

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT FOR State and Local Candidates AM

# For State and Local Candidates For Single-Candidate Committees

PM

1. Date: 10 - 4 - 2 4 2.a. Candidate or Committee Nam 2.b. If Committee, Name of Candidate:	ne: Jim Water S SUMNED
2.b. If Committee, Name of Candidate:	3. Electron Date of Mission
4. Campaign Address: 244 Southburn	Dr
City: Hendersonville State: Try	Zip Code: 37075 Phone: 615 945-0414
5. Candidate Home Address: Same as As	000
	Zip Code: Phone:
Candidate Email Address:	2 CONCAST, NET
6. Office Sought: (include district number, if applicable)	Alderman Ward 6
7. Name of Political Treasurer (may be candidate): <b>Vir</b> Political Treasurer Email Address:	gina I. Wolters
8. Category or Report: (check one)	
First Quarter Second Quarter Third Quarter	Fourth Quarter Pre-Primary Pre-General
☐ Mid-Year Supplemental ☐ Year-End Supplemental	☐ Runoff Election
9. Reporting Period: Start Date: 7-1-24	End Date: 9-30-24
10. Detailed Disclosure: (Check one)	
	cause contributions (including in-kind) received total \$1,000 reporting period. (Complete items 12.d., 12.e., and 12.f.)
This campaign is required to file a detailed financial ditotal more than \$1,000 and/or expenditures total more	isclosure because contributions (including in-kind) received re than \$1,000 for this reporting period.
by the candidate committee by the Campaign Financial campaign contributions have been expended for the propositional purpose as defined by the federal internal	ontained in this campaign financial disclosure report is true ign contributions and expenditures required to be reported all Disclosure Act. Additionally, I/we swear or affirm that no personal financial benefit of the candidate or for any other revenue code.
Candidate Signature Date	Political Treasurer Signature Date
Zelken 10-4-24	Jell Ke 10-4-24
Witness Signature Date	Witness Signature Date
12. Summary:	
a. Balance On Hand Last Report	
b. Total Receipts This Period	
c. Total Disbursements This Period	\$ 4,382.80
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	
e. Total Loans Outstanding	\$ <u>'-0</u> -
f. Total Obligations Outstanding	\$0.

## **SUMMARY PAGE - CANDIDATE**

13. Na	me of Candidate or Committee: Jim Waters		
14. Re	porting Period: Start Date: 7-1-24 End Date: 9-30	0-1	24
	ceipts:		
a.	Unitemized Contributions (\$100 or less from each source this period)		
b.	Itemized Contributions (over \$100 from each source this period)	. \$_	5,484.86
c.	Loans Received This Reporting Period		
d.	Interest Received This Reporting Period	\$_	-0-
e.	Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.)	. \$_	5,784.86
16. Dis	sbursements:		
a.	Total Expenditures (other than loan payments)(Note: Effective January 16, 2023, all expenditures must be itemized.)	\$_	4,382.80
b.	Loan Repayments Made This Period		
c.	Total Obligation Payments Made This Period	. \$_	-0-
d.	Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)		
17. ln-	Kind Contributions:		
a.	Unitemized In-Kind Contributions Received This Period	. \$_	-6-
b.	Itemized In-Kind Contributions Received This Period	. \$_	-0-
c.	Total In-Kind Contributions Received This Period	. \$_	-0-
	oligations:		
a.	Total Obligations Outstanding (must be shown in item 12.f.)	. \$	-0-

# **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

1. Candidate or Committee Name: Jim Worter S
2. Reporting Period: Start Date: 7-1-24 End Date: 9-30-24
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: Last Name: Water S
First Name: Jim Middle Name: Last Name: Water S  Address: 244 Southburn City: Hendersonville State: IX Zip Code: 37075
Occupation: Employer:
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500.60 Date of Contribution: 7-22-24 Aggregate This Election: \$ 1000
Business or Organization Name: OR  First Name: Jamie Middle Name: Last Name: Houdsell  Address: III Indian Lake Blud City: Hendersonville State: In Zip Code: 37075
First Name: Jamie Middle Name: Last Name: Housell
Address: III Indian Lake Blud City: Hendersonville State: In Zip Code: 37075
Occupation: Employer:
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$1,500. Date of Contribution: 7-24-24 Aggregate This Election: \$
Business or Organization Name:OR
First Name: Retty & Middle Name:
First Name: Bettye Middle Name: Last Name: Smith  Address: 6487 Carnells Way City: Samsots State: FL Zip Code: 34243  Occupation: Employer:
Occupation: Employer:
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50000 Date of Contribution: 7-28-24 Aggregate This Election: \$
Business or Organization Name:OR
First Name: Matt Middle Name: Last Name: Campbell
Address: 120 Vivilage Fox land Dr B386 City: Gallatin State: TN Zip Code: 37066
Occupation: Employer:
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ Date of Contribution: 8-13-24 Aggregate This Election: \$
Total Contribution & 300000
Total Contributions: \$ 3000. (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**

