



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: Oct. 7, 2024 2.a. Candidate or Committee Name: Todd Alexander
 2.b. If Committee, Name of Candidate: _____ 3. Election Date: Nov. 5, 2024
 4. Campaign Address: 217 Strange Circle
 City: Gallatin State: TN Zip Code: 37066 Phone: 615-290-2137
 5. Candidate Home Address: Same
 City: _____ State: _____ Zip Code: _____ Phone: _____
 Candidate Email Address: Same TODDALEX37066@GMAIL.COM
 6. Office Sought: (include district number, if applicable) Gallatin City Alderman - District 2
 7. Name of Political Treasurer (may be candidate): Todd Alexander
 Political Treasurer Email Address: Same

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: 7/1/2024 End Date: 9/30/2024

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.

Todd A. Alexander 10/7/2024
 Candidate Signature Date
Sheryl J. Alexander 10/7/2024
 Witness Signature Date

Todd A. Alexander 10/7/2024
 Political Treasurer Signature Date
Sheryl J. Alexander 10/7/2024
 Witness Signature Date

FILED
AM **PM**

12. Summary:

a. Balance On Hand Last Report	\$	<u>2,868.31</u>	
b. Total Receipts This Period	\$	<u>2,801.87</u>	
c. Total Disbursements This Period	\$	<u>4,149.92</u>	
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$	<u>1,520.26</u>	
e. Total Loans Outstanding	\$	<u>0</u>	
f. Total Obligations Outstanding	\$	<u>0</u>	

OCT 10 2024
SUMNER COUNTY
ELECTION COMMISSION

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Todd Alexander

14. Reporting Period: Start Date: 7/1/2024 End Date: 9/30/2024

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) \$ 2,801.87
- 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.) \$ 2,801.87

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 4,149.92
(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.)..... \$ 4,149.92

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ _____
- b. Itemized In-Kind Contributions Received This Period \$ 104.00
- c. Total In-Kind Contributions Received This Period \$ 104.00

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ 0

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Todd Alexander
2. Reporting Period: Start Date: 7/1/2024 End Date: 9/30/2024
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: Robb Middle Name: _____ Last Name: Posey
Address: 1540 Woods Ferry Rd City: Gallatin State: TN Zip Code: 37066
Occupation: Plumber Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250 Date of Contribution: 7/13/2024 Aggregate This Election: \$ 250

Business or Organization Name: _____ OR
First Name: Lina Middle Name: _____ Last Name: Marler
Address: 1512 Cherokee Rd City: Gallatin State: TN Zip Code: 37066
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 20 Date of Contribution: 8/18/2024 Aggregate This Election: \$ 20

Business or Organization Name: _____ OR
First Name: Fred Middle Name: _____ Last Name: Duffer
Address: 816 Lock 4 Rd #301 City: Gallatin State: TN Zip Code: 37066
Occupation: Retired Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 30 Date of Contribution: 8/18/2024 Aggregate This Election: \$ 30

Business or Organization Name: _____ OR
First Name: Joe & Meda Middle Name: _____ Last Name: Bateman
Address: 1037 Carriage Hill Dr City: Hendersonville State: TN Zip Code: 37075
Occupation: Safety Director Employer: SA Recycling
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 8/18/2024 Aggregate This Election: \$ 100

Total Contributions: \$ 400

(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: Todd Alexander
2. Reporting Period: Start Date: 7/1/2024 End Date: 9/30/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 400

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Todd & Sherri Middle Name: _____ Last Name: Alexander
Address: 217 Strange Cir City: Gallatin State: TN Zip Code: 37066
Occupation: Candidate/Minister Employer: House of Grace
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500 Date of Contribution: 8/20/2024 Aggregate This Election: \$ 1,500

Business or Organization Name: _____ OR
First Name: Chris Middle Name: _____ Last Name: Spencer
Address: 104 River Chase City: Hendersonville State: TN Zip Code: 37075
Occupation: Self-Employed Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 1,251.87 Date of Contribution: 8/23/2024 Aggregate This Election: \$ 1,251.87

Business or Organization Name: _____ OR
First Name: Matt Middle Name: _____ Last Name: Campbell
Address: 1022 Paddock Park Cir City: Gallatin State: TN Zip Code: 37066
Occupation: Self-Employed Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250 Date of Contribution: 8/26/2024 Aggregate This Election: \$ 250

