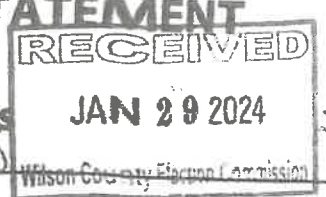


Ammendment



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees



11152

1. Date: 1/26/24 2.a. Candidate or Committee Name: Greg Hohman

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 2024

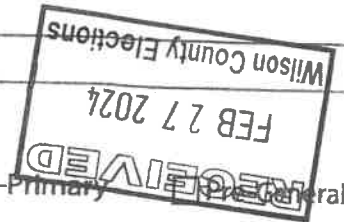
4. Campaign Address: 74 E. Hill St.
City: Mount Juliet State: TN Zip Code: 37122 Phone: (615) 922-0436

5. Candidate Home Address: 343 Lakeview Circle
City: Mount Juliet State: TN Zip Code: 37122 Phone: (615) 922-0436
Candidate Email Address: Greg@HohmanZone1.com

6. Office Sought: (include district number, if applicable) Wilson County School Board Zone 1

7. Name of Political Treasurer (may be candidate): Melanie Hohman
Political Treasurer Email Address: Greg@HohmanZone1.com

8. Category or Report: (check one)
 First Quarter Second Quarter Third Quarter Fourth Quarter Pre-Primary Pre-General
 Mid-Year Supplemental Year-End Supplemental Runoff Election



KM 8:30

9. Reporting Period: Start Date: 7-1-23 End Date: 1-15-24

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 nonpolitical purpose as defined by the federal internal revenue code.

[Signature] 1/29/24
Candidate Signature Date

[Signature] 1/29/24
Political Treasurer Signature Date

Cheryl Foster 1-29-24
Witness Signature Date

[Signature] 1/29/24
Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	\$ 88	Ammendment
b. Total Receipts This Period	\$ 5824.12 5,674.12	←
c. Total Disbursements This Period	\$ 2561.45	
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ 3,112.67 3,112.67	Ammendment ↓
e. Total Loans Outstanding	\$ 4500.00	(paypal + Wilson bank)
f. Total Obligations Outstanding	\$	

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JUL 02 2024

Wilson County Election Commission

SUMMARY PAGE - CANDIDATE

20

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Wilson County Election Commission

Name of Candidate or Committee: Greg Hohman

4. 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) \$ 0
(Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See *Instructions* for more information.)
- b. Itemized Contributions (over \$100 from each source this period) \$ 1318.65 1,168.65
- c. Loans Received This Reporting Period \$ 4500.00
- d. Interest Received This Reporting Period \$ 5.47
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 5824.12 5,674.1

16. Disbursements:

- a. Total Expenditures (other than loan payments) \$ 2561.45 ↑ Ammendm
- (Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ 0
- c. Total Obligation Payments Made This Period \$ 0
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) \$ 2561.45

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ 0
- b. Itemized In-Kind Contributions Received This Period \$ 0
- c. Total In-Kind Contributions Received This Period \$ 0

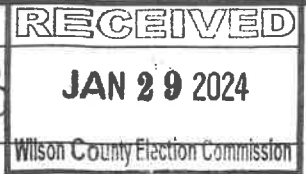
18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ 0

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Wilson County Elections

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Greg Hohman
2. Reporting Period: Start Date: 7-1-23 End Date: 1-15-24
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ _____



11/5/23

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

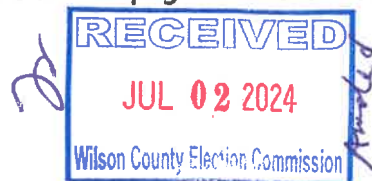
Business or Organization Name: Self employed Stylist OR
First Name: yvonne Middle Name: _____ Last Name: Rentz
Address: 509 Cottonwood Crk City: Mount Juliet State: TN Zip Code: 37122
Occupation: hair stylist Employer: self
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 96.62 Date of Contribution: 11/25/23 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Linda Middle Name: _____ Last Name: Gilman
Address: 892 Meadow Way City: Lebanon State: _____ Zip Code: _____
Occupation: retired Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50.00 Date of Contribution: 12/2/23 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Glenna Middle Name: S Last Name: Spadaro
Address: 108 Drummers Way City: Mount Juliet State: TN Zip Code: 37122
Occupation: retired Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 150 Date of Contribution: 1/12/24 Aggregate This Election: \$ _____

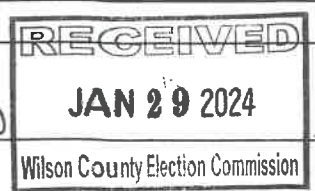
Business or Organization Name: Wilson County Republican Party OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 124 City: Mount Juliet State: TN Zip Code: 37122
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 150 Date of Contribution: 1/15/24 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 amount must be shown in the summary on first page.)



