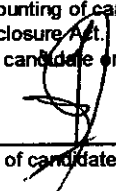
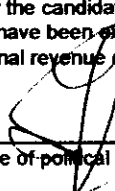
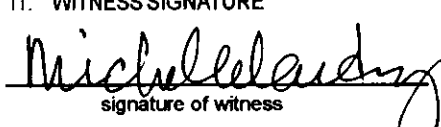



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 10/27/2020	2.a. NAME OF CANDIDATE OR COMMITTEE PASCAL JOUVENCE										
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE 11/03/2020										
4.a. CAMPAIGN ADDRESS AND PHONE <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Street or Rural Route</td> <td style="width: 15%;">City</td> <td style="width: 15%;">State</td> <td style="width: 15%;">Zip Code</td> <td style="width: 25%;">Phone</td> </tr> <tr> <td>1335 LONG HOLLOW PIKE</td> <td>GALLATIN</td> <td>TN</td> <td>37066 (818)</td> <td>445-5688</td> </tr> </table>		Street or Rural Route	City	State	Zip Code	Phone	1335 LONG HOLLOW PIKE	GALLATIN	TN	37066 (818)	445-5688
Street or Rural Route	City	State	Zip Code	Phone							
1335 LONG HOLLOW PIKE	GALLATIN	TN	37066 (818)	445-5688							
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Street or Rural Route</td> <td style="width: 15%;">City</td> <td style="width: 15%;">State</td> <td style="width: 15%;">Zip Code</td> <td style="width: 25%;">Phone</td> </tr> </table>		Street or Rural Route	City	State	Zip Code	Phone					
Street or Rural Route	City	State	Zip Code	Phone							
5. OFFICE SOUGHT (include district number, if applicable) GALLATIN CITY COUNCIL AT LARGE	6. NAME OF POLITICAL TREASURER (may be candidate) PASCAL JOUVENCE										
7. CATEGORY OR REPORT (Check one) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> FIRST QUARTER</td> <td><input type="checkbox"/> SECOND QUARTER</td> <td><input type="checkbox"/> THIRD QUARTER</td> <td><input type="checkbox"/> FOURTH QUARTER</td> <td><input type="checkbox"/> PRE-PRIMARY</td> <td><input checked="" type="checkbox"/> PRE-GENERAL</td> <td><input type="checkbox"/> MID-YEAR SUPPLEMENTAL</td> <td><input type="checkbox"/> YEAR-END SUPPLEMENTAL</td> </tr> </table>		<input type="checkbox"/> FIRST QUARTER	<input type="checkbox"/> SECOND QUARTER	<input type="checkbox"/> THIRD QUARTER	<input type="checkbox"/> FOURTH QUARTER	<input type="checkbox"/> PRE-PRIMARY	<input checked="" type="checkbox"/> PRE-GENERAL	<input type="checkbox"/> MID-YEAR SUPPLEMENTAL	<input type="checkbox"/> YEAR-END SUPPLEMENTAL		
<input type="checkbox"/> FIRST QUARTER	<input type="checkbox"/> SECOND QUARTER	<input type="checkbox"/> THIRD QUARTER	<input type="checkbox"/> FOURTH QUARTER	<input type="checkbox"/> PRE-PRIMARY	<input checked="" type="checkbox"/> PRE-GENERAL	<input type="checkbox"/> MID-YEAR SUPPLEMENTAL	<input type="checkbox"/> YEAR-END SUPPLEMENTAL				
8.a. BEGINNING DATE OF REPORTING PERIOD 10/01/2020	8.b. ENDING DATE OF REPORTING PERIOD 10/24/2020										
9. (Check one) <p>a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)</p> <p>b. <input checked="" type="checkbox"/> 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.</p>											
10. 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 of candidate	10/27/2020 _____ date										
 _____ signature of political treasurer	10/27/2020 _____ date										
11. WITNESS SIGNATURE	10/27/2020										
 _____ signature of witness	10/27/2020 _____ date										
 _____ signature of witness	10/27/2020 _____ date										
12. SUMMARY											
a. BALANCE ON HAND LAST REPORT	\$ 4,398.04										
b. TOTAL RECEIPTS THIS PERIOD	\$ 150.00										
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ 1,398.96										
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ 3,149.08										
SUMNER COUNTY ELECTION COMMISSION											
e. TOTAL LOANS OUTSTANDING	\$ 10,000.00										
f. TOTAL OBLIGATIONS OUTSTANDING	\$ _____										



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) PASCAL JOUVENCE	14. REPORT COVERING THE PERIOD FROM: 10/01 TO: 10/24/2020
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RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ 00.00

b. Itemized Contributions (over \$100 from each source this period) \$ 150.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 150.00

16. LOANS RECEIVED THIS REPORTING PERIOD \$ _____

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ _____

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 150.00

DISBURSEMENTS

19. EXPENDITURES (other than loan payments)

a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)

ENVELOPES	\$	21.00
SQUARE FEST CONTEST	\$	60.00
FB ADVERTISING	\$	50.00
SOFTWARE	\$	99.00
WATER	\$	43.26
	\$	
	\$	
	\$	
	\$	

Total of Expenditures (\$100 or less each payee) \$ 273.26

b. Itemized Expenditures (Over \$100 each payee this period) \$ 1,125.70

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 1,398.96

20. LOAN REPAYMENTS MADE THIS PERIOD \$ _____

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 1,398.96

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ _____

b. Itemized in-kind contributions (over \$100 from each source this period) \$ _____

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ _____

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ _____

b. Itemized Obligations Outstanding (Over \$100 each) \$ _____

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) \$ _____



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE PASCAL JOUVENCE				2. REPORT COVERING THE PERIOD		
				FROM: 10/01	TO: 10/24/2020	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 150.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name JOHN		Middle Name		Contribution Received For:		Amount of Contribution 150.00
Last Name/Organization Name GENUNG				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address 1100 LOCK 4 RD				<input type="checkbox"/> Runoff (Local Elections Only)		
City GALLATIN	State TN	Zip Code 37066		Date of Contribution 10/01/2020		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City	State	Zip Code		Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City	State	Zip Code		Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City	State	Zip Code		Date of Contribution		Aggregate This Election
Occupation						
Employer						
5. TOTAL ITEMIZED CONTRIBUTIONS					150.00	
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)						

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE PASCAL JOUVENCE			2. REPORT COVERING THE PERIOD FROM: 10/01 TO: 10/24/2020	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$0
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)				
First Name	Middle Name	ADVERTISING		Amount of Expenditure 142.24
Last Name/Business Name LOWES				
Address 1301 NASHVILLE PIKE				
City GALLATIN	State TN			
First Name	Middle Name	MAILERS		Amount of Expenditure 468.49
Last Name/Business Name MAILER'S CHOICE				
Address				
City	State			
First Name	Middle Name	POSTAGE		Amount of Expenditure 514.97
Last Name/Business Name POSTMASTER				
Address				
City	State			
First Name	Middle Name			
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name			
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name			
Last Name/Business Name				
Address				
City	State			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)				1,125.70