



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

1. Date: 7-10-24 2.a. Candidate or Committee Name: Don Ward

2.b. If Committee, Name of Candidate: \_\_\_\_\_ 3. Election Date: \_\_\_\_\_

4. Campaign Address: 74 Blue Ridge Trace  
 City: Hville State: TN Zip Code: 37075 Phone: 615-405-3236

5. Candidate Home Address: 74 Blue Ridge Trace  
 City: Hville State: TN Zip Code: 37075 Phone: 615-405-3236  
 Candidate Email Address: DonWardWard2@gmail.com

6. Office Sought: (include district number, if applicable) Hendersonville Alderman, Ward 2

7. Name of Political Treasurer (may be candidate): Barry Hardwick  
 Political Treasurer Email Address: TREASURER.HARDWICK@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

9. Reporting Period: Start Date: 4-1-2024 End Date: 6-30-2024

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.

<u>Don Ward</u>	<u>7/10/24</u>	<u>Barry Hardwick</u>	<u>7-10-24</u>
Candidate Signature	Date	Political Treasurer Signature	Date
<u>Leto Ward</u>	<u>7/10/24</u>	<u>Leto Ward</u>	<u>7-10-24</u>
Witness Signature	Date	Witness Signature	Date

RECEIVED

12. Summary:

a. Balance On Hand Last Report	JUL 10 2024	\$ <u>1,476.63</u>
b. Total Receipts This Period		\$ <u>4,950.00</u>
c. Total Disbursements This Period	SUMNER COUNTY ELECTION COMMISSION	\$ <u>696.78</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)		\$ <u>5,729.85</u>
e. Total Loans Outstanding		\$ <u>1,500.00</u>
f. Total Obligations Outstanding		\$ <u>0</u>

# SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: DON WARD

14. Reporting Period: Start Date: 4-1-24 End Date: 6-30-24

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ 1,900.00  
(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) ..... \$ 3,050.00
- 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.) ..... \$ 4,950.00

16. Disbursements:

- a. Total Expenditures (other than loan payments) ..... \$ 696.78  
(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.) ..... \$ 696.78

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: Don Ward  
2. Reporting Period: Start Date: April 1, 24 End Date: June 30, 24  
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: David Middle Name: \_\_\_\_\_ Last Name: Black  
Address: 1254 Wavcrest Cr City: Gallatin State: TN Zip Code: 37066  
Occupation: Retired Employer: NA  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 250.<sup>00</sup> Date of Contribution: 5/9/24 Aggregate This Election: \$ 250.<sup>00</sup>

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Diane Middle Name: \_\_\_\_\_ Last Name: Black  
Address: 1254 Wavcrest Circle City: Gallatin State: TN Zip Code: 37066  
Occupation: Retired Employer: N.A.  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 250.<sup>00</sup> Date of Contribution: 5/9/24 Aggregate This Election: \$ 250.<sup>00</sup>

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Gregory Middle Name: \_\_\_\_\_ Last Name: Haag  
Address: 72 Blue Ridge Trace City: Hville State: TN Zip Code: 37075  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 100.<sup>00</sup> Date of Contribution: 5/10/24 Aggregate This Election: \$ 100.<sup>00</sup>

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Susan Middle Name: \_\_\_\_\_ Last Name: Haag  
Address: 72 Blue Ridge Trace City: Hville State: TN Zip Code: 37075  
Occupation: Retired Employer: N.A.  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 100.<sup>00</sup> Date of Contribution: 5/10/24 Aggregate This Election: \$ 100.-

Total Contributions: \$ 700.<sup>00</sup>  
(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: Don Ward  
2. Reporting Period: Start Date: 4/1/24 End Date: 6/30/24  
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$700.00

## COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Jeff Middle Name: \_\_\_\_\_ Last Name: Napier  
Address: 102 Saranae Trail City: Huile State: TN Zip Code: 37075  
Occupation: Electrical Sales Employer: Resa Power  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 500.00 Date of Contribution: 5/16/24 Aggregate This Election: \$ 500.-

