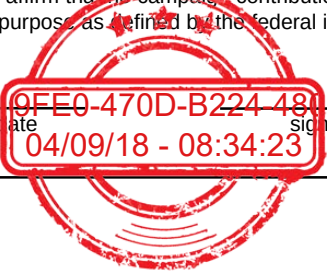


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 4/9/2018		2.a. NAME OF CANDIDATE OR COMMITTEE Jennifer M Mason									
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE 5/1/2018									
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route 1006 St Hubbins Drive</td> <td style="width: 15%; border: none;">City Spring Hill</td> <td style="width: 15%; border: none;">State TN</td> <td style="width: 15%; border: none;">Zip Code 37174</td> <td style="width: 22%; border: none;">Phone () -</td> </tr> </table>				4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route 1006 St Hubbins Drive	City Spring Hill	State TN	Zip Code 37174	Phone () -			
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<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route 1006 St Hubbins Drive</td> <td style="width: 15%; border: none;">City Spring Hill</td> <td style="width: 15%; border: none;">State TN</td> <td style="width: 15%; border: none;">Zip Code 37174</td> <td style="width: 22%; border: none;">Phone () -</td> </tr> </table>				4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route 1006 St Hubbins Drive	City Spring Hill	State TN	Zip Code 37174	Phone () -			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route 1006 St Hubbins Drive	City Spring Hill	State TN	Zip Code 37174	Phone () -							
5. OFFICE SOUGHT (include district number, if applicable) County Commissioner - Dist 03		6. NAME OF POLITICAL TREASURER (may be candidate) Felicia Ciaramitaro									
7. CATEGORY OR REPORT (Check one) <table style="width: 100%; border: none; text-align: center;"> <tr> <td>☒ FIRST QUARTER</td> <td>☐ SECOND QUARTER</td> <td>☐ THIRD QUARTER</td> <td>☐ FOURTH QUARTER</td> <td>☐ PRE- PRIMARY</td> <td>☐ PRE- GENERAL</td> <td>☐ MID-YEAR SUPPLEMENTAL</td> <td>☐ YEAR-END SUPPLEMENTAL</td> </tr> </table>				☒ FIRST QUARTER	☐ SECOND QUARTER	☐ THIRD QUARTER	☐ FOURTH QUARTER	☐ PRE- PRIMARY	☐ PRE- GENERAL	☐ MID-YEAR SUPPLEMENTAL	☐ YEAR-END SUPPLEMENTAL
☒ FIRST QUARTER	☐ SECOND QUARTER	☐ THIRD QUARTER	☐ FOURTH QUARTER	☐ PRE- PRIMARY	☐ PRE- GENERAL	☐ MID-YEAR SUPPLEMENTAL	☐ YEAR-END SUPPLEMENTAL				
8.a. BEGINNING DATE OF REPORTING PERIOD 1/16/2018		8.b. ENDING DATE OF REPORTING PERIOD 3/31/2018									
9. (Check one) a. ☐ 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. ☒ 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.											
_____ signature of candidate		 _____ signature of political treasurer									
11. WITNESS SIGNATURE											
_____ signature of witness		_____ signature of witness									
12. SUMMARY											
a. BALANCE ON HAND LAST REPORT		\$0.00									
b. TOTAL RECEIPTS THIS PERIOD		\$2,108.02									
c. TOTAL DISBURSEMENTS THIS PERIOD		\$2,012.97									
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$95.05									
e. TOTAL LOANS OUTSTANDING		\$0.00									
f. TOTAL OBLIGATIONS OUTSTANDING		\$0.00									



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) Jennifer M Mason	14. REPORT COVERING THE PERIOD FROM: 1/16/2018 TO: 3/31/2018	
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RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u>0.00</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>2,108.02</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>2,108.02</u>

16. LOANS RECEIVED THIS REPORTING PERIOD \$ 0.00

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ 0.00

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 2,108.02

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)

Campaign Marketing	\$ <u>233.97</u>
Campaign Finance	\$ <u>19.95</u>
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

Total of Expenditures (\$100 or less each payee) \$ 253.92

b. Itemized Expenditures (Over \$100 each payee this period) \$ 1,759.05

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 2,012.97

20. LOAN REPAYMENTS MADE THIS PERIOD \$ 0.00

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 2,012.97

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$ <u>0.00</u>
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ <u>0.00</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)	\$ <u>0.00</u>

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <u>0.00</u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u>0.00</u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.)	\$ <u>0.00</u>



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Jennifer M Mason				2. REPORT COVERING THE PERIOD FROM: 1/16/2018 TO: 3/31/2018		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount \$0.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name Kim		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name Helper		☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)		\$100.00		
Address 308 Devonshire Drive						
City Franklin	State TN					Zip Code 37064
Occupation		Date of Contribution 02/26/18		Aggregate This Election \$100.00		
Employer						
First Name Jennifer		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name Mason		☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)		\$2,008.02		
Address 1006 St. Hubbins						
City Spring Hill	State TN					Zip Code 37174
Occupation		Date of Contribution 02/05/18		Aggregate This Election \$2,008.02		
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name		☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)				
Address						
City	State					Zip Code
Occupation		Date of Contribution		Aggregate This Election		
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name		☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)				
Address						
City	State					Zip Code
Occupation		Date of Contribution		Aggregate This Election		
Employer						
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					\$2,108.02	



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Jennifer M Mason			2. REPORT COVERING THE PERIOD FROM: 1/16/2018 TO: 3/31/2018	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$0.00
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		Amount of Expenditure
Last Name/Business Name The Shop		Campaign Signs and Banners		\$1,122.38
Address 33 East Main Street				
City Hohenwald	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Vista Print		Postcards, Magnetic Signs, Business Cards		\$636.67
Address 275 Wyman Street				
City Waltham	State MA			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)				\$1,759.05

