

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

1. DATE OF REPORT <u>April 10, 2019</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>John R. Rossion, Jr.</u>	
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE	
4.a. CAMPAIGN ADDRESS AND PHONE			
Street or Rural Route <u>P.O. Box 218</u>	City <u>Knoxville</u>	State <u>TN</u>	Zip Code <u>37901</u> Phone <u>522-2070</u>
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)			
Street or Rural Route <u>808 Westborough Rd,</u>	City <u>Knoxville</u>	State <u>TN</u>	Zip Code <u>37909</u> Phone <u>693-8336</u>
5. OFFICE SOUGHT (include district number, if applicable) <u>Municipal Court Judge</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>Tyler Roper</u>	
7. CATEGORY OR REPORT (Check one)			
<input checked="" type="checkbox"/> FIRST QUARTER	<input type="checkbox"/> SECOND QUARTER	<input type="checkbox"/> THIRD QUARTER	<input type="checkbox"/> FOURTH QUARTER
<input type="checkbox"/> PRE-PRIMARY	<input type="checkbox"/> PRE-GENERAL	<input type="checkbox"/> MID-YEAR SUPPLEMENTAL	<input type="checkbox"/> YEAR-END SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD <u>Jan 16, 2019</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>March 31, 2019</u>	
9. (Check one)			
a. <input 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 checked="" 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.			
<u>[Signature]</u> signature of candidate		<u>4-10-19</u> date	<u>[Signature]</u> signature of political treasurer
			<u>4-10-19</u> date
11. WITNESS SIGNATURE			
<u>[Signature]</u> signature of witness		<u>4-10-19</u> date	<u>[Signature]</u> signature of witness
			<u>4-10-19</u> date
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT .....	\$	<u>7,574.71</u>	
b. TOTAL RECEIPTS THIS PERIOD .....	\$	<u>1,673.98</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD .....	\$	<u>8,165.85</u>	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .....	\$	<u>642.84</u>	
e. TOTAL LOANS OUTSTANDING .....	\$	<u>0</u>	
f. TOTAL OBLIGATIONS OUTSTANDING .....	\$	<u>0</u>	



KNOX CO. ELECTION COMMISSION  
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# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>John R. Robson, Jr.</i>			2. REPORT COVERING THE PERIOD	
			FROM: <i>1-16-19</i>	TO: <i>3-31-19</i>
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <i>0</i>
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 <i>Knox Heritage</i>		<i>Donation/Pues</i>		<i>125.00</i>
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>Park TN Historical Society</i>		<i>Donation</i>		<i>35.00</i>
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>CASA</i>		<i>Donation</i>		<i>200.00</i>
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>CASA</i>		<i>Donation</i>		<i>115.00</i>
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>Office on Aging</i>		<i>Donation</i>		<i>60.00</i>
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>Office on Aging</i>		<i>Donation</i>		<i>60.00</i>
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.)				<i>595.00</i>

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>John R. Rossen, Jr.</b>			2. REPORT COVERING THE PERIOD FROM: <b>1-16-19</b> TO: <b>3-31-19</b>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <b>595.00</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		Amount of Expenditure
Last Name/Business Name <b>Senior Companion Program</b>		<b>Donation</b>		<b>455.00</b>
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <b>Mt. Olive Baptist Church</b>		<b>Donation</b>		<b>27.00</b>
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <b>Knoxville Bar Association</b>		<b>Disc w/ Mailing List</b>		<b>150.00</b>
Address				
City	State			
First Name <b>Miriam</b>	Middle Name <b>R.</b>	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <b>Joyce</b>		<b>Reimbursement Sor Labels</b>		<b>124.80</b>
Address <b>225 Market St., #400</b>				
City <b>Knoxville</b>	State <b>TN</b>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <b>Ulrich Printing</b>		<b>Invitations</b>		<b>1,654.05</b>
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <b>United States Post Office</b>		<b>Stamps</b>		<b>3,850.00</b>
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.)				<b>6,855.85</b>

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <b>John R. Rossion, Jr.</b>			2. REPORT COVERING THE PERIOD FROM: <b>1-16-19</b> TO: <b>3-31-19</b>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <b>1655.85</b>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totalling more than \$100 to any payee during the period)				
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <b>ETVMA</b>		<b>Donation</b>	<b>75.00</b>	
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <b>East TN Chapter NFFJ CHF</b>		<b>Donation</b>	<b>50.00</b>	
Address				
City	State			
First Name <b>Miriam</b>	Middle Name <b>B</b>	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <b>Soyce</b>		<b>Campaign Work</b>	<b>375.00</b>	
Address				
City	State			
First Name <b>Sarah</b>	Middle Name <b>E</b>	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <b>Soyce</b>		<b>Campaign Work</b>	<b>40.00</b>	
Address <b>2367 Skyview Dr.</b>				
City <b>Marquille</b>	State <b>TN</b>			
First Name <b>Aaron</b>	Middle Name <b>B</b>	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <b>Tussey</b>		<b>Campaign Work</b>	<b>170.00</b>	
Address <b>2367 Skyview Dr.</b>				
City <b>Marquille</b>	State <b>TN</b>			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name <b>West Hills Community Assn.</b>		<b>Donation</b>	<b>10.00</b>	
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.)				<b>7605.85</b>

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>John R. Rossion, Jr.</i>		2. REPORT COVERING THE PERIOD FROM: <i>1-16-19</i> TO: <i>3-31-19</i>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>7,605.85</i>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)			
First Name <i>Sarah</i>	Middle Name <i>E</i>	Purpose of Expenditure <i>Campaign Work</i>	Amount of Expenditure
Last Name/Business Name <i>Joyce</i>			<i>80.00</i>
Address			
City	State		
First Name <i>Jason</i>	Middle Name <i>R</i>	Purpose of Expenditure <i>Campaign Work</i>	Amount of Expenditure
Last Name/Business Name <i>Jussey</i>			<i>360.00</i>
Address			
City	State		
First Name <i>Jason</i>	Middle Name <i>R</i>	Purpose of Expenditure <i>Campaign Work</i>	Amount of Expenditure
Last Name/Business Name <i>Jussey</i>			<i>520.00</i>
Address			
City	State		
First Name <i>Sarah</i>	Middle Name <i>E</i>	Purpose of Expenditure <i>Campaign Work</i>	Amount of Expenditure
Last Name/Business Name <i>Joyce</i>			<i>40.00</i>
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.)			<i>8,605.85</i>