



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 1/18/2024 2.a. Candidate or Committee Name: Jonathan Beverly
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/4/2022
4. Campaign Address: 401 Davenport Dr
City: Murfreesboro State: TN Zip Code: 37128 Phone: (615) 967-7932
5. Candidate Home Address: 401 Davenport Dr
City: Murfreesboro State: TN Zip Code: 37128 Phone: (615) 967-7932
Candidate Email Address: jbeverly92@gmail.com
6. Office Sought: (include district number, if applicable) County Commission District #06
7. Name of Political Treasurer (may be candidate): Richard Hall
Political Treasurer Email Address: hall395@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: 7/1/2023 End Date: 1/15/2024
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

Political Treasurer Signature

Date

Witness Signature

Date

Witness Signature

Date

12. Summary:

- | | |
|---|----------------------|
| a. Balance On Hand Last Report | \$ <u>\$3,047.40</u> |
| b. Total Receipts This Period | \$ <u>\$150.00</u> |
| c. Total Disbursements This Period | \$ <u>\$1,568.80</u> |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.) | \$ <u>\$1,628.60</u> |
| e. Total Loans Outstanding | \$ <u>\$2,901.43</u> |
| f. Total Obligations Outstanding | \$ <u>\$0.00</u> |

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Jonathan Beverly

14. Reporting Period: Start Date: 7/1/2023 End Date: 1/15/2024

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) \$ \$150.00
- 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.) \$ \$150.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$1,568.80
(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.)..... \$ \$1,568.80

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ _____
- b. Itemized In-Kind Contributions Received This Period \$ \$750.00
- c. Total In-Kind Contributions Received This Period \$ \$750.00

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Jonathan Beverly
2. Reporting Period: Start Date: 7/1/2023 End Date: 1/15/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Justin Middle Name: _____ Last Name: Miller

Address: 3178 Barretts Ridge Dr City: Murfreesboro State: TN Zip Code: 37130

Occupation: Sales Employer: FarmVet

Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)

Amount of Contribution: \$ \$25.00 Date of Contribution: 7/13/2023 Aggregate This Election: \$ \$300.00

Business or Organization Name: _____ **OR**

First Name: Justin Middle Name: _____ Last Name: Miller

Address: 3178 Barretts Ridge City: Murfreesboro State: TN Zip Code: 37130

Occupation: Sales Employer: FarmVet

Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)

Amount of Contribution: \$ \$25.00 Date of Contribution: 8/15/2023 Aggregate This Election: \$ \$325.00

Business or Organization Name: _____ **OR**

First Name: Justin Middle Name: _____ Last Name: Miller

Address: 3178 Barretts Ridge Dr City: Murfreesboro State: TN Zip Code: 37130

Occupation: Sales Employer: FarmVet

Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)

Amount of Contribution: \$ \$25.00 Date of Contribution: 9/13/2023 Aggregate This Election: \$ \$350.00

Business or Organization Name: _____ **OR**

First Name: Justin Middle Name: _____ Last Name: Miller

Address: 3178 Barretts Ridge Dr City: Murfreesboro State: TN Zip Code: 37130

Occupation: Sales Employer: FarmVet

Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)

Amount of Contribution: \$ \$25.00 Date of Contribution: 10/13/2023 Aggregate This Election: \$ \$375.00

Total Contributions: \$ \$100.00

(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: Jonathan Beverly
2. Reporting Period: Start Date: 7/1/2023 End Date: 1/15/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$100.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Justin Middle Name: _____ Last Name: Miller
Address: 3178 Barretts Ridge Dr City: Murfreesboro State: TN Zip Code: 37130
Occupation: Sales Employer: FarmVet
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$25.00 Date of Contribution: 11/15/2023 Aggregate This Election: \$ \$400.00

Business or Organization Name: _____ **OR**
First Name: Justin Middle Name: _____ Last Name: Miller
Address: 3178 Barretts Ridge Dr City: Murfreesboro State: TN Zip Code: 37130
Occupation: Sales Employer: FarmVet
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$25.00 Date of Contribution: 12/14/2023 Aggregate This Election: \$ \$425.00

Business or Organization Name: _____ **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 Name: _____ **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: \$ \$150.00
(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Jonathan Beverly
2. Reporting Period: Start Date: 7/1/2023 End Date: 1/15/2024
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars (\$100) from any contributor during the period must be reported.

