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

1. Date: 10-16-2023 2.a. Candidate or Committee Name: Gabrielle Hanson FOR MAYOR

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 10-24-2023

4. Campaign Address: 5085 DONOVAN STREET

City: FRANKLIN State: TN Zip Code: 37064 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: GEWILLIAMSONREALESTATE.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: GEWILLIAMSONREALESTATE.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: 10-1-2023 End Date: 10-15-2023

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 10-16-23
Candidate Signature Date

Gabrielle Hanson 10-16-23
Political Treasurer Signature Date

Witness Signature 10-16-23
Date

Witness Signature 10-16-23
Date

12. Summary:

a.	Balance On Hand Last Report	$ 110,158.17
b.	Total Receipts This Period	$ 362.30
c.	Total Disbursements This Period	$ 21,819.82
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 88,700.65
e.	Total Loans Outstanding	$ 104,174.35
f.	Total Obligations Outstanding	$ -0-

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: GABRIELLE HANSON FOR MAYOR

14. Reporting Period: Start Date: 10-1-2023 End Date: 10-15-2023

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 50.00
(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) ..... $ 312.30

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.) ..... $ 362.30

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 21,819.82
(Note: Effective January 16, 2023, all expenditures must be itemized.)

b. Loan Repayments Made This Period ..... $ -0-

c. Total Obligation Payments Made This Period ..... $ 21,819.82

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 OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: GABRIELLE HANSON FOR MAYOR

2. Reporting Period: Start Date: 10-1-2023 End Date: 10-15-2023

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: NONE

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-	$104,174.35	$ -0-	$104,174.35

Business Name:

First Name: Middle Name:

Last Name:

Address:

City:

State: Zip Code:

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:

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:

Description of Obligation:			
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	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: GABRIELLE HANSON FOR MAYOR

2. Reporting Period: Start Date: 10-1-2023 End Date: 10-15-2023

3. Total campaign contributions from preceding page (enter $0 if first page) $ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: MARIE Middle Name: _____ Last Name: FELLHAUER

Address: 221 EVERBRIGHT AVE City: FRANKLIN State: TN Zip Code: 37064

Occupation: RETIRED Employer: RETIRED

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

Amount of Contribution: $104.10 Date of Contribution: 10-1-2023 Aggregate This Election: $104.10

Business or Organization Name: _____ **OR**

First Name: CHARLES Middle Name: _____ Last Name: BYRD

Address: 2321 HENPECK City: FRANKLIN State: TN Zip Code: 37064

Occupation: INVESTOR Employer: SELF-EMPLOYED

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

Amount of Contribution: $104.10 Date of Contribution: 10-2-2023 Aggregate This Election: $104.10

Business or Organization Name: _____ **OR**

First Name: JOHN Middle Name: _____ Last Name: KLEIN

Address: 331 GRANBURY City: FRANKLIN State: TN Zip Code: 37064

Occupation: RETIRED Employer: RETIRED

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

Amount of Contribution: $104.10 Date of Contribution: 10-9-2023 Aggregate This Election: $104.10

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: $ 312.30

(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: GABRIELLE HANSON FOR MAYOR

2. Reporting Period: Start Date: 10-1-2023 End Date: 10-15-2023

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: JAMES Middle Name: _____ Last Name: LUCENTE

Address: 200 ADDISON City: FRANKLIN State: TN Zip Code: 37064

Purpose of Expenditure: SOCIAL MEDIA

Amount of Expenditure: $ 3,000.00 Date of Expenditure: $ 10-4-2023

Business or Organization Name: _____ **OR**

First Name: REBECCA Middle Name: _____ Last Name: HAINES

Address: _____ City: SPRING HILL State: TN Zip Code: 37174

Purpose of Expenditure: SOCIAL MEDIA

Amount of Expenditure: $ 1,500.00 Date of Expenditure: $ 10-2-2023

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: $ 1,483.82 Date of Expenditure: $ 10-4-2023

Business or Organization Name: _____ **OR**

First Name: JAMES Middle Name: _____ Last Name: LUCENTE

Address: 200 ADDISON City: FRANKLIN State: TN Zip Code: 37064

Purpose of Expenditure: SOCIAL MEDIA

Amount of Expenditure: $ 3,250.00 Date of Expenditure: $ 10-4-2023

Business or Organization Name: AXIOM VERSAPAY **OR**

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

Address: 800 W. 47th St. Ste 200 City: KANSAS CITY State: MO Zip Code: 64112

Purpose of Expenditure: MAILERS

Amount of Expenditure: $ 6,293.00 Date of Expenditure: $ 10-3-2023

Total Expenditures: $ 15,526.82

(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 FOR MAYOR

2. Reporting Period: Start Date: 10-1-2023 End Date: 10-15-2023

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 15,526.82

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: AXION VERSAPAY **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 800 W. 47th, ste 200 City: KANSAS CITY State: MO Zip Code: 6412
Purpose of Expenditure: MAILERS
Amount of Expenditure: $ 6,293.00 Date of Expenditure: $ 10-9-2023

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: $ 21,819.82
(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.)