

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                           |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------|--------------------------------|
| 1. DATE OF REPORT<br><b>7/13/2020</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 2.a. NAME OF CANDIDATE OR COMMITTEE<br><b>Mark A. Ireson</b>              |                                |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 3. ELECTION DATE<br><b>2020-08-06</b>                                     |                                |
| 4.a. CAMPAIGN ADDRESS AND PHONE<br>Street or Rural Route<br><b>400 Wagon Wheel Ln</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | City<br><b>Kingsport</b>                                                  | State<br><b>TN</b>             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Zip Code<br><b>37663</b>                                                  | Phone                          |
| 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)<br>Street or Rural Route<br><b>400 Wagon Wheel Lane</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | City<br><b>Kingsport</b>                                                  | State<br><b>TN</b>             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Zip Code<br><b>37663</b>                                                  | Phone<br><b>(423) 239-3905</b> |
| 5. OFFICE SOUGHT (include district number, if applicable)<br><b>COUNTY SCHOOL BOARD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 6. NAME OF POLITICAL TREASURER (may be candidate)<br><b>Sharon Ireson</b> |                                |
| 7. CATEGORY OR REPORT (Check one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                           |                                |
| <input type="checkbox"/> FIRST QUARTER <input checked="" type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL                                                                                                                                                                                                |  |                                                                           |                                |
| 8.a. BEGINNING DATE OF REPORTING PERIOD<br><b>2020-04-01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 8.b. ENDING DATE OF REPORTING PERIOD<br><b>2020-06-30</b>                 |                                |
| 9. (Check one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                           |                                |
| a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)<br><br>b. <input checked="" type="checkbox"/> 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.                  |  |                                                                           |                                |
| 10. 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. |  |                                                                           |                                |
| _____<br>signature of candidate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | _____<br>signature of political treasurer                                 |                                |
| _____<br>signature of witness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | _____<br>signature of witness                                             |                                |
| _____<br>date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | _____<br>date                                                             |                                |
| 11. WITNESS SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                           |                                |
| 12. SUMMARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                           |                                |
| a. BALANCE ON HAND LAST REPORT .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | \$0.00                                                                    |                                |
| b. TOTAL RECEIPTS THIS PERIOD .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | \$2,025.03                                                                |                                |
| c. TOTAL DISBURSEMENTS THIS PERIOD .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | \$1,461.79                                                                |                                |
| d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | \$563.24                                                                  |                                |
| e. TOTAL LOANS OUTSTANDING .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | \$1,800.00                                                                |                                |
| f. TOTAL OBLIGATIONS OUTSTANDING .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | \$0.00                                                                    |                                |

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# SUMMARY PAGE - CANDIDATE

|                                                                       |                                                                          |  |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------|--|
| <b>13. NAME OF CANDIDATE OR COMMITTEE (In Full)</b><br>Mark A. Ireson | <b>14. REPORT COVERING THE PERIOD</b><br>FROM: 2020-04-01 TO: 2020-06-30 |  |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------|--|

**RECEIPTS**

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ \$225.00

b. Itemized Contributions (over \$100 from each source this period) ..... \$ \_\_\_\_\_

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) ..... \$ \$225.00

16. LOANS RECEIVED THIS REPORTING PERIOD ..... \$ \$1,800.00

17. INTEREST RECEIVED THIS REPORTING PERIOD ..... \$ \$0.03

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) ..... \$ \$2,025.03

**DISBURSEMENTS**

19. EXPENDITURES (other than loan payments)

a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)

Sullivan County Voter Data Disk ..... \$ \$35.00

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total of Expenditures (\$100 or less each payee) ..... \$ \$35.00

b. Itemized Expenditures (Over \$100 each payee this period) ..... \$ \$1,426.79

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) ..... \$ \$1,461.79

20. LOAN REPAYMENTS MADE THIS PERIOD ..... \$ \_\_\_\_\_

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) ..... \$ \$1,461.79

**22. IN-KIND CONTRIBUTIONS**

a. Unitemized in-kind contributions (\$100 or less from each source this period) ..... \$ \$77.04

b. Itemized in-kind contributions (over \$100 from each source this period) ..... \$ \_\_\_\_\_

