

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 10/27/2024 2.a. C	Candidate or Committee N	ame: James Lincoln At	twood III
2.b. If Committee, Name of Car	ndidate:		3. Election Date: 11/05/2024
4. Campaign Address: 1075 F	Ridgecrest Drive		<u> </u>
City: Millersville	State: TN	Zip Code: <u>37072</u>	Phone: 615-829-6172
5. Candidate Home Address:	1075 Ridgecrest Drive		
City: Millersville	State: TN	Zip Code: <u>37072</u>	Phone: 615-829-6172
Candidate Email Address:	lincoln@myatwoods.or	rg	
6. Office Sought: (include distr	ict number, if applicable)	City of Millersville Com	missioner
7. Name of Political Treasurer (may be candidate): Jame	es Lincoln Atwood III	
Political Treasurer Email Addr	ress: <u>lincoln@myatwoo</u>	ds.org	
8. Category or Report: (check o	one)		
First Quarter Secon	nd Quarter Third Quar	rter Fourth Quarter	Pre-Primary Pre-Genera
Mid-Year Supplemental	Year-End Supplemen		
	Date: 10/01/2024	End Date: 10/26/20	124
10. Detailed Disclosure: (Check		Liid Date. 10/20/20	24
		hacausa contributions (inc	cluding in-kind) received total \$1,000
			plete items 12.d., 12.e., and 12.f.)
		l disclosure because contr more than \$1,000 for this re	ibutions (including in-kind) received eporting period.
11. I/we do solemnly swear or	affirm that the information	n contained in this campai	gn financial disclosure report is true
	The state of the s		xpenditures required to be reported
			ionally, I/we swear or affirm that no fit of the candidate or for any other
nonpolitical purpose as de			
No halls	10/27/24	Sent Atin	J- 10/27/24
andidate Signature	Date	Political Treasurer Sign	
Value of som	10/22/24	12 Ocas A	mad 1/1/27/24
Witness Signature	Date	Witness Signature	Date
12. Summary:			
a. Balance On Hand Last	Report	\$ <u>15</u>	59.12
b. Total Receipts This Peri	odbo	\$ <u>30</u>	00.00
c. Total Disbursements Th	nis Period	324 \$ <u>16</u>	88.98
d. Balance On Hand (12.a	. plus 12.b. minus 12.c.)	INTY \$ 28 MISSION \$ 0.0	70.14
f. Total Obligations Outs	tanding	\$ <u>15</u>	11.34

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: James Lincoln Atwood III	
14. Reporting Period: Start Date: 10/01/2024 End Date: 1	10/26/2024
15. Receipts:	
 Unitemized Contributions (\$100 or less from each source this per (Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,00 	
b. Itemized Contributions (over \$100 from each source this period).	
c. Loans Received This Reporting Period	
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.)	, \$ <u>3000.00</u>
16. Disbursements:	
a. Total Expenditures (other than loan payments)	<u>\$ 1688.98</u>
b. Loan Repayments Made This Period	\$ 0.00
c. Total Obligation Payments Made This Period	\$ 1103.58
d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)	
17. In-Kind Contributions:	
a. Unitemized In-Kind Contributions Received This Period	\$ <u>0.00</u>
b. Itemized In-Kind Contributions Received This Period	\$ <u>1000.00</u>
c. Total In-Kind Contributions Received This Period	\$ <u>1000.00</u>
18. Obligations:	
a. Total Obligations Outstanding (must be shown in item 12.f.)	\$ 1511.34

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

Candidate or Committee N	lame: James Lincoln Atwood III		
	Pate: 10/01/2024 End Date: 10/26/2024		_
	ons from preceding page (enter \$0 if first page)		
COMPLETE THE APPROPRIAT	TE ITEMS FOR EACH ITEMIZED CONTRIBUTION.		
Business or Organization Nar	me: Best of Tennessee Victory Fund		OR
First Name:	Middle Name:	Last Name:	
Address: 414 Union St Suit	e 1900 City: Nashville	State: TN Zip Code: 37219	
Occupation:	Employer:		
Contribution Received For:	☐ Primary Election	Runoff (Local Elections Only)	
Amount of Contribution: \$ 25	500.00 Date of Contribution: 10/11/2024	Aggregate This Election: \$ 2500.00	
Business or Organization Nar	me: Sumner Realtors		OR
First Name:	Middle Name:	Last Name:	
Address: 35 Executive Park	Drive City: Hendersonville	State: TN Zip Code: 37075	
Occupation:	Employer:		
	Primary Election General Election		
Amount of Contribution: \$ 50	00.00 Date of Contribution: 10/23/2024	Aggregate This Election: \$ 500.00	
Business or Organization Nar	me:		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 Nar	me:		OR
First Name:	Middle 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: \$	
	.00 page if additional pages of this form are used. If the summary on first page.)	this is the last page of contributions, th	is

