CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

JUL 10 2014

1. DA	ITE OF REPORT	2.a. NAME OF CA	ANDIDATE OR COMMITTEE			WILSON COUNTY				
7/1/20		Jaso	on Henry							
2.b. IF	COMMITTEE, NAME OF CANDIDATE				3. ELECTION DATE					
4 . 01	APPAIGN APPRESS AND BUONE	West								
	MPAIGN ADDRESS AND PHONE eet or Rural Route	City		State	Zip Code	Phone				
		Mt. Juliet		TN	37122	615-453-0268				
	NDIDATE'S HOME ADDRESS (if differen eet or Rural Route	t than 4.a.) City		State Zip Code Phone						
5. OF	FICE SOUGHT (include district number, if	applicable)	NAME OF POLITICAL TREASURER (may be candidate)							
	County Commissioner-District 14		Justin Henr							
Ql	TEGORY OR REPORT (Check one)	FOURTH QUARTER	PRE-PRIMARY	PRIMARY GENERAL SUPPLEMENTAL SUPPLEM						
	GINNING DATE OF REPORTING PERIOD			DING DATE OF REPORTING PERIOD						
4/1/20 9. (Che			6/30/2014							
	 a. 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. 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 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. 21/2019 Signature of candidate Signature of political treasurer date										
11. W	TNESS SIGNATURE									
	signature of witness	7/1/2014 date		a one	Hure of witness	7/1/2019 date				
12. SU	MMARY									
a.	BALANCE ON HAND LAST REPORT				\$ _0					
b.	TOTAL RECEIPTS THIS PERIOD		\$ 3355.07							
C.	TOTAL DISBURSEMENTS THIS PERIOD .									
d.				\$ <u>427.52</u>						
e.	TOTAL LOANS OUTSTANDING				\$ 800.00					
f.	TOTAL OBLIGATIONS OUTSTANDING					0.0				
1.	TO TAL ODEROATIONS OF TO TANDING		***************************************							



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) 14. REPORT COVERING THE PERIOD									
JASON HENRY	14. REPORT COVERING THE PERIOF FROM: 4/1/14 TO:								
RECEIPTS	JUL 1 0 2014								
15. CONTRIBUTIONS (other than loans and interest) WILSON COUNTY									
a. Unitemized Contributions (\$100 or less from each source this period) \$ 375.00 ELECTION COMMISSION									
b. Itemized Contributions (over \$100 from each source this period)\$ 2087.11									
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)									
16. LOANS RECEIVED THIS REPORTING PERIOD									
17. INTEREST RECEIVED THIS REPORTING PERIOD\$ 0									
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in it	18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)								
DISBURSEMENTS									
19. EXPENDITURES (other than loan payments)									
a. Expenditures (\$100 or less each payee this period) (must be list	ted by category - e.g., printing, postage, gasoline)								
ELECTION COMMISSION	\$ 38.00								
PRINTING	\$ 90.34								
GAS	\$ 96.00								
OFFICE SUPPLIES	\$ 92.27								
POSTAGE	\$ 85.00								
PHOTO SESSION	\$ 99.20								
	. \$								
	\$								
	\$								
Total of Expenditures (\$100 or less each payee)									
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>2333.78</u>								
	2004.09								
. LOAN REPAYMENTS MADE THIS PERIOD\$ 0									
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)									
22. IN-KIND CONTRIBUTIONS									
a. Unitemized in-kind contributions (\$100 or less from each source this period)\$ 0									
o. Itemized in-kind contributions (over \$100 from each source this period)\$									
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)\$									
23. OBLIGATIONS									
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>0</u>								
o. Itemized Obligations Outstanding (Over \$100 each)\$ 0									
TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)\$_0									



