



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 1-30-2025 2.a. Candidate or Committee Name: Mark A. Harrison
 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 2026
 4. Campaign Address: 105 Bloomsbury Drive
 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: _____ End Date: 1-31-2025

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.

<u>[Signature]</u>	<u>1-31-2025</u>	<u>[Signature]</u>	<u>1-31-2025</u>
Candidate Signature	Date	Political Treasurer Signature	Date
<u>[Signature]</u>	<u>1/31/2025</u>	<u>[Signature]</u>	<u>1/31/2025</u>
Witness Signature	Date	Witness Signature	Date

12. Summary:

a. Balance On Hand Last Report	\$	<u>100⁰⁰</u>
b. Total Receipts This Period	\$	<u>3,340⁰⁰</u>
c. Total Disbursements This Period	\$	<u>0</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$	<u>3,440⁰⁰</u>
e. Total Loans Outstanding	\$	<u>0</u>
f. Total Obligations Outstanding	\$	<u>0</u>

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ELECTION COMMISSION

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: _____

14. Reporting Period: Start Date: _____ End Date: _____

15. Receipts:

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

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ _____
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- 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.)..... \$ _____

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ _____
- 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.) \$ _____

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Mark A. Harrison
2. Reporting Period: Start Date: _____ End Date: 1-31-2025
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: Mark Middle Name: _____ Last Name: Harrison
Address: 105 Bloomsbury Drive City: Portland State: TN Zip Code: 37148
Occupation: Banking Employer: The Farmers Bank
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500⁰⁰ Date of Contribution: 1-9-2025 Aggregate This Election: \$ 500⁰⁰

Business or Organization Name: _____ OR
First Name: Baron Middle Name: _____ Last Name: Lowe
Address: 1017 Kidron Way City: Hendersonville State: TN Zip Code: 37075
Occupation: Pharmacist Employer: Rite-Aid
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250⁰⁰ Date of Contribution: 1-8-2025 Aggregate This Election: \$ 250⁰⁰

Business or Organization Name: _____ OR
First Name: Tommy Middle Name: _____ Last Name: Whittaker
Address: P.O. Box 453 City: Portland State: TN Zip Code: 37148
Occupation: Retired Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500⁰⁰ Date of Contribution: 1-8-2025 Aggregate This Election: \$ 500⁰⁰

Business or Organization Name: _____ OR
First Name: Larry / Charlotte Middle Name: _____ Last Name: Gribbins
Address: 2339 Highway 25 City: Cottontown State: TN Zip Code: 37048
Occupation: Retired / Farming Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 1000⁰⁰ Date of Contribution: 1-17-2025 Aggregate This Election: \$ 1,000⁰⁰

Total Contributions: \$ 2,250⁰⁰

(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 Harrison
2. Reporting Period: Start Date: _____ End Date: 1-31-2025
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: Michael / Pam Middle Name: _____ Last Name: Farino
Address: 202 Woodlake Drive City: Gallatin State: TN Zip Code: 37066
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250⁰⁰ Date of Contribution: 1-18-2025 Aggregate This Election: \$ 250⁰⁰

Business or Organization Name: Haite PAC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1500 Cairo Rd City: Gallatin State: TN Zip Code: 37066
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500⁰⁰ Date of Contribution: 1-24-2025 Aggregate This Election: \$ 500⁰⁰

Business or Organization Name: _____ OR
First Name: Jake Middle Name: _____ Last Name: Daughtry
Address: 107 Bloomsbury Drive City: Portland State: TN Zip Code: 37148
Occupation: Banking Employer: The Farmers Bank
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250⁰⁰ Date of Contribution: 1-24-2025 Aggregate This Election: \$ 250⁰⁰

Business or Organization Name: _____ OR
First Name: Michael Middle Name: _____ Last Name: Begley
Address: 1022 Hunters Horn City: Gallatin State: TN Zip Code: 37066
Occupation: Legal Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 90⁰⁰ Date of Contribution: 1-30-2025 Aggregate This Election: \$ 90⁰⁰

Total Contributions: \$ 1,090⁰⁰

(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.)