



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/6/2026 2.a. Candidate or Committee Name: Andrew Mitchell
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026
4. Campaign Address: 7309 Buckhorn Ct
City: Fairview State: TN Zip Code: 37062 Phone: _____
5. Candidate Home Address: 7309 Buckhorn Ct
City: Fairview State: TN Zip Code: 37062 Phone: _____
Candidate Email Address: andrew@teamandrewmitchell.com
6. Office Sought: (include district number, if applicable) County Commissioner - Dist 01
7. Name of Political Treasurer (may be candidate): Rick Shepherd
Political Treasurer Email Address: shepherd40@yahoo.com
8. Category or Report: (check one)
☐ First Quarter ☒ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☐ Pre-Primary ☐ Pre-General
☐ Mid-Year Supplemental ☐ Year-End Supplemental ☐ Runoff Election
9. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
10. Detailed Disclosure: (Check one)
☐ This campaign is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)
☒ This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.
11. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.

Candidate Signature _____ Date _____ Political Treasurer Signature _____ Date _____
Witness Signature _____ Date _____ Witness Signature _____ Date _____

12. Summary:

a. Balance On Hand Last Report	\$ <u>\$1,143.14</u>
b. Total Receipts This Period	\$ <u>\$9,050.00</u>
c. Total Disbursements This Period	\$ <u>\$9,843.84</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$349.30</u>
e. Total Loans Outstanding	\$ <u>\$0.00</u>
f. Total Obligations Outstanding	\$ <u>\$0.00</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Andrew Mitchell

14. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ _____
(Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See *Instructions* for more information.)
- b. Itemized Contributions (over \$100 from each source this period) \$ \$9,050.00
- c. Loans Received This Reporting Period..... \$ _____
- d. Interest Received This Reporting Period \$ _____
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ \$9,050.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$9,843.84
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ _____
- c. Total Obligation Payments Made This Period..... \$ _____
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ \$9,843.84

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ _____
- b. Itemized In-Kind Contributions Received This Period \$ _____
- c. Total In-Kind Contributions Received This Period \$ _____

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ _____

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Andrew Mitchell
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Mary Kate Middle Name: _____ Last Name: Brown

Address: 4316 Belle Mina Ln City: Franklin State: TN Zip Code: 37064

Occupation: Homemaker Employer: N/A

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

Amount of Contribution: \$ \$200.00 Date of Contribution: 4/26/2026 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**

First Name: Justin Middle Name: _____ Last Name: Hodges

Address: 5370 Old Hwy 96 City: Franklin State: TN Zip Code: 37064

Occupation: Broker Employer: McEwen Group

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

Amount of Contribution: \$ \$1,900.00 Date of Contribution: 4/27/2026 Aggregate This Election: \$ \$1,900.00

Business or Organization Name: _____ **OR**

First Name: Richard Middle Name: _____ Last Name: Armentrout

Address: 2521 Duplex Rd City: Spring Hill State: TN Zip Code: 37174

Occupation: Owner Employer: ATM Music

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

Amount of Contribution: \$ \$1,900.00 Date of Contribution: 4/27/2026 Aggregate This Election: \$ \$1,900.00

Business or Organization Name: _____ **OR**

First Name: Casey Middle Name: _____ Last Name: Wasner

Address: 7502 King Rd City: Fairview State: TN Zip Code: 37062

Occupation: Musician Employer: Self

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

Amount of Contribution: \$ \$1,900.00 Date of Contribution: 4/27/2026 Aggregate This Election: \$ \$1,900.00

Total Contributions: \$ \$5,900.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Andrew Mitchell
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$5,900.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Amy Middle Name: _____ Last Name: Smith
Address: 888 High Point Ridge Rd City: Franklin State: TN Zip Code: 37069
Occupation: Artist Employer: Self
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,900.00 Date of Contribution: 4/27/2026 Aggregate This Election: \$ \$1,900.00

Business or Organization Name: Tennessee Realtors PAC **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 901 19th Ave S City: Nashville State: TN Zip Code: 37212
Occupation: PAC Employer: PAC
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 4/29/2026 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**
First Name: Rachelle Middle Name: _____ Last Name: McCalmon
Address: 5105 Aberleigh Ln City: Franklin State: TN Zip Code: 37064
Occupation: Teacher Employer: Rolling Hills Preschool
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 4/30/2026 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Total Contributions: \$ \$9,050.00
(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Andrew Mitchell
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Winred Fundraising **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4250 Fairfax Dr. Suite 600 City: Arlington State: VA Zip Code: 22203
Purpose of Expenditure: Fundraising Fees on Winred Platform
Amount of Expenditure: \$ \$366.57 Date of Expenditure: \$ 4/30/2026

Business or Organization Name: Battleground Strategies **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 680805 City: Franklin State: TN Zip Code: 37068
Purpose of Expenditure: Campaign Consultant Fee
Amount of Expenditure: \$ \$1,275.00 Date of Expenditure: \$ 4/30/2026

Business or Organization Name: Battleground Strategies **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 680805 City: Franklin State: TN Zip Code: 37068
Purpose of Expenditure: Campaign Consultant Fee
Amount of Expenditure: \$ \$1,250.00 Date of Expenditure: \$ 5/3/2026

Business or Organization Name: Ecanvasser App **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 27 Upper Pembroke St City: Dublin State: Ireland Zip Code: 02361
Purpose of Expenditure: Application for Canvassing
Amount of Expenditure: \$ \$99.00 Date of Expenditure: \$ 5/4/2026

