



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: Oct. 09, 2024 2.a. Candidate or Committee Name: MARK A. SKIDMORE
 2.b. If Committee, Name of Candidate: N/A 3. Election Date: Nov 5, 2024
 4. Campaign Address: 209 NEPTUNE DRIVE
 City: HENDERSONVILLE State: TN. Zip Code: 37075 Phone: 615-594-9242
 5. Candidate Home Address: 209 NEPTUNE DRIVE
 City: HENDERSONVILLE State: TN Zip Code: 37075 Phone: 615-824-0033
 Candidate Email Address: CSKID@COMCAST.NET
 6. Office Sought: (include district number, if applicable) ALDERMAN WARD 1 (4yr. term)
 7. Name of Political Treasurer (may be candidate): JO C. SKIDMORE
 Political Treasurer Email Address: CSKID@COMCAST.NET

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: July 01, 2024 End Date: Sept. 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.

Mark A. Skidmore Oct. 09, 2024 Jo C. Skidmore Oct. 09, 2024
 Candidate Signature Date Political Treasurer Signature Date
Candace Webb Oct 09, 2024 Candace Webb Oct 09, 2024
 Witness Signature Date Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	FILED	\$ <u>0</u>
b. Total Receipts This Period	AM PM	\$ <u>1250.00</u>
c. Total Disbursements This Period	OCT 15 2024	\$ <u>0</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	SUNNER COUNTY ELECTION COMMISSION	\$ <u>1250.00</u>
e. Total Loans Outstanding		\$ <u>0</u>
f. Total Obligations Outstanding		\$ <u>0</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: MARK A. SKIDMORE

14. Reporting Period: Start Date: JULY 01, 2024 End Date: SEPT. 30, 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) \$ 1250.00
- 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.) \$ 1250.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 0
(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.)..... \$ 0

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: MARK A. SKIDMORE
2. Reporting Period: Start Date: JULY 1, 2024 End Date: SEPT. 30, 2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1250.⁰⁰

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: N/A OR
First Name: MICHAEL ELAINE Middle Name: _____ Last Name: WALKER
Address: 215 NEPTUNE DR. City: HENDERSONVILLE State: TN Zip Code: 37075
Occupation: SELF Employer: SELF
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.⁰⁰ Date of Contribution: 08-4-2024 Aggregate This Election: \$ _____

Business or Organization Name: N/A OR
First Name: SARA Middle Name: _____ Last Name: SLATERY
Address: 125 SHORECREST CIRCLE City: HENDERSONVILLE State: TN Zip Code: 37075
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 08-12-2024 Date of Contribution: 1000.⁰⁰ 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: \$ _____

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: \$ 1250.⁰⁰

(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.)