CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
For State and Local Candidates
For Single-Candidate Committees

1. Date: 10-2-2023 2.a. Candidate or Committee Name: Gabrielle Hanson for Mayor

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

4. Campaign Address: 5085 Donovan Street

City: Franklin State: TN Zip Code: 37067 Phone: 615-946-4200

5. Candidate Home Address: 5085 Donovan Street

City: Franklin State: TN Zip Code: 37064 Phone: 615-946-4200

Candidate Email Address: g@williamsonrealestate.com

6. Office Sought: (include district number, if applicable) Mayor for City of Franklin

7. Name of Political Treasurer (may be candidate): Gabrielle Hanson

Political Treasurer Email Address: g@williamsonrealestate.com

8. Category or Report: (check one) SH

☐ First Quarter ☐ Second Quarter ☒ Third Quarter ☐ Fourth Quarter ☒ Pre-Primary ☐ Pre-General

☐ Mid-Year Supplemental ☐ Year-End Supplemental

9. Reporting Period: Start Date: 7-1-2023 End Date: 9-30-2023

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.

Gabrielle Hanson 10-8-23 — Candidate Signature / Date

Gabrielle Hanson 10-8-23 — Political Treasurer Signature / Date

_____ 10-8-23 — Witness Signature / Date

_____ 10-8-23 — Witness Signature / Date

12. Summary:

a.	Balance On Hand Last Report	$ -0-
b.	Total Receipts This Period	$ 131,565.83
c.	Total Disbursements This Period	$ 120,848.22
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 10,717.61
e.	Total Loans Outstanding	$ 104,174.35
f.	Total Obligations Outstanding	$ 40,158.17

SS-1109 (Rev. 1/2023)

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Gabrielle Hanson

14. Reporting Period: Start Date: 7-1-2023 End Date: 9-30-2023

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 460.13
(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) ..... $ 26,931.25

c. Loans Received This Reporting Period ..... $ 104,174.35

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.) ..... $ 131,565.73

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 120,848.22
(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.) ..... $ 120,848.22

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.) ..... $ 110,158.17

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: GABRIELE HANSON FOR MAYOR

2. Reporting Period: Start Date: 7-1-2023 End Date: 9-30-2023

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: DENISE Middle Name: _____ Last Name: BOOTHBY

Address: 3827 Old CHARLOTTE PIKE City: FRANKLIN State: TN Zip Code: 37069

Occupation: REALTOR Employer: EXP

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

Amount of Contribution: $ 250.00 Date of Contribution: 8-10-23 Aggregate This Election: $ 250.00

Business or Organization Name: _____ OR

First Name: THOMAS Middle Name: _____ Last Name: BARRETT

Address: 3022 TURNSTONE TRACE City: SPRINGHILL State: TN Zip Code: 37174

Occupation: RETIRED Employer: _____

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

Amount of Contribution: $ 52.05 Date of Contribution: 7-24-23 Aggregate This Election: $ 52.05

Business or Organization Name: _____ OR

First Name: PHILLIP Middle Name: _____ Last Name: CANTRELL

Address: 103 WINDSOR WAY City: FRANKLIN State: TN Zip Code: 37069

Occupation: REALTOR Employer: BENCHMARK

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

Amount of Contribution: $ 1,399.00 Date of Contribution: 7-18-23 Aggregate This Election: $ 1399.00

Business or Organization Name: _____ OR

First Name: BRUCE ~~DAVIS~~ Middle Name: _____ Last Name: DAVIS

Address: 1394 KITRELL RD City: FRANKLIN State: TN Zip Code: 37064

Occupation: REAL ESTATE Employer: SELF

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

Amount of Contribution: $ 208.20 Date of Contribution: 7-18-23 Aggregate This Election: $ 208.20

Total Contributions: $ 1909.25

(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: GABRIELLE FOR MAYOR

2. Reporting Period: Start Date: 7-1-2023 End Date: 9-30-2023

3. Total campaign contributions from preceding page (enter $0 if first page) $ 1,909.25

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: AMANDA Middle Name: _____ Last Name: CANTRELL

Address: 103 WINDSOR WAY City: FRANKLIN State: TN Zip Code: 37069

Occupation: HOMEMAKER Employer: _____

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

Amount of Contribution: $ 1,399.00 Date of Contribution: 7-18-23 Aggregate This Election: $ 1399.00

Business or Organization Name: _____ OR

First Name: BRIAN Middle Name: _____ Last Name: GENTRY

Address: 4242 PATE RD City: FRANKLIN State: TN Zip Code: 37064

Occupation: RETIRED Employer: _____

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

Amount of Contribution: $ 104.10 Date of Contribution: 7-19-23 Aggregate This Election: $ 104.10