Business or Organization Name: Publix **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 7014 City Center Way City: Fairview State: TN Zip Code: 37062
Purpose of Expenditure: Food/drinks/supplies
Amount of Expenditure: \$ \$515.90 Date of Expenditure: \$ 5/4/2026

Total Expenditures: \$ \$3,506.47

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

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1. Candidate or Committee Name: Andrew Mitchell
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$3,506.47

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Wal-Mart OR

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

Address: 7100 Hopgood Rd City: Fairview State: TN Zip Code: 37062

Purpose of Expenditure: Election Day Supplies

Amount of Expenditure: \$ \$656.31 Date of Expenditure: \$ 5/4/2026

Business or Organization Name: McDonalds OR

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

Address: 2233 Fairview Blvd City: Fairview State: TN Zip Code: 37062

Purpose of Expenditure: Election Day Breakfast

Amount of Expenditure: \$ \$45.44 Date of Expenditure: \$ 5/5/2026

Business or Organization Name: Fairview Donuts OR

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

Address: 2203 Fairview Blvd City: Fairview State: TN Zip Code: 37062

Purpose of Expenditure: Election Day Breakfast

Amount of Expenditure: \$ \$47.82 Date of Expenditure: \$ 5/5/2026

Business or Organization Name: Circle K OR

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

Address: 7002 City Center Way City: Fairview State: TN Zip Code: 37062

Purpose of Expenditure: Campaign Fuel

Amount of Expenditure: \$ \$138.78 Date of Expenditure: \$ 5/5/2026

Business or Organization Name: Meta OR

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

Address: 1 Hacker Way City: Menlo Park State: CA Zip Code: 94025

Purpose of Expenditure: Social Media Ads

Amount of Expenditure: \$ \$273.00 Date of Expenditure: \$ 5/6/2026

Total Expenditures: \$ \$4,667.82

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Andrew Mitchell
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3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$4,667.82

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: THM Consulting **OR**

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

Address: 23971 64th Ave. City: Mattawan State: MI Zip Code: 49071

Purpose of Expenditure: SMS Campaign

Amount of Expenditure: \$ \$358.90 Date of Expenditure: \$ 5/11/2026

Business or Organization Name: Vista Print **OR**

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

Address: 275 Wyman St City: Waltham State: MA Zip Code: 02415

Purpose of Expenditure: Campaign shirts/hats/signs

Amount of Expenditure: \$ \$1,178.06 Date of Expenditure: \$ 5/11/2026

Business or Organization Name: WAKM Radio **OR**

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

Address: 1333 West Main St City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: Campaign Radio Ads

Amount of Expenditure: \$ \$2,400.00 Date of Expenditure: \$ 5/14/2026

Business or Organization Name: Special Olympics of TN **OR**

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

Address: 5115 Mayland Way City: Brentwood State: TN Zip Code: 37027

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$111.93 Date of Expenditure: \$ 5/16/2026

Business or Organization Name: TN GOP **OR**

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

Address: 95 White Bridge Rd City: Nashville State: TN Zip Code: 37205

Purpose of Expenditure: Donation for event

Amount of Expenditure: \$ \$78.64 Date of Expenditure: \$ 5/16/2026

Total Expenditures: \$ \$8,795.35

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

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1. Candidate or Committee Name: Andrew Mitchell
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COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Etsy **OR**

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

Address: 117 Adams St City: Brooklyn State: NY Zip Code: 11201

Purpose of Expenditure: Volunteer plaque

Amount of Expenditure: \$ \$95.14 Date of Expenditure: \$ 5/18/2026

Business or Organization Name: Squarespace **OR**

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

Address: 8 Clarkson St. City: New York State: NY Zip Code: 10014

Purpose of Expenditure: Website

Amount of Expenditure: \$ \$67.44 Date of Expenditure: \$ 5/20/2026

Business or Organization Name: Meta **OR**

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

Address: 1 Hacker Way City: Menlo Park State: CA Zip Code: 94025

Purpose of Expenditure: Social Media Ads

Amount of Expenditure: \$ \$434.19 Date of Expenditure: \$ 5/29/2026

Business or Organization Name: Fairview Athletics **OR**

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

Address: 2595 Fairview Blvd City: Fairview State: TN Zip Code: 37062

Purpose of Expenditure: Donation for food

Amount of Expenditure: \$ \$115.63 Date of Expenditure: \$ 6/5/2026

Business or Organization Name: Republican Career Women of Williamson County **OR**

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

Address: 130 Seaboard Ln City: Franklin State: TN Zip Code: 37067

Purpose of Expenditure: Republican Event Tickets

Amount of Expenditure: \$ \$208.65 Date of Expenditure: \$ 6/17/2026

Total Expenditures: \$ \$9,716.40

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Andrew Mitchell
2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$9,716.40

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Squarespace OR

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

Address: 8 Clarkson St. City: New York State: NY Zip Code: 10014

Purpose of Expenditure: Website

Amount of Expenditure: \$ \$27.44 Date of Expenditure: \$ 6/18/2026

Business or Organization Name: Jack Johnson for Senate OR

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

Address: 330 Franklin Rd. City: Brentwood State: TN Zip Code: 37027

Purpose of Expenditure: Campaign Event Tickets

Amount of Expenditure: \$ \$100.00 Date of Expenditure: \$ 6/30/2026

Business or Organization Name: _____ OR

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

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

Purpose of Expenditure: _____

Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Business or Organization Name: _____ OR

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

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

Purpose of Expenditure: _____

Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Business or Organization Name: _____ OR

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

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

Purpose of Expenditure: _____

Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Total Expenditures: \$ \$9,843.84

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)