



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

1. Date: July 2, 2024 2.a. Candidate or Committee Name: FRANK PINSON for ALDERMAN  
 2.b. If Committee, Name of Candidate: FRANK PINSON 3. Election Date: 11/5/2024  
 4. Campaign Address: 166 ASHLAND POINT  
 City: HENDERSONVILLE State: TN Zip Code: 37075 Phone: 615 840 1704  
 5. Candidate Home Address: 166 ASHLAND POINT  
 City: HENDERSONVILLE State: TN Zip Code: 37075 Phone: 615 840-1704  
 Candidate Email Address: frankpinson@gmail.com

6. Office Sought: (include district number, if applicable) ALDERMAN WARD 4 **AM FILED**  
 7. Name of Political Treasurer (may be candidate): MIKE GAUGHAN **JUL 09 2024 PM**  
 Political Treasurer Email Address: mgaughan@bellsouth.net **SUMNER COUNTY ELECTION COMMISSION**

8. Category or Report: (check one)  
 First Quarter  Second Quarter  Third Quarter  Fourth Quarter  Pre-Primary  General  
 Mid-Year Supplemental  Year-End Supplemental  Runoff Election

9. Reporting Period: Start Date: April 1, 2024 End Date: JUNE 30, 2024

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>7/2/2024</u>	<u>[Signature]</u>	<u>7/8/2024</u>
Candidate Signature	Date	Political Treasurer Signature	Date
<u>[Signature]</u>	<u>7/2/2024</u>	<u>Allison M. Noble</u>	<u>7/08/2024</u>
Witness Signature	Date	Witness Signature	Date

12. Summary:

a. Balance On Hand Last Report .....	\$ <u>0</u>
b. Total Receipts This Period .....	\$ <u>4200.00</u>
c. Total Disbursements This Period .....	\$ <u>250.00</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) .....	\$ <u>3950.00</u>
e. Total Loans Outstanding .....	\$ <u>0</u>
f. Total Obligations Outstanding .....	\$ <u>0</u>

# SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: FRANK PINSON

14. Reporting Period: Start Date: April 1, 2024 End Date: JUNE 30, 2024

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ 700.00  
(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) ..... \$ 3500.00
- 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.) ..... \$ 4200.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 0  
(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.)..... \$ 0

17. In-Kind Contributions:

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

18. Obligations:

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

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: FRANK PINSON  
2. Reporting Period: Start Date: April 1, 2024 End Date: June 30, 2024  
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Mike Middle Name: \_\_\_\_\_ Last Name: GAUGHAN  
Address: 120 Ashland Point City: HENDERSVILLE State: TN Zip Code: 37075  
Occupation: REALTOR / OWNER Employer: RE MAX CHOICE PROPERTIES  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 250.<sup>00</sup> Date of Contribution: 6/19/2024 Aggregate This Election: \$ 250.<sup>00</sup>

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Chuck Middle Name: \_\_\_\_\_ Last Name: COMER  
Address: 80 Hidden Point City: HENDERSVILLE State: TN Zip Code: 37075  
Occupation: RETIRED Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 250.<sup>00</sup> Date of Contribution: 6/19/2024 Aggregate This Election: \$ 250.<sup>00</sup>

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Paul Middle Name: \_\_\_\_\_ Last Name: GOODE  
Address: 124 CEDAR CREST DR. City: HENDERSVILLE State: TN Zip Code: 37075  
Occupation: REALTOR Employer: PAUL R. GOODE & ASSOCIATES  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 150.<sup>00</sup> Date of Contribution: 6/4/2024 Aggregate This Election: \$ 150.<sup>00</sup>

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Bill Middle Name: \_\_\_\_\_ Last Name: SINKS  
Address: 163 Bay Drive City: HENDERSVILLE State: TN Zip Code: 37075  
Occupation: RETIRED Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 350.<sup>00</sup> Date of Contribution: 6/17/2024 Aggregate This Election: \$ 350.<sup>00</sup>

