

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 2.a. Candidate or Committee Nan	ne: John C. Isbell
2.b. If Committee, Name of Candidate:	3. Election Date: May, 2026
4. Campaign Address: 108 Walton Trace N	
City: Herdersonville State: TN	Zip Code: 37075 Phone: 615.764, 2209
5. Candidate Home Address: Same	
	Zip Code: Phone:
Candidate Email Address: John cisbell @ gmail.com	
6. Office Sought: (include district number, if applicable)	Country Mayor
7. Name of Political Treasurer (may be candidate): Leona	rd L. Davis
Political Treasurer Email Address: tdavis cladavishor	mes.com
8. Category or Report: (check one)	
☐ First Quarter ☐ Second Quarter ☐ Third Quarte	r Fourth Quarter Pre-Primary Pre-Genera
Mid-Year Supplemental Year-End Supplemental	
9. Reporting Period: Start Date: 1/16/2023	End Date: 6/30/2022
10. Detailed Disclosure: (Check one)	
	cause contributions (including in-kind) received total \$1,000
	reporting period. (Complete items 12.d., 12.e., and 12.f.)
This campaign is required to file a detailed financial d total more than \$1,000 and/or expenditures total mo	isclosure because contributions (including in-kind) received re than \$1,000 for this reporting period.
and that this report is an accurate accounting of campa by the candidate committee by the Campaign Financi campaign contributions have been expended for the nonpolitical purpose as defined by the federal internal	
7/12/2023	Ila Vanin 7-12-23
Candidate Signature Date	Political Treasurer Signature Date
Charleson Bich 7 12.23	Ann Bish 7-12-23
Witness Signature Date	Witness Signature Date
12. Summary:	
a. Balance On Hand Last Report	\$ 17,109.03
b. Total Receipts This Period	\$ 5,800.00
c. Total Disbursements The Period	\$ 9,178.85
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ 8730.18
e. Total Loans Outstanding	\$o-
f. Total Obligations Outstanding MNER COUNTY	\$o-
ELECTION COMMISSION	1 .12

SUMMARY PAGE - CANDIDATE

13. Na	me of Candidate or Committee:		
14. Rep	porting Period: Start Date: 1 16 2023 End Date: 6 30 20	23	
15. Red	ceipts:		
a.	Unitemized Contributions (\$100 or less from each source this period)	\$_ uctio	- O -
b.	Itemized Contributions (over \$100 from each source this period)	\$_	5,800.00
c.	Loans Received This Reporting Period		
d.	Interest Received This Reporting Period	\$_	-O-
e.	Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.)	\$_	5,800.00
16. Dis	sbursements:		
a.	Total Expenditures (other than loan payments)(Note: Effective January 16, 2023, all expenditures must be itemized.)	\$_	9178.85
b.			
c.	Total Obligation Payments Made This Period	\$_	-0-
d.	Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)		
17. ln-	Kind Contributions:		
a.	Unitemized In-Kind Contributions Received This Period	\$_	-6-
b.	Itemized In-Kind Contributions Received This Period	\$_	-0-
c.	Total In-Kind Contributions Received This Period	\$_	.0.
18. Ob	oligations:		
a.	Total Obligations Outstanding (must be shown in item 12.f.)	\$_	-0-