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) ..... \$ \$77.04

**23. OBLIGATIONS**

a. Unitemized Obligations Outstanding (\$100 or less each) ..... \$ \_\_\_\_\_

b. Itemized Obligations Outstanding (Over \$100 each) ..... \$ \_\_\_\_\_

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) ..... \$ \_\_\_\_\_



# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

|                                                                                                                                                                                                                        |                    |                        |                                                                  |                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------|------------------------------------------------------------------|-------------------------|
| 1. NAME OF CANDIDATE OR COMMITTEE<br><b>Mark A. Ireson</b>                                                                                                                                                             |                    |                        | 2. REPORT COVERING THE PERIOD<br>FROM: 2020-04-01 TO: 2020-06-30 |                         |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)                                                                                                                         |                    |                        |                                                                  | Amount<br><b>\$0.00</b> |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)                                                                                 |                    |                        |                                                                  |                         |
| First Name                                                                                                                                                                                                             | Middle Name        | Purpose of Expenditure |                                                                  | Amount of Expenditure   |
| Last Name/Business Name<br><b>Able Printing</b>                                                                                                                                                                        |                    | Political Push Cards   |                                                                  | \$238.71                |
| Address<br><b>906 East Center Street</b>                                                                                                                                                                               |                    |                        |                                                                  |                         |
| City<br><b>Kingsport</b>                                                                                                                                                                                               | State<br><b>TN</b> |                        |                                                                  |                         |
| First Name                                                                                                                                                                                                             | Middle Name        | Purpose of Expenditure |                                                                  | Amount of Expenditure   |
| Last Name/Business Name<br><b>Mycroft Signs</b>                                                                                                                                                                        |                    | Political Signs        |                                                                  | \$1,188.08              |
| Address<br><b>403 Cherokee Street</b>                                                                                                                                                                                  |                    |                        |                                                                  |                         |
| City<br><b>Kingsport</b>                                                                                                                                                                                               | State<br><b>TN</b> |                        |                                                                  |                         |
| First Name                                                                                                                                                                                                             | Middle Name        | Purpose of Expenditure |                                                                  | Amount of Expenditure   |
| Last Name/Business Name                                                                                                                                                                                                |                    |                        |                                                                  |                         |
| Address                                                                                                                                                                                                                |                    |                        |                                                                  |                         |
| City                                                                                                                                                                                                                   | State              |                        |                                                                  |                         |
| First Name                                                                                                                                                                                                             | Middle Name        | Purpose of Expenditure |                                                                  | Amount of Expenditure   |
| Last Name/Business Name                                                                                                                                                                                                |                    |                        |                                                                  |                         |
| Address                                                                                                                                                                                                                |                    |                        |                                                                  |                         |
| City                                                                                                                                                                                                                   | State              |                        |                                                                  |                         |
| First Name                                                                                                                                                                                                             | Middle Name        | Purpose of Expenditure |                                                                  | Amount of Expenditure   |
| Last Name/Business Name                                                                                                                                                                                                |                    |                        |                                                                  |                         |
| Address                                                                                                                                                                                                                |                    |                        |                                                                  |                         |
| City                                                                                                                                                                                                                   | State              |                        |                                                                  |                         |
| First Name                                                                                                                                                                                                             | Middle Name        | Purpose of Expenditure |                                                                  | Amount of Expenditure   |
| Last Name/Business Name                                                                                                                                                                                                |                    |                        |                                                                  |                         |
| Address                                                                                                                                                                                                                |                    |                        |                                                                  |                         |
| City                                                                                                                                                                                                                   | State              |                        |                                                                  |                         |
| 5. TOTAL ITEMIZED EXPENDITURES<br>(Carry forward to item 3. of next page if additional pages of this form are used.)<br>(If this is the last page of expenditures, this amount must be shown in item 19b. of summary.) |                    |                        |                                                                  | \$1,426.79              |



