

#### **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

# For State and Local Candidates For Single-Candidate Committees

1. Date: 10-26-24 2.a. Candidate or Committee Name: Mark Evans for Ward 6
2.b. If Committee, Name of Candidate: 3. Election Date: 11-5-24
4. Campaign Address: 1567 Drakes Creek Road
City: Hendersonville State: TN Zip Code: 37075 Phone: 615-957-5687
5. Candidate Home Address: Same
City: State: Zip Code: Phone:
Candidate Email Address: Markevans forward 6 @gmail.com
6. Office Sought: (include district number, if applicable) Hendersonville City Alderman Ward 6
7. Name of Political Treasurer (may be candidate): Wade Evan 5
Political Treasurer Email Address: Wadeevans 26 @ 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: 10-1-24 End Date: 10-26-24
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.
Candidate Signature Date Political Treasurer Signature Date
Witness Signature Date Witness Signature Date  Delbi Grand 10-26-24  Witness Signature Date
12. Summary:
a. Balance On Hand Last Report \$ 5,239.86
b. Total Receipts This Period AM PM \$ 7 085.76
c. Total Disbursements This Period
d. Balance On Hand (12.a. plus 12.b. minus 1200) 129 2074 \$ 4, 215, 10
e. Total Loans Outstanding\$
f. Total Obligations Outstanding SUMNER COUNTY \$\$
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7. Name of Political Treasurer (may be candidate): Wade Evan 5
Political Treasurer Email Address: Wadeevans 26 @gmail.com
8. Category or Report: (check one)
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12. Summary:
a. Balance On Hand Last Report \$ 5,239.86
b. Total Receipts This Period AM PM \$ 7.085.76
C. Total Disburstiffer Tills I Criod
d. Balance On Hand (12.a. plus 12.b. minus 1200) 1200 1200 1200 1200 1200 1200 120
e. Total Loans Outstanding\$\$
f. Total Obligations Outstanding SUMNER COUNTY \$\$
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## **SUMMARY PAGE - CANDIDATE**

	me of Candidate or Committee: Mark Evans for Hende	rson	ville City Alderma	an Ward 6
14. Re	porting Period: Start Date: 10-1-2-4 End Date: 10-3	26-2	4	
	ceipts:			
a.	Unitemized Contributions (\$100 or less from each source this period) (Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See In	\$ _	611.00	
b.	Itemized Contributions (over \$100 from each source this period)			
c.	Loans Received This Reporting Period			
d.	Interest Received This Reporting Period	\$_	- 3-	
e.	Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.)	\$_	6,061.00	
16. Dis	bursements:			
a.	Total Expenditures (other than loan payments)	\$_	7,085.76	
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.)	\$_		
17. ln-	Kind Contributions:			
a.	Uniternized In-Kind Contributions Received This Period			
b.	Itemized In-Kind Contributions Received This Period	\$_	-0-	
c.	Total In-Kind Contributions Received This Period	\$_	-0-	
18. Ob	ligations:			
	Total Obligations Outstanding (must be shown in item 12.f.)	\$	-0-	

### **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

1. Candidate or Committee Name: Mark Evans for Alderman Ward 6 - Henderson	Me
2. Reporting Period: Start Date: 10-1-24 End Date: 10-26-24	
3. Total campaign contributions from preceding page (enter \$0 if first page) \$O	
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.	
Business or Organization Name:	OR
First Name: Bryan Middle Name: Last Name: Bonduran	+
Address: 1054 N. Sugartree Ln City: Gallatin State: TN Zip Code: 370	66
Occupation: Veternarian Employer: Critter Clinic	- 04
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)	
Amount of Contribution: \$ \( \frac{150.00}{250.00} \) Date of Contribution: \( \frac{10-2-24}{250.00} \) Aggregate This Election: \$ \( \frac{250}{250.00} \)	0.00
	OR
First Name: Butch Middle Name: Last Name: Burns	
Address: 5133 Grand Oak Way City: Brentwood State: TN Zip Code: 370:	27
Occupation: Retired Employer: Retired	
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)	
Amount of Contribution: \$ 200.00 Date of Contribution: 10 - 2-24 Aggregate This Election: \$ 200	0,00
Business or Organization Name:	OR
First Name: Rick Middle Name: Last Name: Tsaacson	·
Address: 755 Plantation Blvd City: Gallatin State: TN Zip Code: 3706	6
Occupation: Retired Employer: Retired	
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)	
Amount of Contribution: \$1,000.00 Date of Contribution: 10-4-24 Aggregate This Election: \$1000	0.00
Business or Organization Name:	OR
First Name: Knistme Middle Name: Last Name: Isaacson  Address: 755 Plantation Blvd City: Gallatin State: TN Zip Code: 3701	
Address: 755 Plantation Blvd City: Gallatin State: TN Zip Code: 3701	06
Occupation: Retired Employer: Retired	
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)	
Amount of Contribution: \$ 1,000.00 Date of Contribution: 10-4-24 Aggregate This Election: \$ 1,000	2.00
Total Contributions: \$ 2,450,00	ıL:
(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, amount must be shown in the summary on first page.)	LNIS
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## **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