Business or Organization Name: _____ OR

First Name: MIKE Middle Name: _____ Last Name: HEBERT

Address: 306 BRAVEHEART DR City: FRANKLIN State: TN Zip Code: 37064

Occupation: CPO Employer: PUBLIC SQUARE

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

Amount of Contribution: $ 52.05 Date of Contribution: 7-19-23 Aggregate This Election: $ 52.05

Business or Organization Name: _____ OR

First Name: BARBARA Middle Name: ANN Last Name: JETER

Address: 2191 GRAND ST City: LOUISVILLE State: KY Zip Code: 37135

Occupation: RETIRED Employer: _____

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

Amount of Contribution: $ 111.00 Date of Contribution: 7-19-23 Aggregate This Election: $ 111.00

Total Contributions: $ 3,575.40

(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: GABRIELLE HANSON FOR MAYOR

2. Reporting Period: Start Date: 7-1-2023 End Date: 9-30-2023

3. Total campaign contributions from preceding page (enter $0 if first page) $ 31,575.40

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: GAIL Middle Name: _____ Last Name: WARD

Address: 5151 WADDELL HOLLOW RD City: FRANKLIN State: TN Zip Code: 37064

Occupation: CATERING Employer: SELF

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

Amount of Contribution: $ 21.86 Date of Contribution: 7-22-23 Aggregate This Election: $ 21.86

Business or Organization Name: _____ OR

First Name: VANESSA Middle Name: _____ Last Name: CROOKSHANKS

Address: 4000 WILLIFORD WAY City: SPRING HILL State: TN Zip Code: 37174

Occupation: TITLE COMPANY STAFF Employer: TN TITLE

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

Amount of Contribution: $ 26.03 Date of Contribution: 7-17-23 Aggregate This Election: $ 26.03

Business or Organization Name: _____ OR

First Name: IRA Middle Name: _____ Last Name: WEISS

Address: 1839 CHARITY DR City: BRENTWOOD State: TN Zip Code: 37027

Occupation: RETIRED Employer: _____

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

Amount of Contribution: $ 250.00 Date of Contribution: 7-22-23 Aggregate This Election: $ 250.00

Business or Organization Name: _____ OR

First Name: PAUL Middle Name: _____ Last Name: HALPERN

Address: 9047 GRAPHITE CIRCLE City: NAPLES State: FL Zip Code: 34120

Occupation: RETIRED Employer: _____

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

Amount of Contribution: $ 1,800.00 Date of Contribution: _____ Aggregate This Election: $ 1800.00

Total Contributions: $ 5,673.29

(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: GABRIELLE HANSON FOR MAYOR

2. Reporting Period: Start Date: 7-1-2023 End Date: 9-30-2023

3. Total campaign contributions from preceding page (enter $0 if first page) $ 5,673.29

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: JOAN Middle Name: _____ Last Name: HALPERN

Address: 9047 GRAPHITE CIRCLE City: NAPLES State: FL Zip Code: 34120

Occupation: RETIRED Employer: _____

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

Amount of Contribution: $ 1,800.00 Date of Contribution: 8-3-23 Aggregate This Election: $ 1,800.00

Business or Organization Name: _____ OR

First Name: MICHAEL Middle Name: _____ Last Name: STRESSOR

Address: 1632 CHAMPIONSHIP BLVD City: FRANKLIN State: TN Zip Code: 37064

Occupation: RETIRED Employer: _____

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

Amount of Contribution: $ 1,800.00 Date of Contribution: 7-25-23 Aggregate This Election: $ 1,800.00

Business or Organization Name: _____ OR

First Name: SANDRA Middle Name: _____ Last Name: STRESSOR

Address: 1632 CHAMPIONSHIP BLVD City: FRANKLIN State: TN Zip Code: 37064

Occupation: RETIRED Employer: _____

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

Amount of Contribution: $ 1,800.00 Date of Contribution: 7-25-23 Aggregate This Election: $ 1,800.00

Business or Organization Name: _____ OR

First Name: DWIGHT Middle Name: _____ Last Name: WAGNER

Address: 742 WILLOWSPRINGS City: FRANKLIN State: TN Zip Code: 37064

Occupation: RETIRED Employer: _____

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

Amount of Contribution: $ 100.00 Date of Contribution: 8-17-23 Aggregate This Election: $ 150.00

Total Contributions: $ 11,173.29

(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: GABRIELLE HANSON FOR MAYOR

