# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

# For State and Local Candidates For Single-Candidate Committees

4 PATE OF BEDODT	LOO NAMEOFOA	NDIDATE OR CO	OMMITTEE		
1. DATE OF REPORT 10/30/2022		Jouveno			
	rascar	bouvene		A FLECTION DATE	
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DATE	
				11/08/202	۷
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		State	Zip Code	Phone
1335 Long Hollow Pike	Gallatin		TN	37066	rione
			III	37000	
4.b. CANDIDATE'S HOME ADDRESS (if differen Street or Rural Route	City		State	Zip Code	Phone
1335 Long Hollow Pike	Gallatin	5		37066	
OFFICE SOUGHT (include district number, it	f applicable)	6. NAME O	E POLITICAL 3	TREASURER (may be c	andidate)
Gallatin Alderman Dist			scal Jou		andidate
	crice 5				
7. CATEGORY OR REPORT (Check one)		П	$\overline{\mathbf{x}}$		П
FIRST SECOND THIRD	FOURTH	PRE-	PRE-	MID-YEAR	YEAR-END
QUARTER QUARTER QUARTER  8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER	8 h ENDING!	GENERAL DATE OF REPO	SUPPLEMENTAL RTING PERIOD	SUPPLEMENTAL
10/01/2022	İ		9/2022	MINO! ENIOD	
9. (Check one)					
a. This campaign is exempt from detaile					or less AND expendi-
tures total \$1,000 or less for this repo	orting period. (Comp	lete items 12d.,	12e. and 12f.)		
b. 🔀 This campaign is required to file a de	tailed financial disclo	sure because o	contributions (in	cluding in-kind) received	total more than \$1,000
and/or expenditures total more than					
10. I/we do solemnly swear or affirm that the in					
accurate accounting of campaign contributi	ons and expenditure	s required to be	reported by th	e candidate committee l	by the Campaign
Financial Disclosure Att. Additionally, I/we benefit of the capable or for any other no					e personal financial
[7]	F	,			
1 At	10/30/22				10/30/22
signature of candidate	date		signature o	of political treasurer	date
/				1	
11. WITNESS SIGNATURE				1	
1 10 : 5 0		In		10.1.	
Michelleller	10/30/22	11	110/1	ellelaid	10/30/22
signature of witness	date		signa	ture of witness	date
	/				
12. SUMMARY					•
				11 401 57	
a. BALANCE ON HAND LAST REPORT				\$ 11,401.57	
TOTAL DECEMPED THE DEDUCE				\$ 350.00	
b. TOTAL RECEIPTS THIS PERIOD					
c. TOTAL DISBURSEMENTS THIS PERIOD				\$ 1,895.99	
o. To habitober to a triber and of				•	
d. BALANCE ON HAND (12.a. plus 12.b.	minus 12 c)	FILED	<b></b>	\$	9,855.58
	AM		PM		
e. TOTAL LOANS OUTSTANDING	001	9 1 2022		\$	10,500.00
	001	O I LULL		· · · · · · · · · · · · · · · · · · ·	
f. TOTAL OBLIGATIONS OUTSTANDING	SUMN	IER COUNTY		\$	
i. TOTAL OBLIGATIONS OUTSTANDING		N COMMISSIO		Φ	



#### **SUMMARY PAGE - CANDIDATE**

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	VERING	RING THE PERIOD						
Pascal Jouvence	FROM: 10/01/2	2 TO:1	.0/29/22					
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)								
a. Unitemized Contributions (\$100 or less from each source this p	0							
b. Itemized Contributions (over \$100 from each source this period	00							
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 1	\$ _	350.00						
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 ite	m 12.b	o.)		\$ _	350.00			
DISBURSEMENTS								
19. EXPENDITURES (other than loan payments)								
a. Expenditures (\$100 or less each payee this period) (must be liste	d by ca	ategory - e	.g., printing, postag	je, gasoli	ine)			
FOOD	\$ .	59.8	8					
POSTAGE	\$ .	90.00	0					
MARKETTING	MARKETTING \$ 46.94							
APPAREL								
	\$ .							
Total of Expenditures (\$100 or less each payee)								
b. Itemized Expenditures (Over \$100 each payee this period)								
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a.	000							
	20. LOAN REPAYMENTS MADE THIS PERIOD							
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in	item	12.c.)		\$	1,895.99			
22.IN-KIND CONTRIBUTIONS								
Unitemized in-kind contributions (\$100 or less from each source t		~	22001					
Itemized in-kind contributions (over \$100 from each source this per	177		Walter Comment		140.00			
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (a	dd 22.a	a. and 22.b	0.)	\$ _	140.00			
23. OBLIGATIONS								
Unitemized Obligations Outstanding (\$100 or less each)	-							
Itemized Obligations Outstanding (Over \$100 each)					:			
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)\$								

