CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 10-26-26 2.a. Candidate or Committee Name: ROBERT REYBURN

2.b. If Committee, Name of Candidate: _____ 3. Election Date: _____

4. Campaign Address: 138 ASHINGTON CR

City: HENDERSONVILLE State: TN Zip Code: 37075 Phone: 317-956-2051

5. Candidate Home Address: 138 ASHINGTON CR

City: HENDERSONVILLE State: TN Zip Code: 37075 Phone: 317-956-2051

Candidate Email Address: rsreyburn@me.com

6. Office Sought: (include district number, if applicable) ALDERMAN WARD 6

7. Name of Political Treasurer (may be candidate): ROBERT REYBURN

Political Treasurer Email Address: rsreyburn@me.com

8. Category or Report: (check one)

☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☐ Pre-Primary ☒ Pre-General

☐ Mid-Year Supplemental ☐ Year-End Supplemental ☐ Runoff Election

9. Reporting Period: Start Date: 10-1-26 End Date: 10-24-26

10. Detailed Disclosure: (Check one)

☐ This campaign is exempt from detailed disclosures because contributions (including in-kind) received total $1,000 or less AND expenditures total $1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)

☒ 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.

11. 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.

Robert Reyburn — Candidate Signature — 10-27-26 — Date

Robert Reyburn — Political Treasurer Signature — 10-27-26 — Date

Barbara J Reyburn — Witness Signature — 10-27-26 — Date

Barbara J Reyburn — Witness Signature — 10-27-26 — Date

12. Summary:

a.	Balance On Hand Last Report	$ 3,822.69
b.	Total Receipts This Period	$ 2370.00
c.	Total Disbursements This Period	$ 3592.25
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 2600.44
e.	Total Loans Outstanding	$ 1,237.98
f.	Total Obligations Outstanding	$ -0-

FILED AM PM OCT 27 2026 SUMNER COUNTY ELECTION COMMISSION

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: ROBERT RAYBON

14. Reporting Period: Start Date: 10-1-26 End Date: 10-24-26

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ _____
(Note: Effective January 16, 2023, Unitemized Contributions are capped at $2,000. See *Instructions* for more information.)

b. Itemized Contributions (over $100 from each source this period) ..... $ 2,370.00

c. Loans Received This Reporting Period ..... $ 00.00

d. Interest Received This Reporting Period ..... $ _____

e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... $ 2,370.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 3592.25
(Note: Effective January 16, 2023, all expenditures must be itemized.)

b. Loan Repayments Made This Period ..... $ -0-

c. Total Obligation Payments Made This Period ..... $ _____

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) ..... $ 3592.25

17. In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period ..... $ 290.15

b. Itemized In-Kind Contributions Received This Period ..... $ -0-

c. Total In-Kind Contributions Received This Period ..... $ 290.15

18. Obligations:

a. Total Obligations Outstanding (must be shown in item 12.f.) ..... $ -0-

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: ROBERT REYBURN

2. Reporting Period: Start Date: 10-1-26 End Date: 10-24-26

3. Total campaign contributions from preceding page (enter $0 if first page) $ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: JOHN Middle Name: _____ Last Name: EVANS

Address: 155 CUMBERLAND DR City: HENDERSONVILLE State: TN Zip Code: 37075

Occupation: PLANNING COMMITTE Employer: CITY OF HENDERSONVILLE

Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 1,000.00 Date of Contribution: 10-8-26 Aggregate This Election: $ 1,000.00

Business or Organization Name: _____ OR

First Name: EDDIE Middle Name: _____ Last Name: ROBERSON

Address: 1049 SMOKE RISE LN City: HENDERSONVILLE State: TN Zip Code: 37075

Occupation: ALDERMAN Employer: CITY OF HENDERSONVILLE

Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 170.00 Date of Contribution: 10-1-26 Aggregate This Election: $ 170.00

Business or Organization Name: _____ OR

First Name: STAN Middle Name: _____ Last Name: PIERCE

Address: 1900 SAUNDERSVILLE RD City: HENDERSONVILLE State: TN Zip Code: 37075

Occupation: DEVELOPER Employer: TENN PROPERTIES

Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 500.00 Date of Contribution: 10-8-26 Aggregate This Election: $ 500.00

Business or Organization Name: _____ OR

First Name: ROB Middle Name: _____ Last Name: HORTON

Address: 1900 SAUNDERSVILLE RD City: HENDERSONVILLE State: TN Zip Code: 37075

Occupation: DEVELOPER Employer: TN PROPERTIES

Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 500.00 Date of Contribution: 10-8-26 Aggregate This Election: $ 500.00

Total Contributions: $ 2170.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: ROBERT RAYBURN

2. Reporting Period: Start Date: 10-1-26 End Date: 10-24-26

3. Total campaign contributions from preceding page (enter $0 if first page) $ 2170.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: JEFF Middle Name: _____ Last Name: WILLS

