



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 6-30-2025 2.a. Candidate or Committee Name: Mark A. Harrison
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: _____
4. Campaign Address: 105 Bloomsbury Dr.
City: Portland State: TN Zip Code: 37148 Phone: 270-935-0984
5. Candidate Home Address: SAME
City: _____ State: _____ Zip Code: _____ Phone: _____
Candidate Email Address: _____
6. Office Sought: (include district number, if applicable) County Commissioner, District 3
7. Name of Political Treasurer (may be candidate): Mark A. Harrison
Political Treasurer Email Address: Harrison112468@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: 1-16-2025 End Date: 6-30-2025
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.

Mark A. Harrison 6-30-2025 Mark A. Harrison 6-30-2025
Candidate Signature Date Political Treasurer Signature Date
Deedra B. Brist 6-30-2025 Deedra B. Brist 6-30-2025
Witness Signature Date Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>3,440⁰⁰</u>
b. Total Receipts This Period	\$ <u>5,622.52</u>
c. Total Disbursements This Period	\$ <u>1,010.60</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>8,051.92</u>
e. Total Loans Outstanding	\$ <u>—</u>
f. Total Obligations Outstanding	\$ <u>—</u>

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Mark A. Harrison
2. Reporting Period: Start Date: 1-16-2025 End Date: 6-30-2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: David + Jane Middle Name: _____ Last Name: Wright
Address: 1007 Lakewood Dr. City: Gallatin State: TN Zip Code: 37066
Occupation: Retired Employer: _____
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 500⁰⁰ Date of Contribution: 1-31-2025 Aggregate This Election: \$ 500⁰⁰

Business or Organization Name: _____ OR
First Name: Paul Middle Name: _____ Last Name: Loode
Address: 124 Cedarcrest Dr. City: Hendersonville State: TN Zip Code: 37075
Occupation: Realtor Employer: _____
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 291.28 Date of Contribution: 2-3-2025 Aggregate This Election: \$ 291.28

Business or Organization Name: _____ OR
First Name: Mike + Sandy Middle Name: _____ Last Name: Mcnefee
Address: 1403 Andrea Lane City: Portland State: TN Zip Code: 37148
Occupation: Retired Employer: _____
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 300⁰⁰ Date of Contribution: 2-10-2025 Aggregate This Election: \$ 300⁰⁰

Business or Organization Name: _____ OR
First Name: Stan Middle Name: _____ Last Name: Fields
Address: 303 Bayshore Drive City: Hendersonville State: TN Zip Code: 37075
Occupation: _____ Employer: _____
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 1,000⁰⁰ Date of Contribution: 2-10-2025 Aggregate This Election: \$ 1,000⁰⁰

Total Contributions: \$ 2091.28

(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: Mark A. Harrison
2. Reporting Period: Start Date: 1-16-2025 End Date: 6-30-2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Jennis Middle Name: _____ Last Name: Cavin
Address: 1167 Plantation Pass City: Gallatin State: TN Zip Code: 37066
Occupation: Retired Employer: N/A
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 250⁰⁰ Date of Contribution: 3-25-2025 Aggregate This Election: \$ 250⁰⁰

Business or Organization Name: _____ OR
First Name: Jim Middle Name: _____ Last Name: Donoho
Address: 490 Jackson Rd City: Portland State: TN Zip Code: 37148
Occupation: Nursery Owner Employer: J. B. Donoho & Sons
Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 300⁰⁰ Date of Contribution: 3-26-2025 Aggregate This Election: \$ 300⁰⁰

Business or Organization Name: _____ OR
First Name: Penny Middle Name: _____ Last Name: Barnes
Address: 100 Estell Circle City: Portland State: TN Zip Code: 37148
Occupation: _____ Employer: _____
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 531.24 Date of Contribution: 4-22-25 Aggregate This Election: \$ 531.24

Business or Organization Name: Sumner Co. Republican Freedom Caucus OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1167 Plantation Pass City: Gallatin State: TN Zip Code: 37066
Occupation: _____ Employer: _____
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 1,000⁰⁰ Date of Contribution: _____ Aggregate This Election: \$ 1,000⁰⁰

Total Contributions: \$ 2,081.24

(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

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2. Reporting Period: Start Date: 1-16-2025 End Date: 6-30-2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Rob Middle Name: _____ Last Name: Horton
Address: 166 Bayshore Dr. City: Hendersonville State: TN Zip Code: 37075
Occupation: _____ Employer: _____
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 1,000⁰⁰ Date of Contribution: 2-10-2025 Aggregate This Election: \$ 1,000⁰⁰

Business or Organization Name: _____ OR
First Name: John Middle Name: _____ Last Name: McCloud
Address: 195 Oak Drive City: Portland State: TN Zip Code: 37148
Occupation: Realtor Employer: _____
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 250⁰⁰ Date of Contribution: _____ Aggregate This Election: \$ 250⁰⁰

Business or Organization Name: _____ OR
First Name: Mark Middle Name: _____ Last Name: Harrison
Address: 105 Bloomsbury Dr City: Portland State: TN Zip Code: 37148
Occupation: _____ Employer: _____
Contribution Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 200⁰⁰ Date of Contribution: _____ Aggregate This Election: \$ 700⁰⁰

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: \$ 1,450⁰⁰

(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: Mark A. Harrison
2. Reporting Period: Start Date: 1-16-2025 End Date: 6-30-2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

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: Portland QB Club OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Strawberry Mania sponsorship
Amount of Expenditure: \$ 250.00 Date of Expenditure: \$ 4-4-2025

Business or Organization Name: COMPASS Teacher Awards 2025 OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Sponsorship
Amount of Expenditure: \$ 100.00 Date of Expenditure: \$ 4-29-2025

Business or Organization Name: Graphic Obsessions OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: car magnets
Amount of Expenditure: \$ 175.60 Date of Expenditure: \$ 5-9-2025

Business or Organization Name: PEMS Football OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: donation
Amount of Expenditure: \$ 150.00 Date of Expenditure: \$ 5-21-2025

Business or Organization Name: SCRW OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: membership dues
Amount of Expenditure: \$ 35.00 Date of Expenditure: \$ 5-29-2025

Total Expenditures: \$ _____

(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.)

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2. Reporting Period: Start Date: 1-16-2025 End Date: 6-30-2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

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: Highland VFO OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Fireworks show sponsorship
Amount of Expenditure: \$ 300.00 Date of Expenditure: \$ 6-16-2025

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: \$ _____

(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.)