2. Reporting Period: Start Date: 7-1-2023 End Date: 9-30-2023

3. Total campaign contributions from preceding page (enter $0 if first page) $ 11,173.29

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: SANDI Middle Name: _____ Last Name: WELLS

Address: P.O. BOX 1954 City: BRENTWOOD State: TN Zip Code: 37024

Occupation: RETIRED Employer: _____

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

Amount of Contribution: $ 200.00 Date of Contribution: 8-10-23 Aggregate This Election: $ 200.00

Business or Organization Name: _____ **OR**

First Name: WAYNE Middle Name: _____ Last Name: WEAVER

Address: 2068 SUNNYSIDE DR City: BRENTWOOD State: TN Zip Code: 37027

Occupation: STAFF Employer: COMMUNITY HOUSING

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

Amount of Contribution: $ 104.10 Date of Contribution: _____ Aggregate This Election: $ 104.10

Business or Organization Name: _____ **OR**

First Name: JOHN Middle Name: _____ Last Name: VEALE

Address: 3060 GENERAL MARTIN LN City: FRANKLIN State: TN Zip Code: 37064

Occupation: RETIRED Employer: _____

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

Amount of Contribution: $ 104.10 Date of Contribution: _____ Aggregate This Election: $ 208.20

Business or Organization Name: _____ **OR**

First Name: ANDY Middle Name: _____ Last Name: JORDAN

Address: 308 WILLOWSPRINGS BLVD City: FRANKLIN State: TN Zip Code: 37064

Occupation: RETIRED Employer: _____

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

Amount of Contribution: $ 208.20 Date of Contribution: _____ Aggregate This Election: $ 208.20

Total Contributions: $ 11,789.69

(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: GABRIELLE HANSON FOR MAYOR

2. Reporting Period: Start Date: 7-1-2023 End Date: 9-30-2023

3. Total campaign contributions from preceding page (enter $0 if first page) $ 11,789.69

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: GINO B Middle Name: _____ Last Name: TABBI

Address: 423 FINNHORSE LANE City: FRANKLIN State: TN Zip Code: 37064

Occupation: REAL ESTATE Employer: NEWMARK

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

Amount of Contribution: $ 100.00 Date of Contribution: 8-28-23 Aggregate This Election: $ 100.00

Business or Organization Name: _____ **OR**

First Name: CYNTHIA Middle Name: _____ Last Name: ECHOLS

Address: 1707 CHAMPIONSHIP BLVD City: FRANKLIN State: TN Zip Code: 37064

Occupation: HOMEMAKER Employer: _____

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

Amount of Contribution: $ 520.51 Date of Contribution: 8-28-23 Aggregate This Election: $ 520.51

Business or Organization Name: _____ **OR**

First Name: ANTHONY Middle Name: _____ Last Name: TOPPER

Address: 1000 JASPER AVE City: FRANKLIN State: TN Zip Code: 37064

Occupation: ATTORNEY Employer: CESARI MCKENNA LLC

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

Amount of Contribution: $ 1041.02 Date of Contribution: 8-29-23 Aggregate This Election: $ 1,041.02

Business or Organization Name: _____ **OR**

First Name: CHARLES Middle Name: _____ Last Name: WACHS

Address: 824 CHELTENHAM AVE City: FRANKLIN State: TN Zip Code: 37064

Occupation: RETIRED Employer: _____

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

Amount of Contribution: $ 100.00 Date of Contribution: 8-29-23 Aggregate This Election: $ 100.00

Total Contributions: $ 13,551.22

(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: GABRIELLE HANSON FOR MAYOR

2. Reporting Period: Start Date: 7-1-2023 End Date: 9-30-2023

3. Total campaign contributions from preceding page (enter $0 if first page) $ 13,551.22

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: NANCY Middle Name: _____ Last Name: FATHERS

Address: 192 BARLOW DR City: FRANKLIN State: TN Zip Code: 37064

Occupation: SALES Employer: SELF

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

Amount of Contribution: $100.00 Date of Contribution: 8-30-23 Aggregate This Election: $ 100.00

Business or Organization Name: _____ OR

First Name: CHRISTINE Middle Name: _____ Last Name: DEEKENS

Address: 207 FITZGERALD ST City: FRANKLIN State: TN Zip Code: 37064

Occupation: RETIRED Employer: _____

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

Amount of Contribution: $104.10 Date of Contribution: 8-31-23 Aggregate This Election: $ 104.10

Business or Organization Name: _____ OR

First Name: DIANE Middle Name: _____ Last Name: CHENARD

Address: 1334 JEWELL AVE City: FRANKLIN State: TN Zip Code: 37064

Occupation: RETIRED Employer: _____

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

Amount of Contribution: $104.10 Date of Contribution: 9-2-23 Aggregate This Election: $ 104.10