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JUL 10 2014

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COV					
JA	FROM: 4/1/14	TO: 6/30/14							
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	Amount								
		\$0.0							
4. COMPLETE THE APPROPRIATE ITEMS FOR E				100 from any contributo					
First Name	Middle Na	ime	Contribution Received For:		Amount of Contribution				
Last Name/Organization Name			☐ Primary Election ☑	General Election					
TENNESSEE HOSPITALITY ASSO	CIATIO	N PAC		E Contral Election					
Address			Runoff (Local Election	Runoff (Local Elections Only)					
475 CRAIGHEAD ST.	,								
City NASHVILLE	State TN	Zip Code 37122	Date of Contribution	Date of Contribution					
Occupation									
Employer			_						
			6/2/2014	\$1750.00					
First Name	INC. COL. NO.	- Stocker with in - 4	and the second s	The state of the s					
First Name JASON	Middle Na		Contribution Received For		Amount of Contribution				
Last Name/Organization Name	10001	-1	Primary Election	General Election					
HENRY					\$115.20				
Address 117 BEAGLE RUN			Runoff (Local Election	Runoff (Local Elections Only)					
City	State	Zip Code	Date of Contribution		Aggregate This Election				
MT. JULIET	TN	37122							
Occupation									
PHYSICIAN ASSISTANT									
Employer Co. LAALIT AAFDLOAL CENTED			E 14 1004 4						
SUMMIT MEDICAL CENTER			5/1/2014		\$115.20				
SUMMIT MEDICAL CENTER First Name	Middle Na		Contribution Received For:		\$115.20 Amount of Contribution				
First Name JASON	Middle Na		Contribution Received For:						
First Name JASON Last Name/Organization Name	100000000000000000000000000000000000000		Contribution Received For:	✓ General Election					
First Name JASON	100000000000000000000000000000000000000		Contribution Received For:	General Election	Amount of Contribution				
First Name JASON Last Name/Organization Name HENRY	100000000000000000000000000000000000000		Contribution Received For:	General Election	Amount of Contribution				
First Name JASON Last Name/Organization Name HENRY Address 117 BEAGLE RUN City	100000000000000000000000000000000000000	Zip Code	Contribution Received For:	General Election	Amount of Contribution				
First Name JASON Last Name/Organization Name HENRY Address 117 BEAGLE RUN City MT. JULIET	JOSI	EPH	Contribution Received For:	General Election	Amount of Contribution \$109.17				
First Name JASON Last Name/Organization Name HENRY Address 117 BEAGLE RUN City MT. JULIET Occupation	JOSE	Zip Code	Contribution Received For:	General Election	Amount of Contribution \$109.17				
First Name JASON Last Name/Organization Name HENRY Address 117 BEAGLE RUN City MT. JULIET Occupation PHYSICIAN ASSISTANT	JOSE	Zip Code	Contribution Received For:	General Election	Amount of Contribution \$109.17				
First Name JASON Last Name/Organization Name HENRY Address 117 BEAGLE RUN City MT. JULIET Occupation PHYSICIAN ASSISTANT Employer	JOSE	Zip Code	Contribution Received For:	General Election	Amount of Contribution \$109.17 Aggregate This Election				
First Name JASON Last Name/Organization Name HENRY Address 117 BEAGLE RUN City MT. JULIET Occupation PHYSICIAN ASSISTANT Employer SUMMIT MEDICAL CENTER	JOSE	Zip Code 37122	Contribution Received For: Primary Election Runoff (Local Election Date of Contribution	General Election	Amount of Contribution \$109.17 Aggregate This Election \$224.37				
First Name JASON Last Name/Organization Name HENRY Address 117 BEAGLE RUN City MT. JULIET Occupation PHYSICIAN ASSISTANT Employer SUMMIT MEDICAL CENTER First Name	JOSE State TN	Zip Code 37122	Contribution Received For: Primary Election Runoff (Local Election Date of Contribution 5/21/2014 Contribution Received For:	☑ General Election is Only)	Amount of Contribution \$109.17 Aggregate This Election				
First Name JASON Last Name/Organization Name HENRY Address 117 BEAGLE RUN City MT. JULIET Occupation PHYSICIAN ASSISTANT Employer SUMMIT MEDICAL CENTER First Name DINA Last Name/Organization Name	JOSE State TN	Zip Code 37122	Contribution Received For: Primary Election Runoff (Local Election Date of Contribution 5/21/2014 Contribution Received For:	General Election	Amount of Contribution \$109.17 Aggregate This Election \$224.37 Amount of Contribution				
First Name JASON Last Name/Organization Name HENRY Address 117 BEAGLE RUN City MT. JULIET Occupation PHYSICIAN ASSISTANT Employer SUMMIT MEDICAL CENTER First Name DINA Last Name/Organization Name HENRY	JOSE State TN	Zip Code 37122	Contribution Received For: Primary Election Runoff (Local Election Date of Contribution 5/21/2014 Contribution Received For:	General Election S Only) General Election	Amount of Contribution \$109.17 Aggregate This Election \$224.37				
