



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 1/24/25 2.a. Candidate or Committee Name: Aaron Allison

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 11/1/2024

4. Campaign Address: 303 Berkshire Place

City: Gallatin State: TN Zip Code: 37066 Phone: _____

5. Candidate Home Address: 303 Berkshire 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: 10/27/2024 End Date: 1/15/2025

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>1/27/25</u>		<u>1/27/25</u>
Candidate Signature	Date	Political Treasurer Signature	Date
	<u>1/27/25</u>		<u>1/27/25</u>
Witness Signature	Date	Witness Signature	Date

12. Summary:

a. Balance On Hand Last Report.....	AM FILED PM	\$ <u>7,160.99</u>
b. Total Receipts This Period.....	JAN 27 2025	\$ <u>500.00</u>
c. Total Disbursements This Period.....		\$ <u>3,953.15</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.).....	SUMNER COUNTY ELECTION COMMISSION	\$ <u>3,707.84</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: 10/27/2024 End Date: 1/15/2025

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) \$ 500.00
- 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.) \$ 500.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 3,953.15
(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.)..... \$ 3,953.15

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: 1/15/2025
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Leslie Middle Name: _____ Last Name: Harrison
Address: 1639 Boardwalk Pl 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: 11/1/2024 Aggregate This Election: \$ 500.00

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: \$ _____

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: \$ 500.00

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Aaron Allison
2. Reporting Period: Start Date: 10/27/2024 End Date: 1/15/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 0.00

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: Fox Printing OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 931 Old Lebanon Dirt Road City: Hermitage State: TN Zip Code: 37076

Purpose of Expenditure: mailer

Amount of Expenditure: \$ 1,496.23 Date of Expenditure: \$ 10/31/2024

Business or Organization Name: Zaxbys OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 580 Village Green Dr City: Gallatin State: TN Zip Code: 37066

Purpose of Expenditure: GHS team meal

Amount of Expenditure: \$ 643.05 Date of Expenditure: \$ 1/4/2024

Business or Organization Name: Mr Sign Man OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 129 Commerce Dr City: Hendersonville State: TN Zip Code: 37066

Purpose of Expenditure: advertising materials

Amount of Expenditure: \$ 474.12 Date of Expenditure: \$ 11/4/2024

Business or Organization Name: White Oak Consulting OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: marketing & digital communications

Amount of Expenditure: \$ 1,250.00 Date of Expenditure: \$ 11/4/2024

Business or Organization Name: Lowes OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 1301 Nashville Pike City: Gallatin State: TN Zip Code: 37066

Purpose of Expenditure: _____

Amount of Expenditure: \$ 75.45 Date of Expenditure: \$ 11/5/2024

Total Expenditures: \$ 3,938.85

(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: 10/27/2024 End Date: 1/15/2025
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 3,938.85

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: Walmart **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1112 Nashville Pike City: Gallatin State: TN Zip Code: 37066
Purpose of Expenditure: sign materials
Amount of Expenditure: \$ 4.30 Date of Expenditure: \$ 1/5/2024

Business or Organization Name: Gallatin Chamber of Commerce **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 117 W Main St City: Gallatin State: TN Zip Code: 37066
Purpose of Expenditure: _____
Amount of Expenditure: \$ 20.00 Date of Expenditure: \$ 11/22/2024

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: \$ 3,953.15

(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.)