Business or Organization Name: _____ OR

First Name: DONNA Middle Name: _____ Last Name: NIBBELINK

Address: 1238 CHAMPIONSHIP City: FRANKLIN State: TN Zip Code: 37064

Occupation: RETIRED Employer: _____

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

Amount of Contribution: $500.00 Date of Contribution: 8-31-23 Aggregate This Election: $ 500.00

Total Contributions: $ 14,359.42

(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: GABRIELLE HANSON FOR MAYOR

2. Reporting Period: Start Date: 7-1-2023 End Date: 9-30-2023

3. Total campaign contributions from preceding page (enter $0 if first page) $14,359.42

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: JERRY Middle Name: _____ Last Name: LAMAR

Address: 1820 TOWNSEND BLVD City: FRANKLIN State: TN Zip Code: 37064

Occupation: RETIRED Employer: _____

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

Amount of Contribution: $250.00 Date of Contribution: 9-1-23 Aggregate This Election: $250.00

Business or Organization Name: _____ OR

First Name: MELANIE Middle Name: _____ Last Name: McDADIEL

Address: 1037 VAUGHNCREST City: FRANKLIN State: TN Zip Code: 37069

Occupation: CULINARY Employer: SELF

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

Amount of Contribution: $1,000.00 Date of Contribution: 9-1-23 Aggregate This Election: $1,000.00

Business or Organization Name: _____ OR

First Name: LORIE Middle Name: _____ Last Name: LEBERT

Address: 726 SHELLEY LANE City: FRANKLIN State: TN Zip Code: 37064

Occupation: RETIRED Employer: _____

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

Amount of Contribution: $100.00 Date of Contribution: 8-31-23 Aggregate This Election: $100.00

Business or Organization Name: _____ OR

First Name: JOY Middle Name: _____ Last Name: ALLISON

Address: P.O. BOX 681651 City: FRANKLIN State: TN Zip Code: 37068

Occupation: HOMEMAKER Employer: _____

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

Amount of Contribution: $500.00 Date of Contribution: 9-3-23 Aggregate This Election: $500.00

Total Contributions: $16,209.42

(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: GABRIELLE HANSON FOR MAYOR

2. Reporting Period: Start Date: 7-1-2023 End Date: 9-30-2023

3. Total campaign contributions from preceding page (enter $0 if first page) $ 16,209.42

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: STEPHEN Middle Name: _____ Last Name: HICKEY

Address: 3520 MAULDIN WOODS TR City: FRANKLIN State: TN Zip Code: 37064

Occupation: AIRLINE PILOT Employer: UNITED

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

Amount of Contribution: $ 150.00 Date of Contribution: 9-7-23 Aggregate This Election: $ 150.00

Business or Organization Name: _____ OR

First Name: AMY Middle Name: _____ Last Name: WELLS

Address: 303 GILLETTE DR City: FRANKLIN State: TN Zip Code: 37069

Occupation: HOMEMAKER Employer: _____

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

Amount of Contribution: $ 50.00 Date of Contribution: 9-7-23 Aggregate This Election: $ 50.00

Business or Organization Name: _____ OR

First Name: DWIGHT Middle Name: _____ Last Name: WAGNER

Address: 742 WILLOWSPRINGS City: FRANKLIN State: TN Zip Code: 37064

Occupation: RETIRED Employer: _____

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

Amount of Contribution: $ 50.00 Date of Contribution: 9-2-23 Aggregate This Election: $ 150.00

Business or Organization Name: _____ OR

First Name: STEVEN Middle Name: _____ Last Name: DISSER

Address: 23018 CARTER AVE. City: NASHVILLE State: TN Zip Code: 37206

Occupation: ATTORNEY Employer: GREATER NASHVILLE TITLE

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

Amount of Contribution: $ 1041.02 Date of Contribution: 9-5-23 Aggregate This Election: $ 1,041.02

Total Contributions: $ 17,500.44

(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.)