1. Candidate or Committee N	Name: Mark Evans for Alder	man Ward 6 - Hendersonnill
	Date: 10-1-24 End Date: 10-26-3	
	ons from preceding page (enter \$0 if first page)	
COMPLETE THE APPROPRIAT	TE ITEMS FOR EACH ITEMIZED CONTRIBUTION.	
Business or Organization Na	me: Summer County Freedom	Caucus OR
First Name:	Middle Name:	Last Name:
	599 City: Gallatin	
Occupation: R	a Employer: na	
Contribution Received For:	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)
Amount of Contribution: \$ 1.	Date of Contribution: 19-4-24	Aggregate This Election: \$ 1,000.00
Rusiness or Organization Na	me: Tennessee Realtors Adit	Scal Action Committee OR
Address 891 19th A	we. South City: Nashville	State: TN Zin Code: 37212
	Employer: na	
	☐ Primary Election ☐ General Election	
	.000.00 Date of Contribution: 10-10-2	
Amount of Contribution. 45	Duce of contribution.	
<b>Business or Organization Nar</b>	me:	OR 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 Nar	ne:	OR
	Middle Name:	
	City:	
	Employer:	
Contribution Received For:	Primary Election General Election	☐ Runoff (Local Elections Only)
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$
	K 1150 -0	
Total Contributions: \$	5,450.00	
	page if additional pages of this form are used. If the summary on first page.)	this is the last page of contributions, this

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None NA

### **ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE**

1. Candidate or Committee Name: _E	vans for Alder	man Ward	6	
2. Reporting Period: Start Date: 10	-1-24 End Date	e: 10-26-24		
3. Total in-kind contributions from pro	eceding page (enter \$0 if	f first page) \$	-0-	
COMPLETE THE APPROPRIATE ITEMS F dollars (\$100) from any contributor during the				aling more than one hundre
Business or Organization Name:				
First Name:	Middle Name:		Last Name:	MIT TO THE TOTAL STREET
Address:	City:	4	State:	Zip Code:
Occupation:	Employe	er:		
In-Kind Contribution Received For: In-Kind Contribution Value: \$  Description of In-Kind Contribution:	_ In-Kind Contribution I	Date:	Aggregate Th	is Election: \$
Business or Organization Name:				O
First Name:				
Address:				
Occupation:	Employe	er:		AC
In-Kind Contribution Received For: In-Kind Contribution Value: \$  Description of In-Kind Contribution:	_ In-Kind Contribution I	Date:	Aggregate Th	is Election: \$
Business or Organization Name:	A THE STATE OF THE			0
First Name:	Middle Name:		Last Name:	
Address:	City:		State:	Zip Code:
Occupation:	Employe	er:		
In-Kind Contribution Received For: In-Kind Contribution Value: \$  Description of In-Kind Contribution:	_ In-Kind Contribution I	Date: /		
Business or Organization Name:				0
First Name:	Middle Name:		Last Name:	
Address:	City:		State:	Zip Code:
Occupation:				
In-Kind Contribution Received For: In-Kind Contribution Value: \$  Description of In-Kind Contribution:	_ In-Kind Contribution I	Date: /	Aggregate Th	is Election: \$
Description of In-Kind Contribution: Business or Organization Name: First Name: Address: Occupation: In-Kind Contribution Received For: In-Kind Contribution Value: \$	Middle Name: City: Employed Primary Election In-Kind Contribution I	er:General Election  Date:	Last Name: State: onRun Aggregate Th	Zip Code: off (Local Elections Onlis Election: \$