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

COMPLETE THE APPROPRIATE ITEMS FOR Edollars (\$100) from any contributor during the period Business or Organization Name: Best of Territary Name: Address: 414 Union St Suite 1900 Occupation: In-Kind Contribution Received For: In-Kind Contribution Value: \$1000.00 In Description of In-Kind Contribution: Contribution Name: Business or Organization Name: First Name: Address:	ceding page (enter \$0 if first page) Consulting Middle Name: Middle Name:	rst page) \$ 0 BUTION. In-kind contributions totaling more than or	OR 7219 ctions Only) 1000.00
2. Reporting Period: Start Date: _10/01/2 3. Total in-kind contributions from preced COMPLETE THE APPROPRIATE ITEMS FOR Edollars (\$100) from any contributor during the period Business or Organization Name: _Best of The start is selected from the selected formula for the selected for the selected for the selected formula for the selected for the selec	ceding page (enter \$0 if first page) Consulting Middle Name: Middle Name:	St page) \$ 0 BUTION. In-kind contributions totaling more than or and Last Name: State: TN Zip Code: 372 General Election	OR 7219 ctions Only) 1000.00
COMPLETE THE APPROPRIATE ITEMS FOR Edollars (\$100) from any contributor during the period Business or Organization Name: Best of The First Name: Address: 414 Union St Suite 1900 Occupation: In-Kind Contribution Received For: In-Kind Contribution Value: \$1000.00 In Description of In-Kind Contribution: Contribution Business or Organization Name: First Name: Address:	OR EACH IN-KIND CONTRIBUT Deriod must be reported. Of Tennessee Victory Fund Middle Name: City: Nashville Employer: Primary Election In-Kind Contribution Date: Consulting Middle Name:	BUTION. In-kind contributions totaling more than or and Last Name: State: TN Zip Code: 374 General Election	OR 67219 ctions Only) 1000.00
Business or Organization Name: Best of Teirst Name: Address: 414 Union St Suite 1900 Occupation: In-Kind Contribution Received For: In-Kind Contribution Value: \$ 1000.00 In Description of In-Kind Contribution: Con Business or Organization Name: First Name: Address:	of Tennessee Victory Fund Middle Name: City: Nashville Employer: Primary Election In-Kind Contribution Date: Consulting Middle Name:	Last Name: State: TN Zip Code: 372 General Election Runoff (Local Election: \$10/01/2024 Aggregate This Election: \$10	7219 ctions Only) 1000.00
First Name: Address: 414 Union St Suite 1900 Occupation: In-Kind Contribution Received For: In-Kind Contribution Value: \$1000.00 In Description of In-Kind Contribution: Business or Organization Name: First Name: Address:	Middle Name:City: NashvilleEmployer:Primary Election	Last Name: State: TN Zip Code: 372 General Election Runoff (Local Electite: 10/01/2024 Aggregate This Election: \$10	ctions Only) 1000.00
First Name: Address: 414 Union St Suite 1900 Occupation: In-Kind Contribution Received For: In-Kind Contribution Value: \$1000.00 In Description of In-Kind Contribution: Business or Organization Name: First Name: Address:	Middle Name:City: NashvilleEmployer:Primary Election	Last Name: State: TN Zip Code: 372 General Election Runoff (Local Electite: 10/01/2024 Aggregate This Election: \$10	ctions Only) 1000.00
Occupation: In-Kind Contribution Received For: In-Kind Contribution Value: \$1000.00 In Description of In-Kind Contribution: Business or Organization Name: First Name: Address:	Employer: Primary Election Go In-Kind Contribution Date: Consulting Middle Name:	General Election \square Runoff (Local Electite: $10/01/2024$ Aggregate This Election: \$10	ctions Only) 1000.00
In-Kind Contribution Received For: In-Kind Contribution Value: \$1000.00 In Description of In-Kind Contribution: Business or Organization Name: First Name: Address:	☐ Primary Election	General Election \square Runoff (Local Election: $\frac{10}{01}$ /2024 Aggregate This Election: $\frac{10}{01}$	ctions Only) 1000.00
In-Kind Contribution Received For: In-Kind Contribution Value: \$ 1000.00 In Description of In-Kind Contribution: Business or Organization Name: First Name: Address:	☐ Primary Election	General Election \square Runoff (Local Election: $\frac{10}{01}$ /2024 Aggregate This Election: $\frac{10}{01}$	ctions Only) 1000.00
Description of In-Kind Contribution: Con Business or Organization Name: First Name: Address:	Middle Name:		
Business or Organization Name: First Name: Address:	Middle Name:		
First Name:	Middle Name:		OR
First Name:	Middle Name:		
Address:			
	CITV:	State: Zip Code:	
Occupation.	- 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12		
		General Election Runoff (Local Election	
		te: Aggregate This Election: \$_	
Rusiness or Organization Name:			
business of Organization Name.			
First Name			OR
	_ Middle Name:	Last Name:	OR
Address:	Middle Name: City:	Last Name: State: Zip Code:	OR
Address:Occupation:	Middle Name: City: Employer:	Last Name: State: Zip Code:	OR
Address: Occupation: In-Kind Contribution Received For:	Middle Name:City:Employer:	Last Name: State: Zip Code: General Election	OR
Address:	Middle Name: City:Employer: ☐ Primary Election ☐ Go In-Kind Contribution Date:	Last Name: State: Zip Code:	or o
Address:	Middle Name:City:Employer: Primary Election	Last Name: State: Zip Code: General Election	ctions Only)
Address:	Middle Name: City: Employer: Primary Election □G In-Kind Contribution Date:	Last Name: State: Zip Code: General Election	ctions Only)
Address:Occupation:In-Kind Contribution Received For:In-Kind Contribution Value: \$In Description of In-Kind Contribution:Business or Organization Name:First Name:	Middle Name:City:Employer: Primary Election	Last Name: State: Zip Code: General Election	ctions Only)
Address:	Middle Name:City:Employer: Primary Election	Last Name: State: Zip Code: General Election	ctions Only)
Address:	Middle Name:City:Employer: Primary Election	Last Name: State: Zip Code: General Election	ctions Only)
Address:	Middle Name:City:Employer: Primary Election	Last Name: State: Zip Code: General Election Runoff (Local Election: \$ te: Aggregate This Election: \$ Last Name: State: Zip Code: General Election Runoff (Local Election)	ctions Only)
Address:	Middle Name:	Last Name: State: Zip Code: General Election	ctions Only)
First Name:			(