11 of 25

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: GABRIELLE HANSON FOR MAYOR

2. Reporting Period: Start Date: 7-1-2023 End Date: 9-30-2023

3. Total campaign contributions from preceding page (enter $0 if first page) $ 17,500.44

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: PAT Middle Name: _____ Last Name: RICE

Address: 129 BRADLEY PARK City: FRANKLIN State: TN Zip Code: 37069

Occupation: RETIRED Employer: _____

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

Amount of Contribution: $ 104.10 Date of Contribution: 9-6-23 Aggregate This Election: $ 104.10

Business or Organization Name: _____ OR

First Name: DAVID Middle Name: _____ Last Name: SUTTON

Address: 1025 DEL RIO CT City: FRANKLIN State: TN Zip Code: 37069

Occupation: LOCKSMITH Employer: SELF

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

Amount of Contribution: $ 104.10 Date of Contribution: 9-6-23 Aggregate This Election: $ 104.10

Business or Organization Name: _____ OR

First Name: BRIAN E Middle Name: _____ Last Name: LOMBARDO

Address: 1613 CHAMPIONSHIP City: FRANKLIN State: TN Zip Code: 37064

Occupation: WEALTH MGT Employer: SELF

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

Amount of Contribution: $ 260.25 Date of Contribution: 9-9-23 Aggregate This Election: $ 260.25

Business or Organization Name: _____ OR

First Name: DENISE Middle Name: _____ Last Name: PIEFKE

Address: 4425 IVAN CREEK DR. City: FRANKLIN State: TN Zip Code: 37064

Occupation: RETIRED Employer: _____

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

Amount of Contribution: $ 260.25 Date of Contribution: 9-8-23 Aggregate This Election: $ 260.25

Total Contributions: $ 18,229.14

(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: GABRIELLE HANSON FOR MAYOR

2. Reporting Period: Start Date: 7-1-2023 End Date: 9-30-2023

3. Total campaign contributions from preceding page (enter $0 if first page) $ 18,229.14

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: DEBRA Middle Name: _____ Last Name: WESTRA

Address: 1608 COMER CREEK City: FRANKLIN State: TN Zip Code: 37064

Occupation: RETIRED Employer: _____

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

Amount of Contribution: $ 26.03 Date of Contribution: 9-9-23 Aggregate This Election: $ 26.03

Business or Organization Name: _____ OR

First Name: AMANDA Middle Name: _____ Last Name: CECCONI

Address: 102 FAIR ST City: FRANKLIN State: TN Zip Code: 37064

Occupation: MARKETING Employer: PINCHIN & NUNN

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

Amount of Contribution: $ 250.00 Date of Contribution: 9-11-23 Aggregate This Election: $ 250.00

Business or Organization Name: _____ OR

First Name: DIANE Middle Name: RENEE Last Name: SMITH

Address: 1016 S. HIGH ST City: COLUMBIA State: TN Zip Code: 38401

Occupation: HOMEMAKER Employer: _____

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

Amount of Contribution: $ 50.00 Date of Contribution: 9-10-23 Aggregate This Election: $ 50.00

Business or Organization Name: WILLIAMSON FAMILIES PAC OR

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

Address: 2000 MALLORY Ln 130-536 City: FRANKLIN State: TN Zip Code: 37067

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 8,000.00 Date of Contribution: 9-12-23 Aggregate This Election: $ 8,000.00

Total Contributions: $ 26,555.17

(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: GABRIELLE HANSON FOR MAYOR

2. Reporting Period: Start Date: 7-1-2023 End Date: 9-30-2023

3. Total campaign contributions from preceding page (enter $0 if first page) $ 26,555,17

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: WINFRIED Middle Name: _____ Last Name: QUAST

Address: 1038 CALICO ST City: FRANKLIN State: TN Zip Code: 37064

Occupation: CONSULTING Employer: QUAST MEDIA LLC

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

Amount of Contribution: $ 52.05 Date of Contribution: 9-20-23 Aggregate This Election: $ 52.05

Business or Organization Name: _____ OR

First Name: DAVID Middle Name: _____ Last Name: GREGORY

Address: 2326 AMBER GLEN City: MURFREESBORO State: TN Zip Code: 37128

Occupation: RETIRED Employer: _____

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

Amount of Contribution: $ 52.05 Date of Contribution: 9-14-23 Aggregate This Election: $ 52.05

Business or Organization Name: _____ OR

First Name: MICHAEL Middle Name: _____ Last Name: WILLIS

Address: 1539 SANTA MONICA AVE City: SAN JOSE State: CA Zip Code: 95118

Occupation: RETIRED Employer: _____

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

Amount of Contribution: $ 2.08 Date of Contribution: 9-25-23 Aggregate This Election: $ 2.08

Business or Organization Name: _____ OR

First Name: GEORGE Middle Name: _____ Last Name: GIRTEL

Address: 4302 N. CHAPEL RD City: FRANKLIN State: TN Zip Code: 37067

Occupation: INVESTMENTS Employer: SELF

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

Amount of Contribution: $ 500,00 Date of Contribution: _____ Aggregate This Election: $ 500.00

Total Contributions: $ 27,161,35

(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.)

