



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 1/30/24 2.a. Candidate or Committee Name: John M. Hurt
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 3/5/24
4. Campaign Address: 1030 S. Browns Lane
 City: Gallatin State: TN Zip Code: 37066 Phone: 615-812-8872
5. Candidate Home Address: 1030 S. Browns Lane
 City: Gallatin State: TN Zip Code: 37066 Phone: 615-812-8872
 Candidate Email Address: hurtforassessor@gmail.com
6. Office Sought: (include district number, if applicable) Assessor of Property
7. Name of Political Treasurer (may be candidate): Rebecca Bondurant
 Political Treasurer Email Address: rebecca.bondurant@aol.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
9. Reporting Period: Start Date: 7/1/23 End Date: 1/15/24
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>John M. Hurt</u> Candidate Signature	<u>1/30/24</u> Date	<u>Rebecca Bondurant</u> Political Treasurer Signature	<u>1-30-24</u> Date
<u>Sherrie Hurt</u> Witness Signature	<u>1/30/24</u> Date	<u>Sherrie Hurt</u> Witness Signature	<u>1/30/24</u> Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>30,694.81</u>
b. Total Receipts This Period	\$ <u>3,165.00</u>
c. Total Disbursements This Period	\$ <u>2,733.77</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>31,126.04</u>
e. Total Loans Outstanding	\$ <u>20,000.00</u>
f. Total Obligations Outstanding	\$ <u>Ø</u>

FILED
JAN 30 2024
SUMNER COUNTY
ELECTION COMMISSION

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: John M. Hurt

14. Reporting Period: Start Date: 7/1/23 End Date: 1/15/24

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) \$ 3165.00
- c. Loans Received This Reporting Period \$ ∅
- d. Interest Received This Reporting Period \$ ∅
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 3165.00

16. Disbursements:

- a. Total Expenditures (other than loan payments) \$ 2733.77
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ ∅
- c. Total Obligation Payments Made This Period \$ ∅
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) \$ 2733.77

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ ∅
- b. Itemized In-Kind Contributions Received This Period \$ 200.00
- c. Total In-Kind Contributions Received This Period \$ 200.00

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: John M. Hurt
2. Reporting Period: Start Date: 7/1/23 End Date: 1/15/24
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Nancy Middle Name: _____ Last Name: McAllister
Address: 1719 Center Point Rd. City: Hendersonville State: TN Zip Code: 37075
Occupation: Retired Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200 Date of Contribution: 7/5/23 Aggregate This Election: \$ 200

Business or Organization Name: _____ OR
First Name: Robert Middle Name: _____ Last Name: Warsham
Address: 2030 New Hope Rd. City: Hendersonville State: TN Zip Code: 37075
Occupation: Retired Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 300 Date of Contribution: 7/27/23 Aggregate This Election: \$ 300

Business or Organization Name: _____ OR
First Name: Paul Middle Name: _____ Last Name: Fornes
Address: 1005 Fox Glen City: Gallatin State: TN Zip Code: 37066
Occupation: Client Executive Employer: Spatialtest
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 7/1/23 Aggregate This Election: \$ 100

Business or Organization Name: _____ OR
First Name: Tate & Laura Middle Name: _____ Last Name: Williams
Address: 1157 Bayview Dr. City: Gallatin State: TN Zip Code: 37066
Occupation: Small Business Owner Employer: Self
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250 Date of Contribution: 8/2/23 Aggregate This Election: \$ 250

Total Contributions: \$ 850.00

(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: John M. Hurt
2. Reporting Period: Start Date: 7/1/23 End Date: 1/15/24
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 050.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Pamela + Gary Middle Name: _____ Last Name: Barker
Address: 240 Parker Rd. City: Portland State: TN Zip Code: 37148
Occupation: Retired Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50 Date of Contribution: 9/28/23 Aggregate This Election: \$ 50

Business or Organization Name: _____ OR
First Name: Tommy + Shirley Middle Name: _____ Last Name: Whittaker
Address: PO Box 453 City: Portland State: TN Zip Code: 37148
Occupation: Retired Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 150 Date of Contribution: 9/20/23 Aggregate This Election: \$ 150

Business or Organization Name: _____ OR
First Name: Steve + Penny Middle Name: _____ Last Name: Barnes
Address: 205 Fountain Head Rd. City: Portland State: TN Zip Code: 37148
Occupation: Electrical Inspector Employer: State of TN
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 40 Date of Contribution: 9/20/23 Aggregate This Election: \$ 40

Business or Organization Name: _____ OR
First Name: Michael Middle Name: _____ Last Name: Menefee
Address: 1403 Andrea Ln City: Portland State: TN Zip Code: 37148
Occupation: Retired Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50 Date of Contribution: 10/16/23 Aggregate This Election: \$ 50

Total Contributions: \$ 1140.00

(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: John M. Hurt
2. Reporting Period: Start Date: 7/1/23 End Date: 1/15/24
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1140.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Jim + Virginia Middle Name: _____ Last Name: Waters
Address: 244 Southburn Dr. City: Hendersonville State: TN Zip Code: 37075
Occupation: Retired Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 25 Date of Contribution: 11/7/23 Aggregate This Election: \$ 25

Business or Organization Name: _____ OR
First Name: Vanessa Middle Name: _____ Last Name: Silkwood
Address: 234 Lake Terrace Dr. City: Hendersonville State: TN Zip Code: 37075
Occupation: Homemaker Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 1000 Date of Contribution: 11/20/23 Aggregate This Election: \$ 1000