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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: James Lincoln A	Atwood III		
	2011 0 0 0 0 222		
2. Reporting Period: Start Date: 10/01/2024	End Date: _10/26/2024		
3. Total campaign expenditures from preceding page	e (enter \$0 if first page) \$ _	0	
COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPL kind contribution to a candidate, please remember to include the candidate's name in the purpose of the expenditure section.	ENDITURE. All expenditures ne purpose of the expenditure (e	must be itemized. If the expenditure is a e.g., postage, printing, etc.) along with the	in in-
Business or Organization Name: The Farmers Bank	C		OF
First Name: Middle Na	ame:	Last Name:	
Address: 1250 Louisville Hwy Ci	ty: Millersville	_ State: TN Zip Code: 37072	
Purpose of Expenditure: Bank Fees			
Amount of Expenditure: \$ 7.00 D	ate of Expenditure: 10/1	8/2024	
Business or Organization Name: SmartPoint Data	Strategies		OF
First Name: Middle Na			
Address: 2750 1st Ave S Apt 304 Ci			
Purpose of Expenditure: Data Management Service			
Amount of Expenditure: \$ 435.00	ate of Expenditure: 10/1	8/2024	
Business or Organization Name: Shirtwell			OF
First Name: Middle Na			
Address: 10045 Scott Circle Ci			
Purpose of Expenditure: T-Shirts			
Amount of Expenditure: \$ 143.40 D	ate of Expenditure: 10/0	7/2024	
Business or Organization Name: Shell & Miller Ad	dvertising		OF
First Name: Middle Na			
Address: 4014 North Roan St Ci			
Purpose of Expenditure: Direct Mail #1			
Amount of Expenditure: \$ 436.91 D	ate of Expenditure: 10/2	3/2024	
Business or Organization Name: Shell & Miller Ad	lvertising		OF
First Name: Middle Na	ame:	Last Name:	
Address: 4014 North Roan St Ci			
Purpose of Expenditure: Consulting, messaging, of			
Amount of Expenditure: \$ 666.67	ate of Expenditure: 10/2	3/2024	
Total Expenditures: \$ 1688.98			
(Carry forward to the next page if additional pages o	f this form are used. If this	is the last page of expenditures the	nis

