

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 01-24-2021	2.a. NAME OF CANDIDATE OR COMMITTEE MARK A. SKIDMORE		
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE NOV. 03, 2020	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 209 NEPTUNE Dr. HENDERSONVILLE TN 37075 615-824-0033			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone			
5. OFFICE SOUGHT (include district number, if applicable) ALDERMAN WARD 1		6. NAME OF POLITICAL TREASURER (may be candidate) Jo C. SKIDMORE	
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input checked="" type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD October 25, 2020		8.b. ENDING DATE OF REPORTING PERIOD January 15, 2021	
9. (Check one) a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. <input checked="" type="checkbox"/> 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.			
10. 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>Mark A. Skidmore</u> signature of candidate		<u>Jo C. Skidmore</u> signature of political treasurer	
01-24-21 date		01-24-21 date	
11. WITNESS SIGNATURE			
<u>Cheryl Skidmore</u> signature of witness		<u>Cheryl Skidmore</u> signature of witness	
01-24-21 date		01-24-21 date	
12. SUMMARY			
FILED			
a. BALANCE ON HAND LAST REPORT	AM	PM	\$ 1181.43
b. TOTAL RECEIPTS THIS PERIOD	JAN 25 2021		\$ 4800.00
c. TOTAL DISBURSEMENTS THIS PERIOD			\$ 4723.06
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	SUMNER COUNTY ELECTION COMMISSION		\$ 1258.37
e. TOTAL LOANS OUTSTANDING			\$ 1300.00
f. TOTAL OBLIGATIONS OUTSTANDING			\$ 0



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) MARK A. SKIDMORE	14. REPORT COVERING THE PERIOD FROM: <u>10-25</u> TO: <u>01-15-21</u>
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RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ 0

b. Itemized Contributions (over \$100 from each source this period) \$ 4800.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 4800.00

16. LOANS RECEIVED THIS REPORTING PERIOD \$ 1300.00

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ 0

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 6100.00

DISBURSEMENTS

19. EXPENDITURES (other than loan payments)

a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)

<u>RoboCent (Robo CALLS)</u>	\$ <u>552.16</u>
<u>Direct Edge MAILOUT</u>	\$ <u>2318.40</u>
<u>Postage</u>	\$ <u>440.00</u>
<u>Printing</u>	\$ <u>80.00</u>
<u>GAS</u>	\$ <u>50.00</u>
<u>Food</u>	\$ <u>120.00</u>
<u>WATER</u>	\$ <u>25.00</u>
<u>Postage</u>	\$ <u>962.50</u>
<u>Printing</u>	\$ <u>175.00</u>

Total of Expenditures (\$100 or less each payee) \$ 155.00

b. Itemized Expenditures (Over \$100 each payee this period) \$ 4568.06

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 4723.06

20. LOAN REPAYMENTS MADE THIS PERIOD \$ 0

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 4723.06

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ 0

b. Itemized in-kind contributions (over \$100 from each source this period) \$ 0

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ 0

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ 0

b. Itemized Obligations Outstanding (Over \$100 each) \$ 0

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) \$ 0



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE MARK A. SKIDMORE			2. REPORT COVERING THE PERIOD	
			FROM:	TO:
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)				
First Name MACK		Middle Name	Contribution Received For:	
Last Name/Organization Name McCLUNG			<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 1720 WEST END AVE.			<input type="checkbox"/> Runoff (Local Elections Only)	
City NASHVILLE	State TN	Zip Code 37203	Date of Contribution 9-1-20	Amount of Contribution 1600⁰⁰
Occupation REAL ESTATE				Aggregate This Election
Employer				
First Name JAMIE		Middle Name	Contribution Received For:	
Last Name/Organization Name Houdeshell			<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 111 Indian Lake Blvd.			<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution 9-24-20	Amount of Contribution 1000⁰⁰
Occupation OWNER				Aggregate This Election
Employer Bridgestone/FIRESTONE				
First Name SARA		Middle Name	Contribution Received For:	
Last Name/Organization Name SLATERY			<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 125 SHORECREST Circle			<input type="checkbox"/> Runoff (Local Elections Only)	
City HVILLE	State TN	Zip Code 37075	Date of Contribution 10-19-20	Amount of Contribution 500.⁰⁰
Occupation RETIRED				Aggregate This Election
Employer				
First Name SOHN		Middle Name	Contribution Received For:	
Last Name/Organization Name PERONA			<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election	
Address 3016 CAGES Bend ROAD			<input type="checkbox"/> Runoff (Local Elections Only)	
City CHATTANO	State TN	Zip Code 37066	Date of Contribution 9-15-20	Amount of Contribution 100⁰⁰
Occupation BUSINESS Owner				Aggregate This Election
Employer				
5. TOTAL ITEMIZED CONTRIBUTIONS				
(Carry forward to item 3. of next page if additional pages of this form are used.)				
(If this is the last page of contributions, this amount must be shown in item 15b. of summary.)				

