

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                                                          |                                            |                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------|
| 1. DATE OF REPORT<br><b>7/26/2022</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            | 2.a. NAME OF CANDIDATE OR COMMITTEE<br><b>Samuel C. Jones</b>            |                                            |                                                     |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            | 3. ELECTION DATE<br><b>2022-08-04</b>                                    |                                            |                                                     |
| 4.a. CAMPAIGN ADDRESS AND PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                                                          |                                            |                                                     |
| Street or Rural Route<br><b>6329 Heatherwood Ln</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | City<br><b>Kingsport</b>                   | State<br><b>TN</b>                                                       | Zip Code<br><b>37663</b>                   | Phone<br><b>(423) 956-3197</b>                      |
| 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                                                          |                                            |                                                     |
| Street or Rural Route<br><b>6329 Heatherwood Ln</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | City<br><b>Kingsport</b>                   | State<br><b>TN</b>                                                       | Zip Code<br><b>37663</b>                   | Phone<br><b>(423) 956-3197</b>                      |
| 5. OFFICE SOUGHT (include district number, if applicable)<br><b>COUNTY COMMISSION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            | 6. NAME OF POLITICAL TREASURER (may be candidate)<br><b>Samuel Jones</b> |                                            |                                                     |
| 7. CATEGORY OR REPORT (Check one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                                                          |                                            |                                                     |
| <input type="checkbox"/> FIRST<br>QUARTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> SECOND<br>QUARTER | <input type="checkbox"/> THIRD<br>QUARTER                                | <input type="checkbox"/> FOURTH<br>QUARTER | <input checked="" type="checkbox"/> PRE-<br>PRIMARY |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                                                          |                                            | <input checked="" type="checkbox"/> PRE-<br>GENERAL |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                                                          |                                            | <input type="checkbox"/> MID-YEAR<br>SUPPLEMENTAL   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                                                          |                                            | <input type="checkbox"/> YEAR-END<br>SUPPLEMENTAL   |
| 8.a. BEGINNING DATE OF REPORTING PERIOD<br><b>2022-07-01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | 8.b. ENDING DATE OF REPORTING PERIOD<br><b>2022-07-25</b>                |                                            |                                                     |
| 9. (Check one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                                                          |                                            |                                                     |
| a. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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. |                                            |                                                                          |                                            |                                                     |
| _____<br>signature of candidate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            | _____<br>signature of political treasurer                                |                                            |                                                     |
| _____<br>signature of witness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            | _____<br>signature of witness                                            |                                            |                                                     |
| _____<br>date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            | _____<br>date                                                            |                                            |                                                     |
| 11. WITNESS SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |                                                                          |                                            |                                                     |
| 12. SUMMARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                                                                          |                                            |                                                     |
| a. BALANCE ON HAND LAST REPORT .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            | \$ <b>714.68</b>                                                         |                                            |                                                     |
| b. TOTAL RECEIPTS THIS PERIOD .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            | \$ <b>0.00</b>                                                           |                                            |                                                     |
| c. TOTAL DISBURSEMENTS THIS PERIOD .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            | \$ <b>0.00</b>                                                           |                                            |                                                     |
| d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            | \$ <b>714.68</b>                                                         |                                            |                                                     |
| e. TOTAL LOANS OUTSTANDING .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | \$ <b>3,000.00</b>                                                       |                                            |                                                     |
| f. TOTAL OBLIGATIONS OUTSTANDING .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            | \$ <b>0.00</b>                                                           |                                            |                                                     |



# SUMMARY PAGE - CANDIDATE

|                                                                        |                                                                   |
|------------------------------------------------------------------------|-------------------------------------------------------------------|
| 13. NAME OF CANDIDATE OR COMMITTEE (In Full)<br><b>Samuel C. Jones</b> | 14. REPORT COVERING THE PERIOD<br>FROM: 2022-07-01 TO: 2022-07-25 |
|------------------------------------------------------------------------|-------------------------------------------------------------------|

## 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) ..... \$ \_\_\_\_\_
- c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) ..... \$ \_\_\_\_\_

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.) ..... \$ \_\_\_\_\_

## 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) ..... \$ \_\_\_\_\_

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

20. LOAN REPAYMENTS MADE THIS PERIOD ..... \$ \_\_\_\_\_

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

## 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 LOANS - CANDIDATE

|                                                                                                                                                                                                                                           |  |  |                               |  |                                                   |  |                                                                                                                                                          |              |                  |       |                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------|--|---------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------|-------|---------------------------------------------|--|
| 1. NAME OF CANDIDATE OR COMMITTEE                                                                                                                                                                                                         |  |  |                               |  | 2. REPORT COVERING THE PERIOD                     |  |                                                                                                                                                          |              |                  |       |                                             |  |
| Samuel C. Jones                                                                                                                                                                                                                           |  |  |                               |  | FROM:<br>2022-07-01                               |  | TO:<br>2022-07-25                                                                                                                                        |              |                  |       |                                             |  |
| 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<br><b>Samuel</b>                                                                                                                                                                                                               |  |  | Middle Name<br><b>Charles</b> |  | Outstanding Loan Balance<br>(Beginning of Period) |  | Loans<br>Received                                                                                                                                        |              | Loan<br>Payments |       |                                             |  |
| Last Name/Organization Name<br><b>Jones</b>                                                                                                                                                                                               |  |  |                               |  | \$3,000.00                                        |  | \$0.00                                                                                                                                                   |              | \$0.00           |       |                                             |  |
| Address<br><b>6329 Heatherwood Ln</b>                                                                                                                                                                                                     |  |  | Loan Received For:            |  |                                                   |  |                                                                                                                                                          | Date of Loan |                  |       |                                             |  |
| City<br><b>Kingsport</b>                                                                                                                                                                                                                  |  |  | State<br><b>TN</b>            |  | Zip Code<br><b>37663</b>                          |  | <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election<br><input type="checkbox"/> Runoff (Local Elections Only) |              | 2022-04-01       |       |                                             |  |
| 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 |                                             |  |
| 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 |                                             |  |
| 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 |                                             |  |
| 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 |                                             |  |
| Amount Guaranteed Outstanding                                                                                                                                                                                                             |  |  |                               |  | Amount Guaranteed Outstanding                     |  |                                                                                                                                                          |              |                  |       |                                             |  |
| 4. Totals for all Loans (complete on last page of itemized loans)                                                                                                                                                                         |  |  |                               |  | Outstanding Loan Balance<br>(Beginning of Period) |  | Loans<br>Received                                                                                                                                        |              | Loan<br>Payments |       | Outstanding Loan Balance<br>(End of Period) |  |
| (Total loans received should also be shown in item 16. on summary page.)<br>(Total loan payments should also be shown in item 20. on summary page.)<br>(Total outstanding loan balance should also be shown in item 12.e. on front page.) |  |  |                               |  | \$3,000.00                                        |  | \$0.00                                                                                                                                                   |              | \$0.00           |       | \$3,000.00                                  |  |