# ITEMIZED STATEMENT OF LOANS - CANDIDATE

|                                                                                                                                                                                                                                           |            |             |          |                                                                                                |      |                                                                                                                                                                                                                                                               |              |       |     |            |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|----------|------------------------------------------------------------------------------------------------|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------|-----|------------|------------|
| 1. NAME OF CANDIDATE OR COMMITTEE                                                                                                                                                                                                         |            |             |          |                                                                                                |      | 2. REPORT COVERING THE PERIOD                                                                                                                                                                                                                                 |              |       |     |            |            |
| Mark A. Ireson                                                                                                                                                                                                                            |            |             |          |                                                                                                |      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">FROM:</td> <td style="padding: 2px;">TO:</td> </tr> <tr> <td style="padding: 2px;">2020-04-01</td> <td style="padding: 2px;">2020-06-30</td> </tr> </table> |              | FROM: | TO: | 2020-04-01 | 2020-06-30 |
| FROM:                                                                                                                                                                                                                                     | TO:        |             |          |                                                                                                |      |                                                                                                                                                                                                                                                               |              |       |     |            |            |
| 2020-04-01                                                                                                                                                                                                                                | 2020-06-30 |             |          |                                                                                                |      |                                                                                                                                                                                                                                                               |              |       |     |            |            |
| 3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)                                                                                                               |            |             |          |                                                                                                |      |                                                                                                                                                                                                                                                               |              |       |     |            |            |
| Complete the Following for the Source of the Loan                                                                                                                                                                                         |            |             |          |                                                                                                |      |                                                                                                                                                                                                                                                               |              |       |     |            |            |
| First Name                                                                                                                                                                                                                                |            | Middle Name |          | Outstanding Loan Balance<br>(Beginning of Period)                                              |      | Loans Received                                                                                                                                                                                                                                                |              |       |     |            |            |
| Mark                                                                                                                                                                                                                                      |            | A.          |          |                                                                                                |      |                                                                                                                                                                                                                                                               |              |       |     |            |            |
| Last Name/Organization Name                                                                                                                                                                                                               |            |             |          | \$0.00                                                                                         |      | \$800.00                                                                                                                                                                                                                                                      |              |       |     |            |            |
| Ireson                                                                                                                                                                                                                                    |            |             |          |                                                                                                |      | \$0.00                                                                                                                                                                                                                                                        |              |       |     |            |            |
| Address                                                                                                                                                                                                                                   |            |             |          | Loan Received For:                                                                             |      |                                                                                                                                                                                                                                                               | Date of Loan |       |     |            |            |
| 400 Wagon Wheel Lane                                                                                                                                                                                                                      |            |             |          | <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election |      |                                                                                                                                                                                                                                                               | 2020-05-18   |       |     |            |            |
| City                                                                                                                                                                                                                                      |            | State       | Zip Code |                                                                                                |      |                                                                                                                                                                                                                                                               |              |       |     |            |            |
| Kingsport                                                                                                                                                                                                                                 |            | TN          | 37663    |                                                                                                |      |                                                                                                                                                                                                                                                               |              |       |     |            |            |
| List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)                                                                                                                                            |            |             |          |                                                                                                |      |                                                                                                                                                                                                                                                               |              |       |     |            |            |
| First Name                                                                                                                                                                                                                                |            | Middle Name |          | First Name                                                                                     |      | Middle Name                                                                                                                                                                                                                                                   |              |       |     |            |            |
| Last Name/Organization Name                                                                                                                                                                                                               |            |             |          | Last Name/Organization Name                                                                    |      |                                                                                                                                                                                                                                                               |              |       |     |            |            |
| Address                                                                                                                                                                                                                                   |            |             |          | Address                                                                                        |      |                                                                                                                                                                                                                                                               |              |       |     |            |            |
| City                                                                                                                                                                                                                                      |            | State       | Zip Code |                                                                                                | City |                                                                                                                                                                                                                                                               | State        |       |     |            |            |
|                                                                                                                                                                                                                                           |            |             |          |                                                                                                |      |                                                                                                                                                                                                                                                               |              |       |     |            |            |
