

#### **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

# For State and Local Candidates For Single-Candidate Committees

1. Date: 07/13/2025 2.a. Candidate or Committee Nam	ne: Toby Ellis for Sumner County Road Superintende
2.b. If Committee, Name of Candidate:	3. Election Date: 2022
4. Campaign Address: 105 Ewing Drive	
City: Portland State: TN	Zip Code: 37148 Phone: 615-878-4566
5. Candidate Home Address: 105 Ewing Drive	Control of the contro
City: Portland State: TN	Zip Code: <u>37148</u> Phone: <u>615-878-4566</u>
Candidate Email Address: tellis@sumnercohwy.co	om
6. Office Sought: (include district number, if applicable) <u>Su</u>	ımner County Road Superintendent
7. Name of Political Treasurer (may be candidate): Tommy	y Whittaker
Political Treasurer Email Address: twhittaker1115@gr	mail.com
8. Category or Report: (check one)	
☐ First Quarter ☐ Second Quarter ☐ Third Quarte	r Fourth Quarter Pre-Primary Pre-General
☑ Mid-Year Supplemental ☐ Year-End Supplemental	☐ Runoff Election
9. Reporting Period: Start Date: 01/16/2025	End Date: 06/30/2025
10. Detailed Disclosure: (Check one)	olide kild jakastinan kildine birana da kalendari kildin da kalendari kildin da kalendari kildin da kalendari
This campaign is exempt from detailed disclosures be	cause contributions (including in-kind) received total \$1,000 reporting period. (Complete items 12.d., 12.e., and 12.f.)
	isclosure because contributions (including in-kind) received
and that this report is an accurate accounting of campa by the candidate committee by the Campaign Financi	ontained in this campaign financial disclosure report is true ign contributions and expenditures required to be reported al Disclosure Act. Additionally, I/we swear or affirm that no personal financial benefit of the candidate or for any other revenue code.
Candidate Signature Date	10mg Whith 7-14-25
Candidaté Signature Date	Political Treasurer Signature Date
Dune May 7-14-25	mita Ells 7-14-25
Witness Signature Date	Witness Signature Date
12. Summary:  a. Balance On Hand Last Report	¢ 114.00
b. Total Receipts This Period	the state of the s
c. Total Disbursements This Period. FILED	
c. Total Disbursements This Period	PM \$ 542.00
e. Total Loans Outstanding	
f. Total Obligations Outstanding	

#### **SUMMARY PAGE - CANDIDATE**

13. Na	ame of Candidate or Committee: Toby Ellis for Sumner County Ros	ad Superintendent
14. Re	porting Period: Start Date: 01/16/2025 End Date: 06/30	0/2025
15. Re	ceipts:	and the second second second
a.	Unitemized Contributions (\$100 or less from each source this period) (Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See	\$
b.		
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.)	\$ 500.00
16. Dis	sbursements:	
a.	Total Expenditures (other than Ioan payments)	<b>\$</b> 72.00
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.)	\$ <u>72.00</u>
17. ln-l	Kind Contributions:	
a.	Unitemized In-Kind Contributions Received This Period	\$BIOS (Blocky is a result)
b.	Itemized In-Kind Contributions Received This Period	
c.	Total In-Kind Contributions Received This Period	
18. Ob	ligations:	
a.	Total Obligations Outstanding (must be shown in item 12.f.)	\$

