

## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

## For State and Local Candidates For Single-Candidate Committees

1. Date: 1-27-2024 2.a. Candidate or Committee Name: Jim VAUEHS
2.b. If Committee, Name of Candidate: In Vancoth 3. Election Date:
4. Campaign Address: Z9B1 CAGES BAD ROAD
City: GALLATIN State: TN Zip Code: 37066 Phone: 615 973 6813
5. Candidate Home Address: 2981 Cases BAND ROAD
City: GALATA State: TN Zip Code: 37066 Phone: 615 973 6813
Candidate Email Address: Jim, Vaughna Comcastinet
6. Office Sought: (include district number, if applicable)
7. Name of Political Treasurer (may be candidate):
Political Treasurer Email Address: Jim. Vausho @ Comcast. net
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: July 1, 2023 End Date: Jaluary 15, 2024
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
noppolitical purpose as defined by the federal internal revenue code.
(12 120 2024 / CA 129 224
Candidate Signature Date Political Treasurer Signature Date
Mitness Signature Date Witness Signature Date  1-29-2024  Date  Date
Witness Signature Date Witness Signature Date  12. Summary:
a. Balance On Hand Last Report
b. Total Receipts This Period
c. Total Disbursements This Period \$ 2008.71
d. Balance On Hand (12.a. plus 12.b. minus 12.d.AN 31 2024 \$\$
e. Total Loans Outstanding
f. Total Obligations Outstanding \$\$
SS-1109 (Rev. 1/2023)

## **SUMMARY PAGE - CANDIDATE**

13. Na	me of Candidate or Committee: Jim VAuGHD
14. Re	porting Period: Start Date: July 1, 2023 End Date: Jaluary 15, 2024
15. Re	
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. Dis	sbursements:
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.) \$ 2008.71
17. ln-	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. Ob	ligations:
a.	Total Obligations Outstanding (must be shown in item 12.f.) \$\$

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE 1. Candidate or Committee Name: Jim VANGH 2. Reporting Period: Start Date: July 1, 2023 End Date: JAMAY 15 2024 3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 2008.71 COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an inkind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section. Business or Organization Name: HILST BREWT CHURCH FOR SUMJER COUNTY FOOD BANK Last Name: Middle Name: Address: 106 BLUEGIAN Commo JU JOHALD VILLE State: TN Zip Code: 32075 City: H4 Purpose of Expenditure: (OUTRIBUTIO) TO CLOSE Amount of Expenditure: \$ 2008.71 Date of Expenditure: 8-15-2023 Business or Organization Name: First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ \_\_\_\_\_City: \_\_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_ Address: Purpose of Expenditure: Amount of Expenditure: \$ Date of Expenditure: Business or Organization Name: First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_ \_\_\_\_\_ City: \_\_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_ Address: Purpose of Expenditure: Amount of Expenditure: \$ \_\_\_\_\_\_ Date of Expenditure: \_\_\_\_\_ Business or Organization Name: First Name: \_\_\_\_\_ Middle Name: \_\_\_\_ Last Name: City: State: Zip Code: Address: Purpose of Expenditure: Date of Expenditure: Amount of Expenditure: \$ Business or Organization Name: \_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Total Expenditures: \$ \_\_\_\_\_ (Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

Amount of Expenditure: \$ \_\_\_\_\_\_ Date of Expenditure: \_\_\_\_\_

\_\_\_\_\_\_City: \_\_\_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Expenditure: \_\_\_\_\_