### **ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE**

1. Candidate or Committee Name: Mark Brans for Alderman Ward 6 - Henders znville
2. Reporting Period: Start Date: 10-1-24 End Date: 10-26-24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$
COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. <b>All expenditures must be itemized.</b> If the expenditure is an inkind 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: White Oak Consulting OF
First Name: Middle Name: Last Name:
Address: 142 River Chase City: Hendersonville State: TN Zip Code: 370 75
Purpose of Expenditure: Consulting, Branding
Amount of Expenditure: \$ 1,500-00 Date of Expenditure: \$ 1012124
Business or Organization Name: ASAP Printing OF
First Name: Middle Name: Last Name:
Address: 116 Imperial Blvd City: Hendersonithe State: TN Zip Code: 37075
Purpose of Expenditure: Push Cards for Evans for Alderman Campaign
Amount of Expenditure: \$ 177. 25 Date of Expenditure: \$ 10 - 1 - 24
Business or Organization Name: Right Strategies OF
First Name: Middle Name: Last Name:
Address: 1370 NW 18th St # 104C City: Ankeny State: 1A Zip Code: 50023
Purpose of Expenditure: Survey for Campaign for Evans Alderman
Amount of Expenditure: \$ 343.80 Date of Expenditure: \$ 10-2-24
Business or Organization Name: Sumner Co. Election Commission OF
First Name: Middle Name: Last Name:
Address: 355 N. Belvedere Dr. City: Gallatin State: TN Zip Code: 37066
Purpose of Expenditure: Voter List- New Voters
Amount of Expenditure: \$ 50.00 Date of Expenditure: \$ 10-2-24
Business or Organization Name: ASAP Printing OF
First Name: Middle Name: Last Name:
Address: 116 Imperial Blvd City: Hendersonulle State: TN Zip Code: 37075
Purpose of Expenditure: 4x6 Campaign Cards - Evans Gr Alderman
Amount of Expenditure: \$ 203.08 Date of Expenditure: \$ 10-10-24
Total Expenditures: \$ 2,274.13
(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 EXPENDITURES - CANDIDATE**

1. Candidate or Committee Name: Mark Evans for Alderman Wo	ard 6 - Hendersonville
2. Reporting Period: Start Date: 10-1-24 End Date: 10-26-24	
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ $2$ ,	274.13
COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., post candidate's name in the purpose of the expenditure section.	e itemized. If the expenditure is an inage, printing, etc.) along with the
Business or Organization Name: Fox Printing and Mailing	OR
First Name: Middle Name: Las	t Name:
Address: 931 Old Lebanon Arthdity: Hermitage State	
Purpose of Expenditure: Mailer for Evans for Alberman	
Amount of Expenditure: \$ 2,735.80 Date of Expenditure: \$ 10-10-	24
Business or Organization Name: Umfed States Postal Service	OR.
First Name: Middle Name: Las	t Name:
Address: 105 Imperial Blvd City: Hendersonvile State	te: TN Zip Code: 37075
Purpose of Expenditure: Stamps for Letters for Campaign	
Amount of Expenditure: \$ 189.80 Date of Expenditure: \$ 10-16-	
OCC - Deart	OP
	OR
First Name: Middle Name: Lass  Address: 252 E. Main Street City: Hendersonville Stat	t Name:
Purpose of Expenditure: Labels and Paper for Evans for	Alderman
Amount of Expenditure: \$ 38.95 Date of Expenditure: \$ 10-17-	24
Amount of Experialture: \$ Date of Experialture: \$	
Business or Organization Name: ASAP Pointing	OR
First Name: Middle Name: Las	t Name:
Address: 116 Imperial Blvd. city: Hendersonnille Stat	e: <u>TN</u> Zip Code: <u>37075</u>
Purpose of Expenditure: Note Cards and Envelopes	
Amount of Expenditure: \$ 224.16 Date of Expenditure: \$ 6-16	٠-ك٧
Business or Organization Name: White Oak Consulting	OR
First Name: Middle Name: Lass	t Name:
Address: 142 River Chase <u>city: Hendersonulle</u> Stat	:e: _1\(\sim \) Zip Code: _3 10 15
Purpose of Expenditure: Consulting, Artwork, Design, Social  Amount of Expenditure: \$ 1,500,00 Date of Expenditure: \$ 10-2	Wedia - for Evens Alder

## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Mark_ E	Evans for Alderma	n Wourd 6		
2. Reporting Period: Start Date: 10-1-24	End Date: 10-26-24			
3. Total campaign expenditures from preceding p	age (enter \$0 if first page) \$	6962	84	
COMPLETE THE APPROPRIATE ITEMS FOR EACH E kind contribution to a candidate, please remember to include candidate's name in the purpose of the expenditure section.	le the purpose of the expenditure (e.g	ust be itemized ., postage, printi	If the expending, etc.) along	diture is an in- with the
Business or Organization Name: Mr. Sigr	Man			OR
First Name: Middle	Name:	Last Name:		
Address: 179 Commerce Drive				
Purpose of Expenditure: Deads 15th	ckers			
Amount of Expenditure: \$ 122.92	Date of Expenditure: § 10	-25-24		
Business or Organization Name:				OR
First Name: Middle				
Address:				
Purpose of Expenditure:				
Amount of Expenditure: \$	Date of Expenditure: \$			
Business or Organization Name:				OR
First Name: Middle				
Address:				
Purpose of Expenditure:				
Amount of Expenditure: \$	Date of Expenditure: \$			
Business or Organization Name:				OR
First Name: Middle		Last Name:		
Address:				
Purpose of Expenditure:				
Amount of Expenditure: \$	Date of Expenditure: \$			
Business or Organization Name:				OR
First Name: Middle				
Address:				
Purpose of Expenditure:				
Amount of Expenditure: \$		4.00		
Total Expenditures: \$ 7,085.76 (Carry forward to the next page if additional page amount must be shown in the summary on first p		the last page	of expendi	tures, this

None N/A -

# **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

1. Candidate or Committee Name:	Evans 1	for Alderma	in Ward	6		
2. Reporting Period: Start Date: <u>6</u>	1-24	End Date: _LC	1-26-24			
3. Complete the appropriate items for	or each loar	n totaling more th	an one hund	red dollars (\$	5100).	
Complete the following for the source of ea	ach Ioan recei	ved and/or outstand	ing during the p	period.		
Business or Organization Name:		Control of the Con-				OR
First Name:	Middle N	Name:	t	ast Name:		
Address:		_City:		State:	Zip Code:	
Outstanding Loan Balance (Beginning	g)	\$				
Loans Received		\$				
Loan Payments		\$				
Outstanding Loan (End)		\$				
Loan Received For: Primary Ele	ection [	General Election	Runoff	f (Local Election	ons Only)	
Date of Loan:						
List all endorsers or guarantors for above lo	oan (If more s	pace is needed, pleas	se attach additi	onal pages.)		
Business or Organization Name:						_OR
First Name:	Middle	Name:		Last Name: _		
Address:	200	_City:		State:	Zip Code:	
Amount Guaranteed Outstanding: \$_						
Business or Organization Name: _						OR
First Name:						
Address:						
Amount Guaranteed Outstanding: \$_						
Business or Organization Name: _						OR
First Name:						
Address:						
Amount Guaranteed Outstanding: \$_						
Business or Organization Name: _						OR
First Name:		Name:		Last Name:		
Address:						
Amount Guaranteed Outstanding: \$_						
Totals for all loans (Complete this page f Total loans received and loan payments shoul						s.
Balance (Beginning)		\$				
Loans Received						
Loan Payments		\$				
Outstanding Loan (End)		\$			^	
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None

NAA

# or Committee Name: Evans for Alderman Wourd 6

1. Candidate or Committee Name: EV ans for All		0	7	
2. Reporting Period: Start Date: 10-1-24 End Da		_		
3. Complete the appropriate items for each obligation owed to	a person/vendor at th	ne end of the re	eporting period	
Business Name:	Description of Obligation:			
First Name: Middle Name:				
Last Name:	- 141			
Address:		Debt Incurred	Payments This Period	Outstanding Balance
City:	Balance (Period Beginning)	This Period	This renod	(Period End)
State: Zip Code:	\$	\$	\$	\$
Business Name:	Description of			
First Name: Middle Name:	Obligation:			
Last Name:				
Address:	Outstanding	Debt	Payments	Outstanding
City:	Balance (Period	Incurred This Period	This Period	Balance (Period End)
State: Zip Code:	ċ	\$	\$	\$
Business Name:	Description of Obligation:			
First Name: Middle Name:				
Last Name:	_			
Address:	Outstanding	Debt	Payments This Period	Outstanding Balance
City:	Balance (Period Beginning)	Incurred This Period	This Period	(Period End)
State: Zip Code:	\$	\$	\$	\$
Business Name:	Description of Obligation:			
First Name: Middle Name:	_ 75			
Last Name:	_ 14			
Address:	Outstanding Balance (Period	Debt Incurred	Payments This Period	Outstanding Balance
City:	Beginning)	This Period		(Period End)
State: Zip Code:	\$	\$	\$	\$
TOTALS	Outstanding	Debt	Payments	Outstanding
(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the	Balance (Period Beginning)	Incurred	This Period	Balance (Period End)
Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)	\$	\$	\$	\$