

### **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

# For State and Local Candidates For Single-Candidate Committees

1 2 1 2 1 2 1 2 5 11 1 5 11 11	Joshua Graham
1. Date: 1/3/12/1 2.a. Candidate or Committee Name: _	0/11/21/
2.b. If Committee, Name of Candidate:	3. Election Date: 8/F/29
4. Campaign Addigess: 300 William Ru	
City: Gallatin State: TN Zip	Code: 37066 Phone: 615 348 776
5. Candidate Home Address: 306 Wild Cut 1	Lun
City: Gallatin State: TW Zip	Code: 3706 Phone: 615 348 776)
Candidate Email Address: graham for School	15 Q Gunil com
6. Office Sought: (include district number, if applicable)	hool Bourd District 9
7. Name of Political Treasurer (may be candidate):	va Grahm
Political Treasurer Email Address: Graham for S	chools @ Gmail-Con
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: 7/1/23 Er	nd Date: 1/15/2 4
10. Detailed Disclosure: (Check one)	
This campaign is exempt from detailed disclosures because	e contributions (including in-kind) received total \$1,000
or less AND expenditures total \$1,000 or less for this report	ting period. (Complete items 12.d., 12.e., and 12.f.)
This campaign is required to file a detailed financial disclost total more than \$1,000 and/or expenditures total more than	sure because contributions (including in-kind) received an \$1,000 for this reporting period.
Jourge Corelian 131/24	ontributions and expenditures required to be reported sclosure Act. Additionally, I/we swear or affirm that no anal financial benefit of the candidate or for any other
12. Summary: FILED	12 / 2
a. Balange On Hand Last Report	s 12.62
b. Total Receipts This Period	s 1150.00
c. Total Disbursements This Period	11/8/12
d. Balance On Hand (122a) protes 12.b. minus 12.c.)	s 1162.62
e. Total Loans Poistanding SION	n
f. Total Obligations Outstanding	\$\$
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## **SUMMARY PAGE - CANDIDATE**

13. Name of Candidate or Committee: Joshua Gruhun	
14. Reporting Period: Start Date: 7/1/23 End Date: 1/15/24	
15. Receipts:	
a. Unitemized Contributions (\$100 or less from each source this period)	
b. Itemized Contributions (over \$100 from each source this period)\$	
c. Loans Received This Reporting Period\$	
d. Interest Received This Reporting Period\$	
e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.)	
16. Disbursements:	
a. Total Expenditures (other than loan payments)	
b. Loan Repayments Made This Period\$	
c. Total Obligation Payments Made This Period\$	
d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)\$	
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 CONTRIBUTIONS - CANDIDATE** Gruham 1. Candidate or Committee Name: 2. Reporting Period: Start Date: End Date: 3. Total campaign contributions from preceding page (enter \$0 if first page) \$ COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION. Business or Organization Name: 4560 Last Name: Jourence First Name: Middle Name: Iollar PIKP City: Ga Address: State: TN Zip Code: 370 Occupation: Employer: General Election Contribution Received For: Primary Election Runoff (Local Elections Only) Amount of Contribution: \$ 50000 Date of Contribution: Aggregate This Election: \$ 5000 **Business or Organization Name:** First Name: Last Name: Middle Name: Address: City: Zip Code: Occupation: Employer: Contribution Received For: General Election Primary Election Runoff (Local Elections Only) Amount of Contribution: \$ 15 () , VV Date of Contribution: Aggregate This Election: \$ **Business or Organization Name:** OR First Name: / Nary Middle Name: Address: 17 4 State: N Zip Code: 31/66 Occupation: Employer: Contribution Received For: Primary Election General Election Runoff (Local Elections Only) Amount of Contribution: \$ 300, 00 Date of Contribution: Aggregate This Election: \$ 300.00 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: \$ (Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this

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amount must be shown in the summary on first page.)

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

1. Candidate or Committee Name:			
2. Reporting Period: Start Date:	End Date	j:	
3. Total in-kind contributions from pr	eceding page (enter \$0 if	first page) \$	
COMPLETE THE APPROPRIATE ITEMS I dollars (\$100) from any contributor during the		RIBUTION. In-kind contri	butions totaling more than one hundred
Business or Organization Name:			OR
First Name:	Middle Name:	Las	t Name:
Address:	City:	Sta	ite: Zip Code:
Occupation:	Employe	er:	
In-Kind Contribution Received For:	☐ Primary Election	☐ General Election	Runoff (Local Elections Only)
In-Kind Contribution Value: \$	_ In-Kind Contribution [	Date: Agg	regate This Election: \$
Description of In-Kind Contribution:			
Business or Organization Name:			OR OR
First Name:	Middle Name:	Las	st Name:
Address:	City:	Sta	ate: Zip Code:
Occupation:	Employe	er:	
In-Kind Contribution Received For:	Primary Election	☐ General Election	Runoff (Local Elections Only)
In-Kind Contribution Value: \$	_ In-Kind Contribution [	Date: Agg	regate This Election: \$
Description of In-Kind Contribution:			
Business or Organization Name:			OR
First Name:	Middle Name:	Las	st Name:
Address:			
Occupation:	Employe	er:	
In-Kind Contribution Received For:	Primary Election	☐ General Election	Runoff (Local Elections Only)
In-Kind Contribution Value: \$	_ In-Kind Contribution I	Date: Agg	regate This Election: \$
Description of In-Kind Contribution:			
Business or Organization Name:			OR
First Name:			
Address:	City:	Sta	ate: Zip Code:
Occupation:			
In-Kind Contribution Received For:	Primary Election	☐ General Election	Runoff (Local Elections Only)
In-Kind Contribution Value: \$	In-Kind Contribution	Date: Agg	gregate This Election: \$
Description of In-Kind Contribution:	- 11- 1		
Total In-Kind Contributions: \$	MAID (050) 400	X	
Total III-Milla Colltillantions, 3	The state of the	C.	

