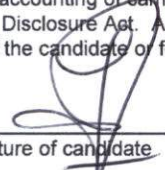
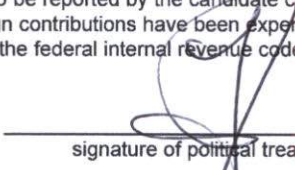
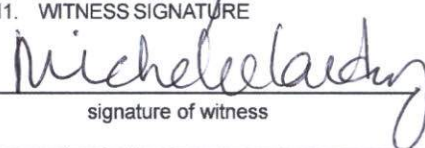



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 10/01/2022	2.a. NAME OF CANDIDATE OR COMMITTEE Pascal Jouvence	
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE 11/08/2022
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 1335 Long Hollow Pike Gallatin TN 37066		
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone 1335 Long Hollow Pike Gallatin TN 37066		
5. OFFICE SOUGHT (include district number, if applicable) Gallatin Alderman District 3		6. NAME OF POLITICAL TREASURER (may be candidate) Pascal Jouvence
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input checked="" type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL		
8.a. BEGINNING DATE OF REPORTING PERIOD 07/01/2022		8.b. ENDING DATE OF REPORTING PERIOD 09/30/2022
9. (Check one) 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.) 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.		
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		 signature of political treasurer
10/01/22 date		10/01/22 date
11. WITNESS SIGNATURE		
 signature of witness		 signature of witness
10/01/22 date		10/01/22 date
12. SUMMARY		
a. BALANCE ON HAND LAST REPORT		\$ 11,156.44
b. TOTAL RECEIPTS THIS PERIOD		\$ 1,150.00
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ 904.87
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ 11,401.57
e. TOTAL LOANS OUTSTANDING		\$ 10,500.00
f. TOTAL OBLIGATIONS OUTSTANDING		\$ _____

FILED
OCT 03 2022
SUMNER COUNTY
ELECTION COMMISSION



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Pascal Jouvence				2. REPORT COVERING THE PERIOD FROM: 07/01/22 TO: 09/30/22	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name LOUIS & MARY		Middle Name		Contribution Received For:	
Last Name/Organization Name ROBERTS				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 1741 HICKORY TRACE DR				<input type="checkbox"/> Runoff (Local Elections Only)	
City GALLATIN	State TN	Zip Code 37066	Date of Contribution 07/01/2022		Aggregate This Election 500.00
Occupation RETIRED					
Employer					
First Name JEFFREY		Middle Name		Contribution Received For:	
Last Name/Organization Name HUEY				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 201 BAHIA MAR POINT				<input type="checkbox"/> Runoff (Local Elections Only)	
City HENDERSONVILLE	State TN	Zip Code 37075	Date of Contribution 08/21/2022		Aggregate This Election 100.00
Occupation BUSINESS OWNER					
Employer					
First Name JACK		Middle Name		Contribution Received For:	
Last Name/Organization Name HAGEN				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 599 DOUGLAS LANE				<input type="checkbox"/> Runoff (Local Elections Only)	
City GALLATIN	State TN	Zip Code 37066	Date of Contribution 08/22/2022		Aggregate This Election 100.00
Occupation RETIRED					
Employer					
First Name MICHAEL		Middle Name		Contribution Received For:	
Last Name/Organization Name QUINN				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 1077 LAKESHORE DR				<input type="checkbox"/> Runoff (Local Elections Only)	
City GALLATIN	State TN	Zip Code 37066	Date of Contribution 08/26/2022		Aggregate This Election 100.00
Occupation RETIRED					
Employer					
5. TOTAL ITEMIZED CONTRIBUTIONS (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.)					800.00



