

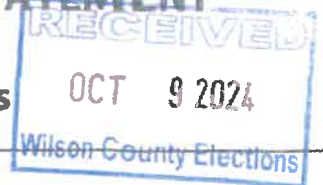


# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

Amended  
1/24/25

RM 1:00



1. Date: Oct 10, 2024 2.a. Candidate or Committee Name: Greg Hohman  
 2.b. If Committee, Name of Candidate: \_\_\_\_\_ 3. Election Date: \_\_\_\_\_  
 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: JUL 23 2024 End Date: SEP 30 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 nonpolitical purpose as defined by the federal internal revenue code.

<u>[Signature]</u> Candidate Signature	<u>10/9/24</u> Date	<u>[Signature]</u> Political Treasurer Signature	<u>10/9/24</u> Date
<u>[Signature]</u> Witness Signature	<u>10/9/24</u> Date	<u>[Signature]</u> Witness Signature	<u>10/9/24</u> Date

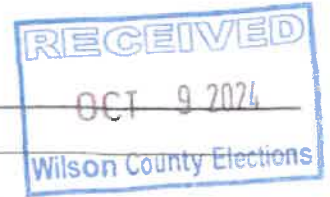
12. Summary:

a. Balance On Hand Last Report .....	\$ <del>5151.83</del>	\$ <u>6645.56</u>	Amend
b. Total Receipts This Period .....	\$ <del>500.00</del>	\$ <u>693.73</u>	Amend
c. Total Disbursements This Period .....	\$ <u>5034.84</u>		
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) .....	\$ <del>1116.99</del>	\$ <u>1610.72</u>	Amend
e. Total Loans Outstanding .....	\$ <u>4500.00</u>		
f. Total Obligations Outstanding .....	\$ <u>4500.00</u>		

Amend

Amended 1/24/25

### SUMMARY PAGE - CANDIDATE



13. Name of Candidate or Committee: Greg Holman

14. Reporting Period: Start Date: 7/23/24 End Date: 9/30/24

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) ..... \$ ~~500.00~~ 693.73 Amend
- 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.) ..... \$ ~~500.00~~ 693.73 Amend

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 5034.84  
(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.)..... \$ 5034.84

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

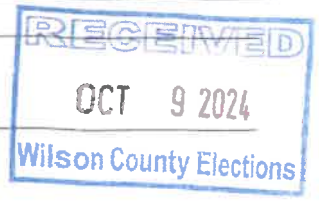
18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) ..... \$ 4500.00

Amend

Amended 1/24/25

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE



1. Candidate or Committee Name: Greg Hohman  
 2. Reporting Period: Start Date: 7/23/24 End Date: 9/30/24  
 3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \_\_\_\_\_

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Mt Juliet Plumbing OR  
 First Name: Ed Middle Name: \_\_\_\_\_ Last Name: Kelly  
 Address: 101 Mottenhard Dr. City: Old Hickory State: \_\_\_\_\_ Zip Code: 37138  
 Occupation: Plumber Employer: \_\_\_\_\_  
 Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
 Amount of Contribution: \$ 500.00 Date of Contribution: 8/7/24 Aggregate This Election: \$ 500

Amend

Business or Organization Name: \_\_\_\_\_ OR  
 First Name: John Middle Name: \_\_\_\_\_ Last Name: Herko  
 Address: 205 Lunett City: Mt. Juliet State: \_\_\_\_\_ Zip Code: 37122  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
 Amount of Contribution: \$ 193.73 Date of Contribution: Aug 9, 2024 Aggregate This Election: \$ 968.65

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: \$ \_\_\_\_\_

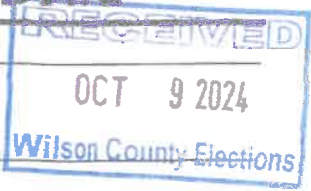
Total Contributions: \$ ~~500.00~~ 693.73 Amend

(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.)

Amend

Amended 1/24/25

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE



1. Candidate or Committee Name: Greg Hohman  
 2. Reporting Period: Start Date: 7/23/24 End Date: 9/30/24  
 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: Cedar Creek Gas Station OR  
 First Name: Cedar Creek Gas Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: 2300 Nonaville Rd City: Mount Juliet State: TN Zip Code: 37122  
 Purpose of Expenditure: 3 bags of ice & gas  
 Amount of Expenditure: \$ 48.20 Date of Expenditure: \$ 8/2/24

Business or Organization Name: Publix OR  
 First Name: Publix Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: 11207 Lebanon Rd City: Mount Juliet State: IN Zip Code: 37122  
 Purpose of Expenditure: Food for campaign helpers  
 Amount of Expenditure: \$ 54.59 Date of Expenditure: \$ 8/2/24

Business or Organization Name: Marcos Pizza OR  
 First Name: Marcos Pizza Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: 2231 N. Mount Juliet City: Mount Juliet State: TN Zip Code: 37122  
 Purpose of Expenditure: pizzas for campaign event  
 Amount of Expenditure: \$ 179.97 Date of Expenditure: \$ 8/2/24