| Amount Guaranteed Outstanding                                                                                                                                                                                                             |            |             |          | Amount Guaranteed Outstanding                                                                  |      |                                                                                                                                                                                                                                                               |              |       |     |            |            |
| First Name                                                                                                                                                                                                                                |            | Middle Name |          | First Name                                                                                     |      | Middle Name                                                                                                                                                                                                                                                   |              |       |     |            |            |
| Last Name/Organization Name                                                                                                                                                                                                               |            |             |          | Last Name/Organization Name                                                                    |      |                                                                                                                                                                                                                                                               |              |       |     |            |            |
| Address                                                                                                                                                                                                                                   |            |             |          | Address                                                                                        |      |                                                                                                                                                                                                                                                               |              |       |     |            |            |
| City                                                                                                                                                                                                                                      |            | State       | Zip Code |                                                                                                | City |                                                                                                                                                                                                                                                               | State        |       |     |            |            |
|                                                                                                                                                                                                                                           |            |             |          |                                                                                                |      |                                                                                                                                                                                                                                                               |              |       |     |            |            |
| Amount Guaranteed Outstanding                                                                                                                                                                                                             |            |             |          | Amount Guaranteed Outstanding                                                                  |      |                                                                                                                                                                                                                                                               |              |       |     |            |            |
| First Name                                                                                                                                                                                                                                |            | Middle Name |          | First Name                                                                                     |      | Middle Name                                                                                                                                                                                                                                                   |              |       |     |            |            |
| Last Name/Organization Name                                                                                                                                                                                                               |            |             |          | Last Name/Organization Name                                                                    |      |                                                                                                                                                                                                                                                               |              |       |     |            |            |
| Address                                                                                                                                                                                                                                   |            |             |          | Address                                                                                        |      |                                                                                                                                                                                                                                                               |              |       |     |            |            |
| City                                                                                                                                                                                                                                      |            | State       | Zip Code |                                                                                                | City |                                                                                                                                                                                                                                                               | State        |       |     |            |            |
|                                                                                                                                                                                                                                           |            |             |          |                                                                                                |      |                                                                                                                                                                                                                                                               |              |       |     |            |            |
| Amount Guaranteed Outstanding                                                                                                                                                                                                             |            |             |          | Amount Guaranteed Outstanding                                                                  |      |                                                                                                                                                                                                                                                               |              |       |     |            |            |
| First Name                                                                                                                                                                                                                                |            | Middle Name |          | First Name                                                                                     |      | Middle Name                                                                                                                                                                                                                                                   |              |       |     |            |            |
| Last Name/Organization Name                                                                                                                                                                                                               |            |             |          | Last Name/Organization Name                                                                    |      |                                                                                                                                                                                                                                                               |              |       |     |            |            |
| Address                                                                                                                                                                                                                                   |            |             |          | Address                                                                                        |      |                                                                                                                                                                                                                                                               |              |       |     |            |            |
| City                                                                                                                                                                                                                                      |            | State       | Zip Code |                                                                                                | City |                                                                                                                                                                                                                                                               | State        |       |     |            |            |
|                                                                                                                                                                                                                                           |            |             |          |                                                                                                |      |                                                                                                                                                                                                                                                               |              |       |     |            |            |
| Amount Guaranteed Outstanding                                                                                                                                                                                                             |            |             |          | Amount Guaranteed Outstanding                                                                  |      |                                                                                                                                                                                                                                                               |              |       |     |            |            |
| 4. Totals for all Loans (complete on last page of itemized loans)                                                                                                                                                                         |            |             |          | Outstanding Loan Balance<br>(Beginning of Period)                                              |      | Loans Received                                                                                                                                                                                                                                                |              |       |     |            |            |
| (Total loans received should also be shown in item 16. on summary page.)<br>(Total loan payments should also be shown in item 20. on summary page.)<br>(Total outstanding loan balance should also be shown in item 12.e. on front page.) |            |             |          |                                                                                                |      |                                                                                                                                                                                                                                                               |              |       |     |            |            |
|                                                                                                                                                                                                                                           |            |             |          |                                                                                                |      |                                                                                                                                                                                                                                                               |              |       |     |            |            |