Business or Organization Name: _____ OR
First Name: Johnny Middle Name: _____ Last Name: Garrett
Address: 1100 Willis Branch Rd. City: Goodlettsville State: TN Zip Code: 37072
Occupation: Attorney Employer: Spencer Fane
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500 Date of Contribution: 12/5/23 Aggregate This Election: \$ 500

Business or Organization Name: _____ OR
First Name: David Middle Name: _____ Last Name: Black
Address: 1254 Wavecrest Cir. City: Collatin State: TN Zip Code: 37066
Occupation: Retired Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500 Date of Contribution: 1/12/24 Aggregate This Election: \$ 500

Total Contributions: \$ 3165.00

(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: John M. Hurt
2. Reporting Period: Start Date: 7/1/23 End Date: 1/15/24
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: Office Depot OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 252 E. Main St. City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Badge Holders
Amount of Expenditure: \$ 18.56 Date of Expenditure: 8/26/23

Business or Organization Name: ASAP Printing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 116 Imperial Blvd. City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Campaign Cards
Amount of Expenditure: \$ 144.60 Date of Expenditure: 8/29/23

Business or Organization Name: Walmart OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 204 N. Anderson Ln. City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Envelopes
Amount of Expenditure: \$ 10.89 Date of Expenditure: 9/9/23

Business or Organization Name: Office Depot OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 252 E. Main St. City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Toner
Amount of Expenditure: \$ 357.21 Date of Expenditure: 9/9/23

Business or Organization Name: USPS OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 380 Maple St. City: Gallatin State: TN Zip Code: 37066
Purpose of Expenditure: Stamps
Amount of Expenditure: \$ 66.00 Date of Expenditure: 9/12/23

Total Expenditures: \$ 597.26

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: John M. Hurt
2. Reporting Period: Start Date: 7/1/23 End Date: 1/15/24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 597.26

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: Publix OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1483 Nashville Pk City: Gallatin State: TN Zip Code: 37066
Purpose of Expenditure: Campaign Event Supplies
Amount of Expenditure: \$ 67.22 Date of Expenditure: 9/26/23

Business or Organization Name: Publix OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1483 Nashville Pk City: Gallatin State: TN Zip Code: 37066
Purpose of Expenditure: Campaign Event Supplies
Amount of Expenditure: \$ 5.00 Date of Expenditure: 9/28/23

Business or Organization Name: Publix OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1483 Nashville Pk City: Gallatin State: TN Zip Code: 37066
Purpose of Expenditure: Campaign Event Food
Amount of Expenditure: \$ 30.58 Date of Expenditure: 9/28/23

Business or Organization Name: Sheri's Sweets OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 315 Pand Dr. City: Portland State: TN Zip Code: 37148
Purpose of Expenditure: Campaign Event Food
Amount of Expenditure: \$ 200.00 Date of Expenditure: 9/28/23

Business or Organization Name: ASAP Printing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 116 Imperial Blvd. City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Campaign Cards
Amount of Expenditure: \$ 49.16 Date of Expenditure: 9/29/23

Total Expenditures: \$ 949.22

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: John M. Hurt
2. Reporting Period: Start Date: 7/1/23 End Date: 1/15/24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 949.22

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: Mr. Signman OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 129 Commerce Dr. City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Embroidery
Amount of Expenditure: \$ 50.26 Date of Expenditure: 10/26/23

Business or Organization Name: Tennessee Republican Party OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 95 White Bridge Rd. City: Nashville State: TN Zip Code: 37205
Purpose of Expenditure: Candidate Registration Fee
Amount of Expenditure: \$ 100 Date of Expenditure: 10/26/23

Business or Organization Name: Meta OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Menlo Park State: CA Zip Code: _____
Purpose of Expenditure: Campaign AD
Amount of Expenditure: \$ 66.72 Date of Expenditure: 10/30/23

Business or Organization Name: Mr. Signman OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 129 Commerce Dr. City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Campaign Signs
Amount of Expenditure: \$ 792.06 Date of Expenditure: 12/8/23

Business or Organization Name: Mr. Signman OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 129 Commerce Dr. City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Campaign Signs
Amount of Expenditure: \$ 745.63 Date of Expenditure: 12/19/23

Total Expenditures: \$ 2703.89

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: John M. Hurt
2. Reporting Period: Start Date: 7/1/23 End Date: 1/15/24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 2703.89

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: Paypal OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Transfer fee on contribution to campaign acct.
Amount of Expenditure: \$ 14.94 Date of Expenditure: 12/5/23

Business or Organization Name: Paypal OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Transfer fee on contribution to campaign acct.
Amount of Expenditure: \$ 14.94 Date of Expenditure: 1/12/24

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: _____

Total Expenditures: \$ 2733.77

(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: John M. Hurt
2. Reporting Period: Start Date: 7/1/23 End Date: 1/15/24
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ 0

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: Tommy Middle Name: _____ Last Name: Whittaker
Address: PO Box 453 City: Portland State: TN Zip Code: 37148
Occupation: Retired Employer: _____
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ 200 In-Kind Contribution Date: 9/28/23 Aggregate This Election: \$ _____
Description of In-Kind Contribution: Room Rental

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: \$ 200

(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 LOANS - CANDIDATE

1. Candidate or Committee Name: John M. Hurt

2. Reporting Period: Start Date: 7/1/23 End Date: 1/15/24

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: _____ Middle Name: _____ Last Name: _____

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

Outstanding Loan Balance (Beginning) \$ _____

Loans Received \$ _____

Loan Payments \$ _____

Outstanding Loan (End)..... \$ _____

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

Date of Loan: _____

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) \$ 20,000

Loans Received \$ _____

Loan Payments \$ _____

Outstanding Loan (End)..... \$ 20,000