



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

ORIGINAL DOCUMENT
THIS COPY CANNOT BE
ACCEPTED TCA 2-5-102

1. Date: 10-29-24 2.a. Candidate or Committee Name: Jim Atkinson
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: _____
4. Campaign Address: 9617 Jack Bond
City: Lakeland State: TN Zip Code: 38002 Phone: 901 692-0347
5. Candidate Home Address: -Same-
City: _____ State: _____ Zip Code: _____ Phone: _____
Candidate Email Address: _____
6. Office Sought: (include district number, if applicable) Lakeland Commissioner
7. Name of Political Treasurer (may be candidate): Jim Atkinson
Political Treasurer Email Address: jim@atkinsonplanning.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: 7-1-24 End Date: 9-30-24
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

10-29-24

Date

Political Treasurer Signature

10-29-24

Date

Witness Signature

10/29/24

Date

Witness Signature

10/29/24

Date

12. Summary:

- a. Balance On Hand Last Report \$ 573.60
- b. Total Receipts This Period \$ 0
- c. Total Disbursements This Period \$ 0
- d. Balance On Hand (12.a. plus 12.b. minus 12.c.) \$ 573.60
- e. Total Loans Outstanding \$ 0
- f. Total Obligations Outstanding \$ 0