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name:	John C. Isball	
2. Reporting Period: Start Date: 1	End Date: 6 30 2023	
3. Total campaign contributions from	preceding page (enter \$0 if first page) \$	50-
COMPLETE THE APPROPRIATE ITEMS	FOR EACH ITEMIZED CONTRIBUTION.	
Business or Organization Name:		OR
First Name: Steve	Middle Name:	Last Name: Elbert
	City: Hendersonville	
Occupation: Retired	Employer: Retined	
	mary Election General Election Date of Contribution: 6 19 2023	☐ Runoff (Local Elections Only) Aggregate This Election: \$ ၂၀၀၀. မဝ
Business or Organization Name:		OR
First Name: Richard	Middle Name:	Last Name: Isaacson
Address: 755 Plantahon Blvd	City: Gallaho	State: To Zip Code: 37066
Occupation: President	Employer: SeruPro In	dustries
	mary Election General Election Date of Contribution: しいて	Runoff (Local Elections Only) Aggregate This Election: \$ 1000.00
Business or Organization Name:		OR
	Middle Name:	
Address: 110 The Landings	City: Hendersonville Employer: Retrad	State: To Zip Code: 37075
Contribution Received For: Prin	mary Election General Election Date of Contribution: 6 19 2023	Runoff (Local Elections Only)
Business or Organization Name:		OR.
First Name: Box+	Middle Name:	Last Name: Bagsby
	City: <u>Gallehn</u> Employer: <u>Master</u> B	State: To Zip Code: 37066
	mary Election	
Total Contributions: \$ 4,000,00 (Carry forward to the next page if ad amount must be shown in the summ	ditional pages of this form are used. If the nary on first page.)	his is the last page of contributions, this

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Na	ame: John C. Isbell	
2. Reporting Period: Start Da	te: 1/16/2023 End Date: 430/2023	
	ns from preceding page (enter \$0 if first page) \$	4,000.00
COMPLETE THE APPROPRIATE	ITEMS FOR EACH ITEMIZED CONTRIBUTION.	
Business or Organization Nam	e:	OR
First Name: Art	Middle Name:	Last Name: McCicilan
	ec City: Gallatin	
Occupation: Refined	Employer: Retred	
Contribution Received For:	Primary Election General Election	Runoff (Local Elections Only)
Amount of Contribution: \$ 1,9	Date of Contribution: 6 2 2023	Aggregate This Election: \$ <u> </u>
Business or Organization Nam	e:	OR
	Middle Name:	
	City:	
Occupation:	Employer:	
	☐ Primary Election ☐ General Election	
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$
Business or Organization Nam	e:	OR
	Middle Name:	
	City:	
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 Nam	e:	OR
	Middle Name:	
	City:	
Occupation:	Employer:	
Contribution Received For:	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$
Total Contributions: \$ 5,8 (Carry forward to the next pa	age if additional pages of this form are used. If t	his is the last page of contributions, this

SS-1131 (Rev. 1/2023)

1. Candidate or Committee Name:	shell		
2. Reporting Period: Start Date: 1 16 2023	End Date: 6 30 2023		
3. Total campaign expenditures from preceding	g page (enter \$0 if first page) \$ _	.0-	
COMPLETE THE APPROPRIATE ITEMS FOR EACH kind contribution to a candidate, please remember to inc candidate's name in the purpose of the expenditure sect	clude the purpose of the expenditure (must be itemized. If the expenditure is an e.g., postage, printing, etc.) along with the	in-
Business or Organization Name: Trailbluz	er		OR
First Name: Midd	dle Name:	Last Name:	
Address: SBZ Lincoln DR	City: Edina	_ State: MN Zip Code: 5343L	
Purpose of Expenditure: Campaign Databa	ise		
Amount of Expenditure: \$ 104.16	Date of Expenditure: 1/20	ניסטן כ	
Business or Organization Name: Summer 6	ωρ		OR
First Name: Mido	lle Name:	Last Name:	
Address: P.o. Bov 1055	City: Hendersonville	State: To Zip Code: 37077	73
Purpose of Expenditure: Statesman Men	obership Dues		
Amount of Expenditure: \$ 1,000.60	Date of Expenditure: 21	2023	
Business or Organization Name: Henderson	ville Chamber		OR
First Name: Midd	lle Name:	Last Name:	
Address: 100 Country Club De #104	City: Hendersonville	State: To Zip Code: 37075	
Amount of Expenditure: \$		2023	
Business or Organization Name: Arbys			OB
First Name: Midd	lle Name:	Last Name	On
Address: 435. W. Main St	City: Hendersonville	State: TN Zip Code: 37075	18
Purpose of Expenditure: Campaign meeting		NO. TO SERVICE STREET	
Amount of Expenditure: \$ _lo.\$9	Date of Expenditure: 2/6	2023	3
Business or Organization Name: Leadership	Middle TN		OR
First Name: Midd		Last Name:	On
Address: 100 Bluegrass Commons Blud			
Purpose of Expenditure: Sponsorship			
	_ Date of Expenditure: 1 30		