Total Contributions: \$ 1000.<sup>00</sup>

(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: \_\_\_\_\_
2. Reporting Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ \_\_\_\_\_

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: \_\_\_\_\_ 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: \_\_\_\_\_

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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: FRAUK PINKSON  
2. Reporting Period: Start Date: April 1, 2024 End Date: JUNE 30, 2024  
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1000.<sup>00</sup>

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ OR  
First Name: RANDY Middle Name: \_\_\_\_\_ Last Name: LEATH  
Address: 105 LEEWAMA POINT City: HENDERSONVILLE State: TN Zip Code: 37075  
Occupation: RETIRED Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 250.<sup>00</sup> Date of Contribution: 6/24/24 Aggregate This Election: \$ 250.<sup>00</sup>

Business or Organization Name: \_\_\_\_\_ OR  
First Name: KEITH Middle Name: \_\_\_\_\_ Last Name: DENNEN  
Address: 115 SARANAC TRAIL City: HENDERSONVILLE State: TN Zip Code: 37075  
Occupation: ATTORNEY Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 250.<sup>00</sup> Date of Contribution: 6/24/24 Aggregate This Election: \$ 250.<sup>00</sup>

Business or Organization Name: \_\_\_\_\_ OR  
First Name: DAVID Middle Name: \_\_\_\_\_ Last Name: HUCKEY  
Address: 110 CLARENDON PLACE City: HENDERSONVILLE State: TN Zip Code: 37075  
Occupation: PRESIDENT Employer: SOUTHEASTERN BUILDING  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 1000.<sup>00</sup> Date of Contribution: 6/28/24 Aggregate This Election: \$ 1000.<sup>00</sup>

Business or Organization Name: \_\_\_\_\_ OR  
First Name: CHARLES Middle Name: \_\_\_\_\_ Last Name: KIMBROUGH  
Address: 48 WYNDERMERE City: HENDERSONVILLE State: TN Zip Code: 37075  
Occupation: RETIRED Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 200.<sup>00</sup> Date of Contribution: 6/28/24 Aggregate This Election: \$ 200.<sup>00</sup>

Total Contributions: \$ 2700.<sup>00</sup>

(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: FRANK PINSON  
2. Reporting Period: Start Date: April 1, 2024 End Date: June 30, 2024  
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 2700.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ OR  
First Name: JONATHAN Middle Name: \_\_\_\_\_ Last Name: HAYES  
Address: 120 GOVERNORS POINT City: HENDERSONVILLE State: TN Zip Code: 37075  
Occupation: RETIRED Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 150.00 Date of Contribution: \_\_\_\_\_ Aggregate This Election: \$ 150.00

Business or Organization Name: \_\_\_\_\_ OR  
First Name: JASON Middle Name: \_\_\_\_\_ Last Name: POLLACK  
Address: 652 NORTHRIDGE DR. City: GALLATIN State: TN Zip Code: 37066  
Occupation: Aesthetics Employer: OWNER  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 450.00 Date of Contribution: 6/29/24 Aggregate This Election: \$ 450.00

Business or Organization Name: \_\_\_\_\_ OR  
First Name: BILL Middle Name: \_\_\_\_\_ Last Name: THOMAS  
Address: 168 ASHLAND POINT City: HENDERSONVILLE State: TN Zip Code: 37075  
Occupation: Judicial Magistrate Employer: SUMNER COUNTY  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 200.00 Date of Contribution: 6/25/24 Aggregate This Election: \$ 200.00

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: \$ 3500.00  
(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: \_\_\_\_\_  
2. Reporting Period: Start Date: April 1, 2024 End Date: June 30, 2024  
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: HENDERSONVILLE Chamber of Commerce OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 100 Country Club Dr. City: HENDERSONVILLE State: TN Zip Code: 37075  
Purpose of Expenditure: FREEDOM FEST  
Amount of Expenditure: \$ 250.00 Date of Expenditure: \$ 6-24-2024

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.)