CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT OCHOBER 10, 2026	2.a, NAME OF CANDIDATE OF	ORCOMMITTEE J. SK; JMORE	<u> </u>
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTIO	ON DATE
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route 209 NEPTUNE 7	V. HEND.	State Zip Code 3707	Phone 5 615-824-9033
CANDIDATE'S HOME ADDRESS (if difference of Rural Route)	nt than 4.a.) City	State Zip Code	Phone
5. OFFICE SOUGHT (include district number,		E OF POLITICAL TREASURES	
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTEI	FOURTH PRE-		J [] YEAR YEAR-END MENTAL SUPPLEMENTAL
8.a. BEGINNING DATE OF REPORTING PERIOD 9. (Check one)		NING DATE OF REPORTING PERIOD TO SERVICE AS A SERVICE AS	
a. This campaign is exempt from detai tures total \$1,000 or less for this rep b. This campaign is required to file a d and/or expenditures total more than	porting period. (Complete items etailed financial disclosure becar	12d., 12e. and 12f.) use contributions (including in-kir	
10. I/we do solemnly swear or affirm that the accurate accounting of campaign contribut Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other not signature of campadate Additionally I/we I/we	tions and expenditures required e swear or affirm that no campai	to be reported by the candidate or gn contributions have been expe	committee by the Campaign nded for the personal financial e.
11. WITNESS SIGNATURE Lhey Dkilmy signature of witness	19/10/10 date	Leng Skul	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		s	2_
b. TOTAL RECEIPTS THIS PERIOD	_	<i>تارڪ</i> \$	00, £°
c. TOTAL DISBURSEMENTS THIS PERIOD	,nct 1	3 2020 s 8	18.57
d. BALANCE ON HAND (12.a. plus 12.b.	minus 12.c.)	COUNTY	<u> 1,181.43</u>
	ELECTION		\$\$
f. TOTAL OBLIGATIONS OUTSTANDING			ş



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
	FROM: TO:
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	ss
b. Itemized Contributions (over \$100 from each source this period)	s <u>2,000.0</u> 0
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15	b.)s 2000.00
16. LOANS RECEIVED THIS REPORTING PERIOD	s <u>0</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	s_2000 ==
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by categor	
ETSY.COM 5 43	<u>8.80 </u>
s	
\$	
<u> </u>	<u></u>
\$	
\$	
\$	
<u> </u>	
\$	
Total of Expenditures (\$100 or less each payee)	s 43.80
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)	ss
b. Itemized in-kind contributions (over \$100 from each source this period)	s <u>O</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and	22.b.)
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	ss
b. Itemized Obligations Outstanding (Over \$100 each)	s <u> </u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown	

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ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	ſ			2. REPORT COVER			
MARK A. DK:	hore			FROM: 07/d/8	10:09-30-200		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU	ITIONS FR	OM PRECEDING PAG	GE (enter \$0 if first itemized p	age)	Amount		
4. COMPLETE THE APPROPRIATE ITEMS FOR	EACH ITEMI	ZED CONTRIBUTION (d	contributions totaling more than	100 from any contributor)			
John + Barbara	Middle Nan	ne	Contribution Received For:		Amount of Contribution		
Last Name/Organization Name		<i>D</i>	☐ Primary Election 	General Election	1,000,≝		
EVANS					'		
Address 155 Cumber by	ND D	₹	Runoff (Local Election	is Only)			
City Lican	State	Zip Code 37015	Date of Contribution		Aggregate This Election		
Occupation	1,10	7 10 13	-				
SELF]				
Employer							
First Name	Middle Na	me	Contribution Received For		Amount of Contribution		
MICHAEL+FLAINE		<u> </u>			<u></u>		
Last Name/Organization Name			Primary Election	General Election	500.00		
Address 215 NEPTWE [)		☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)				
City	State	Zip Code	Date of Contribution		Aggregate This Election		
HEND.	TN	Zip Code 37075	-				
description Occupation							
Employer			†				
First Name Timorthy	Middle Nan	ne	Contribution Received For	:	Amount of Contribution		
Last Name/Organization Name			Primary Election	General Election	500.≌		
Address TOA			Duno# // goal Stoetic	na Oalu)			
5526 L:CKTON	PIKE		Runoff (Local Election	is Only)			
Condict SVIE	State	Zip Code 37072	Date of Contribution		Aggregate This Election		
A							
CHIEF of POLICE	<u> </u>		4				
Bary Hill							
First Name	Middle Nar	nê	Contribution Received For:		Amount of Contribution		
Last Name/Organization Name	1		Primary Election	General Election			
Address			Runoff (Local Election	ns Only)			
City	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation	· · · · · · · · · · · · · · · · · · ·	•	1				
Employer		4					
5. TOTAL ITEMIZED CONTRIBUTIONS							
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional page (If this is the last page of contributions, this amount m.)							

