

SS-1109 (Rev. 8/2023)

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

1. Date: 1/26/24 2.a. Candidate or Committee Name:	Greg Hohman
2.b. If Committee, Name of Candidate:	3. Election Date: 202 4
4. Campaign Address: 74 E, Hull St.	
City: Mount Tuliet State: TN	Zip Code: 37-122 Phone: (65)922.0436
5. Candidate Home Address: 343 Lakeview (	irile
City: Mount Juliet State: TV	Zip Code: 37122 Phone: (615) 922.0436
Candidate Email Address: Grega Hohma	nZone L. con
6. Office Sought: (include district number, if applicable) Wi	Ison Country School Board Zone
7. Name of Political Treasurer (may be candidate): Molan	rie Hohman
Political Treasurer Email Address: _ Greg @ Hohm	antone I com
8. Category or Report: (check one)	
☐ First Quarter ☐ Second Quarter ☐ Third Quarter	☐ Fourth Quarter ☐ Pre-Primary ☐ Pre-General
☐ Mid-Year Supplemental	Runoff Election
9. Reporting Period: Start Date: 7-1-73	End Date:1-15-24
10. Detailed Disclosure: (Check one)	
This campaign is exempt from detailed disclosures beca or less AND expenditures total \$1,000 or less for this rep	use contributions (including in-kind) received total \$1,000 porting period. (Complete items 12.d., 12.e., and 12.f.)
This campaign is required to file a detailed financial disc total more than \$1,000 and/or expenditures total more	losure because contributions (including in-kind) received than \$1,000 for this reporting period.
by the candidate committee by the Campaign Financial	n contributions and expenditures required to be reported Disclosure Act. Additionally, I/we swear or affirm that no rsonal financial benefit of the candidate or for any other
91/2 - 1/20/24	1/79/24
Canelidate Signature Date F	Political Treasurer Signature Date
Of I fait a 1 20 20	Jacken el / solder 1/29/24
Witness Signature Date V	Vitness Signature Date
12. Summary:	, , , , , , , , , , , , , , , , , , ,
a. Balance On Hand Last Report	s <u>%Ø</u>
b. Total Receipts This Period	\$ 5824,12
c. Total Disbursements This Period	¢ 2561, 45
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ 3262,67 (paypal + Wilson bank
e. Total Loans Outstanding	\$ 4500,00
f. Total Obligations Outstanding	\$\$
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## **SUMMARY PAGE - CANDIDATE**

4	RECEIVED	18
P	JAN 2 9 2024	C
	Wilson County Election Commission	11.

13. Na	ne of Candidate or Committee: Greg Hohman Wilson County Election
14. Re	orting Period: Start Date: 7/1/23 End Date: 1/15/24
15. Re	
a.	Unitermized Contributions (\$100 or less from each source this period)
b.	Itemized Contributions (over \$100 from each source this period)\$ 1318.65
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.)
16. Dis	pursements:
a.	Total Expenditures (other than loan payments)
b.	Loan Repayments Made This Period\$
c.	Total Obligation Payments Made This Period\$
d.	Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)\$ 2561. 45
17. ln-	ind Contributions:
a.	Unitemized In-Kind Contributions Received This Period\$
b.	Itemized In-Kind Contributions Received This Period\$
c.	Total In-Kind Contributions Received This Period \$
18. Ob	gations:
a.	Total Obligations Outstanding (must be shown in item 12.f.) \$

### **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

1. Candidate or Committee Name: Qrey Hohma RECEIVED
2. Reporting Period: Start Date: 7-1-10 End Date: 1-15-24 JAN 29 2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.
Business or Organization Name: Of
First Name: Middle Name: Last Name: Last Name:
Address: 509 Contamood Crk City: Mount Twilet State: TN Zip Code: 37/22
Occupation: Employer:
Contribution Received For: Primary Election X General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 96.62 Date of Contribution: 11/25/23 Aggregate This Election: \$
Business or Organization Name: OF
First Name: Linda Middle Name: Last Name: Guman
Address: 892 Moaden Way City: Lebanon State: Zip Code:
Address: 892 Meader Way City: Lebanon State: Zip Code:  Occupation: retired Employer:
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: $\frac{50.00}{1000}$ Date of Contribution: $\frac{12/113}{1000}$ Aggregate This Election: \$
Business or Organization Name: OF
Business or Organization Name: Middle Name: Last Name: Spacaro
Address: 108 Drummer Way City: Mant Julyet State: TN Zip Code: 37-122
Address: 108 Drummers Way City: Mout Juliet State: TN Zip Code: 37/22  Occupation: refree 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 OF
First Name: Middle Name: Last Name:
Address: P.O. Box 124 City: Mount Pulset State: TV Zip Code: 3-7177
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**

