



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

1. Date: 10/29/2024 2.a. Candidate or Committee Name: Aaron Allison  
 2.b. If Committee, Name of Candidate: \_\_\_\_\_ 3. Election Date: 11/5/2024

4. Campaign Address: 303 Birkshire Place  
 City: Gallatin State: TN Zip Code: 37066 Phone: \_\_\_\_\_

5. Candidate Home Address: 303 Birkshire Place  
 City: Gallatin State: TN Zip Code: 37066 Phone: \_\_\_\_\_  
 Candidate Email Address: \_\_\_\_\_

6. Office Sought: (include district number, if applicable) Gallatin City Council - District 2

7. Name of Political Treasurer (may be candidate): John Breinig  
 Political Treasurer Email Address: john.f.breinig@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: 10/1/2024 End Date: 10/26/2024

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><i>[Signature]</i></u> Candidate Signature	<u>10/29/24</u> Date	<u><i>[Signature]</i></u> Political Treasurer Signature	<u>10/29/24</u> Date
<u><i>[Signature]</i></u> Witness Signature	<u>10/29/24</u> Date	<u><i>[Signature]</i></u> Witness Signature	<u>10/29/24</u> Date

12. Summary:

a. Balance On Hand Last Report .....	\$ <u>1,664.88</u>
b. Total Receipts This Period .....	\$ <u>8,779.10</u>
c. Total Disbursements This Period .....	\$ <u>3,282.99</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) .....	\$ <u>7,160.99</u>
e. Total Loans Outstanding .....	\$ <u>0</u>
f. Total Obligations Outstanding .....	\$ <u>0</u>

# SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Aaron Allison

14. Reporting Period: Start Date: 10/1/2024 End Date: 10/26/2024

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ 0  
(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) ..... \$ 0
- c. Loans Received This Reporting Period..... \$ 8,779.10
- 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.) ..... \$ 8,779.10

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 3,282.99  
(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.)..... \$ 3,282.99

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: Aaron Allison
2. Reporting Period: Start Date: 10/1/2024 End Date: 10/26/2024
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: Shelby Middle Name: \_\_\_\_\_ Last Name: Cavender  
Address: 115 Creekglen Dr City: Hendersonville State: TN Zip Code: 37075  
Occupation: Teacher Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 104.10 Date of Contribution: 10/1/24 Aggregate This Election: \$ 104.10

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: David Middle Name: \_\_\_\_\_ Last Name: Luckey  
Address: 110 Clarendon Pl City: Hendersonville State: TN Zip Code: 37075  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 1000.00 Date of Contribution: 10/1/24 Aggregate This Election: \$ 1000.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Baker Middle Name: \_\_\_\_\_ Last Name: Ring  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: TN Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 50.00 Date of Contribution: 10/1/24 Aggregate This Election: \$ 50.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Rick Middle Name: \_\_\_\_\_ Last Name: Murphy  
Address: 940 Lakeshore Dr City: Gallatin State: TN Zip Code: 37066  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 250.00 Date of Contribution: 10/1/24 Aggregate This Election: \$ 250.00

Total Contributions: \$ 1404.10

(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: Aaron Allison
2. Reporting Period: Start Date: 10/1/2024 End Date: 10/26/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1,404.10

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Paige Middle Name: \_\_\_\_\_ Last Name: Brown  
Address: 146 N Hume Ave City: Gallatin State: TN Zip Code: 37066  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 100.00 Date of Contribution: 10/1/24 Aggregate This Election: \$ 100.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Steve Middle Name: \_\_\_\_\_ Last Name: Nelson  
Address: 734 Keytown Road City: Portland State: TN Zip Code: 37148  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 50.00 Date of Contribution: 10/1/24 Aggregate This Election: \$ 50.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Rob Middle Name: \_\_\_\_\_ Last Name: Horton  
Address: 166 Bayshore Dr City: Hendersonville State: TN Zip Code: 37075  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 500.00 Date of Contribution: 10/1/24 Aggregate This Election: \$ 500.00

Business or Organization Name: Meghan Breinig for School Board **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 490 Cummings Lane City: Gallatin State: TN Zip Code: 37066  
Occupation: \_\_\_\_\_ Employer: Converge  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 350.00 Date of Contribution: 10/1/24 Aggregate This Election: \$ 250.00

Total Contributions: \$ 2,304.01

(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: Aaron Allison
2. Reporting Period: Start Date: 10/1/2024 End Date: 10/26/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 2,304.10

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Charles Middle Name: \_\_\_\_\_ Last Name: Kimbrough  
Address: 48 Wyndermere City: Hendersonville State: TN Zip Code: 37075  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 200.00 Date of Contribution: 10/1/24 Aggregate This Election: \$ 200.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Stanley Middle Name: \_\_\_\_\_ Last Name: Fields  
Address: 303 Bayshore Dr City: Hendersonville State: TN Zip Code: 37075  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 500.00 Date of Contribution: 10/1/24 Aggregate This Election: \$ 500.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Jimmy Middle Name: \_\_\_\_\_ Last Name: Overton  
Address: 901 Lakeview Ct City: Gallatin State: TN Zip Code: 37066  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 125.00 Date of Contribution: 10/1/24 Aggregate This Election: \$ 125.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Robert Middle Name: \_\_\_\_\_ Last Name: Goodall  
Address: 179 Hancock St, Suite 302 City: Gallatin State: TN Zip Code: 37066  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 500.00 Date of Contribution: 10/1/24 Aggregate This Election: \$ 500.00

