



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

4/5/24

1. Date: ~~4/1/24~~ 2.a. Candidate or Committee Name: Greg Hohman 3. Election Date: Aug 1st 2024

2.b. If Committee, Name of Candidate: _____

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

9. Reporting Period: Start Date: 2-25-24 End Date: 3-31-24

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.

<u>[Signature]</u>	<u>4/5/24</u>	<u>[Signature]</u>	<u>4/5/24</u>
Candidate Signature	Date	Political Treasurer Signature	Date
<u>[Signature]</u>	<u>4/5/24</u>	<u>[Signature]</u>	<u>4/5/24</u>
Witness Signature	Date	Witness Signature	Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>4649.69</u>
b. Total Receipts This Period	\$ <u>493.73</u>
c. Total Disbursements This Period	\$ <u>1468.11</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>3675.31</u>
e. Total Loans Outstanding	\$ <u>4500.00</u>
f. Total Obligations Outstanding	\$ <u>4500.00</u>

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SUMMARY PAGE - CANDIDATE

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13. Name of Candidate or Committee: Greg Hohman

14. Reporting Period: Start Date: 2/25/24 End Date: 3/31/24

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) \$ 493.73
- c. Loans Received This Reporting Period..... \$ 0
- d. Interest Received This Reporting Period..... \$ 0
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 493.73

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 1468.11
(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.)..... \$ 1468.11

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.) \$ 4500

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ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

Wilson County Election Commission

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- Candidate or Committee Name: Greg Hohman
- Reporting Period: Start Date: 2/25/24 End Date: 3/31/24
- Total campaign contributions from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Amendment

Business or Organization Name: Shelter Insurance OR
 First Name: Bobby Middle Name: _____ Last Name: Queener
 Address: 321 Old Jones Mill Rd City: La Vergne State: TN Zip Code: 37086
 Occupation: insurance Employer: Shelter
 Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
 Amount of Contribution: \$ 300 Date of Contribution: 3/27/24 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
 First Name: John Middle Name: ~~Mount Juliet~~ Last Name: Hecho
 Address: 205 Lunett 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: \$ ~~100~~ 193.73 Date of Contribution: 3/26/24 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: \$ _____

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: \$ 493.73

(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.)

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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

- Candidate or Committee Name: Greg Hohman
- Reporting Period: Start Date: 2/25/24 End Date: 3/31/24
- Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

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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: Magnets on The Cheap.com OR
 First Name: Magnets on The Cheap Middle Name: B220 Last Name: _____
 Address: 11525 Stonehollow Dr City: Austin State: TX Zip Code: 78758
 Purpose of Expenditure: magnets for vehicles
 Amount of Expenditure: \$ 372.43 Date of Expenditure: \$ 03/19/24

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: rack cards
 Amount of Expenditure: \$ 417.03 Date of Expenditure: \$ 03/22/24

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: t-shirts
 Amount of Expenditure: \$ 456.97 Date of Expenditure: \$ 03/25/24

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: door hangers
 Amount of Expenditure: \$ 221.68 Date of Expenditure: \$ 3/29/24

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: \$ _____

Total Expenditures: \$ 1468.11
 (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

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

- 1. Candidate or Committee Name: Greg Hohman
- 2. Reporting Period: Start Date: 2/15/24 End Date: ~~3/31/24~~ 3/31/24
- 3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period

Business Name: _____
 First Name: Greg Middle Name: _____
 Last Name: Hohman
 Address: 74 E. Hill St.
 City: Mount Juliet
 State: TN Zip Code: 37122

Description of Obligation:		<p>RECEIVED</p> <p>APR 10 2024</p> <p>Wilson County Election Commission</p>	
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$ 4500	\$ 0	\$ 0	\$ 4500

Business Name: _____
 First Name: _____ Middle Name: _____
 Last Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: _____
 First Name: _____ Middle Name: _____
 Last Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: _____
 First Name: _____ Middle Name: _____
 Last Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

TOTALS

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$ 4500	\$ 0	\$ 0	\$ 4500