



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees

1. Date: 10/6 2.a. Candidate or Committee Name: Rachael Collins for Ward 5  
 2.b. If Committee, Name of Candidate: Rachel Collins 3. Election Date: 11/5/24  
 4. Campaign Address: 1575 Hunt Club Blvd  
 City: Gallatin State: TN Zip Code: 37066 Phone: 615-477-3541  
 5. Candidate Home Address: same  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Candidate Email Address: RachelCatherine@yahoo.com  
 6. Office Sought: (include district number, if applicable) Hendersonville Alderman Ward 5  
 7. Name of Political Treasurer (may be candidate): Donna Stebbins  
 Political Treasurer Email Address: \_\_\_\_\_

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: 7/1/24 End Date: 9/30/24

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>[Signature]</u>	<u>10/9/24</u>	<u>[Signature]</u>	<u>10/9/24</u>
Candidate Signature	Date	Political Treasurer Signature	Date
<u>[Signature]</u>	<u>10/9/24</u>	<u>[Signature]</u>	<u>10/9/24</u>
Witness Signature	Date	Witness Signature	Date

12. Summary:

a. Balance On Hand Last Report .....	\$ <u>104.93</u>
b. Total Receipts This Period .....	\$ <u>6655</u>
c. Total Disbursements This Period .....	\$ <u>1568.09</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) .....	\$ <u>5191.84</u>
e. Total Loans Outstanding .....	\$ <u>0</u>
f. Total Obligations Outstanding .....	\$ <u>0</u>

FILED  
OCT 09 2024  
SUMNER COUNTY  
ELECTION COMMISSION

# SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Rachel Collins

14. Reporting Period: Start Date: 7/1/24 End Date: 9/30/24

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ 2455  
(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) ..... \$ 4200
- c. Loans Received This Reporting Period ..... \$ 0
- d. Interest Received This Reporting Period ..... \$ 0
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... \$ 6655

16. Disbursements:

- a. Total Expenditures (other than loan payments) ..... \$ 1568.09  
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period ..... \$ 0
- c. Total Obligation Payments Made This Period ..... \$ 0
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) ..... \$ 1568.09

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period ..... \$ 0
- b. Itemized In-Kind Contributions Received This Period ..... \$ \_\_\_\_\_
- c. Total In-Kind Contributions Received This Period ..... \$ \_\_\_\_\_

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) ..... \$ 0

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Rachel Collins  
2. Reporting Period: Start Date: 7/1/24 End Date: 9/30/24  
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: Zack Younger Middle Name: \_\_\_\_\_ Last Name: Younger  
Address: 93 French St City: Garretttsville State: TN Zip Code: 37072  
Occupation: Realtor Employer: The Wilson Group  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 300 Date of Contribution: \_\_\_\_\_ Aggregate This Election: \$ 300

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Sibyl Middle Name: \_\_\_\_\_ Last Name: Reagan  
Address: 1912 Lombardy Ave City: Nashville State: TN Zip Code: 37215  
Occupation: Stay at home Mom Employer: NA  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 200 Date of Contribution: 9/13/24 Aggregate This Election: \$ 200

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Stephen Middle Name: \_\_\_\_\_ Last Name: Brown  
Address: 103 Meadows Lake DR City: Hendersonville State: TN Zip Code: 37075  
Occupation: Director Employer: HSA  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 150 Date of Contribution: 9/13/24 Aggregate This Election: \$ 150

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Amy Middle Name: \_\_\_\_\_ Last Name: Dennett  
Address: 135 Sanawac Trail City: Hendersonville State: TN Zip Code: 37075  
Occupation: Painter Employer: Southern Home Painting  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 500 Date of Contribution: 9/15/24 Aggregate This Election: \$ 500

Total Contributions: \$ 1150

(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: Rachel Collins  
2. Reporting Period: Start Date: 7/1/24 End Date: 9/30/24  
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1150

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ OR  
First Name: John Middle Name: \_\_\_\_\_ Last Name: Bradley  
Address: 311 E Main St City: Hixville State: Tn Zip Code: 37075  
Occupation: Lawyer Employer: Self  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 500 Date of Contribution: 9/19/24 Aggregate This Election: \$ 500

Business or Organization Name: \_\_\_\_\_ OR  
First Name: David Middle Name: \_\_\_\_\_ Last Name: Lucky  
Address: 110 Clarendon Place City: Hendersonville State: TN Zip Code: 37075  
Occupation: President Employer: South eastern  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 1000 Date of Contribution: 9/26/24 Aggregate This Election: \$ 1000