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ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR CO	MMITTEE			2. REPORT COVE		
				FROM:	TO:	
3. TOTAL ITEMIZED IN-KIND CO	NTRIBUTIONS FRO	M PRECEDING PAGE	(enter \$0 if first itemized page	e)	Amount	
4. COMPLETE THE APPROPRIATE IT	TEMS FOR EACH ITEM	AIZED IN-KIND CONTRIB	UTION (in-kind contributions totaling	more than \$100 from any co	ntributor during the period)	
First Name	Middle I	Name	In-Kind Contribution Receive	d For: General Election	Value of In-Kind Contribution	
Last Name/Organization Name			1 _ '	Runoff (Local Elections Only)		
Address			Date of In-Kind Contribution		Aggregate this Election	
City	State	Zip Code	Description of In-Kind Contribution		<u>-</u>	
Occupation	Employer					
First Name	Middle I	Name	In-Kind Contribution Receive Primary Election	ed For: General Election	Value of In-Kind Contribution	
Last Name/Organization Name			Runoff (Local Election			
Address			Date of In-Kind Contribution	W 210 L.	Aggregate this Election	
City	State	Zip Code	Description of In-Kind Contribution			
Occupation	Employer					
First Name	Middle 1	Name	In-Kind Contribution Receive	ed For: General Election	Value of In-Kind Contribution	
Last Name/Organization Name			Runoff (Local Election			
Address			Date of In-Kind Contribution	······································	Aggregate this Election	
City	State	Zip Code	Description of In-Kind Contribution		·	
Occupation	Employer					
First Name	Middle I	Name	In-Kind Contribution Receive	ed For: General Election	Value of In-Kind Contribution	
Last Name/Organization Name			Runoff (Local Election			
Address			Date of In-Kind Contribution	Aggregate this Election		
City	State	Zip Code	Description of In-Kind Contribution	,	<u></u>	
Occupation	Employer	•				
First Name	Middle N	ame	In-Kind Contribution Receiv	ed For: General Election	Value of In-Kind Contribution	
Last Name/Organization Name			Runoff (Local Election	_		
Address			Date of In-Kind Contribution		Aggregate this Election	
City	State	Zip Code	Description of In-Kind Contribution			
Occupation	Employer					
TOTAL ITEMIZED IN-KIND CC (Carry forward to item 3. of next page if (If this is the last page of in-kind contribution)	additional pages of this for		ry.)		0	
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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE		TO: 9/30 - 20				
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	RES FRO	M PRECEDING PAC	GE (enter \$0 if first itemized pa	ge)	818.57	
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMI	ZED EXPENDITURE	(expenditures totaling more than \$100	to any payee during the per		
First Name Middle Name Last Name/Business Name Address			Purpose of Expenditure		Amount of Expenditure	
			+ Riuting	452.30		
Address ILG IMPERAL R	IVD					
City HEND.	State	Zip Code 37075				
First Name	Middle Nan	ne	Purpose of Expenditure	Amount of Expenditus Amount of Expenditus	Amount of Expenditure	
Last Name/Business Name CUSTOM INK. 6M		· · · ·	T-SHIETS	322.47		
Address			7			
City	State VA	Zip Code			·	
First Name	Middle Nam	nė	Purpose of Expenditure	Amount of Expenditure 452.30 Amount of Expenditure		
Last Name/Business Name	l		1			
Address						
City	State	Zip Code				
First Name	e	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	'		7			
Address			7			
City	Stale	Zip Code				
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	<u> </u>					
Address						
City	State	Zìp Code				
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
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.)						