2. Reporting Period: Start Date: 7-1-73 End Date: 1-15-24  3. Total campaign contributions from preceding page (enter \$0 if first page) \$	ECEIVED
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) \$ Wilson	^
3. Total campaign contributions from preceding page (enter \$0 if first page) \$Wilson	JAN 2 9 2024
	JAN 2 9 2024
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.	n County Election Commission
Business or Organization Name:	OR
First Name: Automatical Middle Name: Last Name:	hane
Address: 1237 Lone Oak Rd City: Mont Juliet State: TN Zip	Code: 37122
Occupation: _imkerom Employer:	
Contribution Received For: Primary Election General Election Runoff (Local Election	*
Amount of Contribution: \$\ \frac{100}{290.89} \text{ Date of Contribution: }\ \frac{1/5/29}{290.89} \text{ Aggregate This Element of Contribution: }\ \frac{1}{5} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	lection: \$
Business or Organization Name:	OF
First Name: Caroline Middle Name: Last Name:	silmore
Address:	Code:
Occupation:retree Employer:	
Contribution Received For: Primary Election General Election Runoff (Local El	ections Only)
Amount of Contribution: \$ 75 Date of Contribution: 1/13/24 Aggregate This El	lection: \$
Business or Organization Name:	OR
First Name: Sam Middle Name: Last Name:	Spadaro
Address: 108 Drummers Way City: Mant Juliet State: 70 Zip Occupation: retired Employer:	Code: 37122
Contribution Received For: Primary Election General Election Runoff (Local El Amount of Contribution: \$\frac{485}{00}\) Date of Contribution: 12/2/23 Aggregate This El	
Business or Organization Name:	OR
First Name: Middle Name: Last Name:	
Address: City: State: Zip	
Address: City: State: Zip  Occupation: Employer:	
Occupation: Employer:	
	lections Only)

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## **ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE**

1. Candidate or Committee Name: Grey	Ho hman		RECEIVED }
2. Reporting Period: Start Date: 7-1-93			~
3. Total campaign expenditures from preceding			JAN 2 9 2024
COMPLETE THE APPROPRIATE ITEMS FOR EACH kind contribution to a candidate, please remember to incl candidate's name in the purpose of the expenditure section	ude the purpose of the expend	itures must be itemized:	on County Election Commission If the expenditure is an in- g, etc.) along with the
Business or Organization Name: Godado	ly . com		OR
First Name: Midd	le Name:	Last Name:	
Address:	City:	State: 2	Zip Code:
Purpose of Expenditure: Website			
Amount of Expenditure: \$ 131.57	_ Date of Expenditure:	Oct 4,2023	
Business or Organization Name: Godac	du com		OR
First Name: Midd	le Name:	Last Name:	
Address:			
Purpose of Expenditure: Website			
Amount of Expenditure: \$ 70,74		Oct 4,20	13
Business or Organization Name:	ddy com		OR
First Name: Midd	le Name:	Last Name:	
	City:		
Purpose of Expenditure: website			
Amount of Expenditure: \$ 133, 81	Date of Expenditure:	Oct 5,20	23
Business or Organization Name: Signa	arama-		OR
First Name: Midd			
Address: 1003 Meb Cot Swtel			
Purpose of Expenditure:			
Amount of Expenditure: \$ 452,34		Oct 23,23	
Business or Organization Name: Sigv	rarame		OR
First Name: SAA Midd	le Name:	Last Name:	
Address:			
Purpose of Expenditure:			
Amount of Expenditure: \$ 451.00	Date of Expenditure:	Oct 23.1	& Nov 01,23
Attribute of Experience of Page 1			
Total Expenditures: \$			
Carry forward to the next page if additional pa amount must be shown in the summary on first		If this is the last page of	of expenditures, this
amount must be shown in the summary of his	r haden		

