CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 10-5-24 2.a. Candidate or Committee Name: Don Ward

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

4. Campaign Address: 74 Blue Ridge Trace

City: Hville State: TN Zip Code: 37075 Phone: 615-405-3236

5. Candidate Home Address: 74 Blue Ridge Trace

City: Hville State: TN Zip Code: 37075 Phone: 615-405-3236

Candidate Email Address: DonWardWard2@gmail.com

6. Office Sought: (include district number, if applicable) Hville Alderman, Ward 2

7. Name of Political Treasurer (may be candidate): Barry Hardwick

Political Treasurer Email Address: Treasurer Hardwick@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: 7-1-2024 End Date: 9-30-2024

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.

Don Ward — Candidate Signature — 10/5/24 — Date

Barry Hardwick — Political Treasurer Signature — 10/5/24 — Date

Peter Ward — Witness Signature — 10/5/24 — Date

Peter Ward — Witness Signature — 10/5/24 — Date

12. Summary:

FILED AM PM OCT 9 2024 SUMNER COUNTY ELECTION COMMISSION

a.	Balance On Hand Last Report	$ 5,729.85
b.	Total Receipts This Period	$ 50.00
c.	Total Disbursements This Period	$ -384.00
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 5,395.85
e.	Total Loans Outstanding	$ 1,500.00
f.	Total Obligations Outstanding	$ -0-

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Don Ward

14. Reporting Period: Start Date: 7-1-24 End Date: 9-30-24

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 50.00
(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) ..... $ -0-

c. Loans Received This Reporting Period ..... $ -0-

d. Interest Received This Reporting Period ..... $ -0-

e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... $ 50.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 384.00
(Note: Effective January 16, 2023, all expenditures must be itemized.)

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

c. Total Obligation Payments Made This Period ..... $ -0-

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) ..... $ 384.00

17. In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period ..... $ -0-

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

c. Total In-Kind Contributions Received This Period ..... $ -0-

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Don Ward
2. Reporting Period: Start Date: 7-1-24 End Date: 9-30-24
3. Total campaign contributions from preceding page (enter $0 if first page) $ None

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION. No Itemized Contribution

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: $______

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: $______
(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Don Ward
2. Reporting Period: Start Date: 7-1-24 End Date: 9-30-24
3. Total in-kind contributions from preceding page (enter $0 if first page) $ Not Applicable

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: ______ 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: ______

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.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Don Ward

2. Reporting Period: Start Date: 7. 1- 24 End Date: 9-30. 24

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: Capital Promotions OR
First Name: ______ Middle Name: ______ Last Name: ______
Address: 2362 Oakdale City: Glenside State: PA Zip Code: 19038
Purpose of Expenditure: signs
Amount of Expenditure: $ 384.00 Date of Expenditure: $ 9/18/24

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: $ ______

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: $ 384.00
(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.)

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Don Wand
2. Reporting Period: Start Date: 7-1-24 End Date: 9-30-24
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: Cecil Middle Name: Don Last Name: Wand

Address: 74 Blue Ridge Trace City: Hville State: TN Zip Code: 37075

Outstanding Loan Balance (Beginning) $ 1,500.-

Loans Received $ -0-

Loan Payments $ -0-

Outstanding Loan (End) $ 1,500.-

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

Date of Loan: 2-16-24

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) $ 1,500.00

Loans Received $ -0-

Loan Payments $ -0-

Outstanding Loan (End) $ 1,500.00

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Don Wane

2. Reporting Period: Start Date: 7-1-24 End Date: 9.30.24 Not Applicable

3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: ______
First Name: ______ Middle Name: ______
Last Name: ______
Address: ______
City: ______
State: ______ Zip Code: ______

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: ______
First Name: ______ Middle Name: ______
Last Name: ______
Address: ______
City: ______
State: ______ Zip Code: ______

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: ______
First Name: ______ Middle Name: ______
Last Name: ______
Address: ______
City: ______
State: ______ Zip Code: ______

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: ______
First Name: ______ Middle Name: ______
Last Name: ______
Address: ______
City: ______
State: ______ Zip Code: ______

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

TOTALS

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

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