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE								2. REPORT COVERING THE PERIOD FROM: TO:		
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)										
3. COMPLETE THE APPR	ROPRIATE ITEMS	OR EACH I	TEMIZ	(ED LOAN	loans totaling r	nore than \$10) from any source	e during the pe	riod)	
Complete the Following for the				Tana a a					1	
First Name	Middle Na	ne		Outstanding L (Beginning o		Loans Receive		Loan syments	Outs	tanding Loan Balance (End of Period)
Last Name/Organization Name				1						
Address				Loan Receive	ed For:	<u>L </u>		Date of Loa	<u>I</u> Bn	
City	State	Zip Code		☐ Primary	Election	☐ Genera	f Election			
				☐ Runoff (Local Elections	Only)				
	List All Endo	rsers or Guar	antors f	or Above Loa	n (If more spa	ce is neede	d please attac	h a page)		
First Name		Middle Name	3		First Name				Middle	Name
Last Name/Organization Name					Last Name/Or	ganization Na	me			
Address	· · · · · · · · · · · · · · · · · · ·	,			Address					
City	-	State	Zip C	ode	City				State	Zip Code
Amount Guaranteed Outstanding			-1		Amount Guara	inteed Outstar	nding		J	
First Name	First Name Middle Name				First Name Middle Name					
Last Name/Organization Name	Last Name/Organization Name				Last Name/Organization Name					
Address					Address					
0		1	1		211				1	
City		State	Zip C	ode	City			State	Zip Code	
Amount Guaranteed Outstanding					Amount Guara	anteed Outstar	nding			
First Name		Middle Name	Э		First Name				Middle	e Name
Last Name/Organization Name		· · ·			Last Name/Or	ganization Na	me			, . , ·
Address					Address					
City		State	Zip C	ode	City				State	Zip Code
Amount Guaranteed Outstanding	Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name Middle Name			First Name Middle Name							
Last Name/Organization Name			Last Name/Or	ganization Na	me	·-··		<u>.</u>		
Address			Address							
City		State	Zip Ca	ode	City			<u> </u>	State	Zip Code
Amount Guaranteed Outstanding	· •	1			Amount Guara	inteed Outstan	nding		<u> </u>	
4. Totals for all Loans (comp					Outstanding L	oan Balance	Loans	Los	in .	Outstanding Loan Balance
(Total loans received should also be shown in item 16. on summary page.) (Total loan payments should also be shown in item 20. on summary page.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)					(Beginning	of Period)	Received	Раул	nents	(End of Period)



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
				FROM:	TO:		
COMPLETE THE APPROPRIATE ITEMS F OBLIGATION (obligations totaling more that person/vendor at the end of the reporting p	e than \$100 owed to any		Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)	
First Name	Middle Na	me					
Last Name/Business Name	<u>.l</u>		_				
Address			-				
City	State	Zip Code					
Description of Obligation	.J.	<u> </u>		l		<u> </u>	
First Name	Middle Na	me					
Last Name/Business Name							
Address			—				
City	State	Zip Code					
Description of Obligation		·		<u>L</u>	<u> </u>	<u>L</u>	
First Name	Middle Name						
Last Name/Business Name		_					
Address							
City	State	Zip Code					
Description of Obligation						<u> </u>	
First Name	Middle Nar	me					
Last Name/Business Name	<u> </u>		_				
Address							
City	State	Zip Code	-				
Description of Obligation	1	<u> </u>	<u>, </u>		:		
First Name	Middle Nar	ne	<u></u>		· · · · · · · · · · · · · · · · · ·		
Last Name/Business Name	<u> </u>		_				
Address			_				
City	State	Zip Code	_				
Description of Obligation	<u> </u>	<u> </u>					
4. TOTALS					····		
(Total from Outstanding Balance - (End of Period) of in item 23b. on summary page.)	olumn must	t also be shown				0	

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