Business or Organization Name: _____ OR
First Name: JB & Belinda Middle Name: _____ Last Name: Harrison
Address: 501 Nichols Lane City: Gallatin State: TN Zip Code: 37066
Occupation: Self-Employed Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 8/26/2024 Aggregate This Election: \$ 100

Total Contributions: \$ 2,501.87

(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: Todd Alexander
2. Reporting Period: Start Date: 7/1/2024 End Date: 9/30/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 2,501.87

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Barbara Middle Name: _____ Last Name: Spidell

Address: 312 Gulfstream City: Gallatin State: TN Zip Code: 37066

Occupation: _____ Employer: _____

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

Amount of Contribution: \$ 50 Date of Contribution: 8/30/2024 Aggregate This Election: \$ 50

Business or Organization Name: _____ **OR**

First Name: John Middle Name: _____ Last Name: Borrowman

Address: 544 Ryan Ave City: Gallatin State: TN Zip Code: 37066

Occupation: Self-Employed Employer: _____

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

Amount of Contribution: \$ 50 Date of Contribution: 9/5/2024 Aggregate This Election: \$ 50

Business or Organization Name: _____ **OR**

First Name: John & Beth Middle Name: _____ Last Name: Barnes

Address: 318 Allen Dr City: Gallatin State: TN Zip Code: 37066

Occupation: Retired Employer: _____

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

Amount of Contribution: \$ 100 Date of Contribution: 9/16/2024 Aggregate This Election: \$ 100

Business or Organization Name: _____ **OR**

First Name: Terry & Susan Middle Name: _____ Last Name: Bailey

Address: 1402 Stop 30 Rd City: Hendersonville State: TN Zip Code: 37075

Occupation: Ministers Employer: TN Ministry Network

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

Amount of Contribution: \$ 100 Date of Contribution: 9/23/2024 Aggregate This Election: \$ 300

Total Contributions: \$ 2,801.87

(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: Todd Alexander
2. Reporting Period: Start Date: 7/1/2024 End Date: 9/30/2024
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: Betty Middle Name: _____ Last Name: Salyer
Address: 812 Kathy Cir City: Gallatin State: TN Zip Code: 37066
Occupation: Retired Employer: _____
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ 104 In-Kind Contribution Date: 9/16/2024 Aggregate This Election: \$ 104
Description of In-Kind Contribution: USPS Stamps

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: _____

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: \$ 104

(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: Todd Alexander
2. Reporting Period: Start Date: 7/1/2024 End Date: 9/30/2024
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: Inside Out Markets OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 562 S. Water Ave City: Gallatin State: TN Zip Code: 37066
Purpose of Expenditure: Meet & Greet
Amount of Expenditure: \$ 650 Date of Expenditure: 7/9/2024

Business or Organization Name: A.G.E. Graphics OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 678 Collins Rd City: Little Hocking State: OH Zip Code: 45742
Purpose of Expenditure: Yard Signs
Amount of Expenditure: \$ 1,195 Date of Expenditure: 7/19/2024

Business or Organization Name: Lowe's OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1301 Nashville Pike City: Gallatin State: TN Zip Code: 37066
Purpose of Expenditure: Sign posts
Amount of Expenditure: \$ 63.29 Date of Expenditure: 7/27/2024

Business or Organization Name: Fox Printing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: foxtn.com City: Hermitage State: TN Zip Code: _____
Purpose of Expenditure: Push cards printing, August mailer
Amount of Expenditure: \$ 1,802.46 Date of Expenditure: 8/22/2024

Business or Organization Name: USPS OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: Maple St City: Gallatin State: TN Zip Code: 37066
Purpose of Expenditure: Stamps
Amount of Expenditure: \$ 365 Date of Expenditure: 9/16/2024

Total Expenditures: \$ 4,075.75

(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: Todd Alexander
2. Reporting Period: Start Date: 7/1/2024 End Date: 9/30/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 4,075.75

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: Publix OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 211 Maharris Dr City: Gallatin State: TN Zip Code: 37066
Purpose of Expenditure: Meet & Greet food for Nichols Circle
Amount of Expenditure: \$ 43.17 Date of Expenditure: 9/23/2024

Business or Organization Name: Facebook - Meta OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1 Meta Way City: Menlo Park State: CA Zip Code: 94025
Purpose of Expenditure: Facebook Ads
Amount of Expenditure: \$ 31 Date of Expenditure: 9/25/2024

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: \$ 4,149.92
(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.)