14825

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: GABRIELLE HANSON FOR MAYOR

2. Reporting Period: Start Date: 7-1-2023 End Date: 9-30-2023

3. Total campaign contributions from preceding page (enter $0 if first page) $ 27,161.35

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR

First Name: GREGORY Middle Name: _____ Last Name: DUKE

Address: 1400 KINNARD DR City: FRANKLIN State: TN Zip Code: 37064

Occupation: RETIRED Employer: _____

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

Amount of Contribution: $ 26.03 Date of Contribution: 9-21-23 Aggregate This Election: $ 26.03

Business or Organization Name: _____ OR

First Name: JOHN Middle Name: _____ Last Name: VEALE

Address: 3060 GENERAL MARIN City: FRANKLIN State: TN Zip Code: 37064

Occupation: RETIRED Employer: _____

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

Amount of Contribution: $ 104.10 Date of Contribution: 9-22-23 Aggregate This Election: $ 104.10

Business or Organization Name: _____ OR

First Name: LEIGH Middle Name: _____ Last Name: RICKETT

Address: 2565 WINDER DR City: FRANKLIN State: TN Zip Code: 37064

Occupation: RETIRED Employer: _____

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

Amount of Contribution: $ 100.00 Date of Contribution: 9-23-23 Aggregate This Election: $ 100.00

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: $_____

Total Contributions: $_____

(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: GABRIELLE HANSON FOR MAYOR

2. Reporting Period: Start Date: 7-1-2023 End Date: 9-30-2023

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: ______ 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: $ -0-

(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: Gabrielle Hanson

2. Reporting Period: Start Date: 7-1-2023 End Date: 9-30-2023

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: _____ OR

First Name: Dennis Middle Name: _____ Last Name: Valansi

Address: 24549 Aaorn Ct City: Newhall State: CA Zip Code: 91321

Purpose of Expenditure: Website

Amount of Expenditure: $ 1030.00 Date of Expenditure: 7-25-23

Business or Organization Name: Sign Center OR

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

Address: 7107 Crossroads Ste 104 City: Brentwood State: TN Zip Code: 37027

Purpose of Expenditure: Signs

Amount of Expenditure: $ 513.09 Date of Expenditure: 7-26-23

Business or Organization Name: Lamar Billboards OR

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

Address: 1993 Southerland Drive City: Nashville State: TN Zip Code: 37207

Purpose of Expenditure: Billboards

Amount of Expenditure: $ 2900.00 Date of Expenditure: 7-17-2023

Business or Organization Name: Hathaway Strategies OR

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

Address: 45 Franklin Rd. City: Leoma State: TN Zip Code: 38468

Purpose of Expenditure: Social Media

Amount of Expenditure: $ 2250.00 Date of Expenditure: 7-18-2023

Business or Organization Name: Big Frog OR

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

Address: 2016 Glen Echo Rd City: Nashville State: TN Zip Code: 37215

Purpose of Expenditure: T-Shirts

Amount of Expenditure: $ 1424.35 Date of Expenditure: 7-18-2023

Total Expenditures: $ 14,117.44

(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: Gabrielle Hanson
2. Reporting Period: Start Date: 7-1-2023 End Date: 9-30-2023
3. Total campaign expenditures from preceding page (enter $0 if first page) $ 14,117.49

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: Onyx + Alabaster OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 234 Public Square City: Franklin State: TN Zip Code: 37064
Purpose of Expenditure: Meet + Greet
Amount of Expenditure: $ 450.00 Date of Expenditure: 8-9-2023

Business or Organization Name: Estate Keeper OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1019 Westhaven Blvd STE 106 City: Franklin State: TN Zip Code: 37064
Purpose of Expenditure: Campaign Office Rent
Amount of Expenditure: $ 2000.00 Date of Expenditure: 8-2-2023

Business or Organization Name: VersaPay Axion OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 800 West 47th STE 200 City: Kansas City State: MO Zip Code: 64112
Purpose of Expenditure: Push Card
Amount of Expenditure: $ 300.00 Date of Expenditure: 8-10-2023

Business or Organization Name: VersaPay Axion OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 800 West 47th STE 200 City: Kansas City State: MO Zip Code: 64112
Purpose of Expenditure: Door Knockers
Amount of Expenditure: $ 15000.00 Date of Expenditure: 8-10-2023

Business or Organization Name: Stoked Intel OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2533 Bell Brook Drive City: Franklin State: TN Zip Code: 37067
Purpose of Expenditure: Consulting
Amount of Expenditure: $ 28,000.00 Date of Expenditure: 7-17-2023

Total Expenditures: $ 45,750.00
(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: Gabrielle Hanson

