | | | |
| a. Unitemized Obligations Outstanding (\$100 or less each) | | \$ | 4 | |
| b. Itemized Obligations Outstanding (Over \$100 each) | | \$ | | |
| c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (mus | t be shown i iten | n 12.f.) | \$_ | |



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

| NAME OF CANDIDATE OR COMMITTEE | | PORT COVERING THE PERIOD | | | | | |
|--|----------------------------------|-----------------------------|-----------------------------------|---------------------------|-------------------------|--|--|
| Pascal Jouvence | FROM: 10/30/ | /22TO: 12/16/22 Amount | | | | | |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT | TIONS FRO | OM PRECEDING PAC | GE (enter \$0 if first itemized p | age) | \$0.00 | | |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR E | ACH ITEMI | ZED CONTRIBUTION (| | \$100 from any contribute | | | |
| First Name ANGELA | Middle Nam | ne | Contribution Received For: | | Amount of Contribution | | |
| Last Name/Organization Name BAXBY | | | Primary Election | General Election | 350.00 | | |
| Address 1628 LONG HOLLOW I | PIKE | | Runoff (Local Election | | | | |
| City GALLATIN | StateN | ^{Zip Codo} 7 0 6 6 | Date of Contribution | Aggregate This Election | | | |
| Occupation BUSINESS OWNER | | | 11/07/2022 | 2 | 350.00 | | |
| Employer | | | | | | | |
| First Name RUTH | Middle Na | me | Contribution Received For | | Amount of Contribution | | |
| Last Name/Organization Name FENNEL | | | Primary Election | XI General Election | 300.00 | | |
| Address 1049 BLUEJAY WAY | | | Runoff (Local Election | ns Only) | | | |
| City GALLATIN | State TN | Zip Code 37066 | Date of Contribution | | Aggregate This Election | | |
| Occupation SELF EMPLOYET | | | 11/15/20: | 300.00 | | | |
| Employer | | | | | | | |
| First Name CHRISTINA | Middle Nar | me | Contribution Received Fo | r. | Amount of Contribution | | |
| Last Name/Organization Name | | | ☐ Primary Election | General Election | 100.00 | | |
| TOBIN Address ACC CIRRO LANE | | | Runoff (Local Election | ons Only) | 100.00 | | |
| 462 GIBBS LANE | | | | | | | |
| City GALLATIN | GALLATIN State TN Zip Code 37066 | | Date of Contribution | | Aggregate This Election | | |
| Occupation SELF EMPLOYED | | | 11/19/20 | 22 | 100.00 | | |
| Employer | | | 1 | | | | |
| First Name | Middle Na | me | Contribution Received For: | | Amount of Contribution | | |
| Last Name/Organization Name | | | Primary Election | | | | |
| Address | | | Runoff (Local Election | ons Only) | | | |
| City | State | Zip Code | Date of Contribution | | Aggregate This Election | | |
| Occupation | | | 1 | | | | |
| Employer | | | 1 | | | | |
| | - | | | - | | | |
| TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pag (If this is the last page of contributions, this amount mu | | | | | 750.00 | | |

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

| | NAME OF CANDIDATE OR COMMITTEE 2. I | | | | |
|--|---|--------------------|---|------------------------|--|
| Pascal Jouver | : 10/30/22TO: 12/16/22 Amount | | | | |
| 3. TOTAL ITEMIZED CAMPAIGN EXPE | NDITURES FRO | M PRECEDING PAC | GE (enter \$0 if first itemized page) | 0.00 | |
| 4. COMPLETE THE APPROPRIATE ITEMS | FOR EACH ITEM | IZED EXPENDITURE | expenditures totaling more than \$100 to any page | yee during the period) | |
| First Name | Middle Na | me | Purpose of Expenditure | Amount of Expenditure | |
| Last Name/Business Name HOVER | | | DOMAIN NAME REI | NEWAL 102.38 | |
| Address 96 MOWAT AVENUE | Ξ | | | | |
| City TORONTO | State CAN | Zin Code M6K3M1 | | | |
| First Name | Middle Na | me | Purpose of Expenditure | Amount of Expenditure | |
| Last Name/Business Name | | | | | |
| Address | | | - | | |
| City | State | Zip Code | | | |
| ony | Olate | Zip oodo | | | |
| First Name | Middle Na | me | Purpose of Expenditure | Amount of Expenditure | |
| ast Name/Business Name | | | | | |
| Address | | | | | |
| | State | Zip Code | | | |
| City | State | Zip Code | | | |
| First Name | Name Middle Name | | | Amount of Expenditure | |
| Last Name/Business Name | | | | | |
| Address | | | 1 | | |
| City | State | Zip Code | | | |
| First Name | Middle Na | me | Purpose of Expenditure | Amount of Expenditure | |
| Last Name/Business Name | | | | | |
| Address | | | | | |
| City | State | Zip Code | | | |
| First Name | Middle Na | me | Purpose of Expenditure | Amount of Expenditure | |
| Last Name/Business Name | | | 1 | | |
| Address | | | 1 | | |
| City | State | Zip Code | | | |
| 5. TOTAL ITEMIZED EXPENDITURI | | | 1 | | |
| (Carry forward to item 3. of next page if addition (If this is the last page of expenditures, this are | onal pages of this form | | | 102.38 | |