1. Candidate or Committee Name: John C.1st	ocli		75,344		
2. Reporting Period: Start Date: 1/10/2023	End Date: 6/30/2023	3 15		14991	
3. Total campaign expenditures from preceding p	•				
COMPLETE THE APPROPRIATE ITEMS FOR EACH E kind contribution to a candidate, please remember to inclu candidate's name in the purpose of the expenditure section	de the purpose of the expenditure le.	nust be itemized g., postage, printi	. If the expen ng, etc.) along	diture is an i	n-
Business or Organization Name: Redeem Min	istries				OR
First Name: Middle	Name:	Last Name:			
Address: P.o. Box 736	City: Goodlettsville	State: TA	Zip Code:	37070	
Purpose of Expenditure: Sponsurship					
Amount of Expenditure: \$ 1200.00	Date of Expenditure:	2023	_		
Business or Organization Name: Summer Cou	nty Cleak				OR
First Name: Middle	Name:	_ Last Name:		Y ATT	
Address: 355 N. Belvedere DR	City: Gallaho	State: Ta	Zip Code:	3701-6	
Purpose of Expenditure: Excor - Redeposited					
Amount of Expenditure: \$ 415.50	Date of Expenditure: 7/8	2023			
Business or Organization Name:	hamber				OR
First Name: Middle	Name:	Last Name:			
Address: 118 W. Main St	City: Gallaho	State: TN	Zip Code:	37066	
Purpose of Expenditure: Chamber Lunch					
Amount of Expenditure: \$ 20.00	Date of Expenditure: 219	2023			
Business or Organization Name: Galchi Ch	ambur				OR
First Name: Middle	Name:	_ Last Name:			
Address: 118 W. Man St.	City: Gallatin	State: TN	Zip Code:	37066	
Purpose of Expenditure: Chamber Lunch	<u> </u>	G CHALL			
Amount of Expenditure: \$ _20.00	Date of Expenditure: 224	2023			
Business or Organization Name: Hendersoni	le Chamber				OR
First Name: Middle	Name:	_ Last Name:			
Address: 100 Country Club # 104	City: Hendersonville	State: TN	Zip Code:	37015	
Purpose of Expenditure: Chamber Lunch					
Amount of Expenditure: \$	Date of Expenditure:				
Fotal Expenditures: \$ 3,30.25					
Carry forward to the next page if additional page	s of this form are used. If this is	s the last nage	of expendi	tures this	
amount must be shown in the summary on first n	2001	buge	or experiur	tares, tills	