2. Reporting Period: Start Date: 7-1-2023 End Date: 9-30-2023

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 45,750.00

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: Stoked Intel **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2533 Belle Brook Drive City: Franklin State: TN Zip Code: 37067
Purpose of Expenditure: Software
Amount of Expenditure: $ 912.00 Date of Expenditure: 8-3-2023

Business or Organization Name: PrintWorks **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 493 Cave Rd City: Nashville State: TN Zip Code: 37210
Purpose of Expenditure: Palm Card Printing
Amount of Expenditure: $ 1059.73 Date of Expenditure: 8-16-2023

Business or Organization Name: Kasin Group **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: ____ Zip Code: _____
Purpose of Expenditure: Videography
Amount of Expenditure: $ 2000.00 Date of Expenditure: 8-18-2023

Business or Organization Name: PrintWorks **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 493 Cave Rd City: Nashville State: TN Zip Code: 37210
Purpose of Expenditure: Palm Card Printing
Amount of Expenditure: $ 1671.53 Date of Expenditure: 8-28-2023

Business or Organization Name: Sign Center **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 7107 Crossroads Blvd STE 104 City: Brentwood State: TN Zip Code: 37617
Purpose of Expenditure: Signs
Amount of Expenditure: $ 796.79 Date of Expenditure: 8-25-2023

Total Expenditures: $ 4640.05
(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: Gabrielle Hanson

2. Reporting Period: Start Date: 7-1-2023 End Date: 9-30-2023

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 46405/40

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: Vera Pay. Axiom **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 200 4th West Ste 200 City: Kansas City State: Mo Zip Code: 64112
Purpose of Expenditure: Door Knockers
Amount of Expenditure: $ 10,000.00 Date of Expenditure: 8-28-2023

Business or Organization Name: Estate Keeper **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1018 West Main Blvd Ste 106 City: Franklin State: TN Zip Code: 370[illegible]
Purpose of Expenditure: Rent For Campaign office
Amount of Expenditure: $ 4000.00 Date of Expenditure: 9-1-2023

Business or Organization Name: Sign Center **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 7107 Crossroads Blvd Ste 104 City: Brentwood State: TN Zip Code: 37027
Purpose of Expenditure: Signs
Amount of Expenditure: $ 1536.50 Date of Expenditure: 8-30-2023

Business or Organization Name: Office Depot **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: Cool Springs Blvd Ste 105 City: Franklin State: TN Zip Code: 37067
Purpose of Expenditure: Flyers
Amount of Expenditure: $ 515.83 Date of Expenditure: 8-30-2023

Business or Organization Name: _____ **OR**
First Name: Chrissy Middle Name: _____ Last Name: Campbell
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Make up Hair For Video
Amount of Expenditure: $ 290.00 Date of Expenditure: 8-31-2023

Total Expenditures: $ 16348.33
(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: Gabrielle Hanson

2. Reporting Period: Start Date: 7-1-2023 End Date: 9-30-2023

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 16342.33

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: Print Works OR

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

Address: 493 Cane Road City: Nashville State: TN Zip Code: 37210

Purpose of Expenditure: Palm Cards

Amount of Expenditure: $ 1343.78 Date of Expenditure: 9-5-2023

Business or Organization Name: _____ OR

First Name: James Middle Name: _____ Last Name: Lucente

Address: 300 Addison City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: Social Media

Amount of Expenditure: $ 3000.00 Date of Expenditure: 9-7-2023

Business or Organization Name: Music City Sign Co. OR

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

Address: 2892 S Church St Suite 1 City: Murfreesboro State: TN Zip Code: 37127

Purpose of Expenditure: Signs

Amount of Expenditure: $ 1556.55 Date of Expenditure: 9.6-2023

Business or Organization Name: Versa Ply Axiom OR

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

Address: 800 W 47th St Ste 208 City: Kansas City State: Mo Zip Code: 64112

Purpose of Expenditure: Mailers

Amount of Expenditure: $ 7945.00 Date of Expenditure: 9-12-2023

Business or Organization Name: Hathaway Strategies OR

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

Address: 45 Franklin Road City: Leamo State: TX Zip Code: 39468

Purpose of Expenditure: Social Media

Amount of Expenditure: $ 3250.00 Date of Expenditure: 9-10-2023

Total Expenditures: $ 17,095.33

(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: Gabrielle Hanson
2. Reporting Period: Start Date: 7-1-2023 End Date: 9-30-2023
3. Total campaign expenditures from preceding page (enter $0 if first page) $ 17,095.33