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

## **ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE**

Candidate or Committee Name:					
2. Reporting Period: Start Date:					
3. Total campaign expenditures fron	n preceding pa	age (enter \$0 if first page) \$			
COMPLETE THE APPROPRIATE ITEMS kind contribution to a candidate, please rem candidate's name in the purpose of the expe	nember to include	KPENDITURE. All expenditure the purpose of the expenditure	s must be itemized. (e.g., postage, printir	If the expenditure ng, etc.) along with	is an in- the
Business or Organization Name:			2 - 3 3		OR
First Name:					
Address:					
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure:			
Business or Organization Name:					OF
First Name:					
Address:					
Purpose of Expenditure:					
Amount of Expenditure: \$	-	Date of Expenditure:			
Business or Organization Name:					OF
First Name:					
Address:	- 19X 3:11	City:	State:	Zip Code:	
Purpose of Expenditure:					1
Amount of Expenditure: \$		Date of Expenditure:			
Business or Organization Name:	77,707,00				0
First Name:	Middle	Name:	Last Name:		
Address:		City:	State:	Zip Code:	
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure:			34,000-111
Business or Organization Name:					01
First Name:	Middle	Name:	Last Name:		
Address:		City:	State:	Zip Code:	
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure:			

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

1. Candidate or Committee Name:			
2. Reporting Period: Start Date:	End Date:		
3. Complete the appropriate items for	or each loan totaling more th	an one hundred dollars (\$100).	
Complete the following for the source of e	ach loan received and/or outstandi	ng during the period.	
Business or Organization Name:			OR
First Name:	Middle Name:	Last Name:	
Address:	City:	State: Zip Code:	
Outstanding Loan Balance (Beginning	g)\$		
Loans Received	\$		
Loan Payments			
Outstanding Loan (End)	\$		
Loan Received For: Primary El	ection General Election	Runoff (Local Elections Only)	
Date of Loan:			
List all endorsers or guarantors for above	oan (If more space is needed, pleas	se attach additional pages.)	
Business or Organization Name:			OR
First Name:	Middle Name:	Last Name:	
/		State: Zip Code:	
Amount Guaranteed Outstanding: \$_			
Purious or Organization Name			OP
Business or Organization Name:		Last Names	
First Name:		Last Name: State: Zip Code:	
Address: Amount Guaranteed Outstanding: \$	City:	state zip code	
Amount duaranteed Outstanding. 3			
Business or Organization Name:			OR
	Middle Name:	Last Name:	
		State: Zip Code:	
Amount Guaranteed Outstanding: \$			
			-
		Lord Names	
		Last Name:	
		State: Zip Code:	
Amount Guaranteed Outstanding: \$			
		e period. Complete this section only on last page of loans standing loan balance should be shown on front page.)	5.
Balance (Beginning)	\$		
Loans Received	\$		
Loan Payments	\$	The state of the s	
Outstanding Loan (End)	\$		

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## **ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE**

1. Candidate or Committee Name:				
2. Reporting Period: Start Date: End			narting pariod	
3. Complete the appropriate items for each obligation owec		re end of the re	eporting period	
Business Name:	Description of Obligation:			
First Name: Middle Name:				
_ast Name:				
Address:		Debt	Payments	Outstanding
City:	Balance (Period Beginning)	Incurred This Period	This Period	Balance (Period End)
State: Zip Code:	\$	\$	\$	\$
Business Name:	Description of Obligation:			
First Name: Middle Name:				
Last Name:	/			
Address:	Outstanding	Debt	Payments	Outstanding
City:	Balance (Period Beginning)	Incurred This Period	This Period	Balance (Period End)
State: Zip Code:	3	\$	\$	\$
State zip code.				
Business Name:	Description of			79.91
First Name: Middle Name:	Obligation:			
Last Name:				
Address:	Outstanding	Debt	Payments	Outstanding
City:	Balance (Period	Incurred This Period	This Period	Balance (Period End)
	\$	\$	\$	\$
State: Zip Code:				
Business Name:	Description of			
First Name: Middle Name:	obligation.			
Last Name:	Outstanding	Debt	Payments	Outstanding
Address:	Balance (Period Beginning)	Incurred This Period	This Period	Balance (Period End)
City:	\$	\$	\$	\$
State: Zip Code:				
TOTALS	Outstanding	Debt	Payments	Outstanding
(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the	Outstanding Balance (Period Beginning)	Incurred	This Period	Balance (Period End)
Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)	\$	\$	\$	\$

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