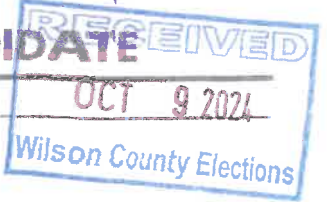
Business or Organization Name: CP Between<sup>the</sup> Lakes OR  
 First Name: CP Between<sup>the</sup> Lakes Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: 4136 N. Mount Juliet City: Mount Juliet State: TN Zip Code: 37122  
 Purpose of Expenditure: Appetizers for campaign helpers  
 Amount of Expenditure: \$ 68.49 Date of Expenditure: \$ 8/2/24

Business or Organization Name: RJ Young OR  
 First Name: RJ Young Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: 730 A. Freeland Station City: Nashville State: TN Zip Code: 37228  
 Purpose of Expenditure: signs  
 Amount of Expenditure: \$ 329.25 Date of Expenditure: \$ 9/9/24

Total Expenditures: \$ 680.50  
 (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.)

Amended 1/24/25

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE



- 1. Candidate or Committee Name: Greg Hohman
- 2. Reporting Period: Start Date: 7/23/24 End Date: 9/30/24
- 3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 680.50

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: Fox Printing OR  
 First Name: Fox Printing Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: 931 Old Lebanon Dirt Rd City: Hermitage State: TN Zip Code: 37076  
 Purpose of Expenditure: fliers, brochures, mail  
 Amount of Expenditure: \$ 1832.08 Date of Expenditure: \$ 7/25/24

Business or Organization Name: Fox Printing OR  
 First Name: FOX Printing Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: 931 Old Lebanon Dirt Rd City: Hermitage State: TN Zip Code: 37076  
 Purpose of Expenditure: fliers, brochures, mail  
 Amount of Expenditure: \$ 1657.04 Date of Expenditure: \$ 7/29/24

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 helpers  
 Amount of Expenditure: \$ 210.67 Date of Expenditure: \$ 8/1/24

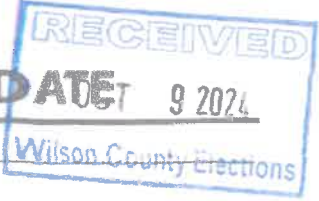
Business or Organization Name: Instacart OR  
 First Name: Instacart Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: 50 Beale St. Blm City: San Francisco State: CA Zip Code: 94105  
 Purpose of Expenditure: food for event for campaign  
 Amount of Expenditure: \$ 142.50 Date of Expenditure: \$ 8/1/24

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 helpers.  
 Amount of Expenditure: \$ 45.61 Date of Expenditure: \$ 8/1/24

Total Expenditures: \$ 4568.40

(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.)

Amended 1/24/25



# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

- 1. Candidate or Committee Name: Greg Holman
- 2. Reporting Period: Start Date: 7/23/24 End Date: 9/30/24
- 3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ ~~000050~~ 4568.40

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: RJ Young OR  
 First Name: RJ Young Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: 730 A. Freeland Station City: Nashville State: TN Zip Code: 37228  
 Purpose of Expenditure: Signs  
 Amount of Expenditure: \$ ~~371.45~~ 466.44 Date of Expenditure: \$ 9/9/24

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: \$ \_\_\_\_\_

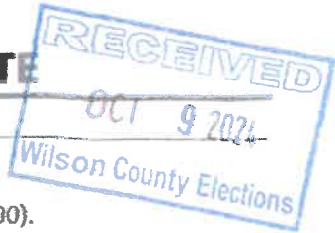
Business or Organization Name: \_\_\_\_\_ OR  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Purpose of Expenditure: \_\_\_\_\_  
 Amount of Expenditure: \$ \_\_\_\_\_ Date of Expenditure: \$ \_\_\_\_\_

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: \$ 5034.84

(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.)

Amended 1/24/25



# ITEMIZED STATEMENT OF LOANS - CANDIDATE

- 1. Candidate or Committee Name: Greg Hohman
- 2. Reporting Period: Start Date: 7/23/24 End Date: 9/30/24
- 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: \_\_\_\_\_ OR

First Name: Greg Middle Name: \_\_\_\_\_ Last Name: Hohman

Address: 24 E. Hill St. City: Mount Juliet State: TN Zip Code: 37122

Outstanding Loan Balance (Beginning) ..... \$ 4500

Loans Received ..... \$ 0

Loan Payments ..... \$ 0

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: \_\_\_\_\_ OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount Guaranteed Outstanding: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount Guaranteed Outstanding: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount Guaranteed Outstanding: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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) .....	\$ <u>4500</u>
Loans Received .....	\$ <u>0</u>
Loan Payments .....	\$ <u>0</u>
Outstanding Loan (End) .....	\$ <u>4500</u>