1. Candidate or Committee Name:
2. Reporting Period: Start Date: 7-1-24 End Date: 9-30-24
3. Total campaign contributions from preceding page (enter \$0 if first page) \$
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.
Business or Organization Name:
First Name: Eddie Middle Name: Last Name: Roberson
First Name: Eddie Middle Name: Last Name: Roberson  Address: 1019 Smokerise Ln City: Hendersonville State: In Zip Code: 37075
Occupation: Employer:
Contribution Received For: Primary Election General Election Rupoff (Local Elections Only)
Amount of Contribution: \$ 250 Date of Contribution: 8-14-24 Aggregate This Election: \$
Business or Organization Name:OR
First Name: Jett Middle Name: Last Name: Huev
First Name: Jeff Middle Name: Last Name: Huey  Address: 201 Berlin Mar Point City: Hendersonville State: IN Zip Code: 37075
Occupation: Employer:
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 150°0 Date of Contribution: 8-9-24 Aggregate This Election: \$
Business or Organization Namo
First Name: Chris Middle Name: Last Name: Spence F
Address: 104 River Chase City: Hewdersonville State: The Zip Code: 37075
Occupation: Employer:
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 1,251.86 Date of Contribution: 8-22-24 Aggregate This Election: \$
Business or Organization Name:OR
First Name: John Middle Name: Last Name: Exams
Address: ISS Curnberland Dr City: Hendersonville State: IN Zip Code: 37075
Occupation: Employer:
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ Date of Contribution: Aggregate This Election: \$
Total Contributions: \$

# **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

1. Candidate or Committee	Name: Jim Waters	
2. Reporting Period: Start	Date: 7-1-24 End Date: 9-30-	24
	ions from preceding page (enter \$0 if first page)	
COMPLETE THE APPROPRIA	TE ITEMS FOR EACH ITEMIZED CONTRIBUTION.	
Business or Organization Na	ame: Republican Women	of Sumver of
First Name:	Middle Name:	Last Name:
Address: 101W:11	Middle Name:	ille State: TA Zip Code: 37075
Occupation:	Employer:	
Contribution Received For:	Primary Election General Election	Rupoff (Local Floations Only)
Amount of Contribution: \$	Date of Contribution: 9-17-2	Aggregate This Election: \$
Business or Organization Na	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 Na	me:	OP
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: \$
	ne:	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: \$
Total Contributions: \$ (Carry forward to the next plane amount must be shown in the show	age if additional pages of this form are used. If t	his is the last page of contributions, this

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

16 III 6 III II T	117-1			
1. Candidate or Committee Name:	The state of the s	201		
2. Reporting Period: Start Date: 7-1-24				
<ol><li>Total campaign expenditures from preceding p</li></ol>	age (enter \$0 if first page) \$	-0	•	
COMPLETE THE APPROPRIATE ITEMS FOR EACH E kind contribution to a candidate, please remember to include candidate's name in the purpose of the expenditure section.	le the purpose of the expenditure (	s must be itemized e.g., postage, printi	. If the expen	diture is an in- g with the
Business or Organization Name: Mr. Si	guman			OR
First Name: Middle	Name:	Last Name:		
Address: 129 Commerce Dr	City: Hendersonull	e State: TN	Zip Code:	37075
Purpose of Expenditure:				
Amount of Expenditure: \$ 1748.32	Date of Expenditure: \$	1-15-24		
Business or Organization Name: Do Do	T			OR
		Last Name		
First Name: Middle Address: 1026 Lavern Cir	City: Headerson	le State: Tou	7in Code:	37075
Purpose of Expenditure: Mailers			Zip couc.	3/0/3
Amount of Expenditure: \$ 2,331.44				
		CONTRACTOR OF STREET	CHINADAN CONTRACTOR	
Business or Organization Name: The	outhern			OR
First Name: Middle	Name:	Last Name:		
Address: 146 Volunteer Dr	City: Hewdersonville	State: Try	Zip Code:	37075
Purpose of Expenditure: NIGGNETS				
Amount of Expenditure: \$ 266.14	Date of Expenditure: \$	8-50-5	<b>Y</b>	
Business or Organization Name: Home D	DEDOT			OR
		Last Name:		
First Name: Middle Address: 205 Anderson LN	city: Hendersonvil	e State: TN	Zip Code:	37075
Purpose of Expenditure: Sign Suppl				
Amount of Expenditure: \$ 36.90		9-18-24		
Business or Organization Name:				OR
First Name: Middle				
Address:				
Purpose of Expenditure:				
Amount of Expenditure: \$				
Total Expenditures: \$ 4382.80	s of this form survey d 15 th	is the last		
(Carry forward to the next page if additional page amount must be shown in the summary on first p		is the last page	or expendi	tures, this