1. Candidate or Committee Name:	ibell				
2. Reporting Period: Start Date: 110 2023	End Date: 6/30/2023				
3. Total campaign expenditures from preceding p	page (enter \$0 if first page) \$	3,130.25			
COMPLETE THE APPROPRIATE ITEMS FOR EACH E kind contribution to a candidate, please remember to include candidate's name in the purpose of the expenditure section	de the purpose of the expenditure (s must be itemized. e.g., postage, printir	. If the expending, etc.) along	diture is an with the	in-
Business or Organization Name: Gallatin Ch	namber				OR
First Name: Middle	Name:	Last Name:			
Address: 118 W. Main St	City: Gallatio	State: Ta	Zip Code:	37066	
Purpose of Expenditure: Membership					
Amount of Expenditure: \$	Date of Expenditure: 11	80 2023			
Business or Organization Name: Walmart					OR
First Name: Middle	Name:	Last Name:			
Address: 1112 Gallatin Pike	City: Gallatin	State:	Zip Code:	37066	
Purpose of Expenditure: Water donation					
Amount of Expenditure: \$ ៤ገ .ዓይ	Date of Expenditure: 31:	3 2023			
Business or Organization Name: Portland Ch	amber				OP
First Name: Middle					
Address: 106 Main St	City: Portland	State: Tw	Zip Code:	37148	
Purpose of Expenditure: Chamber Lunch					
Amount of Expenditure: \$ 20.00	Date of Expenditure: 31	2023			
Business or Organization Name: Jammy John	ns				OR
First Name: Middle	Name:	Last Name:			
Address: 1007 Gallatin Pike # 200	City: Gallaho	State: To	Zip Code:	3706	
Purpose of Expenditure: Campaign Meeting)				
Amount of Expenditure: \$ 29.58	Date of Expenditure: 3/2	- 2023			
Business or Organization Name: Hendersonu	ille Chamber				OR
First Name: Middle	Name:	Last Name:			
Address: 100 Country Club Da # 104			Zip Code:	37075	
Purpose of Expenditure: Chamber Event					
Amount of Expenditure: \$ _15.00	Date of Expenditure: 3	13/2023			
Total Expenditures: \$ 3412.81					_
(Carry forward to the next page if additional page	es of this form are used. If this	is the last nage	of expandi	turas this	
amount must be shown in the summany on first n	2001	page	o. experiar	GIC3, LIII3	

1. Candidate or Committee Name:	ohn C. Isbell				
2. Reporting Period: Start Date: 1116	2023 End Date: 6 30 20	23		1.00	
3. Total campaign expenditures from pro					
COMPLETE THE APPROPRIATE ITEMS FO kind contribution to a candidate, please remember candidate's name in the purpose of the expendit	bei to include the purpose of the expendi	itures must be itemized iture (e.g., postage, printi	. If the expending, etc.) along	diture is an i with the	in-
Business or Organization Name: Her	ndersonville Chamber				OR
First Name:	_ Middle Name:	Last Name:			
Address: 100 Country Club #104	City: Hendersonville	State: Tw	Zip Code:	37075	
Purpose of Expenditure: Chamber 1	Lunch	The second			
Amount of Expenditure: \$ 35.00					
Business or Organization Name: Hend	tersonville Chambia				OR
First Name:	Middle Name:	Last Name:			
Address: 100 Country Club #104	City: Hendersonville	State: TN	Zip Code:	37075	
Purpose of Expenditure: Sporsoach	ρ				
Amount of Expenditure: \$ 800.00	Date of Expenditure:	3/2023	4		
Business or Organization Name: Hop	pin Hop				OR
First Name:	_ Middle Name:	Last Name:	1		
Address: 170 E.Main St.	City: Handersonville	State: Tr	Zip Code:	37075	
Purpose of Expenditure: Denator -	-FCL Disais				
Amount of Expenditure: \$ 382.38	Date of Expenditure:	3/31/2023			
Business or Organization Name: Shace					OR
First Name:	_ Middle Name:	Last Name:			
Address:	City:	State:	Zip Code:		
Purpose of Expenditure: Donahon					
Amount of Expenditure: \$ 100.00	Date of Expenditure: _	3 27 2023			
Business or Organization Name: Mont	thaven Arts				OR
First Name:	_ Middle Name:	Last Name:			
Address: 1017 Antebellum Cir	City: Hendersonville	State: To	Zip Code:	37075	
Purpose of Expenditure: Donation					
Amount of Expenditure: \$ _ Soo.oo	Date of Expenditure: _	3/29/2023	- in		
Total Expenditures: \$ 5230.19		A Section of the sect	W I I		_
Carry forward to the next page if addition	onal pages of this form are used. If	f this is the last page	of expendi	tures this	
amount must be shown in the summary	on first page.)		- experiun	.u.c., till3	