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Rob + Tiffany Middle Name: \_\_\_\_\_ Last Name: Horton  
Address: 166 Bayshore Dr City: Hendersonville State: TN Zip Code: 37075  
Occupation: Owner Employer: Tenn Properties  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 500 Date of Contribution: 9/26/24 Aggregate This Election: \$ 500

Business or Organization Name: Stan + Rene OR  
First Name: Stan + Rene Middle Name: \_\_\_\_\_ Last Name: Fields  
Address: 303 Bay Shore City: Hendersonville State: TN Zip Code: 37075  
Occupation: OWNER Employer: Tenn Properties  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 500 Date of Contribution: 9/26/24 Aggregate This Election: \$ 500

Total Contributions: \$ 2500 + 1150 = 3650

(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: Rachel Collins  
2. Reporting Period: Start Date: 7/1/24 End Date: 9/30/24  
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 3650

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Frank + Deeder Middle Name: \_\_\_\_\_ Last Name: Pinson  
Address: Hidden Ponds City: Hendersonville State: TN Zip Code: 37075  
Occupation: Retired Employer: NA  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 300 Date of Contribution: 9/26/24 Aggregate This Election: \$ 300

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Jim + Brenda Middle Name: \_\_\_\_\_ Last Name: Payne  
Address: 1595 Hunt Club Blvd City: Gallatin State: \_\_\_\_\_ Zip Code: 37066  
Occupation: Retired Employer: NA  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 250 Date of Contribution: 9/26/24 Aggregate This Election: \$ 250

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: \$ \_\_\_\_\_

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: \$ 550 + 3650 = 4200

(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Rachel Collins  
2. Reporting Period: Start Date: 7/1/24 End Date: 9/30/24  
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ ~~270~~

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: Donna Middle Name: \_\_\_\_\_ Last Name: Steebaw  
Address: 125 Bluegrass Circle City: Hendersonville State: TN Zip Code: 37095  
Occupation: Retired Employer: NA  
In-Kind Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
In-Kind Contribution Value: \$ 170 In-Kind Contribution Date: 9/1/24 Aggregate This Election: \$ 170  
Description of In-Kind Contribution: \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Phillip Middle Name: \_\_\_\_\_ Last Name: Fryman  
Address: 281 Crooked Creek City: Hville State: TN Zip Code: 37095  
Occupation: Clinical Research Coordinator Employer: VUMC  
In-Kind Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
In-Kind Contribution Value: \$ 88 In-Kind Contribution Date: Aug-Sept Aggregate This Election: \$ 88  
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: \$ \_\_\_\_\_

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Rachel Collins  
2. Reporting Period: Start Date: 7/17/24 End Date: 9/30/24  
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: Mr Sign Man OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 129 Commerce Dr City: H'ville State: TN Zip Code: 37075  
Purpose of Expenditure: Signs  
Amount of Expenditure: \$ 296.33 Date of Expenditure: \$ \_\_\_\_\_

Business or Organization Name: ASAP Printing OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 161 Imperial Blvd City: H'ville State: TN Zip Code: 37075  
Purpose of Expenditure: Printing  
Amount of Expenditure: \$ 785.32 Date of Expenditure: \$ \_\_\_\_\_

Business or Organization Name: US Post Office OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: Imperial City: H'ville State: TN Zip Code: 37075  
Purpose of Expenditure: Postage  
Amount of Expenditure: \$ 350.40 Date of Expenditure: \$ 9/26/24

Business or Organization Name: Stripe OR  
First Name: 0 Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: Online City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Business Processing Fees  
Amount of Expenditure: \$ 112.03 Date of Expenditure: \$ Various

Business or Organization Name: Vol State Bank OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 323 E Main St City: H'ville State: TN Zip Code: 37075  
Purpose of Expenditure: Service Charges  
Amount of Expenditure: \$ 24 Date of Expenditure: \$ 8/30 + 9/30

Total Expenditures: \$ 1368.09

(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 LOANS - CANDIDATE

1. Candidate or Committee Name: \_\_\_\_\_
2. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
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) ..... \$ \_\_\_\_\_

Loans Received ..... \$ \_\_\_\_\_

Loan Payments ..... \$ \_\_\_\_\_

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



# ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: \_\_\_\_\_

2. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

**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 must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$