

55-1109 (Rev. 1/2023)

CAMPAIGN FINANCIAL DISCLOSURE STATEMEN

For State and Local Candidates For Single-Candidate Committees

			J Liellion C.
1. Date: 1-26-24 2.a. Candidate or Committee Nat	me: Dusta	JONES	- State Commit
2.b. If Committee, Name of Candidate: Dusty Jo	SWES	3. Election	Date: 2024
4. Campaign Address: 115 W. Costle Heigh	ts Ave suite	261	
City: Lebenon State: TN	_ Zip Code: <u>370</u>	87 Phone: ζ	15-456-5230
5. Candidate Home Address: 400 Lexington	a Orive		
City: Lebonon State: TN	_ Zip Code: 3706	Phone: (15-498-768
Candidate Email Address: dusty 10 0 yaho	ou. Lon		
6. Office Sought: (include district number, if applicable)	Lebonan Spec	ial School	District
7. Name of Political Treasurer (may be candidate): 51	eve Jones		
Political Treasurer Email Address:	@ aol.com		
8. Category or Report: (check one)			
First Quarter Second Quarter Third Quarte	er Fourth Quar	ter Pre-Prin	nary Pre-General
Mid-Year Supplemental Year-End Supplemental	l		
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 be	ecause contributions	(including in-kin	d) received total \$1,000
or less AND expenditures total \$1,000 or less for this			
This campaign is required to file a detailed financial of total more than \$1,000 and/or expenditures total more	ore than \$1,000 for th	nis reporting peri	od.
11. I/we do solemnly swear or affirm that the information of and that this report is an accurate accounting of campa by the candidate committee by the Campaign Finance campaign contributions have been expended for the nonpolitical purpose as defined by the federal internal Candidate Signature Date Witness Signature Date	aign contributions ar ial Disclosure Act. A personal financial b	and expenditures in dditionally, I/we senefit of the can be signature	required to be reported swear or affirm that no
12. Summary:		ds	
a. Balance On Hand Last Report		2 - 1 - 12	^^
b. Total Receipts This Period		1700	
c. Total Disbursements This Period			- g
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)			60
e. Total Loans Outstanding		200	regional traph quantum
f. Total Obligations Outstanding		· — W	Page of
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SUMMARY PAGE - CANDIDATE



13. Na	ame of Candidate or Committee: Dusy Jones	1
14. Re	eporting Period: Start Date: $1-1-2023$ End Date: $1-15-2024$	
15. Re	eceipts:	
a.	Unitemized Contributions (\$100 or less from each source this period)	e information.)
b.		1.6
c.	to Deal 1711 December Decided	00,00
d.	Interest Received This Reporting Period\$	
e.	Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.)	0.09
16. Dis	shursements	
a.	(Note: Effective January 16, 2023, all expenditures must be itemized.)	57, 47.
b.		
c.	Total Obligation Payments Made This Period\$	
d.	. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)\$ \$ \$	59.49
17. ln-l	-Kind Contributions:	
a.	Unitemized In-Kind Contributions Received This Period\$	0
b.	the state of the s	9
c.	and the second s	8
18. Ob	bligations:	X
а	Total Obligations Outstanding (must be shown in item 12.f.)\$	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

					40.0	P-0-
1. Candidate or Committee Name:	Dosty	Jones Co	maittee	to elect	Dusty I	lones
2. Reporting Period: Start Date:	7-1-23	End Date:	15-24	. 4	RI	BC Camar
3. Total campaign expenditures fro				0		
COMPLETE THE APPROPRIATE ITEM kind contribution to a candidate, please recandidate's name in the purpose of the ex	member to includ	e the purpose of the exp	enditures m enditure (e.g	ust be itemized. ., postage, printir	If the expen	JAN 3 0 2024 diture is an in- pwith the dunly Election Commi
Business or Organization Name:	Sishs	on the Ch	Cas			OR
First Name:	Middle	Name:		Last Name:		
First Name:	w Dr	City: Austin		State: 💯	Zip Code:	78758
Purpose of Expenditure:	d Sishs					
Amount of Expenditure: \$ 1248	.52	Date of Expenditur	re: \$	in 3rd,	2024	
Business or Organization Name:	Sisns	on the Ch	Can			OR
First Name:	Middle	Name:		Last Name:		
First Name:	in Dr	City: Austin		State: 7×	Zip Code:	78738
Purpose of Expenditure: Year	Sish	ς				
Amount of Expenditure: \$ 38	5.97	Date of Expenditur	e: \$	n 10th,	2024	
Business or Organization Name:	TNP	enublican D	4.			OR
First Name:						
Address: 95 White Bridge	e Rd	City: Nachuille		State: 7\	Zip Code:	377.05
Purpose of Expenditure:						
Amount of Expenditure: \$ 25	00	Date of Expenditur	e: \$ 12	18/23		
Business or Organization Name:						OR
First Name:		Name:		Last Name:		
Address:						
Purpose of Expenditure:						
Amount of Expenditure: \$			re: \$			
Business or Organization Name:						OR
First Name:						
Address:						
Purpose of Expenditure:						
Amount of Expenditure: \$						
Total Expenditures: \$ _ /650						
Total Expenditures: \$ / 6	dditional page	s of this form are use	ed. If this is	the last page	of expendi	tures, this
amount must be shown in the sum				, ,	•	•