Total Contributions: \$ 3,629.10

(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: Aaron Allison
2. Reporting Period: Start Date: 10/1/2024 End Date: 10/24/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 3,629.10

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ **OR**

First Name: Laura Middle Name: \_\_\_\_\_ Last Name: Rivera

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: TN Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)

Amount of Contribution: \$ 50.00 Date of Contribution: 10/1/24 Aggregate This Election: \$ 50.00

Business or Organization Name: \_\_\_\_\_ **OR**

First Name: Danny Middle Name: \_\_\_\_\_ Last Name: Jefferies

Address: 1206 Brookview Dr City: Brentwood State: TN Zip Code: 37027

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)

Amount of Contribution: \$ 500.00 Date of Contribution: 10/2/24 Aggregate This Election: \$ 500.00

Business or Organization Name: Sumner County Republican Freedom Caucus **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: PO Box 599 City: Gallatin State: TN Zip Code: 37066

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)

Amount of Contribution: \$ 1000.00 Date of Contribution: 10/4/24 Aggregate This Election: \$ 1000.00

Business or Organization Name: \_\_\_\_\_ **OR**

First Name: Kristine Middle Name: \_\_\_\_\_ Last Name: Isaacson

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: IL Zip Code: \_\_\_\_\_

Occupation: retired Employer: \_\_\_\_\_

Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)

Amount of Contribution: \$ 1000.00 Date of Contribution: 10/4/24 Aggregate This Election: \$ 1000.0

Total Contributions: \$ 6,179.10

(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: Aaron Allison
2. Reporting Period: Start Date: 10/1/2024 End Date: 10/26/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 6,179.10

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ **OR**

First Name: Richard Middle Name: \_\_\_\_\_ Last Name: Isaacson

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)

Amount of Contribution: \$ 1500.00 Date of Contribution: 10/4/24 Aggregate This Election: \$ 1500.00

Business or Organization Name: \_\_\_\_\_ **OR**

First Name: Chuck Middle Name: \_\_\_\_\_ Last Name: Stuart

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: TN Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)

Amount of Contribution: \$ 100.00 Date of Contribution: 10/25/24 Aggregate This Election: \$ 100.00

Business or Organization Name: Tennessee Realtors PAC **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 901 19th Avenue South City: Nashville State: TN Zip Code: 37212

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)

Amount of Contribution: \$ 1000.00 Date of Contribution: 10/25/24 Aggregate This Election: \$ 1000.00

Business or Organization Name: \_\_\_\_\_ **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: TN 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: \$ 8,779.10

(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: Aaron Allison
2. Reporting Period: Start Date: 10/1/2024 End Date: 10/26/2024
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: WinRed Tech Services OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 1776 Wilson Blvd Suite 530 City: Arlington State: VA Zip Code: 22219  
Purpose of Expenditure: Service Charge  
Amount of Expenditure: \$ 4.10 Date of Expenditure: \$ 10/1/2024

Business or Organization Name: Harbor Freight OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 420 W Main St City: Gallatin State: TN Zip Code: 37066  
Purpose of Expenditure: supplies  
Amount of Expenditure: \$ 5.00 Date of Expenditure: \$ 10/1/2024

Business or Organization Name: Rose Mont OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 810 S Water Ave City: Gallatin State: TN Zip Code: 37066  
Purpose of Expenditure: fee  
Amount of Expenditure: \$ 100.00 Date of Expenditure: \$ 10/1/2024

Business or Organization Name: Mr Sign Man OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 129 Commerce Drive City: Hendersonville State: TN Zip Code: 37075  
Purpose of Expenditure: advertising materials  
Amount of Expenditure: \$ 65.85 Date of Expenditure: \$ 10/10/2024

Business or Organization Name: White Oak Consulting OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: \_\_\_\_\_  
Amount of Expenditure: \$ 1,250/00 Date of Expenditure: \$ 10/10/2024

Total Expenditures: \$ 1,424.95

(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: Aaron Allison
2. Reporting Period: Start Date: 10/1/2024 End Date: 10/26/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1,424.95

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: USPS OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 105 Imperial Blvd City: Hendersonville State: TN Zip Code: 37075

Purpose of Expenditure: mailing

Amount of Expenditure: \$ 21.90 Date of Expenditure: \$ 10/11/24

Business or Organization Name: Home Depot OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 205 Anderson Lane City: Hendersonville State: TN Zip Code: 37075

Purpose of Expenditure: supplies

Amount of Expenditure: \$ 5.45 Date of Expenditure: \$ 10/15/24

Business or Organization Name: Fox Printing OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 931 Old Lebanon Dirt Road City: Hermitage State: TN Zip Code: 37075

Purpose of Expenditure: mailer

Amount of Expenditure: \$ 1,496.23 Date of Expenditure: \$ 10/15/24

Business or Organization Name: ASAP Printing OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 116 Imperial Blvd City: Hendersonville State: TN Zip Code: 37075

Purpose of Expenditure: advertising materials

Amount of Expenditure: \$ 334.46 Date of Expenditure: \$ 10/16/24

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: \$ 3,282.99

(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.)