# ITEMIZED STATEMENT OF LOANS - CANDIDATE

|                                                                                                                                                                                                                                           |  |                          |  |                                                   |  |                                                                                                                                                          |  |                               |              |                                             |                   |                                             |  |          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|--|---------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|--------------|---------------------------------------------|-------------------|---------------------------------------------|--|----------|--|
| 1. NAME OF CANDIDATE OR COMMITTEE                                                                                                                                                                                                         |  |                          |  |                                                   |  | 2. REPORT COVERING THE PERIOD                                                                                                                            |  |                               |              |                                             |                   |                                             |  |          |  |
| Mark A. Ireson                                                                                                                                                                                                                            |  |                          |  |                                                   |  | FROM:<br>2020-04-01                                                                                                                                      |  | TO:<br>2020-06-30             |              |                                             |                   |                                             |  |          |  |
| 3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)                                                                                                               |  |                          |  |                                                   |  |                                                                                                                                                          |  |                               |              |                                             |                   |                                             |  |          |  |
| Complete the Following for the Source of the Loan                                                                                                                                                                                         |  |                          |  |                                                   |  |                                                                                                                                                          |  |                               |              |                                             |                   |                                             |  |          |  |
| First Name<br><b>Mark</b>                                                                                                                                                                                                                 |  | Middle Name<br><b>A.</b> |  | Outstanding Loan Balance<br>(Beginning of Period) |  | Loans<br>Received                                                                                                                                        |  | Loan<br>Payments              |              | Outstanding Loan Balance<br>(End of Period) |                   |                                             |  |          |  |
| Last Name/Organization Name<br><b>Ireson</b>                                                                                                                                                                                              |  |                          |  | <b>\$0.00</b>                                     |  | <b>\$500.00</b>                                                                                                                                          |  | <b>\$0.00</b>                 |              | <b>\$500.00</b>                             |                   |                                             |  |          |  |
| Address<br><b>400 Wagon Wheel Lane</b>                                                                                                                                                                                                    |  |                          |  | Loan Received For:                                |  |                                                                                                                                                          |  |                               | Date of Loan |                                             |                   |                                             |  |          |  |
| City<br><b>Kingsport</b>                                                                                                                                                                                                                  |  | State<br><b>TN</b>       |  | Zip Code<br><b>37663</b>                          |  | <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election<br><input type="checkbox"/> Runoff (Local Elections Only) |  |                               |              |                                             | <b>2020-06-11</b> |                                             |  |          |  |
| List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)                                                                                                                                            |  |                          |  |                                                   |  |                                                                                                                                                          |  |                               |              |                                             |                   |                                             |  |          |  |
| First Name                                                                                                                                                                                                                                |  |                          |  | Middle Name                                       |  |                                                                                                                                                          |  | First Name                    |              |                                             |                   | Middle Name                                 |  |          |  |
| Last Name/Organization Name                                                                                                                                                                                                               |  |                          |  |                                                   |  |                                                                                                                                                          |  | Last Name/Organization Name   |              |                                             |                   |                                             |  |          |  |
| Address                                                                                                                                                                                                                                   |  |                          |  |                                                   |  |                                                                                                                                                          |  | Address                       |              |                                             |                   |                                             |  |          |  |
| City                                                                                                                                                                                                                                      |  |                          |  | State                                             |  | Zip Code                                                                                                                                                 |  | City                          |              |                                             |                   | State                                       |  | Zip Code |  |
| Amount Guaranteed Outstanding                                                                                                                                                                                                             |  |                          |  |                                                   |  |                                                                                                                                                          |  | Amount Guaranteed Outstanding |              |                                             |                   |                                             |  |          |  |
| First Name                                                                                                                                                                                                                                |  |                          |  | Middle Name                                       |  |                                                                                                                                                          |  | First Name                    |              |                                             |                   | Middle Name                                 |  |          |  |