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE MARK A. SHIDMORE				2. REPORT COVERING THE PERIOD	
				FROM:	TO:
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name JAMIE	Middle Name L	Contribution Received For:			Amount of Contribution
Last Name/Organization Name GRIEGO		<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election			1600⁰⁰
Address 2351 NEELYS BEND ROAD		<input type="checkbox"/> Runoff (Local Elections Only)			
City MADISON	State IN	Zip Code 37115	Date of Contribution 9-18-20		Aggregate This Election
Occupation REAL ESTATE					
Employer					
First Name	Middle Name	Contribution Received For:			Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address		<input type="checkbox"/> Runoff (Local Elections Only)			
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer					
First Name	Middle Name	Contribution Received For:			Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address		<input type="checkbox"/> Runoff (Local Elections Only)			
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer					
First Name	Middle Name	Contribution Received For:			Amount of Contribution
Last Name/Organization Name		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
Address		<input type="checkbox"/> Runoff (Local Elections Only)			
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer					
5. TOTAL ITEMIZED CONTRIBUTIONS					
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE MARK ASKIDMORE			2. REPORT COVERING THE PERIOD	
			FROM:	TO:
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)				
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Robo Cent		PHONECALLS		552.16
Address General Booth Blvd.				
City VA. BEACH	State VA	Zip Code 23454		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Direct Edge Campaigns		XXXXXXXXXX MAIL OUTS		2318.40
Address 2000 Glen Echo Road				
City NASHVILLE	State TN	Zip Code 37215		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name U.S. Post Office		POSTAGE		440.⁰⁰
Address IMPERIAL Blvd.				
City HENDERSONVILLE	State TN	Zip Code 37075		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name FED EX		PRINT		80.⁰⁰
Address 1595 GAL. PIKE North				
City MADISON	State TN	Zip Code 37115		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name SPEEDWAY		GAS		50.⁰⁰
Address				
City HULL	State TN	Zip Code 37075		
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name MCDONALDS; TACO BELL		FOODS		120⁰⁰
Address Main Street				
City HEMD. TN	State TN	Zip Code 37075		
5. TOTAL ITEMIZED EXPENDITURES				
(Carry forward to item 3. of next page if additional pages of this form are used.)				
(If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)				

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE MARK A. SKIDMORE			2. REPORT COVERING THE PERIOD		
			FROM:	TO:	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		Address		WATER	25.00
WALMART		Anderson Lane			
City		State	Zip Code		
HEUD.		TN	37075		
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		Address		POSTAGE	962.50
U.S. POSTAGE (POST OFFICE)		IMPERIAL Blvd.			
City		State	Zip Code		
HENDERSON V. 11E		TN	37075		
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		Address		PRINTING	175.00
FED EX.		1595 GAL. PIKE NORTH			
City		State	Zip Code		
MADISON		TN	37115		
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		Address			
City		State	Zip Code		
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		Address			
City		State	Zip Code		
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		Address			
City		State	Zip Code		
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)					

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Mark A. Skidmore				2. REPORT COVERING THE PERIOD FROM: _____ TO: _____					
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)									
Complete the Following for the Source of the Loan									
First Name MARK		Middle Name A.		Outstanding Loan Balance (Beginning of Period) 1,300.00		Loans Received 0	Loan Payments 1,300	Outstanding Loan Balance (End of Period) 1,300	
Last Name/Organization Name SKIDMORE				Address 209 NEPTUNE		Loan Received For: <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		Date of Loan OCT. 26, 2020	
City HENDERSONVILLE TN	State TN	Zip Code 37075		<input type="checkbox"/> Runoff (Local Elections Only)					
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)									
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code	City		State	Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code	City		State	Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code	City		State	Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name		Middle Name		First Name		Middle Name			
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City		State	Zip Code	City		State	Zip Code		
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.) (Total loan payments should also be shown in item 20. on summary page.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)				Outstanding Loan Balance (Beginning of Period)		Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
				FROM:		TO:	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City		State	Zip Code				
Description of Obligation							
4. TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in Item 23b. on summary page.)							