



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

FILED  
OCT 29 2024 PM  
SUMNER COUNTY  
ELECTION COMMISSION

1. Date: 10-27-2024 2.a. Candidate or Committee Name: Dustin Darnall

2.b. If Committee, Name of Candidate: \_\_\_\_\_ 3. Election Date: 11-5-2024

4. Campaign Address: 137 Brookview Cir

City: Millersville State: TN Zip Code: 37072 Phone: 615-425-6756

5. Candidate Home Address: 137 Brookview Cir

City: Millersville State: TN Zip Code: 37072 Phone: 615-425-6756

Candidate Email Address: dustin.darnall@gmail.com

6. Office Sought: (include district number, if applicable) City of Millersville Commissioner

7. Name of Political Treasurer (may be candidate): Caitlin Duke

Political Treasurer Email Address: cduke@tyleryork.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.

[Signature] 10-27-24  
Candidate Signature Date

Caitlin Duke 10-27-24  
Political Treasurer Signature Date

[Signature] 10/27/24  
Witness Signature Date

[Signature] 10/27/24  
Witness Signature Date

12. Summary:

a. Balance On Hand Last Report .....	\$ <u>2,204.13</u>
b. Total Receipts This Period .....	\$ <u>4,000</u>
c. Total Disbursements This Period .....	\$ <u>1,967.14</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) .....	\$ <u>4,236.99</u>
e. Total Loans Outstanding .....	\$ <u>0</u>
f. Total Obligations Outstanding .....	\$ <u>1,511.34</u>

# SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Dustin Darnall

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) ..... \$ 4,000
- 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.) ..... \$ 4,000

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 1967.14  
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period ..... \$ 0
- c. Total Obligation Payments Made This Period..... \$ 1103.58
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ 1967.14

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period ..... \$ 0
- b. Itemized In-Kind Contributions Received This Period ..... \$ 1009.85
- c. Total In-Kind Contributions Received This Period ..... \$ 1009.85

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) ..... \$ 1511.34

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Dustin Darnall  
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: Best of Tennessee Victory Fund **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 414 Union St. Suite 1900 City: Nashville State: TN Zip Code: 37219  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 2,500 Date of Contribution: 10-11-24 Aggregate This Election: \$ 3,500

Business or Organization Name: Sumer Realtors **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 35 Executive Park Drive City: Hendersonville State: TN Zip Code: 37075  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 1,500 Date of Contribution: 10-10-2024 Aggregate This Election: \$ 1,500

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: \$ \_\_\_\_\_

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: \$ 4,000

(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: Dustin Darnall
2. Reporting Period: Start Date: 10-1-2024 End Date: 10-26-2024
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ 0

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: Dustin Middle Name: \_\_\_\_\_ Last Name: Darnall

Address: 137 Brookview Cir City: Millersville State: TN Zip Code: 37072

Occupation: Regulatory and Sustainability Lead Employer: Berry Global

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

In-Kind Contribution Value: \$ 9.85 In-Kind Contribution Date: 10-1-24 Aggregate This Election: \$ 109.85

Description of In-Kind Contribution: Postage at USPS

Business or Organization Name: Best of Tennessee Victory Fund **OR**

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

Address: 414 Union St. Suite 1900 City: Nashville State: TN Zip Code: 37219

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

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

In-Kind Contribution Value: \$ 1,000 In-Kind Contribution Date: \_\_\_\_\_ Aggregate This Election: \$ 3,500