ITEMIZED STATEMENT OF LOANS - CANDIDATE

Candidate or Committee Name: Jar	nes Linco	In Atwood III	THE STATE OF THE S			A S
2. Reporting Period: Start Date: 10/0			26/2024			
3. Complete the appropriate items for		- Discourse that excellent fall and		ed dollars	(\$100).	
Complete the following for the source of each	ch Ioan recei	ved and/or outstandin	g during the pe	eriod.		
Business or Organization Name:						OR
First Name:	_ Middle N	Name:	La	st Name: _		
Address:				State:	Zip Code:	
Outstanding Loan Balance (Beginning))	\$				
Loans Received		\$				
Loan Payments		\$				
Outstanding Loan (End)		\$				
Loan Received For: Primary Elec	ction [General Election	Runoff	(Local Elect	ions Only)	
Date of Loan:						
List all endorsers or guarantors for above lo	an (If more s	pace is needed, please	attach additio	nal pages.)		
Business or Organization Name:		•				OR
First Name:						
Address:		City:		State:	Zip Code:	
Amount Guaranteed Outstanding: \$						
Business or Organization Name:						OR
First Name:	Middle	Name:		Last Name	2:	
Address:		_City:		State:	_ Zip Code:	
Amount Guaranteed Outstanding: \$						
Business or Organization Name:						OR
First Name:						
Address:		_City:		State:	Zip Code:	
Amount Guaranteed Outstanding: \$						
Business or Organization Name:						OR
First Name:	Middle	Name:		Last Name	2:	
Address:					Zip Code:	
Amount Guaranteed Outstanding: \$						
Totals for all loans (Complete this page fo Total loans received and loan payments should	or each outsta	anding loan during the p	eriod. Complet	e this section nce should be	only on last page o	f loans.
Balance (Beginning)	***************************************	\$_0.00				
Loans Received	*****************	, \$ <u>0.00</u>				
Loan Payments	************	\$ 0.00				
Outstanding Loan (End)	*************	\$_0.00				

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: <u>James Lincoln Atwood II</u>				
2. Reporting Period: Start Date: 10/01/2024 End Date				
3. Complete the appropriate items for each obligation owed to a	person/vendor at th	ne end of the re	eporting period	
Business Name: Shell & Miller Advertising First Name: Middle Name:	Description of Obligation:	Direct Ma	il #1 - Joint T	icket
Last Name:				
Address: 4014 North Roan St City: Johnson City	Balance (Period	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
State: TN Zip Code: 37601	\$ 436.91	\$0	\$ 436.91	\$ 0
Business Name: Shell & Miller Advertising First Name: Middle Name: Last Name:	Description of Obligation:		g, messaging, ng, and design	
Address: 4014 North Roan St City: Johnson City	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
State: TN Zip Code: 37601	\$ 666.67	\$ 0.00	\$ 666.67	\$ 0
Business Name: Shell & Miller Advertising First Name: Middle Name: Last Name:	Description of Obligation:	Direct Mail #2 - Sour Taste		
Address: 4014 North Roan St City: Johnson City	Outstanding Balance (Period Beginning)	Incurred This Period Balance		Outstanding Balance (Period End)
State: TN Zip Code: 37601	\$ 0	\$ 755.67	\$ 0	\$ 755.67
Business Name: Shell & Miller Advertising First Name: Middle Name: Last Name:	Description of Obligation:	Direct Mail #3 - Change the Conversation		
Address: 4014 North Roan St City: Johnson City	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
State: TN Zip Code: 37601	\$ 0	\$ 755.67	\$ 0	\$ 755.67
Lip couci				
TOTALS (Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column	Outstanding Balance (Period Beginning) \$ 1103.58	Debt Incurred	Payments This Period	Outstanding Balance (Period End) \$ 1511.34
must also be shown on the summary on first page.)			1	1