

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>March 21, 2022</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>Richard Jacobs</u>
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>JACOBS 4 TRUSTEE</u>	3. ELECTION DATE <u>5/3/22</u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>1015 Shadow Brook Dr. Knoxville TN 37922 865.585.6334</u>	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone <u>1015 Shadow Brook Dr. Knoxville TN 37922 865.585.6334</u>	
5. OFFICE SOUGHT (include district number, if applicable) <u>TRUSTEE</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>DAVID HEADRICK</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>2.1.22</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>3.21.22</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>Richard Jacobs</u> <u>3/21/22</u> <u>David Headrick</u> <u>3/21/22</u> signature of candidate date signature of political treasurer date	
11. WITNESS SIGNATURE <u>[Signature]</u> <u>3.21.22</u> <u>[Signature]</u> <u>3/21/22</u> signature of witness date signature of witness date	
12. SUMMARY a. BALANCE ON HAND LAST REPORT \$ <u>9600 -</u> b. TOTAL RECEIPTS THIS PERIOD \$ <u>3600 -</u> c. TOTAL DISBURSEMENTS THIS PERIOD \$ <u>6968.39</u> d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) \$ <u>6233.63</u> e. TOTAL LOANS OUTSTANDING \$ <u>0</u> f. TOTAL OBLIGATIONS OUTSTANDING \$ <u>0</u>	

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SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) JACOBS 4 TRUSTEE	14. REPORT COVERING THE PERIOD FROM: <u>2/1/22</u> TO: <u>3/21/22</u>
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RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ 0

b. Itemized Contributions (over \$100 from each source this period) \$ 3600

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 3600

16. LOANS RECEIVED THIS REPORTING PERIOD \$ 0

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ 0

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 3600

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) \$ 0 all detailed out

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.) \$ 0

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 i item 12.f.) \$ 0



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ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE JACOBS 4 TRUSTEE				2. REPORT COVERING THE PERIOD FROM: 2/1/22 TO: 3/21/22	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 2500-
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name Neil Waxman		Middle Name		Contribution Received For:	
Last Name/Organization Name Waxman		Address 50 Public Sq		<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
City Cleveland		State OH		Zip Code 44113	
Occupation Financial Advisor		Employer		Date of Contribution	
				Amount of Contribution 150-	
				<input type="checkbox"/> Runoff (Local Elections Only)	
				Aggregate This Election 350-	
First Name Mike		Middle Name		Contribution Received For:	
Last Name/Organization Name Vossberg		Address		<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
City Knoxville		State TN		Zip Code 37922	
Occupation Retired / Board member		Employer		Date of Contribution	
				Amount of Contribution 250-	
				<input type="checkbox"/> Runoff (Local Elections Only)	
				Aggregate This Election 250-	
First Name Doug		Middle Name		Contribution Received For:	
Last Name/Organization Name Harris		Address 107 Westfield Rd		<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
City Knoxville		State TN		Zip Code 37919	
Occupation Business Owner		Employer		Date of Contribution 2-4-22	
				Amount of Contribution 1000-	
				<input type="checkbox"/> Runoff (Local Elections Only)	
				Aggregate This Election 1000-	
First Name Carla		Middle Name		Contribution Received For:	
Last Name/Organization Name Harris		Address 107 Westfield Rd		<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
City Knoxville		State TN		Zip Code 37919	
Occupation Home maker		Employer		Date of Contribution 2-4-22	
				Amount of Contribution 1000-	
				<input type="checkbox"/> Runoff (Local Elections Only)	
				Aggregate This Election 1000-	
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.)					2500-

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ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE JACOBS 4 TRUSTEE				2. REPORT COVERING THE PERIOD FROM: 2/1/22 TO: 3/21/22			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 2400-		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)							
First Name Bruce		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Williams				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		1000-	
Address 1719 Greenwell Dr				<input type="checkbox"/> Runoff (Local Elections Only)			
City Knoxville		State TN	Zip Code 37938	Date of Contribution 2-28-22		Aggregate This Election 1000-	
Occupation Business Owner							
Employer							
First Name Foster Ann		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Arnett				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		200-	
Address 928 Highland Point Dr				<input type="checkbox"/> Runoff (Local Elections Only)			
City Knoxville		State TN	Zip Code 37919	Date of Contribution 3-5-22		Aggregate This Election 200-	
Occupation							
Employer							
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City		State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation							
Employer							
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address				<input type="checkbox"/> Runoff (Local Elections Only)			
City		State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation							
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.)					3600-		

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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE TRUSTEEY JACOBS			2. REPORT COVERING THE PERIOD FROM: 2/1/22 TO: 3/21/22	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 0
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)				
First Name Access Solutions	Middle Name	Purpose of Expenditure Signs		Amount of Expenditure
Last Name/Business Name				4970.88
Address 8701 Unicorn Dr				
City Knoxville	State TN			
First Name UPrinting	Middle Name	Purpose of Expenditure Literature 5x7		Amount of Expenditure
Last Name/Business Name				462.99
Address On-line				
City	State			
First Name Regan Steel	Middle Name	Purpose of Expenditure Posts for signs		Amount of Expenditure
Last Name/Business Name				618.99
Address 122 Regan Road				
City Maryville	State TN			
First Name Staples	Middle Name	Purpose of Expenditure Literature		Amount of Expenditure
Last Name/Business Name 8913 Town & County Circle				69.37
Address 8913 Town & County Circle				
City Knoxville	State TN			
First Name Staples	Middle Name	Purpose of Expenditure Literature		Amount of Expenditure
Last Name/Business Name				627.16
Address 8913 Town & County Circle				
City Knoxville	State TN			
First Name TN GOP	Middle Name	Purpose of Expenditure Required fee		Amount of Expenditure
Last Name/Business Name GOP Data Center				100.00
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.)				6849.39

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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE TRUSTEE 4 JACOBS			2. REPORT COVERING THE PERIOD FROM: 2/1/22 TO: 3/21/22	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 6849.39
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)				
First Name Anedot	Middle Name	Purpose of Expenditure Credit donation fee		Amount of Expenditure 91.98
Last Name/Business Name				
Address on-line				
City	State			
First Name Lang	Middle Name	Purpose of Expenditure Turists for signs		Amount of Expenditure 25-
Last Name/Business Name				
Address Cedar Bluff				
City Knoxville	State TN			
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.)				6966.37

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