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## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

Candidate or Committee Name:	Jim Wate	15	
2. Reporting Period: Start Date: 7			
Total in-kind contributions from pro			-0-
COMPLETE THE APPROPRIATE ITEMS F dollars (\$100) from any contributor during the		RIBUTION. In-kind contrib	butions totaling more than one hundred
Business or Organization Name:			OR
First Name:			
Address:			
Occupation:			
In-Kind Contribution Received For:			
In-Kind Contribution Value: \$	_ In-Kind Contribution D	Date: Agg	regate This Election: \$
Description of In-Kind Contribution:			
Business or Organization Name:			OR
First Name:			
Address:			
Occupation:			
In-Kind Contribution Received For:			
In-Kind Contribution Value: \$			
Description of In-Kind Contribution:			
Business or Organization Name:			OR
First Name:			
Address:			
Occupation:			
In-Kind Contribution Received For:			
In-Kind Contribution Value: \$			
Description of In-Kind Contribution:			
Business or Organization Name:			OR
First Name:			
Address:			
Occupation:			
In-Kind Contribution Received For:			
In-Kind Contribution Value: \$			
Description of In-Kind Contribution:			
Total In-Kind Contributions: \$(Carry forward to the next page if add contributions, this amount must be shadows.			last page of in-kind

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

1. Candidate or Committee Name:	Jim Wy	ters			
2. Reporting Period: Start Date: 7.	_1-24 End Dat	e: 9-30-2 Y	•		
3. Complete the appropriate items for	or each loan totaling mo	ore than one hundre	d dollars	(\$100).	
Complete the following for the source of ea	ch loan received and/or out	standing during the pe	riod.		
Business or Organization Name:					OF
First Name:	Middle Name:	Las	t Name: _		
Address:	City:	S	tate:	Zip Code:	
Outstanding Loan Balance (Beginning	)\$				
Loans Received	\$ <u> </u>				
Loan Payments	\$ <u> </u>				
Outstanding Loan (End)	\$				
Loan Received For: Primary Ele	ction General Ele	ction Runoff (	Local Elect	ions Only)	
List all endorsers or guarantors for above lo	oan (If more space is needed	, please attach addition	al pages.)		
Business or Organization Name:					OF
First Name:	Middle Name:	L	ast Name:		
Address:	City:	S	tate:	Zip Code:	
Amount Guaranteed Outstanding: \$_					
Business or Organization Name: _					OF
First Name:	Middle Name:		Last Name	2:	
Address:	City:	9	State:	_ Zip Code:	
Amount Guaranteed Outstanding: \$_					
Business or Organization Name: _					OF
First Name:					
Address:					
Amount Guaranteed Outstanding: \$_					
Business or Organization Name: _					OF
First Name:	Middle Name:		Last Name	2:	
Address:	City:	9	state:	_ Zip Code:	
Amount Guaranteed Outstanding: \$_					
<b>Totals for all loans</b> (Complete this page for Total loans received and loan payments should	or each outstanding loan duri d be shown on summary page	ng the period. Complete e. Outstanding loan balan	this section ce should be	only on last page of lo	oans.
Balance (Beginning)	\$	-0-			
Loans Received	\$	-0-			
Loan Payments	\$	-0-			
Outstanding Loan (End)	\$\$	-0-			

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1 Candidate or Committee Nar	D STATEMENT (	aters			
2. Reporting Period: Start Date	: 7-1-24 En	d Date: <u>9-30-</u> 2	<u>-</u> Y		
3. Complete the appropriate ite	ems for each obligation owe	ed to a person/vendor at the	ne end of the r	eporting period	d.
Business Name:		Description of			
First Name:	Middle Name:	Obligation:			
Last Name:					
Address:		Balance (Period	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
State: Zip Code:			\$	\$	\$
Business Name:		Description of Obligation:			1
First Name:	Middle Name:				
Last Name:					
Address:		Balance (Period	Debt Incurred	Payments This Period	Outstanding Balance
City:		Ė	This Period	\$	(Period End)
State: Zip Code:		4	14	14	14
Business Name:		Description of Obligation:			
First Name:	Middle Name:				
Last Name:		<u>22</u>			
Address:		Outstanding	Debt	Payments	Outstanding
City:		Balance (Period Beginning)	Incurred This Period	This Period	Balance (Period End)
State: Zip Code:		\$	\$	\$	\$
State zip code.			NEWLY		
Business Name:		Description of Obligation:			
First Name:	Middle Name:				
Last Name:					
		Outstanding	Debt	Payments	Outstanding

Balance (Period

Beginning)

\$

#### **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 must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period End)
\$ -0-	\$ -6 -	5-0-	5 -0 -

Incurred

\$

This Period

This Period

\$

State: \_\_\_\_\_ Zip Code: \_\_\_

Balance

(Period End)