CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/14/26 2.a. Candidate or Committee Name: FRANK PINSON for ALDERMAN

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 11/5/24

4. Campaign Address: 166 ASHLAND POINT

City: HENDERSONVILLE State: TN. Zip Code: 37075 Phone: 615 840 1704

5. Candidate Home Address: 166 ASHLAND POINT

City: HENDERSONVILLE State: TN Zip Code: 37075 Phone: 615 840 1704

Candidate Email Address: frankpinson@gmail.com

6. Office Sought: (include district number, if applicable) ALDERMAN WARD 4

7. Name of Political Treasurer (may be candidate): FRANK PINSON

Political Treasurer Email Address: frankpinson@gmail.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: 1/16/2024 End Date: 6/30/2026

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.

Candidate Signature 7/14/26 Date Political Treasurer Signature 7/14/26 Date

Witness Signature 7/14/2026 Date Witness Signature 7/14/2026 Date

12. Summary:

a.	Balance On Hand Last Report	$ 2815.92
b.	Total Receipts This Period	$ 0
c.	Total Disbursements This Period	$ 800.00
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 2015.
e.	Total Loans Outstanding	$ 0
f.	Total Obligations Outstanding	$ 0

FILED AM PM JUL 14 2026 SUMNER COUNTY ELECTION COMMISSION

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: _____

2. Reporting Period: Start Date: _____ End Date: _____

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

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: Scotty Bush for School Board **OR**

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

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

Purpose of Expenditure: Campaign contribution

Amount of Expenditure: $ 300.00 Date of Expenditure: $ 3/31/24

Business or Organization Name: Sumner County Freedom Caucus **OR**

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

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

Purpose of Expenditure: Political contribution

Amount of Expenditure: $ 300.00 Date of Expenditure: $ 3/31/24

Business or Organization Name: Jennifer Nichols for Circuit Court Judge **OR**

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

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

Purpose of Expenditure: Campaign contribution

Amount of Expenditure: $ 200.00 Date of Expenditure: $ 3/31/24

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: $ 800.00

(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.)