Address: 6815 COLONY PT SOUTH DR City: FISHERS State: IN Zip Code: 46250

Occupation: CAR DUCTION Employer: RUNNER CAR DUCTION

Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 200.00 Date of Contribution: 10-16-26 Aggregate This Election: $ 200.00

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Occupation: _____ Employer: _____

Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $_____ Date of Contribution: _____ Aggregate This Election: $ _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Occupation: _____ Employer: _____

Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $_____ Date of Contribution: _____ Aggregate This Election: $ _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Occupation: _____ Employer: _____

Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $_____ Date of Contribution: _____ Aggregate This Election: $ _____

Total Contributions: $ 2370.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: ROBERT REYBURN

2. Reporting Period: Start Date: 10-1/26 End Date: 10-24-26

3. Total campaign expenditures from preceding page (enter $0 if first page) $ -0-

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: USPS **OR**

First Name: Middle Name: Last Name:

Address: 105 IMPERIAL BLVD City: HENDERSONVILLE State: TN Zip Code: 37075

Purpose of Expenditure: STAMPS FOR MAILERS

Amount of Expenditure: $ 122.20 Date of Expenditure: $ 10-7/26

Business or Organization Name: TEXTING FOR LESS **OR**

First Name: Middle Name: Last Name:

Address: 354 STATE RD #104 City: HACKENSACK State: NJ Zip Code: 07601

Purpose of Expenditure: TEXT MESSAGES

Amount of Expenditure: $ 319.39 Date of Expenditure: $ 10-13-26

Business or Organization Name: FOX PRINTING **OR**

First Name: Middle Name: Last Name:

Address: 102 S LAURENS WAY City: HENDERSONVILLE State: TN Zip Code: 37076

Purpose of Expenditure: FLYERS/MAILERS FOR CAMPAIGN

Amount of Expenditure: $ 2,765.30 Date of Expenditure: $ 10-14-26

Business or Organization Name: USPS **OR**

First Name: Middle Name: Last Name:

Address: 105 IMPERIAL BLVD City: HENDERSONVILLE State: TN Zip Code: 37075

Purpose of Expenditure: STAMPS FOR MAILERS

Amount of Expenditure: $ 16.40 Date of Expenditure: $ 10-15-26

Business or Organization Name: TEXTING FOR LESS **OR**

First Name: Middle Name: Last Name:

Address: 354 STATE RD #104 City: HACKENSACK State: NSA NJ Zip Code: 07601

Purpose of Expenditure: TEXT MESSAGES

Amount of Expenditure: $ 368.96 Date of Expenditure: $ 10-20-26

Total Expenditures: $ 3,592.25

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: ROBERT REYBURN

2. Reporting Period: Start Date: 10-1-26 End Date: 10-24-26

3. Complete the appropriate items for each loan totaling more than one hundred dollars ($100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: _____ **OR**

First Name: ROBERT Middle Name: _____ Last Name: REYBURN

Address: 138 ASHINGTON CR City: HENDERSONVILLE State: TN Zip Code: 37075

Outstanding Loan Balance (Beginning) ..... $ 1,237.98

Loans Received ..... $ _____

Loan Payments ..... $ _____

Outstanding Loan (End) ..... $ 1,237.98

Loan Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

Date of Loan: 8-19-26

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Amount Guaranteed Outstanding: $_____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Amount Guaranteed Outstanding: $_____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Amount Guaranteed Outstanding: $_____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Amount Guaranteed Outstanding: $_____

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) ..... $ _____

Loans Received ..... $ _____

Loan Payments ..... $ _____

Outstanding Loan (End) ..... $ _____

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: ROBERT REYBURN

2. Reporting Period: Start Date: 10-1-26 End Date: 10-24-26

3. Total in-kind contributions from preceding page (enter $0 if first page) $ -0-

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars ($100) from any contributor during the period must be reported.

Business or Organization Name: _____ **OR**

First Name: EDDIE Middle Name: _____ Last Name: ROBESON

Address: 1049 SMOKE RISE LN City: HENDERSONVILLE State: TN Zip Code: 37075

Occupation: BOOKMAN Employer: CITY OF HENDERSONVILLE

In-Kind Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $290.15 In-Kind Contribution Date: 10-12-26 Aggregate This Election: $ 290.15

Description of In-Kind Contribution: _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Occupation: _____ Employer: _____

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $_____ In-Kind Contribution Date: _____ Aggregate This Election: $ _____

Description of In-Kind Contribution: _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Occupation: _____ Employer: _____

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $_____ In-Kind Contribution Date: _____ Aggregate This Election: $ _____

Description of In-Kind Contribution: _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Occupation: _____ Employer: _____

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $_____ In-Kind Contribution Date: _____ Aggregate This Election: $ _____

Description of In-Kind Contribution: _____

Total In-Kind Contributions: $ _____

(Carry forward to the next page if additional pages of this form are used. If this is the last page of in-kind contributions, this amount must be shown in the summary on first page.)