

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 07/10/2024 2.a. Candidate or Committee Name	: Toby Ellis for Sumner County Road Superintendent
2. b. If Committee, Name of Candidate:	3. Election Date:08/04/2022
4. Campaign Address: 105 Ewing Drive	
City: PortlandState:TN	Zip Code: 37148 Phone: <u>615-878-4566</u>
5. Candidate Home Address:105 Ewing Drive City: Portland State:TN Candidate Email Address:tellis@sumnercohwy.com_	Zip Code: 37148 Phone: <u>615-878-4566</u>
Office Sought: (include district number, if applicable) Sun	是一位,但是这种的人的一种,是是一个人的人的。
 Name of Political Treasurer (may be candidate): Tommy 1 Political Treasurer Email Address:twhittaker1115@gma 	
8. Category or Report: (check one)	
☐ First Quarter X Second Quarter ☐ Third Quarter Mid-Year Supplemental ☐ Year-End Supplemental	
9. Reporting Period: Start Date:04/01/2024	End Date:06/30/2024
10. Detailed Disclosure: (Check one)	
	cause contributions (including in-kind) received total \$1,000 eporting period. (Complete items 12.d., 12.e., and 12.f.)
This campaign is required to file a detailed financial ditotal more than \$1,000 and/or expenditures total more	sclosure because contributions (including in-kind) received e than \$1,000 for this reporting period.
by the candidate committee by the Campaign Financia	gn contributions and expenditures required to be reported all Disclosure Act. Additionally, I/we swear or affirm that no personal financial benefit of the candidate or for any other
My f 7-9-24	10 mus whith 7-9-24
Candidate Signature Date	Rolitical Treasurer Signature Date
(hime my 7-9-24)	Dime Mrs. 7-9-24
Witness Signature Date	Witness Signature Date
12. Summary FILED	
AM Balance On Hand Last Report	\$88.00
b. Total Receipts This Period	\$0.00
c. Total Disbursements This Period	
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	
e_LEOtab Loans Quistanding	
f. Total Obligations Outstanding	\$0.00

SUMMARY PAGE - CANDIDATE

13. Na	me of Candidate or Committe	e:Toby Ellis for Sumn	er County Road Su	perintend	ent
	porting Period: Start	04/01/2024	End Date:06/3	30/2024_	
Re	ceipts:				
a.	Unitemized Contributions (\$ (Note: Effective January 16, 2023, U	100 or less from each so Initemized Contributions are o	urce this period) capped at \$2,000. See I	\$	0.00 or more information.)
b.	Itemized Contributions (ove	\$100 from each source	this period)	\$	0.00
c.	Loans Received This Reportin	ng Period	***************************************	\$	0.00
d.	Interest Received This Report	ting Period	••••••••••••••••••	\$	0.00
e.	Total Receipts (add 15.a., 15.b.,	5.c., and 15.d.) (must be show	vn in item 12.b.)	\$	0.00
16. Dis	bursements:				
a.	Total Expenditures (other that (Note: Effective January 16, 2023, a	an loan payments) Il expenditures must be itemiz	red.)	\$	46.00
b.	Loan Repayments Made This	Period	72516 (1000)	\$	0.00
C.	Total Obligation Payments M	ade This Period		s	0.00
d.	Total Disbursements (add 16.a	and 16.b.) (must be shown in	item 12.c.)	\$	46.00
17. In-	Kind Contributions:				
a.	Unitemized In-Kind Contribu	tions Received This Perio	d	\$	0.00
b.	Itemized In-Kind Contributio	ns Received This Period .	••••	\$	0.00
c.	Total In-Kind Contributions R	eceived This Period	••••••	\$	0.00
18. Ob	ligations:				
a.	Total Obligations Outstandin	g (must be shown in item 12	.f.)	\$	0.00

MA Secretary

SOMMEN COUNTY

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee N	lame:Toby Ellis for Sumner County Road Sup	perintendent	
2. Reporting Period: Start D	Pate:04/01/2024 End Date:	06/30/2024	
3. Total campaign contribution	ons from preceding page (enter \$0 if first page)	\$0.00	1
COMPLETE THE APPROPRIAT	E ITEMS FOR EACH ITEMIZED CONTRIBUTION.		
Business or Organization Nar	me:		OR
First Name:	Middle Name:	Last Name:	
	City:		
	Employer:		
	☐ Primary Election ☐ General Election		
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$	h ay
Business or Organization Nar	me:		OR
First Name:	Middle Name:	Last Name:	
Address:	City:	State: Zip Code:	nia.
	Employer:		
	☐ Primary Election ☐ General Election		
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$	4
Business or Organization Nar	me:		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: \$	MA.
Business or Organization Nar	me:		OR
First Name:	Middle Name:	Last Name:	
Address:	City:	State: Zip Code:	
Occupation:	Employer:	A STATE OF THE PARTY OF THE PAR	p. sali
Contribution Received For:	☐ Primary Election ☐ General Election	☐ Runoff (Local Elections Only)	
Amount of Contribution: \$	Date of Contribution.	Aggregate This Election: \$	
	0.00 page if additional pages of this form are used. If the summary on first page.)	this is the last page of contributions,	this