| Last Name/Organization Name                                                                                                                                                                                                               |  |                          |  |                                                   |  |                                                                                                                                                          |  | Last Name/Organization Name   |              |                                             |                   |                                             |  |          |  |
| Address                                                                                                                                                                                                                                   |  |                          |  |                                                   |  |                                                                                                                                                          |  | Address                       |              |                                             |                   |                                             |  |          |  |
| City                                                                                                                                                                                                                                      |  |                          |  | State                                             |  | Zip Code                                                                                                                                                 |  | City                          |              |                                             |                   | State                                       |  | Zip Code |  |
| Amount Guaranteed Outstanding                                                                                                                                                                                                             |  |                          |  |                                                   |  |                                                                                                                                                          |  | Amount Guaranteed Outstanding |              |                                             |                   |                                             |  |          |  |
| First Name                                                                                                                                                                                                                                |  |                          |  | Middle Name                                       |  |                                                                                                                                                          |  | First Name                    |              |                                             |                   | Middle Name                                 |  |          |  |
| Last Name/Organization Name                                                                                                                                                                                                               |  |                          |  |                                                   |  |                                                                                                                                                          |  | Last Name/Organization Name   |              |                                             |                   |                                             |  |          |  |
| Address                                                                                                                                                                                                                                   |  |                          |  |                                                   |  |                                                                                                                                                          |  | Address                       |              |                                             |                   |                                             |  |          |  |
| City                                                                                                                                                                                                                                      |  |                          |  | State                                             |  | Zip Code                                                                                                                                                 |  | City                          |              |                                             |                   | State                                       |  | Zip Code |  |
| Amount Guaranteed Outstanding                                                                                                                                                                                                             |  |                          |  |                                                   |  |                                                                                                                                                          |  | Amount Guaranteed Outstanding |              |                                             |                   |                                             |  |          |  |
| First Name                                                                                                                                                                                                                                |  |                          |  | Middle Name                                       |  |                                                                                                                                                          |  | First Name                    |              |                                             |                   | Middle Name                                 |  |          |  |
| Last Name/Organization Name                                                                                                                                                                                                               |  |                          |  |                                                   |  |                                                                                                                                                          |  | Last Name/Organization Name   |              |                                             |                   |                                             |  |          |  |
| Address                                                                                                                                                                                                                                   |  |                          |  |                                                   |  |                                                                                                                                                          |  | Address                       |              |                                             |                   |                                             |  |          |  |
| City                                                                                                                                                                                                                                      |  |                          |  | State                                             |  | Zip Code                                                                                                                                                 |  | City                          |              |                                             |                   | State                                       |  | Zip Code |  |
| Amount Guaranteed Outstanding                                                                                                                                                                                                             |  |                          |  |                                                   |  |                                                                                                                                                          |  | Amount Guaranteed Outstanding |              |                                             |                   |                                             |  |          |  |
| 4. Totals for all Loans (complete on last page of itemized loans)                                                                                                                                                                         |  |                          |  |                                                   |  | Outstanding Loan Balance<br>(Beginning of Period)                                                                                                        |  | Loans<br>Received             |              | Loan<br>Payments                            |                   | Outstanding Loan Balance<br>(End of Period) |  |          |  |
| (Total loans received should also be shown in item 16. on summary page.)<br>(Total loan payments should also be shown in item 20. on summary page.)<br>(Total outstanding loan balance should also be shown in item 12.e. on front page.) |  |                          |  |                                                   |  |                                                                                                                                                          |  |                               |              |                                             |                   |                                             |  |          |  |