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ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Dosy Jones Committee to elect Jones 2. Reporting Period: Start Date: 7-1-2-2 End Date: 1-15-2-4 3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$10). JAN 80 contents of the source of each loan received and/or outstanding during the period. Business or Organization Name: Last Name: Last Name: Jones 37087 Address: 400 (Learner Date City: Lebenton State: 7N Zip Code: 37087 Dutstanding Loan Balance (Beginning). \$ 1700,00 Doan Payments. \$ 1700,00 Doan Received For: Primary Election General Election Runoff (Local Elections Only) Date of Loan: 12-5-2023 List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.) Joseph State: Wildle Name: Last Name: Jones State: 7N Zip Code: 37087 Amount Guaranteed Outstanding: \$ 1700,00 Susiness or Organization Name: Middle Name: Last Name: Jones State: 7N Zip Code: 37087 Amount Guaranteed Outstanding: \$ 1700,00 City: State: Zip Code: Middle Name: Last Name: Jones State: Zip Code: Middless: City: State: Zip Code: Middless: City: State: Zip Code: Middless: Last Name: Jones State: Zip Code: Last Name: Jones State: Zip Code:
Address:
Middle Name: Last Name: Jones State: 7N Zip Code: 37087 Dutstanding Loan Balance (Beginning)
Middle Name: Last Name: Jones State: 7N Zip Code: 37087 Dutstanding Loan Balance (Beginning)
Middle Name: Last Name: Jones State: 7N Zip Code: 37087 Dutstanding Loan Balance (Beginning)
Outstanding Loan Balance (Beginning) \$ 1700,000 Loan Received
Last Name: Susiness or Organization Name: Middle Name: Last Name: Susiness or Organization Name: Middle Name: Last Name: Last Name: Susiness or Organization Name: City: State: Zip Code: Zip Code: State: Zip Code: Zip Code: City: State: Zip Code: City: City: State: Zip Code: City: City: State: Zip Code: City: City
Coan Payments
Coan Payments
Coan Received For: Primary Election General Election Runoff (Local Elections Only) Date of Loan: 12-5-2023 Date of Loan
Coan Received For: Primary Election General Election Runoff (Local Elections Only) Date of Loan: 12-5-2023 Date of Loan
Address: Middle Name: City: State: Zip Code: State:
Business or Organization Name: Middle Name: Last Name: State: 7\textit{Zip Code: 370.87} Amount Guaranteed Outstanding: \$ TOO _, OO OR
Middle Name: Last Name: Jones Address: 400 (exington Dy City: Cebanon State: 7N Zip Code: 37087 Amount Guaranteed Outstanding: \$ 1700.00 Business or Organization Name:
Address: YOO (exington Dy City: Cebana State: 7/ Zip Code: 37087 Amount Guaranteed Outstanding: \$ 1700 . 00 Business or Organization Name:
Amount Guaranteed Outstanding: \$
Business or Organization Name: Girst Name:
Sirst Name: Middle Name: Last Name: Address: City: State: Zip Code: Business or Organization Name: OR Sirst Name: Middle Name: Last Name: City: State: Zip Code: Address: City: State: Zip Code: Amount Guaranteed Outstanding: \$
Sirst Name: Middle Name: Last Name: Address: City: State: Zip Code: Business or Organization Name: OR Sirst Name: Middle Name: Last Name: City: State: Zip Code: Address: City: State: Zip Code: Amount Guaranteed Outstanding: \$
Address: City: State: Zip Code: Amount Guaranteed Outstanding: \$ OR Business or Organization Name: OR First Name: Middle Name: Last Name: State: Zip Code: Address: City: State: Zip Code: Amount Guaranteed Outstanding: \$ On the content of the
Amount Guaranteed Outstanding: \$
Middle Name: Last Name: Last Name: State: Zip Code: State: State: Zip Code: State: Zip Code: State: Zip Code: State: State: Zip Code: State: Stat
Middle Name: Last Name: Last Name: State: Zip Code: State: State: Zip Code: State: Zip Code: State: Zip Code: State: State: Zip Code: State: Stat
Address: State: Zip Code: Amount Guaranteed Outstanding: \$
Amount Guaranteed Outstanding: \$
OP
susiness of Organization Name:
irst Name: Middle Name: Last Name:
Address:
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. otal loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)
otal loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)
otal loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.) Falance (Beginning)
otal loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)