

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                                                                                                                                                                 |                                            |                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. DATE OF REPORT<br><b>4/25/2022</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            | 2.a. NAME OF CANDIDATE OR COMMITTEE<br><b>Teresa L. Jacobs</b>                                                                                                                  |                                            |                                                                                                                                                                                                  |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            | 3. ELECTION DATE<br><b>2022-05-03</b>                                                                                                                                           |                                            |                                                                                                                                                                                                  |
| 4.a. CAMPAIGN ADDRESS AND PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                                                                                                                                                                 |                                            |                                                                                                                                                                                                  |
| Street or Rural Route<br><b>3765 Weaver Pike</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City<br><b>Bristol</b>                     | State<br><b>TN</b>                                                                                                                                                              | Zip Code<br><b>37620</b>                   | Phone<br><b>(423) 571-2468</b>                                                                                                                                                                   |
| 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                                                                                                                                                                 |                                            |                                                                                                                                                                                                  |
| Street or Rural Route<br><b>3765 Weaver Pike</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City<br><b>Bristol</b>                     | State<br><b>TN</b>                                                                                                                                                              | Zip Code<br><b>37620</b>                   | Phone<br><b>(423) 571-2468</b>                                                                                                                                                                   |
| 5. OFFICE SOUGHT (include district number, if applicable)<br><b>COUNTY CLERK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | 6. NAME OF POLITICAL TREASURER (may be candidate)<br><b>Marty Jacobs</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 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>2022-04-01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | 8.b. ENDING DATE OF REPORTING PERIOD<br><b>2022-04-23</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.)<br><br>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><div style="text-align: center;">  </div> _____<br>signature of political treasurer |                                            |                                                                                                                                                                                                  |
| 11. WITNESS SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |                                                                                                                                                                                 |                                            |                                                                                                                                                                                                  |
| _____<br>signature of witness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            | _____<br>signature of witness                                                                                                                                                   |                                            |                                                                                                                                                                                                  |
| 12. SUMMARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                                                                                                                                                                                 |                                            |                                                                                                                                                                                                  |
| a. BALANCE ON HAND LAST REPORT .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            | \$ <u>900.00</u>                                                                                                                                                                |                                            |                                                                                                                                                                                                  |
| b. TOTAL RECEIPTS THIS PERIOD .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            | \$ <u>500.00</u>                                                                                                                                                                |                                            |                                                                                                                                                                                                  |
| c. TOTAL DISBURSEMENTS THIS PERIOD .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            | \$ <u>931.40</u>                                                                                                                                                                |                                            |                                                                                                                                                                                                  |
| d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            | \$ <u>468.60</u>                                                                                                                                                                |                                            |                                                                                                                                                                                                  |
| e. TOTAL LOANS OUTSTANDING .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | \$ <u>1,500.00</u>                                                                                                                                                              |                                            |                                                                                                                                                                                                  |
| f. TOTAL OBLIGATIONS OUTSTANDING .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            | \$ <u>0.00</u>                                                                                                                                                                  |                                            |                                                                                                                                                                                                  |



## SUMMARY PAGE - CANDIDATE

|                                                                         |                                                                          |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <b>13. NAME OF CANDIDATE OR COMMITTEE (In Full)</b><br>Teresa L. Jacobs | <b>14. REPORT COVERING THE PERIOD</b><br>FROM: 2022-04-01 TO: 2022-04-23 |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------|

  

**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 ..... \$ 500.00

17. INTEREST RECEIVED THIS REPORTING PERIOD ..... \$ \_\_\_\_\_

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) ..... \$ 500.00

  

**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) ..... \$ 931.40

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) ..... \$ 931.40

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

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) ..... \$ 931.40

  