# ITEMIZED STATEMENT OF LOANS - CANDIDATE

|                                                                                                                                                                                                                                           |  |                          |  |                                                   |  |                                                                                                                                                          |  |                               |              |                                             |                   |                                             |  |          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|--|---------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|--------------|---------------------------------------------|-------------------|---------------------------------------------|--|----------|--|
| 1. NAME OF CANDIDATE OR COMMITTEE                                                                                                                                                                                                         |  |                          |  |                                                   |  | 2. REPORT COVERING THE PERIOD                                                                                                                            |  |                               |              |                                             |                   |                                             |  |          |  |
| Mark A. Ireson                                                                                                                                                                                                                            |  |                          |  |                                                   |  | FROM:<br>2020-04-01                                                                                                                                      |  | TO:<br>2020-06-30             |              |                                             |                   |                                             |  |          |  |
| 3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)                                                                                                               |  |                          |  |                                                   |  |                                                                                                                                                          |  |                               |              |                                             |                   |                                             |  |          |  |
| Complete the Following for the Source of the Loan                                                                                                                                                                                         |  |                          |  |                                                   |  |                                                                                                                                                          |  |                               |              |                                             |                   |                                             |  |          |  |
| First Name<br><b>Mark</b>                                                                                                                                                                                                                 |  | Middle Name<br><b>A.</b> |  | Outstanding Loan Balance<br>(Beginning of Period) |  | Loans<br>Received                                                                                                                                        |  | Loan<br>Payments              |              | Outstanding Loan Balance<br>(End of Period) |                   |                                             |  |          |  |
| Last Name/Organization Name<br><b>Ireson</b>                                                                                                                                                                                              |  |                          |  | <b>\$0.00</b>                                     |  | <b>\$500.00</b>                                                                                                                                          |  | <b>\$0.00</b>                 |              | <b>\$500.00</b>                             |                   |                                             |  |          |  |
| Address<br><b>400 Wagon Wheel Lane</b>                                                                                                                                                                                                    |  |                          |  | Loan Received For:                                |  |                                                                                                                                                          |  |                               | Date of Loan |                                             |                   |                                             |  |          |  |
| City<br><b>Kingsport</b>                                                                                                                                                                                                                  |  | State<br><b>TN</b>       |  | Zip Code<br><b>37663</b>                          |  | <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election<br><input type="checkbox"/> Runoff (Local Elections Only) |  |                               |              |                                             | <b>2020-06-25</b> |                                             |  |          |  |
| List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)                                                                                                                                            |  |                          |  |                                                   |  |                                                                                                                                                          |  |                               |              |                                             |                   |                                             |  |          |  |
| First Name                                                                                                                                                                                                                                |  |                          |  | Middle Name                                       |  |                                                                                                                                                          |  | First Name                    |              |                                             |                   | Middle Name                                 |  |          |  |
| Last Name/Organization Name                                                                                                                                                                                                               |  |                          |  |                                                   |  |                                                                                                                                                          |  | Last Name/Organization Name   |              |                                             |                   |                                             |  |          |  |
| Address                                                                                                                                                                                                                                   |  |                          |  |                                                   |  |                                                                                                                                                          |  | Address                       |              |                                             |                   |                                             |  |          |  |
| City                                                                                                                                                                                                                                      |  |                          |  | State                                             |  | Zip Code                                                                                                                                                 |  | City                          |              |                                             |                   | State                                       |  | Zip Code |  |
| Amount Guaranteed Outstanding                                                                                                                                                                                                             |  |                          |  |                                                   |  |                                                                                                                                                          |  | Amount Guaranteed Outstanding |              |                                             |                   |                                             |  |          |  |
| First Name                                                                                                                                                                                                                                |  |                          |  | Middle Name                                       |  |                                                                                                                                                          |  | First Name                    |              |                                             |                   | Middle Name                                 |  |          |  |
