



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 1/19/2024 2.a. Candidate or Committee Name: TODD ALEXANDER
 2.b. If Committee, Name of Candidate: _____ 3. Election Date: Nov 5, 2024
 4. Campaign Address: 217 Strange Circle
 City: Gallatin State: TN Zip Code: 37066 Phone: 615-290-2137
 5. Candidate Home Address: Same
 City: _____ State: _____ Zip Code: _____ Phone: _____
 Candidate Email Address: toddalex37066@gmail.com
 6. Office Sought: (include district number, if applicable) Gallatin City Council - Alderman Dist. 2
 7. Name of Political Treasurer (may be candidate): Same
 Political Treasurer Email Address: _____

8. Category or Report: (check one)
 First Quarter Second Quarter Third Quarter Fourth Quarter Pre-Primary Pre-General
 Mid-Year Supplemental Year-End Supplemental

9. Reporting Period: Start Date: 11/1/2023 End Date: 1/15/2024

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.

<u>Todd Alexander</u>	<u>1/19/2024</u>	<u>Todd Alexander</u>	<u>1/19/2024</u>
Candidate Signature	Date	Political Treasurer Signature	Date
<u>Carol C. Pickle</u>	<u>Jan 19, 2024</u>	<u>Carol C. Pickle</u>	<u>Jan 19, 2024</u>
Witness Signature	Date	Witness Signature	Date

12. Summary:

a. Balance On Hand Last Report	.....	\$ <u>0</u>
b. Total Receipts This Period	..... AM PM	\$ <u>2,900-</u>
c. Total Disbursements This Period	.....	\$ <u>200-</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	..... IAN 28 2024	\$ <u>2,700-</u>
e. Total Loans Outstanding	.....	\$ <u>0</u>
f. Total Obligations Outstanding	..... SUMNER COUNTY ELECTION COMMISSION	\$ <u>0</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: TODD ALEXANDER

14. Reporting Period: Start Date: 11/1/2023 End Date: 11/15/2024

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) \$ 2,900⁻
- c. Loans Received This Reporting Period..... \$ Ø
- d. Interest Received This Reporting Period \$ Ø
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 2,900⁻

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 200⁻
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ Ø
- c. Total Obligation Payments Made This Period..... \$ Ø
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ 200⁻

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ Ø
- b. Itemized In-Kind Contributions Received This Period \$ Ø
- c. Total In-Kind Contributions Received This Period \$ Ø

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: TODD ALEXANDER
2. Reporting Period: Start Date: 11/1/2023 End Date: 1/15/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ Ø

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: TODD SHERRI Middle Name: _____ Last Name: ALEXANDER
Address: 217 Strange Circle City: Gallatin State: TN Zip Code: 37066
Occupation: Minister Employer: House of Grace
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 1,000- Date of Contribution: 11/1/2023 Aggregate This Election: \$ 1,000-

Business or Organization Name: _____ OR
First Name: David Middle Name: _____ Last Name: Andrews
Address: 916 Cynthia Trail E. City: Goodlettsville State: TN Zip Code: 37072
Occupation: Pharmacist Employer: Cardinal Health
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200- Date of Contribution: 11/1/2023 Aggregate This Election: \$ 200-

Business or Organization Name: _____ OR
First Name: TODD Middle Name: _____ Last Name: KERR
Address: 102 Green Meadows Dr City: Hendersonville State: TN Zip Code: 37075
Occupation: CPA Employer: Self
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250- Date of Contribution: 11/4/2023 Aggregate This Election: \$ 250-

Business or Organization Name: _____ OR
First Name: Andy Middle Name: _____ Last Name: Lacy
Address: 184 Bushs Ln City: Gallatin State: TN Zip Code: 37066
Occupation: Sales Employer: Dynabrade
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200- Date of Contribution: 11/5/2023 Aggregate This Election: \$ 200-

Total Contributions: \$ 1,650.-

(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: TODD ALEXANDER
2. Reporting Period: Start Date: 11/1/2023 End Date: 1/15/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1,650.-

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: SANDRA Middle Name: _____ Last Name: Kelley
Address: P.O. Box 41 City: Gallatin State: TN Zip Code: 37066
Occupation: Retired Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50.- Date of Contribution: 11/1/2023 Aggregate This Election: \$ 50.-

Business or Organization Name: _____ **OR**
First Name: Ellen Middle Name: _____ Last Name: Duffer
Address: 395 Devon Chase Hill #5302 City: Gallatin State: TN Zip Code: 37066
Occupation: Retired Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.- Date of Contribution: 11/1/2023 Aggregate This Election: \$ 200.-

Business or Organization Name: _____ **OR**
First Name: Pascal Middle Name: _____ Last Name: Jouvence
Address: 1335 Long Hollow Pike City: Gallatin State: TN Zip Code: 37066
Occupation: Pilot Employer: Southwest
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500.- Date of Contribution: 11/15/2023 Aggregate This Election: \$ 500.-

Business or Organization Name: _____ **OR**
First Name: TODD + Rachel Middle Name: _____ Last Name: Hukill
Address: 184 Ziegler's Fort Rd City: Gallatin State: TN Zip Code: 37066
Occupation: Minister / Nurse Employer: TN Ministry Network
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500.- Date of Contribution: 1/9/2024 Aggregate This Election: \$ 500.-

Total Contributions: \$ 2,900.-

(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: TODD ALEXANDER
- 2. Reporting Period: Start Date: 11/1/2023 End Date: 1/15/2024
- 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: KADE CLAIRBORNE PHOTOGRAPHY OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 120 Vulco Dr City: HENDERSONVILLE State: TN Zip Code: 37075
Purpose of Expenditure: Campaign Photos
Amount of Expenditure: \$ 200. Date of Expenditure: 1/9/2024

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: _____

Total Expenditures: \$ 200.00
(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.)