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Louis Middle Name: \_\_\_\_\_ Last Name: Oliver  
Address: 110 Blue Ridge Trace City: Huile State: TN Zip Code: 37075  
Occupation: Judge Employer: State of TN  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 75.00 Date of Contribution: 5/16/24 Aggregate This Election: \$ 75.00

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Linda Middle Name: \_\_\_\_\_ Last Name: Oliver  
Address: 110 Blue Ridge City: Huile State: TN Zip Code: 37075  
Occupation: Retired Employer: N.A.  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 75.00 Date of Contribution: 5/16/24 Aggregate This Election: \$ 75.00

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Edward Middle Name: \_\_\_\_\_ Last Name: Spuelbeck  
Address: 419 W. Archer Way City: Huile State: TN Zip Code: 37075  
Occupation: Banking Employer: Volunteer State Bank  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 200.00 Date of Contribution: 5/16/24 Aggregate This Election: \$ 200.00

Total Contributions: \$ 850.00 + \$700 = \$1,550.00

(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

1. Candidate or Committee Name: \_\_\_\_\_  
2. Reporting Period: Start Date: 4/1/2024 End Date: 6/30/2024  
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1,550.<sup>00</sup>

## COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ OR  
First Name: KERRY Middle Name: \_\_\_\_\_ Last Name: PARKER  
Address: 425 S. Water Ave City: Gallatin State: TN Zip Code: 37066  
Occupation: Retired Employer: N.A.  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 200.<sup>00</sup> Date of Contribution: 5/14/24 Aggregate This Election: \$ 200.<sup>00</sup>

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Stephen Middle Name: \_\_\_\_\_ Last Name: Anderson  
Address: 156 Owl Hollow Rd City: Hville State: TN Zip Code: 37075  
Occupation: Insurance Sales Employer: W. E. Shaw + Assoc.  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 250.<sup>00</sup> Date of Contribution: 5/12/24 Aggregate This Election: \$ 250.<sup>00</sup>

Business or Organization Name: \_\_\_\_\_ OR  
First Name: John Middle Name: \_\_\_\_\_ Last Name: Evans  
Address: 155 Cumberland DR City: Hville State: TN Zip Code: 37075  
Occupation: Insurance Employer: Next Generation Underwriters  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 500.<sup>00</sup> Date of Contribution: 5/20/24 Aggregate This Election: \$ 500.<sup>00</sup>

Business or Organization Name: \_\_\_\_\_ OR  
First Name: William Middle Name: \_\_\_\_\_ Last Name: Sinks  
Address: 163 Bay Drive City: Hville State: TN Zip Code: 37075  
Occupation: Retired Employer: N.A.  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 300.<sup>00</sup> Date of Contribution: 6/5/24 Aggregate This Election: \$ 300.<sup>00</sup>

Total Contributions: \$ 1250 + \$1550.<sup>00</sup> = \$2800.<sup>00</sup>

(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: Don Wares  
2. Reporting Period: Start Date: 4/1/24 End Date: 6/30/24  
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 2,800.00

## COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: \_\_\_\_\_ OR  
First Name: Cynthia Middle Name: PARLER Last Name: O'Neal  
Address: 741 Lock 4 RD City: Pallatin State: TN Zip Code: 37066  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Amount of Contribution: \$ 250.00 Date of Contribution: 6/29/24 Aggregate This Election: \$ 250.00

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: \$ 2800 + 250.00 = \$3050.00

(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: DON WARD  
2. Reporting Period: Start Date: 4-1-2024 End Date: 6-30-2024  
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ Not Applicable

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: \_\_\_\_\_ 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: \_\_\_\_\_

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: \$ \_\_\_\_\_  
(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: Don Ward  
2. Reporting Period: Start Date: April 1, 24 End Date: June 30, 24  
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \_\_\_\_\_