## **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

			REPORT COVERING THE PERIO			
Pascal Jouvence			FROM:10/01/22	TO: 10/29/22		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	IONS FRO	GE (enter \$0 if first itemized p	age)	Amount \$0.00		
4. COMPLETE THE APPROPRIATE ITEMS FOR EA					)	
First Name THOMAS	Middle Name	)	Contribution Received For:	Amount of Contribution		
Last Name/Organization Name ONEIL			Primary Election	General Election	250.00	
Address 2210 NEW HOPE ROAD			Runoff (Local Election			
City HENDERSONVILLE	State Zip Code				Aggregate This Election	
Occupation RETIRED			10/10/202	2	250.00	
Employer						
First Name SAMUEL	Middle Nam	е	Contribution Received For	:	Amount of Contribution	
Last Name/Organization Name ROY PETTY			Primary Election	General Election	100.00	
Address 1127 MCMAHAN DR.	SOUTH	ł.	Runoff (Local Election	ns Only)		
City GALLATIN	State TN	Zip Cosle7 0 6 6	Date of Contribution	Aggregate This Election		
Occupation		10/24/2022	100.00			
Employer						
First Name	E-61 50 - 10 - 10 - 10 - 10 - 10 - 10 - 10					
I II STAGING	Middle Name	9	Contribution Received For	:	Amount of Contribution	
Last Name/Organization Name	Middle Name		200-2	: General Election	Amount of Contribution	
	Middle Name	9		General Election	Amount of Contribution	
Last Name/Organization Name	Middle Name	Zip Code	Primary Election	General Election	Amount of Contribution  Aggregate This Election	
Last Name/Organization Name Address			☐ Primary Election [	General Election		
Last Name/Organization Name  Address  City			☐ Primary Election [	General Election		
Last Name/Organization Name  Address  City  Occupation		Zip Code	☐ Primary Election [	General Election		
Last Name/Organization Name  Address  City  Occupation  Employer	State	Zip Code	Primary Election [ Runoff (Local Election Date of Contribution Contribution Received For:	General Election	Aggregate This Election	
Last Name/Organization Name  Address  City  Occupation  Employer  First Name	State	Zip Code	Primary Election  Runoff (Local Election  Date of Contribution  Contribution Received For:	General Election  ns Only)  General Election	Aggregate This Election	
Last Name/Organization Name  Address  City  Occupation  Employer  First Name  Last Name/Organization Name	State	Zip Code	Primary Election  Runoff (Local Election  Date of Contribution  Contribution Received For:	General Election  ns Only)  General Election	Aggregate This Election	
Last Name/Organization Name  Address  City  Occupation  Employer  First Name  Last Name/Organization Name  Address	State  Middle Nam	Zip Code	Primary Election  Runoff (Local Election  Date of Contribution  Contribution Received For:  Primary Election  Runoff (Local Election	General Election  ns Only)  General Election	Aggregate This Election  Amount of Contribution	
Last Name/Organization Name  Address  City  Occupation  Employer  First Name  Last Name/Organization Name  Address  City	State  Middle Nam	Zip Code	Primary Election  Runoff (Local Election  Date of Contribution  Contribution Received For:  Primary Election  Runoff (Local Election	General Election  ns Only)  General Election	Aggregate This Election  Amount of Contribution	