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Greg Hohman
2. Reporting Period: Start Date: 7-1-23 End Date: 1-15-24
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ _____



COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

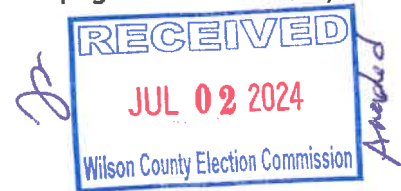
Amendment
Business or Organization Name: ~~Shane Electric~~ Shane Electric OR
First Name: Aaron Middle Name: _____ Last Name: Shane
Address: 1237 Lone Oak Rd City: Mount Juliet State: TN Zip Code: 37122
Occupation: ~~unknown~~ electrician Employer: Shane Elec.
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ ~~0.00~~ 290.84 Date of Contribution: 1/5/24 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Caroline Middle Name: _____ Last Name: Gulmore
Address: 400 Eachary Rd. City: Lebanon State: TN Zip Code: 37090
Occupation: retired Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 75 Date of Contribution: 1/13/24 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Sam Middle Name: _____ Last Name: Spudaro
Address: 108 Drummers Way City: Mount Juliet State: TN Zip Code: 37122
Occupation: retired Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 485⁰⁶ Date of Contribution: 12/2/23 Aggregate This Election: \$ _____

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



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Greg Hohman
2. Reporting Period: Start Date: 7-1-23 End Date: 1-15-24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 0

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Wilson County Election Commission

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind 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.

Amended

Business or Organization Name: Godaddy.com OR
First Name: Go daddy Middle Name: _____ Last Name: _____
Address: 100 Mathilda Pl, Sunnyvale Sunnyvale State: CA Zip Code: 94086
Purpose of Expenditure: Website
Amount of Expenditure: \$ 131.57 Date of Expenditure: Oct 4, 2023

Amended

Business or Organization Name: Godaddy.com OR
First Name: Go daddy Middle Name: _____ Last Name: _____
Address: 100 Mathilda Pl. Sunnyvale State: CA Zip Code: 94086
Purpose of Expenditure: Website
Amount of Expenditure: \$ 70.74 Date of Expenditure: Oct 4, 2023

Amended

Business or Organization Name: Godaddy.com OR
First Name: Go daddy Middle Name: _____ Last Name: _____
Address: 100 Mathilda Pl Sunnyvale State: CA Zip Code: 94086
Purpose of Expenditure: website
Amount of Expenditure: \$ 133.81 Date of Expenditure: Oct 5, 2023

Business or Organization Name: Signarama OR
First Name: Signarama Middle Name: _____ Last Name: _____
Address: 1003 Mab Crt Suite 100 City: MJ State: IN Zip Code: 37122
Purpose of Expenditure: signs
Amount of Expenditure: \$ 452.34 Date of Expenditure: Oct 23, 23

Business or Organization Name: Signarama OR
First Name: SAA Middle Name: _____ Last Name: _____
Address: 1003 Mab Crt Suite 100 City: MJ State: IN Zip Code: 37122
Purpose of Expenditure: more signs
Amount of Expenditure: \$ 452.00 Date of Expenditure: Oct 23, 23 Nov 01, 23

Total Expenditures: \$ _____

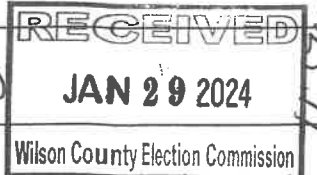
(Carry forward) to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

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Wilson County Election Commission

Amended

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Greg Hohman
2. Reporting Period: Start Date: 7-1-23 End Date: 1-15-24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____



COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind 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: Vistaprint.com OR
First Name: Vista Print Middle Name: _____ Last Name: _____
Address: 95 Hayden Ave. City: Lexington State: MA Zip Code: 02421
Purpose of Expenditure: door knockers / hangers
Amount of Expenditure: \$ 211.49 Date of Expenditure: 11/8/23