## **ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE**

1. Candidate or Committee Name: Greg t	tohman	<b>+ F</b>	RECEIVE	E L
2. Reporting Period: Start Date: 7-1-23	End Date:	Y &	1441	7
3. Total campaign expenditures from preceding			JAN 2 9 2024	
COMPLETE THE APPROPRIATE ITEMS FOR EACH kind contribution to a candidate, please remember to inclicandidate's name in the purpose of the expenditure section	ude the purpose of the expenditure (e.g	ust be itemized	ilson County Election Comm If the expenditure is ng, etc.) along with th	s an in-
Business or Organization Name: Vista	nint.com			OR
First Name: Middl				
Address:	City:	State:	Zip Code:	
Purpose of Expenditure: door knoc	ions			
Amount of Expenditure: \$ 211, 49	Date of Expenditure:	1/8/23		
Business or Organization Name: Vistapo				OR
First Name: Middl				
Address:				
Purpose of Expenditure: Campaign	The / business care	<u> </u>		
Amount of Expenditure: \$ 43,89	Date of Expenditure:	18123		
Business or Organization Name: Allied	con			OR
First Name: Middl				
Address:	City:	State:	Zip Code:	
Purpose of Expenditure: Campaign 1	-shirts	,		
Amount of Expenditure: \$ 268,89	_ Date of Expenditure:	10/23		
Business or Organization Name: VLS+2	print com			OR
First Name: Midd		_ Last Name		
Address:	City:			
Purpose of Expenditure: Hand cand	\$			
Amount of Expenditure: \$ 142.66		13/23		
Business or Organization Name: Amo	170n. Con			OR
	e Name:	Last Name	•	
Address:			Zip Code:	
Purpose of Expenditure: Stands	or handouts			
Amount of Expenditure: \$ 13,05	Date of Expenditure:	113/23		
Total Expenditures: \$	nes of this form are used If this i	s the last nage	of expenditures	this
amount must be shown in the summary on first		- 1.10 .00t page	p ( to ( to ( to )	

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# **ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE**

1. Candidate or Committee Name:				ECEIVE	7
2. Reporting Period: Start Date:	7-1-23	End Date: 1-15-2	4		1
3. Total campaign expenditures fro	om preceding p	age (enter \$0 if first page) :	\$	JAN 2 9 2024	-5
COMPLETE THE APPROPRIATE ITEI kind contribution to a candidate, please r candidate's name in the purpose of the ex	emember to includ	e the purpose of the expenditure	res must be item e (e.g., postage, printi	n County Flaction Commiss of the expenditure to ng, etc.) along with th	in- ne
Business or Organization Name:	Signsan	ama			01
First Name:	Middle	Name:	Last Name:		
Address:Purpose of Expenditure:		City:	State:	Zip Code:	
Purpose of Expenditure: Lam	ipaign S	igns			
Amount of Expenditure: \$	5.91	Date of Expenditure:	12/4/23		
Business or Organization Name:	Public	ς			OF
First Name:					
Address:		City:	State:	Zip Code:	
Purpose of Expenditure: Fool	POF CON	mpaign event			
Amount of Expenditure: \$ 35.	10	Date of Expenditure:	1/4/24		
Business or Organization Name:					Of
First Name:				:	
Address:					
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure:			
Business or Organization Name:					0
First Name:	Middle	Name:	Last Name:		
Address:		City:	State:	Zip Code:	
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure:		_	
Business or Organization Name:					01
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 amount must be shown in the sur	additional page	es of this form are used. If the	his is the last page	of expenditures,	this

### **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

1. Candidate or Committee Name: Grea Hohman		RECENTED
2. Reporting Period: Start Date: 7-1-23 End Date: 1-15-24	3 _	
3. Complete the appropriate items for each loan totaling more than one hu	undred dollars	\$100). <b>2 9</b> 2024
Complete the following for the source of each loan received and/or outstanding during t	he period.	Wilson County Election Commission
Business or Organization Name:		OR
First Name: Middle Name:		
Address: 74 E And St. City: Mount Julie	大 State: TV	Zip Code: 37122
Outstanding Loan Balance (Beginning) \$\$	=	
Loans Received \$\$	_	
Loan Payments \$	-	
Outstanding Loan (End)\$ 4500	<del>-</del>	
Loan Received For: ☐ Primary Election ☐ General Election ☐ Rur	noff (Local Election	ons Only)
Date of Loan: $\frac{ 0/3/23  \neq  1/27/23 }{ 1/27/23 }$		
List all endorsers or guarantors for above loan (If more space is needed, please attach ad	ditional 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:		
Address: City:		
Amount Guaranteed Outstanding: \$	===	
Business or Organization Name:		
First Name: Middle Name:		
Address:City:		
Amount Guaranteed Outstanding: \$		
<b>Totals for all loans</b> (Complete this page for each outstanding loan during the period. Con Total loans received and loan payments should be shown on summary page. Outstanding loan	nplete this section o	nly on last page of loans.
Balance (Beginning) \$\$	_,	
Loans Received\$	_:	
Loan Payments\$\$		
Outstanding Loan (End)		

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