First Name JASON Last Name/Organization Name HENRY Address 117 BEAGLE RUN City MT. JULIET Occupation PHYSICIAN ASSISTANT Employer SUMMIT MEDICAL CENTER First Name DINA Last Name/Organization Name	JOSE State TN	Zip Code 37122	Contribution Received For: Primary Election Runoff (Local Election Date of Contribution 5/21/2014 Contribution Received For:	General Election S Only) General Election	Amount of Contribution \$109.17 Aggregate This Election \$224.37 Amount of Contribution				
First Name JASON Last Name/Organization Name HENRY Address 117 BEAGLE RUN City MT. JULIET Occupation PHYSICIAN ASSISTANT Employer SUMMIT MEDICAL CENTER First Name DINA Last Name/Organization Name HENRY Address	JOSE State TN	Zip Code 37122	Contribution Received For: Primary Election Runoff (Local Election Date of Contribution 5/21/2014 Contribution Received For:	General Election S Only) General Election	Amount of Contribution \$109.17 Aggregate This Election \$224.37 Amount of Contribution				
First Name JASON Last Name/Organization Name HENRY Address 117 BEAGLE RUN City MT. JULIET Occupation PHYSICIAN ASSISTANT Employer SUMMIT MEDICAL CENTER First Name DINA Last Name/Organization Name HENRY Address 117 BEAGLE RUN City	JOSE State TN	Zip Code 37122	Contribution Received For: Primary Election Runoff (Local Election Date of Contribution 5/21/2014 Contribution Received For: Primary Election Runoff (Local Election	General Election S Only) General Election	Amount of Contribution \$109.17 Aggregate This Election \$224.37 Amount of Contribution \$112.74				
First Name JASON Last Name/Organization Name HENRY Address 117 BEAGLE RUN City MT. JULIET Occupation PHYSICIAN ASSISTANT Employer SUMMIT MEDICAL CENTER First Name DINA Last Name/Organization Name HENRY Address 117 BEAGLE RUN City MT. JULIET Occupation	JOSE State TN	Zip Code 37122	Contribution Received For: Primary Election Runoff (Local Election Date of Contribution 5/21/2014 Contribution Received For: Primary Election Runoff (Local Election	General Election S Only) General Election	Amount of Contribution \$109.17 Aggregate This Election \$224.37 Amount of Contribution \$112.74				
First Name JASON Last Name/Organization Name HENRY Address 117 BEAGLE RUN City MT. JULIET Occupation PHYSICIAN ASSISTANT Employer SUMMIT MEDICAL CENTER First Name DINA Last Name/Organization Name HENRY Address 117 BEAGLE RUN City MT. JULIET	JOSE State TN	Zip Code 37122	Contribution Received For: Primary Election Runoff (Local Election Date of Contribution 5/21/2014 Contribution Received For: Primary Election Runoff (Local Election Date of Contribution	General Election S Only) General Election	Amount of Contribution \$109.17 Aggregate This Election \$224.37 Amount of Contribution \$112.74 Aggregate This Election				
First Name JASON Last Name/Organization Name HENRY Address 117 BEAGLE RUN City MT. JULIET Occupation PHYSICIAN ASSISTANT Employer SUMMIT MEDICAL CENTER First Name DINA Last Name/Organization Name HENRY Address 117 BEAGLE RUN City MT. JULIET Occupation HOUSEWIFE	JOSE State TN	Zip Code 37122	Contribution Received For: Primary Election Runoff (Local Election Date of Contribution 5/21/2014 Contribution Received For: Primary Election Runoff (Local Election	General Election S Only) General Election	Amount of Contribution \$109.17 Aggregate This Election \$224.37 Amount of Contribution \$112.74				
First Name JASON Last Name/Organization Name HENRY Address 117 BEAGLE RUN City MT. JULIET Occupation PHYSICIAN ASSISTANT Employer SUMMIT MEDICAL CENTER First Name DINA Last Name/Organization Name HENRY Address 117 BEAGLE RUN City MT. JULIET Occupation HOUSEWIFE Employer	JOSE State TN	Zip Code 37122	Contribution Received For: Primary Election Runoff (Local Election Date of Contribution 5/21/2014 Contribution Received For: Primary Election Runoff (Local Election Date of Contribution	General Election S Only) General Election	Amount of Contribution \$109.17 Aggregate This Election \$224.37 Amount of Contribution \$112.74 Aggregate This Election				
First Name JASON Last Name/Organization Name HENRY Address 117 BEAGLE RUN City MT. JULIET Occupation PHYSICIAN ASSISTANT Employer SUMMIT MEDICAL CENTER First Name DINA Last Name/Organization Name HENRY Address 117 BEAGLE RUN City MT. JULIET Occupation HOUSEWIFE	State TN Middle Na ANN	Zip Code 37122	Contribution Received For: Primary Election Runoff (Local Election Date of Contribution 5/21/2014 Contribution Received For: Primary Election Runoff (Local Election Date of Contribution	General Election S Only) General Election	Amount of Contribution \$109.17 Aggregate This Election \$224.37 Amount of Contribution \$112.74 Aggregate This Election				



