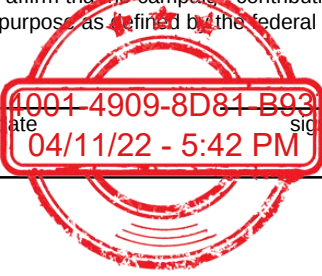


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 4/11/2022		2.a. NAME OF CANDIDATE OR COMMITTEE Samuel C. Jones													
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE 2018-08-06													
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 6329 Heatherwood Ln Kingsport TN 37663 (423) 956-3197															
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone 6329 Heatherwood Ln Kingsport TN 37663 (423) 956-3197															
5. OFFICE SOUGHT (include district number, if applicable) COUNTY COMMISSION		6. NAME OF POLITICAL TREASURER (may be candidate) Samuel Jones													
7. CATEGORY OR REPORT (Check one) ☒ FIRST QUARTER ☐ SECOND QUARTER ☐ THIRD QUARTER ☐ FOURTH QUARTER ☐ PRE-PRIMARY ☐ PRE-GENERAL ☐ MID-YEAR SUPPLEMENTAL ☐ YEAR-END SUPPLEMENTAL															
8.a. BEGINNING DATE OF REPORTING PERIOD 2022-01-16		8.b. ENDING DATE OF REPORTING PERIOD 2022-03-31													
9. (Check one) a. ☒ 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. ☐ 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. 															
11. WITNESS SIGNATURE signature of witness date signature of witness date															
12. SUMMARY <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a. BALANCE ON HAND LAST REPORT</td> <td style="width: 20%; text-align: right;">\$ <u>1,157.74</u></td> </tr> <tr> <td>b. TOTAL RECEIPTS THIS PERIOD</td> <td style="text-align: right;">\$ <u>20.00</u></td> </tr> <tr> <td>c. TOTAL DISBURSEMENTS THIS PERIOD</td> <td style="text-align: right;">\$ <u>140.70</u></td> </tr> <tr> <td>d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)</td> <td style="text-align: right;">\$ <u>1,037.04</u></td> </tr> <tr> <td>e. TOTAL LOANS OUTSTANDING</td> <td style="text-align: right;">\$ <u>500.00</u></td> </tr> <tr> <td>f. TOTAL OBLIGATIONS OUTSTANDING</td> <td style="text-align: right;">\$ <u>0.00</u></td> </tr> </table>				a. BALANCE ON HAND LAST REPORT	\$ <u>1,157.74</u>	b. TOTAL RECEIPTS THIS PERIOD	\$ <u>20.00</u>	c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>140.70</u>	d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <u>1,037.04</u>	e. TOTAL LOANS OUTSTANDING	\$ <u>500.00</u>	f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>0.00</u>
a. BALANCE ON HAND LAST REPORT	\$ <u>1,157.74</u>														
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>20.00</u>														
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>140.70</u>														
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <u>1,037.04</u>														
e. TOTAL LOANS OUTSTANDING	\$ <u>500.00</u>														
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>0.00</u>														



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) Samuel C. Jones	14. REPORT COVERING THE PERIOD FROM: 2022-01-16 TO: 2022-03-31
--	---

RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

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

b. Itemized Contributions (over \$100 from each source this period) \$ **\$20.00**

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ **\$20.00**

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.) \$ **\$20.00**

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)

	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

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

b. Itemized Expenditures (Over \$100 each payee this period) \$ **\$140.70**

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ **\$140.70**

20. LOAN REPAYMENTS MADE THIS PERIOD \$ _____

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ **\$140.70**

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 Samuel C. Jones				2. REPORT COVERING THE PERIOD FROM: 2022-01-16 TO: 2022-03-31	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount \$0.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name Samuel		Middle Name Charles		Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Last Name/Organization Name Jones				Amount of Contribution \$20.00	
Address 6329 Heatherwood Ln				Date of Contribution 2022-02-22	
City Kingsport		State TN	Zip Code 37663		
Occupation insurance					
Employer self				Aggregate This Election \$20.00	
First Name		Middle Name		Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Last Name/Organization Name				Date of Contribution 	
Address					
City		State	Zip Code		
Occupation				Aggregate This Election	
Employer					
First Name		Middle Name		Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Last Name/Organization Name				Date of Contribution 	
Address					
City		State	Zip Code		
Occupation				Aggregate This Election	
Employer					
First Name		Middle Name		Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)	
Last Name/Organization Name				Date of Contribution 	
Address					
City		State	Zip Code		
Occupation				Aggregate This Election	
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.)					\$20.00



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Samuel C. Jones			2. REPORT COVERING THE PERIOD FROM: 2022-01-1 TO: 2022-03-31	
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		Amount of Expenditure
Last Name/Business Name Strategic Placement Group, inc.		Campaign material		\$140.70
Address 2153 Hwy 75				
City Blountville	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
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.)				\$140.70



ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE						2. REPORT COVERING THE PERIOD									
Samuel C. Jones						FROM: 2022-01-16		TO: 2022-03-31							
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 Samuel			Middle Name Charles		Outstanding Loan Balance (Beginning of Period) \$500.00		Loans Received \$0.00		Loan Payments \$0.00		Outstanding Loan Balance (End of Period) \$500.00				
Last Name/Organization Name Jones															
Address 6329 Heatherwood Ln					Loan Received For:					Date of Loan					
City Kingsport					State TN		Zip Code 37663		☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)			2021-12-01			
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.)						\$500.00		\$0.00		\$0.00		\$500.00			