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JUL 14 2025

## ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee I	Name: Toby Ellis for Sumner County Roa	ad Superintendent
2. Reporting Period: Start D	Date: 01/16/2025 End Date: 06/30/202	25
3. Total campaign contributi	ons from preceding page (enter \$0 if first page)	\$
COMPLETE THE APPROPRIAT	TE ITEMS FOR EACH ITEMIZED CONTRIBUTION.	
Business or Organization Na	me:	OR
	Middle Name:	
	, PO Box 453 City: Portland	
	Employer: Retire	
	☐ Primary Election ☐ General Election	
Amount of Contribution: \$_2	250.00 Date of Contribution: <u>02/13/202</u>	Aggregate This Election: \$ 250.00
Business or Organization Na	me: Lamberth PAC	OR
First Name:	Middle Name:	Last Name:
	City: Portland	
Occupation: PAC	Employer: PAC	
Business or Organization Nar	me:	OR
First Name:	Middle Name:	
	City:	
	Employer:	
Contribution Received For:	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)
	Date of Contribution:	
Business or Organization Nar	me:	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: \$(Carry forward to the next pamount must be shown in t	500.00  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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name:	<b>Foby Ellis for Sumner County</b>	Road Superintendent
2. Reporting Period: Start Date: 01	/16/2025 End Date: 06/30/2	2025
3. Total in-kind contributions from pr	receding page (enter \$0 if first page	)\$
COMPLETE THE APPROPRIATE ITEMS dollars (\$100) from any contributor during th	FOR EACH IN-KIND CONTRIBUTION. e period must be reported.	. In-kind contributions totaling more than one hundred
Business or Organization Name:		OR
		Last Name:
Address:	City:	State: Zip Code:
		Manufacture of the second
		al 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
		Last Name:
		State: Zip Code:
		al 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.
		Last Name:
		State: Zip Code:
		al Election Runoff (Local Elections Only)
		Aggregate This Election: \$
Description of In-Kind Contribution:	BUT BUILD OF THE STATE OF	
Business or Organization Name:		OR OR
First Name:	Middle Name:	Last Name:
Address:	City:	State: Zip Code:
Occupation:		
In-Kind Contribution Received For:	☐ Primary Election ☐ General	al Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$	In-Kind Contribution Date:	Aggregate This Election: \$
Description of In-Kind Contribution:	The state of the s	THE PARTY OF THE PARTY OF THE PARTY.
Total In-Kind Contributions: \$	0	
(Carry forward to the next page if add contributions, this amount must be si		. [18] [18] [18] [18] [18] [18] [18] [18]

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Toby Elli	s for Sumner County F	Road Superinten	dent	a dryn ra	W.
2. Reporting Period: Start Date: 01/16/202	5 End Date: 06/30/2	025		mile d	
3. Total campaign expenditures from preceding			100	Tao ist	
COMPLETE THE APPROPRIATE ITEMS FOR EAC kind contribution to a candidate, please remember to in candidate's name in the purpose of the expenditure sec	clude the burbose of the expend	itures must be itemize iture (e.g., postage, print	<b>d.</b> If the expering, etc.) along	nditure is ar g with the	n in-
Business or Organization Name: Volunteer	State Bank	MEDICAL STATE	Ly grown	Circ Man	Of
First Name: Mid	dle Name:	Last Name		DOT/28	Te la
Address: 101 Highway 52 West	City: Portland	State: TN	Zip Code:	37148	
Purpose of Expenditure: <u>bank charge</u>			22 Oct	2 1/4/6	10
Amount of Expenditure: \$ 12.00	Date of Expenditure: \$	01/31/2025	Mariana C		oriji A
Business or Organization Name: Volunteer	State Bank			tare de	05
First Name: Mid		Last Name		- N	_ 01
Address: 101 Highway 52 West	city: Portland	State: TN	Zip Code:	37148	LZ.
Purpose of Expenditure: bank charge			20000000	94	
Amount of Expenditure: \$ 12.00	Date of Expenditure: \$	02/28/2025	gefortijn o	C. N. 18	4.06
Business or Organization Name: Volunteer	State Bank				
First Name: Mide	de Name:	Last Name		100	OR
Address: 101 Highway 52 West	City: Portland	Last Name:	7in Code	37148	
Purpose of Expenditure: bank charge	Enty.	State. 111	Zip Code:	37 140	
Amount of Expenditure: \$ 12.00	_ Date of Expenditure: \$	03/31/2025	de Per a		
Business or Organization Name: Volunteer	State Bank			No e	OP
First Name: Midd				Feb.	On
Address: 101 Highway 52 West	City: Portland	State: TN	Zip Code:	37148	500
Purpose of Expenditure: bank charge	And the first the same			fireg	14/
Amount of Expenditure: \$ 12.00	_ Date of Expenditure: \$	04/30/2025			
Business or Organization Name: Volunteer	State Bank			e New	OR
First Name: Mido	lle Name:	Last Name:		2.116.5	On
Address: 101 Highway 52 West	City: Portland	State: TN	Zip Code:	37148	1-64
Purpose of Expenditure: bank charge				Physical area	apir-
Amount of Expenditure: \$12.00	_ Date of Expenditure: \$	05/31/2025	CHARLES		
Total Expenditures: \$60.00			The state	00 - 10	10
(Carry forward to the next page if additional pa amount must be shown in the summary on firs	ges of this form are used. If	this is the last page	of expendit	ures, this	

