

SS-1109 (Rev. 8/2023)

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: *CT. 7 2.a. Candidate or Committee Nan	ne: FRANK PINSON for Sldermon,
2.b. If Committee, Name of Candidate: FRANK PINS	3. Election Date: 11/5/2024
4. Campaign Address: 166 ASULAND Point	
City: HENDENSONUILLE State: TH.	Zip Code: 37075 Phone: 615 840 1704
5. Candidate Home Address: 166 ASALAND Por	INT
City: HENDERSONUILLE State: TN	Zip Code: 37075 Phone: 615 84, 1704
Candidate Email Address: Frank pinson @	gnoil.com
6. Office Sought: (include district number, if applicable)	Aldérmon WARD 4
7. Name of Political Treasurer (may be candidate):	like Gaugha-
Political Treasurer Email Address: mganghan (a	Sellsouth. 11et
8. Category or Report: (check one)	
☐ First Quarter ☐ Second Quarter ☐ Third Quarte	r Fourth Quarter Pre-Primary Pre-Genera
☐ Mid-Year Supplemental ☐ Year-End Supplemental	
	End Date: 553-1. 30, 2024
10. Detailed Disclosure: (Check one)	Ziid Sute.
	cause contributions (including in-kind) received total \$1,00
	reporting period. (Complete items 12.d., 12.e., and 12.f.)
This campaign is required to file a detailed financial d total more than \$1,000 and/or expenditures total mo	isclosure because contributions (including in-kind) received re than \$1,000 for this reporting period.
	ontained in this campaign financial disclosure report is true
and that this report is an accurate accounting of campa	ign contributions and expenditures required to be reported
	al Disclosure Act. Additionally, I/we swear or affirm that no personal financial benefit of the candidate or for any othe
nonpolitical purpose as defined by the federal internal	
10/8/24	M//// 10/0/24
Candidate Signature Date	Political Treasurer Signature Date
MAMDE, Olillaland inteller	and 1 1111111 10 10 10 10 10 10 10 10 10 10
Witness Signature Date	Witness Signature Date
12. Summary:	272 22
a. Balance On Hand Last Report	\$ 3960,5
b. Total Receipts This Period	\$ 2750. ⁶⁸
c. Total Disbursements This Period	
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	
e. Total Loans Outstanding COMMISSION	
f. Total Obligations Outstanding	\$\$

SUMMARY PAGE - CANDIDATE

13. Na	me of Candidate or Committee: FRANK PINSON
14. Rep	porting Period: Start Date: July 1, 2024 End Date: Sept. 31, 2024
15. Red	, .
a.	Unitemized Contributions (\$100 or less from each source this period)
b.	Itemized Contributions (over \$100 from each source this period)\$ 2350.
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. Dis	oursements:
a.	Total Expenditures (other than loan payments)
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. ln-ŀ	Cind 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. Ob	igations:
a.	Total Obligations Outstanding (must be shown in item 12.f.)\$

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: FRANK PINSON
2. Reporting Period: Start Date: July 1, 24 End Date: Sept. 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:
Address: 166 Bayshole Pl. City: HELINELSWUILL State: To Zip Code: 37075
Address: 166 Bayshole 12 P. City: HENNELSWUILL State: IN Zip Code: 37075
Occupation:OWNER_ Employer:TENX/ Properties
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500. 00 Date of Contribution: 7/9/24 Aggregate This Election: \$ 500.
Business or Organization Name:
First Name: DAVE Middle Name: Last Name: Blickhah
Address: 6695 BRighain Bay M.City: AVON State: IN Zip Code: 46123
Occupation: RE file D Employer:
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50.07 Date of Contribution: Aggregate This Election: \$ 50.07
Business or Organization Name:
First Name: BETTY Middle Name: Last Name: WesT
Address: 108 Ridge Court S. City: HENDERSONUILE State: TN Zip Code: 37075
Occupation: RETIRED Employer:
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: Aggregate This Election: \$ 200.00
Business or Organization, Name:
First Name: Tom Hay good Middle Name: Last Name: Hay good
Address: 135 Wood VALE Delve City: HEXPERSONILL State: TX Zip Code: 37.75
Occupation: REFIRED Employer:
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100. Date of Contribution: Aggregate This Election: \$ 100.
Total Contributions: \$850.00
(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 CONTRIBUTIONS - CANDIDATE