Business or Organization Name: _____ **OR**

First Name: Jonathan Middle Name: _____ Last Name: Beverly

Address: 401 Davenport Dr City: Murfreesboro State: TN Zip Code: 37128

Occupation: Police Officer Employer: Town of Smyrna

In-Kind Contribution Received For: Primary Election ☒ General Election ☐ Runoff (Local Elections Only) ☐

In-Kind Contribution Value: \$ \$250.00 In-Kind Contribution Date: 10/1/2023 Aggregate This Election: \$ \$320.10

Description of In-Kind Contribution: Stationary & Postage

Business or Organization Name: _____ **OR**

First Name: Jonathan Middle Name: _____ Last Name: Beverly

Address: 401 Davenport Dr City: Murfreesboro State: TN Zip Code: 37128

Occupation: Police Officer Employer: Town of Smyrna

In-Kind Contribution Received For: Primary Election ☒ General Election ☐ Runoff (Local Elections Only) ☐

In-Kind Contribution Value: \$ \$500.00 In-Kind Contribution Date: 12/9/2023 Aggregate This Election: \$ \$820.10

Description of In-Kind Contribution: Christmas In Christiana

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

In-Kind Contribution Received For: Primary Election ☐ General Election ☐ Runoff (Local Elections Only) ☐

In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

In-Kind Contribution Received For: Primary Election ☐ General Election ☐ Runoff (Local Elections Only) ☐

In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: _____

Total In-Kind Contributions: \$ \$750.00

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

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Jonathan Beverly
2. Reporting Period: Start Date: 7/1/2023 End Date: 1/15/2024
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: Anedot **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1920 McKinney Ave, 7th Floor City: Dallas State: TX Zip Code: 75201
Purpose of Expenditure: Settlement Fees
Amount of Expenditure: \$ \$7.80 Date of Expenditure: \$ 12/14/2023

Business or Organization Name: _____ **OR**
First Name: Robert Middle Name: _____ Last Name: Hunt
Address: 3880 Priest Lake Dr Unit 31, City: Nashville State: TN Zip Code: 37217
Purpose of Expenditure: Christmas In Christiana
Amount of Expenditure: \$ \$100.00 Date of Expenditure: \$ 10/4/2023

Business or Organization Name: _____ **OR**
First Name: Robert Middle Name: _____ Last Name: Hunt
Address: 3880 Priest Lake Dr Unit 31, City: Nashville State: TN Zip Code: 37217
Purpose of Expenditure: Christmas in Christiana
Amount of Expenditure: \$ \$400.00 Date of Expenditure: \$ 12/9/2023

Business or Organization Name: Woodmont Public Strategy **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2018 Medical Center Pkwy, Suite City: Murfreesboro State: TN Zip Code: 37128
Purpose of Expenditure: Advertising & Mailer
Amount of Expenditure: \$ \$1,061.00 Date of Expenditure: \$ 12/20/2023

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: \$ \$1,568.80

(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.)

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Jonathan Beverly
2. Reporting Period: Start Date: 7/1/2023 End Date: 1/15/2024
3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: _____ **OR**

First Name: Jonathan Middle Name: _____ Last Name: Beverly

Address: 401 Davenport Dr City: Murfreesboro State: TN Zip Code: 37128

Outstanding Loan Balance (Beginning) \$ \$2,901.43

Loans Received \$ \$0.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$2,901.43

Loan Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Date of Loan: 1/14/2022

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans.)

Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) \$ \$2,901.43

Loans Received \$ \$0.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$2,901.43