CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 7/30/2026 2.a. Candidate or Committee Name: Timmy Pullon

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026

4. Campaign Address: 469 Shadowtown Rd

City: Blountville State: TN Zip Code: 37617 Phone: 4234161826

5. Candidate Home Address: 469 Shadowtown Rd

City: Blountville State: TN Zip Code: 37617 Phone: 4234161826

Candidate Email Address: tlpullon@woodmenlife.org

6. Office Sought: (include district number, if applicable) COUNTY COMMISSION

7. Name of Political Treasurer (may be candidate): Tim Pullon

Political Treasurer Email Address: tlpullon@woodmenlife.org

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: 7/30/2026 End Date: 7/30/2026

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.

BDBD-4D45-9F57-5905
07/30/26 - 2:37 PM

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

12. Summary:

a.	Balance On Hand Last Report	$ $439.50
b.	Total Receipts This Period	$ $550.10
c.	Total Disbursements This Period	$ $667.00
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $322.60
e.	Total Loans Outstanding	$ $0.00
f.	Total Obligations Outstanding	$ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Timmy Pullon

14. Reporting Period: Start Date: 7/30/2026 End Date: 7/30/2026

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) ..... $ $550.00

c. Loans Received This Reporting Period..... $ _____

d. Interest Received This Reporting Period ..... $ $0.10

e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... $ $550.10

16. Disbursements:

a. Total Expenditures (other than loan payments)..... $ $667.00
(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.)..... $ $667.00

17. In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period ..... $ _____

b. Itemized In-Kind Contributions Received This Period ..... $ $1,261.41

c. Total In-Kind Contributions Received This Period ..... $ $1,261.41

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Timmy Pullon

2. Reporting Period: Start Date: 7/30/2026 End Date: 7/30/2026

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: Jim Middle Name: _____ Last Name: Williams

Address: 89 Crown Circle City: Kingsport State: TN Zip Code: 37660

Occupation: Lawyer Employer: Jim Williams

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

Amount of Contribution: $ $250.00 Date of Contribution: 7/17/2026 Aggregate This Election: $ $250.00

Business or Organization Name: Sullivan County Republican Party **OR**

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

Address: 2132 Fetathers Chapel Rd City: Blountville State: TN Zip Code: 37617

Occupation: political party Employer: Sullivan County

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

Amount of Contribution: $ $300.00 Date of Contribution: 7/20/2026 Aggregate This Election: $ $300.00

Business or Organization Name: _____ **OR**

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

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

Occupation: _____ Employer: _____

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

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

Business or Organization Name: _____ **OR**

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

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

Occupation: _____ Employer: _____

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

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

Total Contributions: $ $550.00

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

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Timmy Pullon

2. Reporting Period: Start Date: 7/30/2026 End Date: 7/30/2026

3. Total in-kind contributions from preceding page (enter $0 if first page) $ $0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars ($100) from any contributor during the period must be reported.

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

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

Address: 95 White Bridge Rd #414 City: Nashville State: TN Zip Code: 37205

Occupation: politcal Party Employer: State

In-Kind Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

In-Kind Contribution Value: $$410.04 In-Kind Contribution Date: 7/9/2026 Aggregate This Election: $ $410.04

Description of In-Kind Contribution: GOP coordinated direct mail

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

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

Address: 95 White bridge Rd #414 City: Nashville State: TN Zip Code: 37205

Occupation: Political PArty Employer: STate

In-Kind Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

In-Kind Contribution Value: $$410.03 In-Kind Contribution Date: 7/27/2026 Aggregate This Election: $ $410.03

Description of In-Kind Contribution: TN GOP coordinated direct mail

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Business or Organization Name: Sullivan County Republican PArty **OR**

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

Address: 539 Beech Forest Rd City: Bristol State: TN Zip Code: 37620

Occupation: n/a Employer: n/a

In-Kind Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

In-Kind Contribution Value: $$441.34 In-Kind Contribution Date: 7/10/2026 Aggregate This Election: $ $441.34

Description of In-Kind Contribution: Allocated onepthird share of district 6 slate text messaging

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Business or Organization Name: _____ **OR**

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

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

Occupation: _____ Employer: _____

In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)

In-Kind Contribution Value: $_____ In-Kind Contribution Date: _____ Aggregate This Election: $ _____

Description of In-Kind Contribution: _____

Total In-Kind Contributions: $ $1,261.41

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

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Timmy Pullon

2. Reporting Period: Start Date: 7/30/2026 End Date: 7/30/2026

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: Sullivan County Republican Party PAC **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 2132 Feathers CHapel Rd City: Blountville State: TN Zip Code: 37617
Purpose of Expenditure: payment for SCRP cooridinated dist 6
Amount of Expenditure: $ $667.00 Date of Expenditure: $ 7/2/2026

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: $ ______

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: $ $667.00
(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)