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: Office Depot OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 252 E. Main St. City: Hville State: TN Zip Code: 37075  
Purpose of Expenditure: Office Supplies & Stamps  
Amount of Expenditure: \$ 156.02 Date of Expenditure: 4-25-2024

Business or Organization Name: ASAP Printing OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 116 Imperial City: Hville State: TN Zip Code: 37075  
Purpose of Expenditure: Printing - campaign cards  
Amount of Expenditure: \$ 119.52 Date of Expenditure: 5-2-2024

Business or Organization Name: Ultimate Party Super Store OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 246 W Main St City: Hville State: TN Zip Code: 37075  
Purpose of Expenditure: Supplies  
Amount of Expenditure: \$ 26.45 Date of Expenditure: 5-14-2024

Business or Organization Name: Sanders Ferry Pizza OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 248 Sanders Ferry City: Hville State: TN Zip Code: 37075  
Purpose of Expenditure: Food Campaign Kick-off  
Amount of Expenditure: \$ 334.35 Date of Expenditure: 5-16-2024

Business or Organization Name: MR. Sign Man OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 129 Commerce Dr. City: Hville State: TN Zip Code: 37075  
Purpose of Expenditure: Printing  
Amount of Expenditure: \$ 52.44 Date of Expenditure: 5-20-24

Total Expenditures: \$ 688.78

(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: Don Ward  
2. Reporting Period: Start Date: April 1, 24 End Date: June 30, 24  
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 688.78

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: Region Bank OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 249 E. Main St. City: Hu.ille State: TN Zip Code: 37075  
Purpose of Expenditure: Service Fee  
Amount of Expenditure: \$ 8.00 Date of Expenditure: 4-15-2024

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: \_\_\_\_\_

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: \$ 688.78 + 8.00 = \$696.78

(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: Don Ward
2. Reporting Period: Start Date: April 1, 24 End Date: June 30, 24
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: Cecil Middle Name: Don Last Name: Ward  
Address: 74 Blue Ridge City: Huile State: TN Zip Code: 37075  
Outstanding Loan Balance (Beginning) ..... \$ 1,500.00  
Loans Received ..... \$ 0  
Loan Payments ..... \$ 0  
Outstanding Loan (End) ..... \$ 1,500.00  
Loan Received For:  Primary Election  General Election  Runoff (Local Elections Only)  
Date of Loan: 2-16-24

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) ..... \$ 1,500.00  
Loans Received ..... \$ 0  
Loan Payments ..... \$ 0  
Outstanding Loan (End) ..... \$ 1,500.00



# ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Don Ward  
 2. Reporting Period: Start Date: 4-1-24 End Date: 6-30-24 *Non Applicable*  
 3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: _____ First Name: _____ Middle Name: _____ Last Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Description of Obligation:</td> <td colspan="3"></td> </tr> <tr> <td>Outstanding Balance (Period Beginning)</td> <td>Debt Incurred This Period</td> <td>Payments This Period</td> <td>Outstanding Balance (Period End)</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table>	Description of Obligation:				Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	\$	\$	\$	\$
Description of Obligation:													
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)										
\$	\$	\$	\$										

Business Name: _____ First Name: _____ Middle Name: _____ Last Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Description of Obligation:</td> <td colspan="3"></td> </tr> <tr> <td>Outstanding Balance (Period Beginning)</td> <td>Debt Incurred This Period</td> <td>Payments This Period</td> <td>Outstanding Balance (Period End)</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table>	Description of Obligation:				Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	\$	\$	\$	\$
Description of Obligation:													
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)										
\$	\$	\$	\$										

Business Name: _____ First Name: _____ Middle Name: _____ Last Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Description of Obligation:</td> <td colspan="3"></td> </tr> <tr> <td>Outstanding Balance (Period Beginning)</td> <td>Debt Incurred This Period</td> <td>Payments This Period</td> <td>Outstanding Balance (Period End)</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table>	Description of Obligation:				Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	\$	\$	\$	\$
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Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)										
\$	\$	\$	\$										

**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 This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

*11 6 11*