## **ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE**

1. Candidate or Committee Name: Toby Ell	is for Sumner County Ro	bad Superintend	ient	5150 10 74
2. Reporting Period: Start Date: 01/16/202	5 End Date: 06/30/20	)25	ar Barrel	-najatraja
3. Total campaign expenditures from precedi	ng page (enter \$0 if first page	)\$	60.00	CHU THE
COMPLETE THE APPROPRIATE ITEMS FOR EACh kind contribution to a candidate, please remember to it candidate's name in the purpose of the expenditure se	iciude the purpose of the expendin	ures must be itemized ure (e.g., postage, printi	I. If the expending, etc.) along	diture is an in- with the
Business or Organization Name: Voluntee	r State Bank			OF
First Name: Mic				
Address: 101 Highway 52 West	City: Portland	State:	Zip Code:	37148
Purpose of Expenditure: <u>bank charge</u>			100	The gar
Amount of Expenditure: \$ 12.00	Date of Expenditure: \$	06/30/2025	Na A	
Business or Organization Name:				OR
First Name: Mid				
Address:				
Purpose of Expenditure:				
Amount of Expenditure: \$				
Business or Organization Name:			diados	OR
First Name: Mid				
Address:				
Purpose of Expenditure:				
Amount of Expenditure: \$	Date of Expenditure: \$ _		ai - Aig	a partigora
Business or Organization Name:			The same of	OR
First Name: Mid				
Address:				
Purpose of Expenditure:			100	t as William
Amount of Expenditure: \$	Date of Expenditure: \$ _		ing Mary	Eligina e
Business or Organization Name:				OR
First Name: Mid				
Address:				
Purpose of Expenditure:				KA PARA
Amount of Expenditure: \$	Date of Expenditure: \$		The state of	

## ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: To	by Ellis f	or Sun	nner Coun	ty Road	Superinten	dent	and the	A ST
2. Reporting Period: Start Date: 01/		A STATE OF THE RESIDENCE OF THE RESIDENC			A Torres	CE SEA	A 65 5	
3. Complete the appropriate items for					dred dollars	(\$100).		
Complete the following for the source of ea	and the same of the same						all mile	
Business or Organization Name:								OR
First Name: Toby	Middle	Name: _	4. 松雪		Last Name:	Ellis		
Address: 105 Ewing Drive		_City: _	Portland		State: TN	Zip Code:	37148	
Outstanding Loan Balance (Beginning						ST	1	
Loans Received		9	0.00					
Loan Payments		\$	0.00					
Outstanding Loan (End)		\$	4,379.41					
Loan Received For: Primary Electron Prim	ction [	Gener	al Election	Runo	ff (Local Electi	ons Only)		
List all endorsers or guarantors for above lo	an (If more s	pace is n	eeded, please a	attach addit	ional pages.)		4 14 1	W.
Business or Organization Name:							100	OR
First Name:	_ Middle	Name:			Last Name:			
Address:								
Amount Guaranteed Outstanding: \$								
Business or Organization Name:								OR
First Name:								
Address:								
Amount Guaranteed Outstanding: \$								
Business or Organization Name:		age AF						OR
First Name:		Name:	i maka		Last Name:	Section 1	V. 12.2	
			Exercise Francis		State:			
Amount Guaranteed Outstanding: \$						Lip couc.	arca et live	
Business or Organization Name:				The Bally				OR
First Name:	Middle	Name:			Last Name:			
Address:								E.
Amount Guaranteed Outstanding: \$						Lip code.	163 270	
<b>Totals for all loans</b> (Complete this page fo Total loans received and loan payments should	r each outsta be shown on	nding load	n during the pe	riod. Comple ding loan bal	ete this section o	nly on last pa	ge of loans. at page.)	
Balance (Beginning)							1 143	
Loans Received				A Carte Con Co				
Loan Payments				HOPETER				
Outstanding Loan (End)								
			100000					

## **ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE**

2. Reporting Period: Start Date: 01/16/2025 End D		Superinten	dent	
3. Complete the appropriate items for each obligation owed to		he end of the i	reporting perio	d.
Business Name: Middle Name: Last Name:	Description of Obligation:	1000	eli no e e no	
Address:	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
State: Zip Code:	\$	\$	\$	\$
Business Name: Middle Name: First Name: Middle Name:	Obligation:			
Address:	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
State: Zip Code:	\$	\$	\$	\$
Business Name: Middle Name:  Last Name: Address:	Outstanding Balance (Period	Debt Incurred	Payments This Period	Outstanding Balance
City:	Beginning)	This Period	5	(Period End)
State: Zip Code:	- 1	13	13	13
Business Name: Middle Name:  First Name: Middle Name:	Description of Obligation:	7 Milais	eleda (2) junio 17 milional (1) November (1)	
Address:	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
State: Zip Code:	\$	\$	\$	\$
TOTALS	Texas bear and			1 em 107
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	Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period End)
must also be shown on the summary on first page.)	\$ 0	\$ 0	\$ 0	\$ 0