1. Candidate or Committee Name: John ((156-11		
2. Reporting Period: Start Date: 1/16/202	.3 End Date: 6/30/2023		
3. Total campaign expenditures from prece	ding page (enter \$0 if first page) \$ _	5,230.19	
COMPLETE THE APPROPRIATE ITEMS FOR E kind contribution to a candidate, please remember to candidate's name in the purpose of the expenditure	o include the purpose of the expenditure (e	must be itemized. If the expend e.g., postage, printing, etc.) along	diture is an in- with the
Business or Organization Name: John ?	ose for Congress		OR
First Name: N	Niddle Name:	Last Name:	
Address: 355 N. Belvedere Dr. Purpose of Expenditure: Contribution	City: Gallaha	State: Zip Code:	37066
Purpose of Expenditure: Contribution			
Amount of Expenditure: \$ 100.00			
Business or Organization Name: Rosemo	nt		OR
First Name: N	Niddle Name:	Last Name:	
Address: 810 S. Water Ave	City: Gallaho	State: To Zip Code:	37066
Purpose of Expenditure: Donahon			
Amount of Expenditure: \$ 120. ∞	Date of Expenditure: 4/12	12023	
Business or Organization Name: Gala	in Chamber		OR
First Name: N	liddle Name:	Last Name:	
Address: 118 W. Main St	City: Gallatin	_ State: To _ Zip Code:	3706
Purpose of Expenditure:			
Amount of Expenditure: \$ 20.00	Date of Expenditure:	5/2023	
Business or Organization Name: Henders			OR
First Name: M	liddle Name:	Last Name:	
Address: 100 Country Club Da	City: Hendersonville	_ State: _ Zip Code:	37075
Purpose of Expenditure: Chambes June	h		
Amount of Expenditure: \$ _30.00	Date of Expenditure: 4 1	9 2023	
Business or Organization Name:	in Chamber		OR
First Name: M	iddle Name:	Last Name:	
	City: Galletin		
Purpose of Expenditure: Chamber \ un	ch		
Amount of Expenditure: \$ 75.00	Date of Expenditure:	1 2023	
Total Expenditures: \$			
Carry forward to the next page if additional amount must be shown in the summary on	pages of this form are used. If this i	is the last page of expendit	ures, this

1. Candidate or Committee Name:	Shell		
2. Reporting Period: Start Date: 1/16/2003	End Date: 6/30 / 2023		
3. Total campaign expenditures from preceding p	page (enter \$0 if first page) \$	5520.19	
COMPLETE THE APPROPRIATE ITEMS FOR EACH E kind contribution to a candidate, please remember to include candidate's name in the purpose of the expenditure section	de the purpose of the expenditure (e.c	ust be itemized. If the expenditure is an, postage, printing, etc.) along with the	in-
Business or Organization Name: Summer G	of		OR
First Name: Middle	Name:	Last Name:	
Address: P.o. Box 1065	City: Hendersonville	State: TN Zip Code: 37077	
Purpose of Expenditure: Reagen Day Spon	902		
Amount of Expenditure: \$	Date of Expenditure: 3/1	3 7023	
Business or Organization Name: John Hurt	for Assessor		OR
First Name: Middle	Name:	Last Name:	
Address: 1030 Browns Lane	City: Gallahin	State: TN Zip Code: 37066	
Purpose of Expenditure: Contribution			
Amount of Expenditure: \$ 250.00	Date of Expenditure: 4/2	7 2023	
Business or Organization Name: The American	ean Bible Project		00
First Name: Middle	Name:	Last Name	. OK
Address: SID Columbia Ave. #913	City: Franklin	State: 73 Zin Code: 37064	
Purpose of Expenditure: Donahon		state. 12 Lip code. 17	
Amount of Expenditure: \$	Date of Expenditure: 5/14	2023 6/16/2023	
Business or Organization Name: Rotary			OR
First Name: Middle	Name:	Last Name:	
Address: P.O.Box 473	City: Hendersonville	State: Ta Zip Code: 37077	
Purpose of Expenditure: Membership Dues			11.5
Amount of Expenditure: \$ 245.00	Date of Expenditure: 4 28	2023	
Business or Organization Name: Tunnel +To	wer		OR
First Name: Middle	Name:	Last Name:	
Address: 2361 Hylan Blvd	City: Staten Island	State: NY Zip Code: 10306	
Purpose of Expenditure: Sporonship			
Amount of Expenditure: \$	Date of Expenditure: 5/4	2023	
Total Expenditures: \$ 8515.19			
Carry forward to the next page if additional page	s of this form are used. If this is	the last page of expenditures, this	;