| Last Name/Organization Name                                                                                                                                                                                                               |  |                          |  |                                                   |  |                                                                                                                                                          |  | Last Name/Organization Name   |              |                                             |                   |                                             |  |          |  |
| Address                                                                                                                                                                                                                                   |  |                          |  |                                                   |  |                                                                                                                                                          |  | Address                       |              |                                             |                   |                                             |  |          |  |
| City                                                                                                                                                                                                                                      |  |                          |  | State                                             |  | Zip Code                                                                                                                                                 |  | City                          |              |                                             |                   | State                                       |  | Zip Code |  |
| Amount Guaranteed Outstanding                                                                                                                                                                                                             |  |                          |  |                                                   |  |                                                                                                                                                          |  | Amount Guaranteed Outstanding |              |                                             |                   |                                             |  |          |  |
| First Name                                                                                                                                                                                                                                |  |                          |  | Middle Name                                       |  |                                                                                                                                                          |  | First Name                    |              |                                             |                   | Middle Name                                 |  |          |  |
| Last Name/Organization Name                                                                                                                                                                                                               |  |                          |  |                                                   |  |                                                                                                                                                          |  | Last Name/Organization Name   |              |                                             |                   |                                             |  |          |  |
| Address                                                                                                                                                                                                                                   |  |                          |  |                                                   |  |                                                                                                                                                          |  | Address                       |              |                                             |                   |                                             |  |          |  |
| City                                                                                                                                                                                                                                      |  |                          |  | State                                             |  | Zip Code                                                                                                                                                 |  | City                          |              |                                             |                   | State                                       |  | Zip Code |  |
| Amount Guaranteed Outstanding                                                                                                                                                                                                             |  |                          |  |                                                   |  |                                                                                                                                                          |  | Amount Guaranteed Outstanding |              |                                             |                   |                                             |  |          |  |
| First Name                                                                                                                                                                                                                                |  |                          |  | Middle Name                                       |  |                                                                                                                                                          |  | First Name                    |              |                                             |                   | Middle Name                                 |  |          |  |
| Last Name/Organization Name                                                                                                                                                                                                               |  |                          |  |                                                   |  |                                                                                                                                                          |  | Last Name/Organization Name   |              |                                             |                   |                                             |  |          |  |
| Address                                                                                                                                                                                                                                   |  |                          |  |                                                   |  |                                                                                                                                                          |  | Address                       |              |                                             |                   |                                             |  |          |  |
| City                                                                                                                                                                                                                                      |  |                          |  | State                                             |  | Zip Code                                                                                                                                                 |  | City                          |              |                                             |                   | State                                       |  | Zip Code |  |
| Amount Guaranteed Outstanding                                                                                                                                                                                                             |  |                          |  |                                                   |  |                                                                                                                                                          |  | Amount Guaranteed Outstanding |              |                                             |                   |                                             |  |          |  |
| 4. Totals for all Loans (complete on last page of itemized loans)                                                                                                                                                                         |  |                          |  |                                                   |  | Outstanding Loan Balance<br>(Beginning of Period)                                                                                                        |  | Loans<br>Received             |              | Loan<br>Payments                            |                   | Outstanding Loan Balance<br>(End of Period) |  |          |  |
| (Total loans received should also be shown in item 16. on summary page.)<br>(Total loan payments should also be shown in item 20. on summary page.)<br>(Total outstanding loan balance should also be shown in item 12.e. on front page.) |  |                          |  |                                                   |  | <b>\$0.00</b>                                                                                                                                            |  | <b>\$1,800.00</b>             |              | <b>\$0.00</b>                               |                   | <b>\$1,800.00</b>                           |  |          |  |