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Pascal Jouvence				2. REPORT COVERING THE PERIOD FROM 07/01/22 TO: 09/30/22		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 800.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name CHALLIS		Middle Name		Contribution Received For:		Amount of Contribution 100.00
Last Name/Organization Name PRILLAMAN				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address 1004 SHIMMERING WAY				<input type="checkbox"/> Runoff (Local Elections Only)		
City GALLATIN	State TN	Zip Code 37066		Date of Contribution 09/01/2022		Aggregate This Election 100.00
Occupation RETIRED						
Employer						
First Name DEBORAH		Middle Name		Contribution Received For:		Amount of Contribution 200.00
Last Name/Organization Name HOLMES				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		
Address 2134 LONG HOLLOW PIKE				<input type="checkbox"/> Runoff (Local Elections Only)		
City GALLATIN	State TN	Zip Code 37066		Date of Contribution 09/17/2022		Aggregate This Election 200.00
Occupation BUSINESS OWNER						
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 (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.)					1,100.00	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Pascal Jouvence				2. REPORT COVERING THE PERIOD FROM 07/01/22 TO: 09/30/22			
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)						Amount	0.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)							
First Name		Middle Name		Purpose of Expenditure MARKETING MATERIALS		Amount of Expenditure 122.35	
Last Name/Business Name VISTAPRINT							
Address 95 HAYDEN AVE							
City LEXINGTON	State MA	Zip Code 2421					
First Name		Middle Name		Purpose of Expenditure PRINTING		Amount of Expenditure 238.18	
Last Name/Business Name NEXTDAYFLYERS							
Address 8000 HASKELL AVE							
City VAN NUYS	State CA	Zip Code 91406					
First Name		Middle Name		Purpose of Expenditure MARKETING MATERIALS		Amount of Expenditure 187.90	
Last Name/Business Name VISTAPRINT							
Address 95 HAYDEN AVE							
City LEXINGTON	State MA	Zip Code 2421					
First Name		Middle Name		Purpose of Expenditure DEPOSIT FOR PALACE THEATRE RENT FOR OCT 6TH TOWNHALL Q&A		Amount of Expenditure 125.00	
Last Name/Business Name DOWNTOWN GALLATIN							
Address 146 N WATER AVE							
City GALLATIN	State TN	Zip Code 37066					
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
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.)						673.43	

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <p style="text-align: center;">Pascal Jouvence</p>				2. REPORT COVERING THE PERIOD FROM: 07/01/22 TO: 09/30/22											
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)															
Complete the Following for the Source of the Loan															
First Name Pascal		Middle Name		Outstanding Loan Balance (Beginning of Period) 10,500.00		Loans Received 0.00	Loan Payments 0.00	Outstanding Loan Balance (End of Period) 10,500.00							
Last Name/Organization Name Jouvence				Address 1335 LONG HOLLOW PIKE				Loan Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		Date of Loan 06/28/2022					
City GALLATIN		State TN	Zip Code 37066			<input type="checkbox"/> Runoff (Local Elections Only)									
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)															
First Name				Middle Name				First Name				Middle Name			
Last Name/Organization Name								Last Name/Organization Name							
Address								Address							
City				State		Zip Code		City				State		Zip Code	
Amount Guaranteed Outstanding								Amount Guaranteed Outstanding							
First Name				Middle Name				First Name				Middle Name			
Last Name/Organization Name								Last Name/Organization Name							
Address								Address							
City				State		Zip Code		City				State		Zip Code	
Amount Guaranteed Outstanding								Amount Guaranteed Outstanding							
First Name				Middle Name				First Name				Middle Name			
Last Name/Organization Name								Last Name/Organization Name							
Address								Address							
City				State		Zip Code		City				State		Zip Code	
Amount Guaranteed Outstanding								Amount Guaranteed Outstanding							
First Name				Middle Name				First Name				Middle Name			
Last Name/Organization Name								Last Name/Organization Name							
Address								Address							
City				State		Zip Code		City				State		Zip Code	
Amount Guaranteed Outstanding								Amount Guaranteed Outstanding							
4. Totals for all Loans (complete on last page of itemized loans)								Outstanding Loan Balance (Beginning of Period)		Loans Received		Loan Payments		Outstanding Loan Balance (End of Period)	
(Total loans received should also be shown in item 16. on summary page.) (Total loan payments should also be shown in item 20. on summary page.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)								10,500.00		0.00		0.00		10,500.00	