ITEMIZED STATEMENT OF LOANS - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMITTEE Pascal Jouvence | | | | | | and the same of th | 2. REPORT COVERING THE PERIOD FROM: TO: | | | | |
|---|-------------------------------|-----------------|-------|------------------------|---|--|---|---------------|---|-----------------------|--|
| | | | | 10/30/ | 22 | 12/16/22 | | | | | |
| 3. COMPLETE THE APPROPE | RIATE ITEMS I | FOR EACH | ITEMI | ZED LOAN | loans totaling m | ore than \$100 | from any source | during the pe | riod) | | |
| Complete the Following for the Sou | | | | | | | | | | | |
| First Name Pascal | First Name Middle Name Pascal | | | | Outstanding Loan Balance Loans (Beginning of Period) Received | | Loan Payments | | Outstanding Loan Balance (End of Period) | | |
| Last Name/Organization Name Jouvence | | | | | 10,500.00 0.00 | | | 10,500.00 | | 0.00 | |
| 1335 LONG HOLLOW DIKE | | | | | ceived For: Date of Loan | | | | | | |
| GALLATIN | State TN | Zip Code 370 | 66 | | ry Election | | | | 28/2 | 2022 | |
| | | | | for Above Loa | in (If more space | ce is needed | d please attach | a page) | | | |
| First Name | | Middle Nar | | | First Name Middle Name | | | | | Name | |
| Last Name/Organization Name | | | | | Last Name/Organization Name | | | | | | |
| Address | | | | | Address | | | | | | |
| City | | State | Zip 0 | Code | City State Zip Co | | | | | Zip Code | |
| Amount Guaranteed Outstanding | | | | | Amount Guaranteed Outstanding | | | | | | |
| First Name | | Middle Nar | me | | First Name | | | | Middle Name | | |
| Last Name/Organization Name | | | | | Last Name/Organization Name | | | | | | |
| Address | | - | | | Address | | | | | | |
| City | | State | Zin (| Code | City | | | | State | Zip Code | |
| Amount Guaranteed Outstanding | | | | | Amount Guaranteed Outstanding | | | | | | |
| | | _ | | | | | 9 | | | | |
| First Name | | Middle Na | me | | First Name Middle Name | | | | | Name | |
| Last Name/Organization Name | | | | | Last Name/Org | ganization Nar | me | | | | |
| Address | | | | | Address | - 7 | | | | Hall | |
| City | State Zip Co | | Code | City | | | | State | Zip Code | | |
| Amount Guaranteed Outstanding | | | | | Amount Guara | nteed Outstan | iding | i Bi | 14 | | |
| First Name Middle Name | | | | First Name Middle Name | | | | Name | | | |
| Last Name/Organization Name | | | | | Last Name/Organization Name | | | | | | |
| Address | | | | | Address | | | | | | |
| City | | State | Zip | Code | City | | | State | Zip Code | | |
| Amount Guaranteed Outstanding | | 1 | | | Amount Guara | nteed Outstan | iding | | | | |
| Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.) | | | | | Outstanding Lo | | Loans Received | Loa | | Outstanding Loan Bala | |
| (Total loan payments should also be sh | | summary pag | | | 10,50 | | 0.00 | 10,! | | (End of Period) | |