1. Candidate or Committee Name: John C.Ish	el)				
2. Reporting Period: Start Date: 1/16/7023	End Date: 6 30 2023				
3. Total campaign expenditures from preceding		8,515, 19			
COMPLETE THE APPROPRIATE ITEMS FOR EACH E kind contribution to a candidate, please remember to inclucandidate's name in the purpose of the expenditure section	de the purpose of the expenditure (e.d	nust be itemized g., postage, printi	. If the expending, etc.) along	diture is an I with the	in-
Business or Organization Name: The America	ian Bible Project	67			OR
First Name: Middle	Name:	Last Name:		110	
Address: 510 Columbia Ave #913	City: Franklin	State: To	Zip Code:	37064	
Purpose of Expenditure: Donahon		S. F. F. S.F.	F 74		
Amount of Expenditure: \$ 146.00	Date of Expenditure: 5 2	4 2023			
Business or Organization Name: Rotary					OR
First Name: Middle	Name:	_ Last Name:			
Address: P.o.Box 473	City: Hendersonville	State: Tw	Zip Code:	37077	
Purpose of Expenditure: Donation			-17 17 1		
Amount of Expenditure: \$ 125.00	Date of Expenditure: 5 30	12023			
Business or Organization Name: Middle Ta C	izune. I				00
First Name: Middle	Name:	Last Name			_ OK
Address:	City:	State:	Zin Code		
Purpose of Expenditure: Donation			Lip code.		
Amount of Expenditure: \$		2023			
Business or Organization Name: Hendersonvil	le Chamber				OR
First Name: Middle					
Address: 100 Country Club Dr	City: Hendersonville	State: TN	Zip Code:	37075	
Purpose of Expenditure: Chamber lunch					
Amount of Expenditure: \$ 30.00	Date of Expenditure: 5 30	2023			
Business or Organization Name: Gallahn Cha	mber				OR
First Name: Middle	Name:	_ Last Name:	Y 1916		
	City: Gallatin	State: Th	Zip Code:	37066	
Purpose of Expenditure: Chamber Lunch					
Amount of Expenditure: \$ 20.00	Date of Expenditure: 66	2023			
Total Expenditures: \$	es of this form are used. If this is	the last page	of expendi	tures, this	S

1. Candidate or Committee Name:	John C. K	bell			
2. Reporting Period: Start Date: 116	2023	End Date: 6/30/2023			
3. Total campaign expenditures from p					to distribute
COMPLETE THE APPROPRIATE ITEMS I kind contribution to a candidate, please reme candidate's name in the purpose of the expen	miner to micial	de the purpose of the expenditure	es must be itemized (e.g., postage, printi	l. If the expenditure ng, etc.) along with	e is an in- the
Business or Organization Name:	adership	Sumner			OR
First Name:	Middle	Name:	Last Name:		
Address:		_City:	State:	Zip Code:	
Purpose of Expenditure:	5.55			10.80	100
Amount of Expenditure: \$ 42.66					
Business or Organization Name:					OR
First Name:	Middle	Name:	Last Name:		
Address:	The state of	City:	State:	Zip Code:	
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure:		o kranili Glusga k	
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:	12.				
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: \$	<u> </u>	Date of Expenditure:			
Total Expenditures: \$ 9178.88 (Carry forward to the next page if addit amount must be shown in the summar	tional page	s of this form are used. If thi			

SS-1129 (Rev. 1/2023)