**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 EXPENDITURES - CANDIDATE

|                                                                                                                                                                                                                        |                    |                          |                                                                  |                                                                                     |                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------|
| 1. NAME OF CANDIDATE OR COMMITTEE<br><b>Teresa L. Jacobs</b>                                                                                                                                                           |                    |                          | 2. REPORT COVERING THE PERIOD<br>FROM: 2022-04-01 TO: 2022-04-23 |                                                                                     |                                          |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)                                                                                                                         |                    |                          |                                                                  | Amount<br><b>\$0.00</b>                                                             |                                          |
| 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<br><b>Bronze Table Sponsorship at 2022 Reagan Day Dinner</b> | Amount of Expenditure<br><b>\$800.00</b> |
| Last Name/Business Name<br><b>Sullivan County Republican Party</b>                                                                                                                                                     |                    |                          |                                                                  |                                                                                     |                                          |
| Address<br><b>1205 Malabar Drive</b>                                                                                                                                                                                   |                    |                          |                                                                  |                                                                                     |                                          |
| City<br><b>Kingsport</b>                                                                                                                                                                                               | State<br><b>TN</b> | Zip Code<br><b>37660</b> |                                                                  |                                                                                     |                                          |
| First Name                                                                                                                                                                                                             |                    | Middle Name              |                                                                  | Purpose of Expenditure<br><b>Campaign Push Cards</b>                                | Amount of Expenditure<br><b>\$131.40</b> |
| Last Name/Business Name<br><b>Able Printers</b>                                                                                                                                                                        |                    |                          |                                                                  |                                                                                     |                                          |
| Address<br><b>906 East Center Street</b>                                                                                                                                                                               |                    |                          |                                                                  |                                                                                     |                                          |
| City<br><b>Kingsport</b>                                                                                                                                                                                               | State<br><b>TN</b> | Zip Code<br><b>37660</b> |                                                                  |                                                                                     |                                          |
| First Name                                                                                                                                                                                                             |                    | Middle Name              |                                                                  |                                                                                     |                                          |
| Last Name/Business Name                                                                                                                                                                                                |                    |                          |                                                                  |                                                                                     |                                          |
| Address                                                                                                                                                                                                                |                    |                          |                                                                  |                                                                                     |                                          |
| City                                                                                                                                                                                                                   | State              | Zip Code                 |                                                                  |                                                                                     |                                          |
| First Name                                                                                                                                                                                                             |                    | Middle Name              |                                                                  |                                                                                     |                                          |
| Last Name/Business Name                                                                                                                                                                                                |                    |                          |                                                                  |                                                                                     |                                          |
| Address                                                                                                                                                                                                                |                    |                          |                                                                  |                                                                                     |                                          |
| City                                                                                                                                                                                                                   | State              | Zip Code                 |                                                                  |                                                                                     |                                          |
| First Name                                                                                                                                                                                                             |                    | Middle Name              |                                                                  |                                                                                     |                                          |
| Last Name/Business Name                                                                                                                                                                                                |                    |                          |                                                                  |                                                                                     |                                          |
| Address                                                                                                                                                                                                                |                    |                          |                                                                  |                                                                                     |                                          |
| City                                                                                                                                                                                                                   | State              | Zip Code                 |                                                                  |                                                                                     |                                          |
| First Name                                                                                                                                                                                                             |                    | Middle Name              |                                                                  |                                                                                     |                                          |
| Last Name/Business Name                                                                                                                                                                                                |                    |                          |                                                                  |                                                                                     |                                          |
| Address                                                                                                                                                                                                                |                    |                          |                                                                  |                                                                                     |                                          |
| City                                                                                                                                                                                                                   | State              | Zip Code                 |                                                                  |                                                                                     |                                          |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of expenditures, this amount must be shown in item 19b. of summary.) |                    |                          |                                                                  |                                                                                     | <b>\$931.40</b>                          |



# ITEMIZED STATEMENT OF LOANS - CANDIDATE

|                                                                                                                                                                                                                                           |  |  |             |                               |                                                   |                               |                          |                   |                                                                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------|-------------------------------|---------------------------------------------------|-------------------------------|--------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. NAME OF CANDIDATE OR COMMITTEE                                                                                                                                                                                                         |  |  |             |                               |                                                   | 2. REPORT COVERING THE PERIOD |                          |                   |                                                                                                                                                          |  |
| Teresa L. Jacobs                                                                                                                                                                                                                          |  |  |             |                               |                                                   | FROM:<br>2022-04-01           |                          | TO:<br>2022-04-23 |                                                                                                                                                          |  |
| 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>Teresa</b>                                                                                                                                                                                                               |  |  | Middle Name |                               | Outstanding Loan Balance<br>(Beginning of Period) |                               | Loans<br>Received        |                   | Loan<br>Payments                                                                                                                                         |  |
| Last Name/Organization Name<br><b>Jacobs</b>                                                                                                                                                                                              |  |  |             |                               | <b>\$1,000.00</b>                                 |                               | <b>\$500.00</b>          |                   | <b>\$0.00</b>                                                                                                                                            |  |
| Address<br><b>3765 Weaver Pike</b>                                                                                                                                                                                                        |  |  |             |                               | Loan Received For:                                |                               |                          |                   | Date of Loan                                                                                                                                             |  |
| City<br><b>Bristol</b>                                                                                                                                                                                                                    |  |  |             |                               | State<br><b>TN</b>                                |                               | Zip Code<br><b>37620</b> |                   | <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election<br><input type="checkbox"/> Runoff (Local Elections Only) |  |
|                                                                                                                                                                                                                                           |  |  |             |                               |                                                   |                               |                          |                   | <b>2022-04-22</b>                                                                                                                                        |  |
| 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                     |                   |                                                                                                                                                          |  |
|                                                                                                                                                                                                                                           |  |  |             |                               |                                                   |                               |                          |                   |                                                                                                                                                          |  |
| 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                     |                   |                                                                                                                                                          |  |
|                                                                                                                                                                                                                                           |  |  |             |                               |                                                   |                               |                          |                   |                                                                                                                                                          |  |
| 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                     |                   |                                                                                                                                                          |  |
|                                                                                                                                                                                                                                           |  |  |             |                               |                                                   |                               |                          |                   |                                                                                                                                                          |  |
| 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                     |                   |                                                                                                                                                          |  |
|                                                                                                                                                                                                                                           |  |  |             |                               |                                                   |                               |                          |                   |                                                                                                                                                          |  |
| 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                                                                                                                                         |  |
| (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.) |  |  |             |                               | <b>\$1,000.00</b>                                 |                               | <b>\$500.00</b>          |                   | <b>\$0.00</b>                                                                                                                                            |  |
|                                                                                                                                                                                                                                           |  |  |             |                               | <b>\$1,500.00</b>                                 |                               |                          |                   |                                                                                                                                                          |  |

