

SS-1109 (Rev. 1/2023)

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 4/4/24	2.a. Candidate or Committee N	lame: Joey Wayne Car	mack			
2.b. If Committee, Nan	b. If Committee, Name of Candidate: Joey Wayne Carmack			3. Election Date: 2020		
4. Campaign Address:	119 Kelsie Drive					
City: Lebanon	State: IN	Zip Code: 37087	Phone: 615-9	969-6419		
City. Lebanon	ddress: 119 Kelsie Drive State: TN	Zip Code: 37087	Phone: 615-9	969-6419		
Candidate Email A	ddress: joeywcarmack@gmail.	.com				
6. Office Sought: (incl	ude district number, if applicable)	City Council - Ward 1				
7. Name of Political Tr	easurer (may be candidate): Joey nail Address: joeywcarmack@g	Wayne Carmack				
8. Category or Report:	: (check one)					
	Second Quarter Third Qua		Pre-Primary	Pre-Genera		
9. Reporting Period:	Start Date: 1/16/24	End Date: 3/31/24				
10. Detailed Disclosure	e: (Check one)					
	s exempt from detailed disclosures enditures total \$1,000 or less for th					
	s required to file a detailed financia \$1,000 and/or expenditures total i			g in-kind) received		
and that this report by the candidate campaign contribution political purport Candidate Signature Witness Signature	swear or affirm that the information of it is an accurate accounting of camponent the committee by the Campaign Final utions have been expended for those as defined by the federal interreptation of the committee of the committe	npaign contributions and e ncial Disclosure Act. Addit ne personal financial bene	expenditures required in a system of the candidate of the	red to be reported r or affirm that no e or for any other		
12. Summary:		. 2	970.36			
	and Last Report		370.00			
b. Total Receipts	This Period	\$ 0	970.36	_		
	ments This Period		. 0.00			
	and (12.a. plus 12.b. minus 12.c.)			_		
	utstanding	0				
f. Total Obligation	ons Outstanding	<u> </u>		3		

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SUMMARY PAGE - CANDIDATE

13. Na:	me of Candidate or Committee: Joey Wayne Carmac	k
14. Rep	porting Period: Start Date: 1/16/2024	nd Date: 3/31/2024
15. Rec		
a.	Unitemized Contributions (\$100 or less from each sour (Note: Effective January 16, 2023, Unitemized Contributions are cap	pped at \$2,000. See <i>Instructions</i> for more information.)
b.	Itemized Contributions (over \$100 from each source th	
c.	Loans Received This Reporting Period	<u> </u>
d.	Interest Received This Reporting Period	<u> </u>
e.	Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown	n item 12.b.) \$
16. Dis	bursements:	0.070.06
a.	Total Expenditures (other than loan payments)(Note: Effective January 16, 2023, all expenditures must be itemized	\$ <u>2,970.36</u> I.)
b.	Loan Repayments Made This Period	\$ <u>0</u>
c.	Total Obligation Payments Made This Period	<u> </u>
d.	Total Disbursements (add 16.a. and 16.b.) (must be shown in it	em 12.c.)\$ 2,970.36
17. ln-k	Kind Contributions:	
a.	Unitemized In-Kind Contributions Received This Period	<u> </u>
b.	Itemized In-Kind Contributions Received This Period	<u></u> \$ <u>0</u>
c.	Total In-Kind Contributions Received This Period	ş <u>0</u>
18. Obl	ligations:	
	Total Obligations Outstanding (must be shown in item 12.f.)	ş. <u>0</u>

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name:	Joey Wayne (Carmack			
2. Reporting Period: Start Date: 1			-		
3. Total campaign expenditures from	m preceding p	page (enter \$0 if first page) \$ $\frac{0}{2}$			
COMPLETE THE APPROPRIATE ITEM kind contribution to a candidate, please recandidate's name in the purpose of the exp	member to includ senditure section	le the purpose of the expenditure (e.g., \cdot	j., postage, printi	. If the expen ng, etc.) along	diture is an in- with the
Business or Organization Name: C	ampaign to	Elect Joey Wayne Carmad	k		OF
First Name:	Middle	Name:	Last Name:		
Address: 119 Kelsie Drive		City: Lebanon	State: TN	Zip Code:	37087
Purpose of Expenditure: Transfer					
Amount of Expenditure: \$ $\frac{2,970.3}{}$	6	Date of Expenditure: 4/4/24			
Business or Organization Name:					OR
First Name:					
Address:		City:	State:	Zip Code:	
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure:			
Business or Organization Name:					OR
First Name:					
Address:					
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure:			
Business or Organization Name:					OR
First Name:					
Address:		City:	State:	Zip Code:	
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure:			
Business or Organization Name:					OR
First Name:	Middle	Name:	_ Last Name:		
Address:		City:	State:	Zip Code:	
Purpose of Expenditure:					
Amount of Expenditure: \$	*	Date of Expenditure:			
Total Expenditures: \$ 2,970.36	delisione i ee ee	a debit forms are used their is	the last war-	of owner di	hunga dhin
(Carry forward to the next page if ac			the last page	or expendi	tures, this

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