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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name:Tol							
2. Reporting Period: Start Date:04/0	01/2024_		End Date:	06/30/2024	-		
3. Total campaign expenditures from pre	ceding p	age (er	nter \$0 if first page)	\$			
0.00_ COMPLETE THE APPROPRIATE ITEMS FO	REACHE	XPEND	ITURE. All expenditu	res must be itemize	d. If the expen	diture is an	in-
kind contribution to a candidate, please rememb candidate's name in the purpose of the expendit	er to includ	e the pu	irpose of the expenditu	re (e.g., postage, prin	ting, etc.) along	with the	
						No. of the last	_
Business or Organization Name: Vol						Anti-	
First Name:							
Address: 323 E Main Street		_City:	nendersonville	State: 114	Zip Code:	3/0/5	
Purpose of Expenditure: bank fees		-		13012024 61291	2024		
Amount of Expenditure: \$ 46.00		Date	of Expenditure: _4	13012024-61261	2024		
Business or Organization Name:							OR
First Name:	_ Middle	Name	:	Last Name	:	900 (1)	
Address:		City:		State:	Zip Code:	150	
Purpose of Expenditure:		1	read a sign			el el el el	
Amount of Expenditure: \$	86.13	Date	of Expenditure: _	c mile Class	110Y		
Business or Organization Name:			COECHOTO DE COMO		COMMENT		OR
First Name:							
Address:							
Purpose of Expenditure:						-2	
Amount of Expenditure: \$							o. 🗸
Business or Organization Name:							OR
First Name:				The state of the s			100
Address:							
Purpose of Expenditure:			and the second although				
Amount of Expenditure: \$		Date	of Expenditure:				Wille.
Business or Organization Name:						11 × 29 ×	OR
First Name:							
Address:							
Purpose of Expenditure:							
Amount of Expenditure: \$							
46.00			THE PROPERTY OF	Jacobski A 110	100 100 100		JIA T
Total Expenditures: \$\frac{46.00}{(Carry forward to the next page if addition	nal page	s of thi	 is form are used. If t	his is the last page	e of expendi	tures, this	s
amount must be shown in the summary					- 3peai		-

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ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name:	Toby Ellis for Sum	ner County	Road Su	perintendent		nurby
2. Reporting Period: Start Date: 04/						
3. Complete the appropriate items for	or each loan totalin	g more tha	n one hur	ndred dollars (\$100).	
Complete the following for the source of ea	ch loan received and/	or outstandin	g during the	e period.		W value
Business or Organization Name:						OR
First Name: Toby	Middle Name: _			Last Name: _E	Ilis	
Address: 105 Ewing Drive	City: _	Portland		State: TN	Zip Code: 3	7148
Outstanding Loan Balance (Beginning						
Loans Received	\$	0.00				
Loan Payments	\$	0.00				
Outstanding Loan (End)	\$	4,379.41				
Loan Received For: Primary Ele Date of Loan: 01/14/2022	ection Genera	al Election	Runo	off (Local Election	ons Only)	
List all endorsers or guarantors for above lo	oan (If more space is no	eeded, please	attach addi	itional pages.)		Ships of
Business or Organization Name:						OR
First Name:	Middle Name:			_ Last Name:		
Address:	City:			State:	Zip Code:	
Amount Guaranteed Outstanding: \$_						
Business or Organization Name: _	ANNA LIVERSO		1			OR
First Name:						
Address:						
Amount Guaranteed Outstanding: \$_						
Business or Organization Name:						OR
First Name:					DV WILL FIRST SALE	
	City:					
Amount Guaranteed Outstanding: \$						
Business or Organization Name:			and the	State And Andrews		OR
First Name:				Last Name:		
Address:						
Amount Guaranteed Outstanding: \$_						
Totals for all loans (Complete this page for Total loans received and loan payments should	or each outstanding load the shown on summary	n during the po	eriod. Comp nding loan b	olete this section o alance should be :	nly on last page o	of loans.
Balance (Beginning)	\$_	4,379.41				
Loans Received	\$_	0.00				
Loan Payments	\$_	0.00	all void land			
Outstanding Loan (End)	\$_	4,379.41				
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