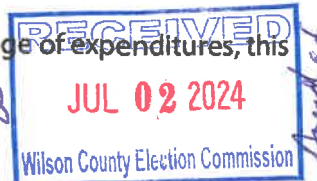
Business or Organization Name: Vistaprint.com OR
First Name: Vista Print Middle Name: _____ Last Name: _____
Address: 95 Hayden Ave City: Lexington State: MA Zip Code: 02421
Purpose of Expenditure: campaign flyer / business cards.
Amount of Expenditure: \$ 43.89 Date of Expenditure: 11/8/23

Business or Organization Name: Allied Shirts.com OR
First Name: Allied Shirts Middle Name: _____ Last Name: _____
Address: 11525 Stonehollow Dr. ^{St. A 100} City: Andis State: TX Zip Code: 78758
Purpose of Expenditure: Campaign t-shirts
Amount of Expenditure: \$ 268.89 Date of Expenditure: 11/10/23

Business or Organization Name: Vista print.com OR
First Name: Vista Print Middle Name: _____ Last Name: _____
Address: 95 Hayden Ave City: Lexington State: MA Zip Code: 02421
Purpose of Expenditure: Hand cards
Amount of Expenditure: \$ 142.06 Date of Expenditure: 11/13/23

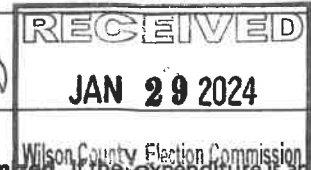
Business or Organization Name: Amazon.com OR
First Name: Amazon Middle Name: _____ Last Name: _____
Address: 1150 Columbia Ave City: Campbellsville State: KY Zip Code: 42718
Purpose of Expenditure: Stands for handouts
Amount of Expenditure: \$ 13.05 Date of Expenditure: 11/13/23

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.)



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Greg Hohman
2. Reporting Period: Start Date: 7-1-23 End Date: 1-15-24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____



COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind 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.

Amendment

Business or Organization Name: Signsarama OR
First Name: Signsarama Middle Name: _____ Last Name: _____
Address: 1003 Web Ct, Suite 100 City: Mount Juliet State: TN Zip Code: 37122
Purpose of Expenditure: Campaign Signs
Amount of Expenditure: \$ 605.91 Date of Expenditure: 12/4/23

Business or Organization Name: Publix OR
First Name: Publix Middle Name: _____ Last Name: _____
Address: 11207 Lebanon Rd City: Mount Juliet State: TN Zip Code: 37122
Purpose of Expenditure: Food for campaign event
Amount of Expenditure: \$ 35.10 Date of Expenditure: 1/4/24

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: _____

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: _____

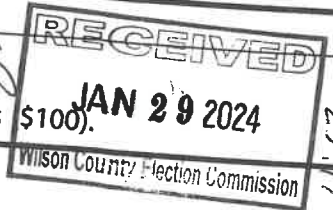
Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: _____

Total Expenditures: \$ _____
(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.)



ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Greg Hohman
2. Reporting Period: Start Date: 7-1-23 End Date: 1-15-24
3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100).



Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: _____
First Name: Greg Middle Name: _____ Last Name: Hohman OR
Address: 74 E Hill St. City: Mount Juliet State: IN Zip Code: 37122
Outstanding Loan Balance (Beginning) \$ 0
Loans Received \$ 4500
Loan Payments \$ _____
Outstanding Loan (End) \$ 4500
Loan Received For: Primary Election General Election Runoff (Local Elections Only)
Date of Loan: 10/3/23 & 11/27/23

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: _____
First Name: _____ Middle Name: _____ Last Name: _____ OR
Address: _____ City: _____ State: _____ Zip Code: _____
Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____
First Name: _____ Middle Name: _____ Last Name: _____ OR
Address: _____ City: _____ State: _____ Zip Code: _____
Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____
First Name: _____ Middle Name: _____ Last Name: _____ OR
Address: _____ City: _____ State: _____ Zip Code: _____
Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____
First Name: _____ Middle Name: _____ Last Name: _____ OR
Address: _____ City: _____ State: _____ Zip Code: _____
Amount Guaranteed Outstanding: \$ _____

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) \$ _____
Loans Received \$ 4500
Loan Payments \$ _____
Outstanding Loan (End) \$ 4500