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE ISSION

1. NAME OF CANDIDATE OR COMMITTEE	***************************************			2. REPORT COVE	RING THE PERIOD		
JASON HENRY				FROM: 4/1/14	TO: 6/30/14		
2 TOTAL ITEMIZED CAMPAIGN EVDENDIT	UDEC ED	OM DDECEDING DAG	DE / / 00 % C / W / 1		Amount		
TOTAL ITEMIZED CAMPAIGN EXPENDIT COMPLETE THE APPROPRIATE ITEMS FOR				\$0.0			
				to any payee during the pe			
First Name	Middle N	ame	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name GOTPRINT							
Address 7625 SAN FERNANDO RD 8B							
City BURBANK	State CA	Zip Code 91505	PRINTING	\$221.91			
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name			\dashv				
FACEBOOK							
Address 1601 WILLOW RD							
City	State	Zip Code	-				
MENLO PARK	CA	94025	ADVERTISING		\$115.20		
First Name	Middle Na	ame	Purpose of Expenditure		Amount of Expenditure		
100					Amount of Experialture		
Last Name/Business Name SPORTSWEAR PROMOTIONS							
Address							
98 BELINDA PKWY	Tail						
City	State	Zip Code					
MT. JULIET	TN	37122	T-SHIRTS	\$218.37			
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name PS PRINT			1				
Address 2861 MANDELA PKWY							
City	Zip Code						
OAKLAND	CA	94608	PRINTING	\$317.72			
First Name					Amount of Expenditure		
ast Name/Business Name SUPER CHEAP SIGNS	l		-				
Address 9804 GRAY BLVD							
City AUSTIN	State TX	Zip Code 94608	SIGNS	\$1460.58			
First Name	ne	Purpose of Expenditure	Amount of Expenditure				
ast Name/Business Name							
Address		1					
Sity	State	Zip Code	-				
5. TOTAL ITEMIZED EXPENDITURES							
(Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount must					\$0333 70		
, To the second					\$2333.78		





JUL 10 2014

ITEMIZED STATEMENT OF LOANS - CANDIDATE WILSON COUNTY

1. NAME OF CANDIDATE OR COMMITTEE								2. REPORT COVERING THE PERIOD				
JASON HENRY								FROM: TO:				
3. COMPLETE THE APPROPRIAT	4/1/2014 6/30/2014 (loans totaling more than \$100 from any source during the period)											
Complete the Following for the Source of												
First Name Middle Name Outstanding						Loan Balance Loans Loan (Outstanding Loan Balance	
DINA	(Beginning	of Period) Received			Payments		(End of Period)					
Last Name/Organization Name HENRY						\$800.00					800.00	
					ved For: Date of Loan							
117 BEAGLE RUN	Tour	I 7: 0 1		☐ Primary	Election General Election 4/21/2					14		
City MT. JULIET	State	Zip Code 37122		Runoff	(Local Elections	Only)						
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		<u> </u>			Last Name/Organization Name							
Address					Address							
City		State	Zip Co	ode	City					State		Zip Code
Amount Guaranteed Outstanding			<u> </u>		Amount Guaranteed Outstanding						<u></u>	
Fig. 1 No.		Lance							h			
First Name Middle Name					First Name Middle Name							
Last Name/Organization Name					Last Name/Organization Name							
Address					Address							
City State Zip Co			Zip Co	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 Co				de	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							
20.					Ch							
City Amount Currenteed Outstanding		State	Zip Co		City	-1-10::				State		Zip Code
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding							
4. Totals for all Loans (complete on last page of itemized loans)					Outstanding Lo		Loan		Loar			anding Loan Balance
(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.)					(Beginning o	or renou)	Rece	ived	Payme	ents		(End of Period)



SS-1132 (Rev. 4/02)

Sally