



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates

### For Single-Candidate Committees

1. Date: 7/10/2024 2.a. Candidate or Committee Name: Jennifer M Mason
- 2.b. If Committee, Name of Candidate: \_\_\_\_\_ 3. Election Date: 8/4/2022
4. Campaign Address: 1006 St Hubbins Drive  
City: Spring Hill State: TN Zip Code: 37174 Phone: \_\_\_\_\_
5. Candidate Home Address: 1006 St Hubbins Drive  
City: Spring Hill State: TN Zip Code: 37174 Phone: \_\_\_\_\_  
Candidate Email Address: masoncountycommissioner@gmail.com
6. Office Sought: (include district number, if applicable) County Commissioner - Dist 03
7. Name of Political Treasurer (may be candidate): Felicia Ciaramitaro  
Political Treasurer Email Address: bethciaramitaro@gmail.com
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: 1/16/2024 End Date: 6/30/2024
10. Detailed Disclosure: (Check one)  
☒ This campaign is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)  
☐ 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.
11. 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.

Candidate Signature

Date

2B59-4211-AEE5-EBD2

Political Treasurer Signature

Date

Witness Signature

Date

Witness Signature

Date

#### 12. Summary:

- |                                                         |                    |
|---------------------------------------------------------|--------------------|
| a. Balance On Hand Last Report .....                    | \$ <u>\$919.86</u> |
| b. Total Receipts This Period .....                     | \$ <u>\$14.15</u>  |
| c. Total Disbursements This Period .....                | \$ <u>\$10.00</u>  |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.) ..... | \$ <u>\$924.01</u> |
| e. Total Loans Outstanding .....                        | \$ <u>\$0.00</u>   |
| f. Total Obligations Outstanding .....                  | \$ <u>\$0.00</u>   |

# SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Jennifer M Mason

14. Reporting Period: Start Date: 1/16/2024 End Date: 6/30/2024

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ \_\_\_\_\_  
(Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See *Instructions* for more information.)
- b. Itemized Contributions (over \$100 from each source this period) ..... \$ \_\_\_\_\_
- c. Loans Received This Reporting Period..... \$ \_\_\_\_\_
- d. Interest Received This Reporting Period ..... \$ **\$14.15**
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... \$ **\$14.15**

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ **\$10.00**  
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period ..... \$ \_\_\_\_\_
- c. Total Obligation Payments Made This Period..... \$ \_\_\_\_\_
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ **\$10.00**

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period ..... \$ \_\_\_\_\_
- b. Itemized In-Kind Contributions Received This Period ..... \$ \_\_\_\_\_
- c. Total In-Kind Contributions Received This Period ..... \$ \_\_\_\_\_

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) ..... \$ \_\_\_\_\_

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Jennifer M Mason
2. Reporting Period: Start Date: 1/16/2024 End Date: 6/30/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: First Horizon Bank OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 4938 Columbia Pike City: Spring Hill State: TN Zip Code: 37174

Purpose of Expenditure: Dormant Account Fee - March 2023

Amount of Expenditure: \$ \$5.00 Date of Expenditure: \$ 12/18/2023

Business or Organization Name: First Horizon Bank OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 4938 Columbia Pike City: Spring Hill State: TN Zip Code: 37174

Purpose of Expenditure: Dormant Account Fee - February 2024

Amount of Expenditure: \$ \$5.00 Date of Expenditure: \$ 2/20/2024

Business or Organization Name: \_\_\_\_\_ OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Expenditure: \_\_\_\_\_

Amount of Expenditure: \$ \_\_\_\_\_ Date of Expenditure: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Expenditure: \_\_\_\_\_

Amount of Expenditure: \$ \_\_\_\_\_ Date of Expenditure: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Expenditure: \_\_\_\_\_

Amount of Expenditure: \$ \_\_\_\_\_ Date of Expenditure: \$ \_\_\_\_\_

Total Expenditures: \$ \$10.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)