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: Versa Pay Axiom OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 800 West 47th Ste 200 City: Kansas City State: TN Zip Code: 64112
Purpose of Expenditure: Mailers
Amount of Expenditure: $ 6293.00 Date of Expenditure: 9-13-2023

Business or Organization Name: MP Films OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1920 Durrand Ave. City: Maitland State: FL Zip Code: 32751
Purpose of Expenditure: Videography
Amount of Expenditure: $ 450.00 Date of Expenditure: 9-21-2023

Business or Organization Name: Lasting Media OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1718 General George Patton City: Brentwood State: TN Zip Code: 37027
Purpose of Expenditure: Mailer Design
Amount of Expenditure: $ 2000.00 Date of Expenditure: 9-20-2023

Business or Organization Name: Franklin Celebrations OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1414 Westhaven Blvd City: Franklin State: TN Zip Code: 37064
Purpose of Expenditure: Balloons for Event
Amount of Expenditure: $ 100.00 Date of Expenditure: 9-24-2023

Business or Organization Name: Versa Pay Axiom OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 800 West 47th STE 200 City: Kansas City State: Mo Zip Code: 64112
Purpose of Expenditure: Mailers
Amount of Expenditure: $ 6293.00 Date of Expenditure: 9-18-2023

Total Expenditures: $ 15136.00
(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: Gabrielle Hanson

2. Reporting Period: Start Date: 7-1-2023 End Date: 9-30-2023

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 15136.00

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: VersaPay Axiom

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

Address: 200 West 47th St c 200 City: Kansas State: Mo Zip Code: 64112

Purpose of Expenditure: Mailers

Amount of Expenditure: $ 6293.00 Date of Expenditure: 9-14-2023

Business or Organization Name: Office Depot

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

Address: 545 Cool Springs Blvd SE 105 City: Franklin State: TN Zip Code: 37067

Purpose of Expenditure: Flyers

Amount of Expenditure: $ 519.12 Date of Expenditure: 9-1-2023

Business or Organization Name: Fifth Third Bank

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

Address: P.O. Box 630900 City: Cincinnati State: NOH Zip Code: 45263-0900

Purpose of Expenditure: Checks

Amount of Expenditure: $ 10.00 Date of Expenditure: 7-26-2023

Business or Organization Name: Office Depot

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

Address: 545 Cool Springs Blvd Sc 105 City: Franklin State: TN Zip Code: 37067

Purpose of Expenditure: Flyers

Amount of Expenditure: $ 944.55 Date of Expenditure: 8-14-2023

Business or Organization Name: _____

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

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

Purpose of Expenditure: _____

Amount of Expenditure: $ _____ Date of Expenditure: _____

Total Expenditures: $ 7766.67

(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: Gabrielle Hanson
2. Reporting Period: Start Date: 7-1-2023 End Date: 9-30-2023
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: Gabrielle Hanson **OR**

First Name: Gabrielle Middle Name: ______ Last Name: Hanson

Address: 5085 Donuan City: Franklin State: TN Zip Code: 37064

Outstanding Loan Balance (Beginning) .... $ -0-

Loans Received .... $ 104,174.35

Loan Payments .... $ 0

Outstanding Loan (End) .... $ 104,174.35

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

Date of Loan: 7-17-2023

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 .... $ 104,174.35

Loan Payments .... $ 0

Outstanding Loan (End) .... $ 104,174.35

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Gabrielle Hanson
2. Reporting Period: Start Date: 7-1-2023 End Date: 9-30-2023
3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: _____
First Name: Gabrielle Middle Name: _____
Last Name: Hanson
Address: 5085 Donovan Street
City: Franklin
State: TN Zip Code: 37064

Description of Obligation:			
Loan			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$ 0	$ 104,174.33	$ 0	$ 104,174.33

Business Name: Sign Center
First Name: _____ Middle Name: _____
Last Name: _____
Address: 7107 Crossroads Blvd Ste 104
City: Brentwood
State: TN Zip Code: 37027

Description of Obligation:			
Signs			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$ 0	$ 1493.82	$ 0	$ 1493.82

Business Name: _____
First Name: James Middle Name: _____
Last Name: Lucente
Address: 200 Addison
City: Franklin
State: TN. Zip Code: 37064

Description of Obligation:			
Social Media			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$ 0	$ 3000.00	$ 0	$ 3000.00

Business Name: _____
First Name: Rebecca Middle Name: _____
Last Name: Haines
Address: _____
City: Spring Hill
State: TN Zip Code: 37174

Description of Obligation:			
Social Media			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$ 0	$ 1500.00	$ 0	$ 1500.00

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)
$ 0	$ 5983.82	$ 0	$ 5983.82

SS-1127 (Rev. 1/2023)