Description of In-Kind Contribution: Consulting

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: \$ 1,009.85

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Dustin Darnall

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: Shirtwell OR

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

Address: 10045 Scott Circle City: Omaha State: NE Zip Code: 68122

Purpose of Expenditure: Shirts

Amount of Expenditure: \$ 307.50 Date of Expenditure: \$ 10-7-2024

Business or Organization Name: W Signs N Printing OR

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

Address: 1411 Dickerson Pike City: Goodlettsville State: TN Zip Code: 37072

Purpose of Expenditure: Palm Cards

Amount of Expenditure: \$ 52.00 Date of Expenditure: \$ 10-1-2024

Business or Organization Name: Farmers Bank OR

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

Address: 1250 Louisville Hwy City: Millersville State: TN Zip Code: 37072

Purpose of Expenditure: Checks

Amount of Expenditure: \$ 16.49 Date of Expenditure: \$ 10-2-2024

Business or Organization Name: Tractor Supply Co OR

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

Address: 2901 Highway 31W City: White House State: TN Zip Code: 37188

Purpose of Expenditure: T-Posts and Zip Ties

Amount of Expenditure: \$ 52.57 Date of Expenditure: \$ 10-6-24

Business or Organization Name: Smart Point Data Strategies OR

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

Address: 2750 1st Ave S Apt 304 City: Altoona State: IA Zip Code: 50009

Purpose of Expenditure: Data Management Services

Amount of Expenditure: \$ 435 Date of Expenditure: \$ 10-29-2024

Total Expenditures: \$ 863.56

(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: Dustin Darnall

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) \$ 863.56

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: Shell Miller Sebastian Advertising OR

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

Address: 4014 North Roan Street City: Johnson City State: TN Zip Code: 37601

Purpose of Expenditure: Mailer and Postage

Amount of Expenditure: \$ 436.91 Date of Expenditure: \$ 10-23-2024

Business or Organization Name: Shell Miller Sebastian Advertising OR

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

Address: 4014 North Roan Street City: Johnson City State: TN Zip Code: 37601

Purpose of Expenditure: Consulting, Copyrighting, Design Services

Amount of Expenditure: \$ 666.67 Date of Expenditure: \$ 10-23-2024

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: \$ \_\_\_\_\_

Total Expenditures: \$ 1967.14

(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 LOANS - CANDIDATE

1. Candidate or Committee Name: Dustin Darnall

2. Reporting Period: Start Date: 10-1-2024 End Date: 10-26-2024

3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100).

Complete the following for the source of each loan received and/or outstanding during the period.

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

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

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

Outstanding Loan Balance (Beginning) ..... \$ \_\_\_\_\_

Loans Received ..... \$ \_\_\_\_\_

Loan Payments ..... \$ \_\_\_\_\_

Outstanding Loan (End)..... \$ \_\_\_\_\_

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

Date of Loan: \_\_\_\_\_

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

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

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

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

Amount Guaranteed Outstanding: \$ \_\_\_\_\_

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

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

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

Amount Guaranteed Outstanding: \$ \_\_\_\_\_

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

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

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

Amount Guaranteed Outstanding: \$ \_\_\_\_\_

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

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

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

Amount Guaranteed Outstanding: \$ \_\_\_\_\_

**Totals for all loans** (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) ..... \$ 0

Loans Received ..... \$ 0

Loan Payments ..... \$ 0

Outstanding Loan (End)..... \$ 0

# ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Dustin Darnall
2. Reporting Period: Start Date: 10-1-2024 End Date: 10-26-2024
3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: Shell Miller Sebastian Advertizing

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

Last Name: \_\_\_\_\_

Address: 4014 N. Roan St.

City: Johnson City

State: TN Zip Code: 37601

Description of Obligation:	Mailer and Postage			
	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
	\$ 436.91	\$ 0	\$ 436.91	\$ 0

Business Name: Shell Miller Sebastian Advertizing

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

Last Name: \_\_\_\_\_

Address: 4014 N. Roan St.

City: Johnson City

State: TN Zip Code: 37601

Description of Obligation:	Consulting, Copyrighting, Design Services			
	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
	\$ 666.67	\$ 0	\$ 666.67	\$ 0

Business Name: Shell Miller Sebastian Advertizing

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

Last Name: \_\_\_\_\_

Address: 4014 N. Roan St.

City: Johnson City

State: TN Zip Code: 37601

Description of Obligation:	Direct Mail			
	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
	\$ 0	\$ 755.67	\$ 0	\$ 755.67

Business Name: Shell Miller Sebastian Advertizing

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

Last Name: \_\_\_\_\_

Address: 4014 N. Roan St.

City: Johnson City

State: TN Zip Code: 37601

Description of Obligation:	Direct Mail			
	Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
	\$ 0	\$ 755.67	\$ 0	\$ 755.67

**TOTALS**

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period End)
\$ 1103.58	\$ 1511.34	\$ 1103.58	\$ 1511.34