## **ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE**

NAME OF CANDIDATE OR COM		OVERING THE PERIOD  /22 TO: 10/29/22							
Pascal Jou	Amount								
3. TOTAL ITEMIZED IN-KIND CON									
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period									
First Name SANDRA		Middle Nam	e	In-Kind Contribution Received Primary Election	Value of In-Kind Contribution				
Last Name/Organization Name KELI			Runoff (Local Election	140.00					
Address			Date of In-Kind Contribution 10/01/22 Aggregate this Election 140.00						
y State Zip Code			Description of In-Kind Contribution						
Occupation	Employer			SQUARE FEST BOOTH					
First Name		Middle Nam	е	In-Kind Contribution Received For:  ☐ Primary Election ☐ General Election  Value of In-Kind Contribution					
Last Name/Organization Name				Runoff (Local Election					
Address				Date of In-Kind Contribution		Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer								
First Name Middle Name				In-Kind Contribution Received For:   Value of In-Kind Contribution					
Last Name/Organization Name				Runoff (Local Elections Only)					
Address			Date of In-Kind Contribution		Aggregate this Election				
City State Zip Code				Description of In-Kind Contribution					
Occupation	Employer								
First Name	First Name Middle Name			In-Kind Contribution Received For:  ☐ Primary Election ☐ General Election  Value of In-Kind C					
Last Name/Organization Name				Runoff (Local Election					
Address				Date of In-Kind Contribution Aggregate this Elect					
City		State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer		to the state of th						
First Name		Middle Nam	е	In-Kind Contribution Receiv		Value of In-Kind Contribution			
Last Name/Organization Name			☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)						
Address			Date of In-Kind Contribution Aggregate this Election						
City		State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer								
TOTAL ITEMIZED IN-KIND CO     (Carry forward to item 3. of next page if a			re used.)			140.00			
(If this is the last page of in-kind contribut	tions, this amou	nt must be sh	own in item 22b. of summary	(.)					

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIO					
Pascal Jouvence				TO: 10/29/22				
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	RES FROI	M PRECEDING PAGE	(enter \$0 if first itemized pa	ge)	Amount 0.00			
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)								
First Name	Middle Nam	ne	Purpose of Expenditure	Amount of Expenditure				
Last Name/Business Name DNI CORP.				1 152 16				
Address 711 SPENCE LANE			MAILERS		1,153.16			
City NASHVILLE	State IN	Zip Gode 37217						
First Name	Middle Nan	ne	Purpose of Expenditure	Amount of Expenditure				
Last Name/Business Name DOWNTOWN GALLATIN			REFUND FROM					
Address 146 N WATER AVE			FOR PALACE T		(+)50.00			
City GALLATIN	State TN	Zip Code 3 7 0 6 6	6TH TOWNHALI					
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name END		MAILER DESI						
Address 15853 MONTE ST					180.00			
City SYLMAR	State CA	Zip Code 91342						
First Name Middle Name			Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name GPD - OFF DUTY OFFICERS			Q&A OCT 6TH	280.00				
Address								
City	Zip Code							
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name FACEBOOK				110 00				
Address			ADVERTIS	110.00				
City	State	Zip Code						
First Name	ne	Purpose of Expenditure		Amount of Expenditure				
Last Name/Business Name			1					
Address								
City	State	Zip Code	1					

#### **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

NAME OF CANDIDATE OR COMMITTEE						2. REPORT COVERING THE PERIOD				HE PERIOD		
Pascal Jouvence					FR	FROM: TO: 10/29/22						
3. COMPLETE THE APPROPRIAT	E ITEMS F	OR EACH IT	EMIZ	ED LOAN (I	oans totaling r	nore than \$100	from any source	e during the per	od)			
Complete the Following for the Source of	of the Loan											
First Name Pascal	Outstanding L (Beginning o							Loan Balance f Period)				
Last Name/Organization Name Jouvence 10,50						0.00	0	0.00 10,500.0				
Address  1335 LONG HOLLOW PIKE  Priman					Clastica M Cassard Starting							
GALLATIN	State TN	Zip Code 3 7 0 6	6	Runoff (Local Elections Only)  O6/28/2022						2		
L	ist All Endor	sers or Guara	ntors fo	or Above Loai	n (If more spa	ace is needed	please attacl	n a page)				
First Name		Middle Name			First Name				Middle !	Name		
Last Name/Organization Name					Last Name/Or	ganization Nan	ne					
Address			9		Address				20			
City		State	Zip C	ode	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 C	ode	City State Zip Code					Zip Code		
Amount Guaranteed Outstanding					Amount Guara	anteed Outstan	ding					
First Name		Middle Name			First Name				Middle	Name		
Last Name/Organization Name					Last Name/O	rganization Nar	ne					
Address					Address							
City		State	Zip C	ode	City				State	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 C	code	City				State		Zip Code	
Amount Guaranteed Outstanding					Amount Guar	anteed Outstan	ding					
	. Totals for all Loans (complete on last page of itemized loans)					Loan Balance of Period)	Loans Received	Loa Paym		Outs	tanding Loan Balance (End of Period)	
(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.)					10,50		0.00		0.0	10	0,500.00	