Candidate or Committee National	me: FRANK PINSON	
2. Reporting Period: Start Dat	te: July 1, 24 End Date: 50 1. 30	24
	s from preceding page (enter \$0 if first page) \$	0 = -
The state of the s	3, 3	-
COMPLETE THE APPROPRIATE	ITEMS FOR EACH ITEMIZED CONTRIBUTION.	
Business or Organization Name	e:	OR
First Name: BROOKS	Middle Name:	Last Name: PINSON
Address: 125 VINTAGE	Middle Name:	State: Tx. Zip Code: 37075
Occupation: DRIVER	Employer: U.P.S.	
Contribution Received For:	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)
Amount of Contribution: \$ 5	Date of Contribution:	Aggregate This Election: \$ So 0
Business or Organization Name	2:	OR
First Name: Callie	Middle Name:	Last Name:
Address: 125 Vindas	Middle Name: E Circle City: HENDERSONVILLE	State: Tx. Zip Code: 37075
Occupation: SALES	Employer: U.P.S.	
Contribution Received For:	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$
Business or Organization Name	2:	OR
Address: 104 5 to	Middle Name:HENDERS	Zip Code: 37075
	Employer: NAST	
Contribution Received For:	Primary Election General Election	Runoff (Local Elections Only)
Amount of Contribution: \$_5	Date of Contribution:	Aggregate This Election: \$ 500.
Business or Organization Name	2:	OR
	Middle Name:	
	City:	
Occupation:	Employer:	
Contribution Received For:	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$
Total Contributions: \$	ge if additional pages of this form are used. If t	his is the last page of contributions, this

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: FRAN	IK PINSON			
2. Reporting Period: Start Date: July 1, 24	End Date: 50 1. 30, 20	1		
3. Total campaign expenditures from preceding p		0		
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.,	i st be itemized. postage, printir	If the expending, etc.) along	diture is an in- with the
Business or Organization Name: A3AP	PRINTING			OR
First Name: Middle	Name:	Last Name:		
Address: 116 Imperial Blud.	City: HENAENSONVILLE	State: TW	Zip Code:	37075
Purpose of Expenditure: Push	Caros	,		
Amount of Expenditure: \$ 277, 67	Date of Expenditure: \$9/_	5/24		
Business or Organization Name: Hobby K	- 554			OR
		Last Name:		100000000000000000000000000000000000000
First Name: Middle Address: 26 India-Lake Bhd	Name:City: HENBERSon villé	State: 📈	Zip Code:	37075
Purpose of Expenditure: 5+x+io-ory		, ,		
Amount of Expenditure: \$ 16.44	Date of Expenditure: \$9	10/24		
Business or Organization Name: Vaites	States Portal Seevi	ce		OR
First Name: Middle	Name:	Last Name:		-
Address:	City: HENDERSOUNIK	State: Tw	Zip Code:	37075
Purpose of Expenditure: Pos TA				
Amount of Expenditure: \$ 73. 57	Date of Expenditure: \$ 9/	/24		
Business or Organization Name: MR. Sign	4			OR
	Name:	Last Name:		
Address: 179 Commence DR.	City: HEXIDERS SUITE	State: T~	Zip Code:	37075
Purpose of Expenditure: 516×15		1 /		-
Amount of Expenditure: \$ 1, 234, 69	Date of Expenditure: \$	130/24		
Business or Organization Name: Wilson	1 Bonk + TEUST			OR
First Name: Middle	Name:	Last Name:		
Address: 175 E. Main St.	City: HOLDERSON 1/1/E	State: Ta	Zip Code:	37075
Purpose of Expenditure: Ba-k FEE				
Amount of Expenditure: \$	Date of Expenditure: \$			
Total Expenditures: \$				
(Carry forward to the next page if additional page amount must be shown in the summary on first p		the last page	of expendit	ures, this

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: FRANK	PINSON			
2. Reporting Period: Start Date: July 1, 24	End Date: 2 6. 30, 2	_		
3. Total campaign expenditures from preceding p	age (enter \$0 if first page) \$			
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 expen ng, etc.) along	diture is an in- with the
Business or Organization Name: MR. 5	igN			OR
First Name: Middle	Name:	_ Last Name:		
Address: 129 Commeller DR.	City: HENDERSONVILLE	State: Tw	Zip Code:	37075
Purpose of Expenditure:		//		•
Amount of Expenditure: \$ _/3) . 70	Date of Expenditure: \$	723/24		
Business or Organization Name: MAx	PRINT DOCTORS			OR
First Name:, Middle	Name:	_ Last Name:		
Address: 339 Rock laws Rd # 3	City: HENDERS-UNIK	State:	Zip Code:	37075
Purpose of Expenditure:		/		
Amount of Expenditure: \$ 49, 39	Date of Expenditure: \$ 7/1	8/24		
Business or Organization Name: HEHTELSO	wilk Chamber of 1	connerce		OR
First Name: Middle	Name:	_ Last Name:		
Address: 100 Cantry Chs De Flot	City: HENDELS-VILLE	State: 1M	Zip Code:	37075
Purpose of Expenditure: Chamber	L EVENT	11		
Amount of Expenditure: \$	Date of Expenditure: \$	16/24		
Business or Organization Name:				OR
First Name: Middle	Name:	_ Last Name:	-	
Address:	City:	State:	Zip Code:	
Purpose of Expenditure:			9.	
Amount of Expenditure: \$	Date of Expenditure: \$			
Business or Organization Name:				OR
First Name: Middle				
Address:	City:	State:	Zip Code:	
Purpose of Expenditure:				
Amount of Expenditure: \$	Date of Expenditure: \$			
Total Expenditures: \$	837.89			
(Carry forward to the next page if additional page amount must be shown in the summary on first p	is of this form are used. If this is	the last page	of expendi	tures, this