



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/30/2026 2.a. Candidate or Committee Name: SEAN GILLILAND
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026
4. Campaign Address: 1011 Whitehall Rd
City: Murfreesboro State: TN Zip Code: 37130 Phone: _____
5. Candidate Home Address: 1011 Whitehall Rd
City: Murfreesboro State: TN Zip Code: 37130 Phone: 6153904686
Candidate Email Address: seanfor17@gmail.com
6. Office Sought: (include district number, if applicable) County Commission District #17
7. Name of Political Treasurer (may be candidate): Molly Gilliland
Political Treasurer Email Address: mollygilliland@bellsouth.net
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: 7/1/2026 End Date: 7/27/2026
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>13,358.22</u>
b. Total Receipts This Period	\$ <u>1,200.00</u>
c. Total Disbursements This Period	\$ <u>3,716.24</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>10,841.98</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: SEAN GILLILAND

14. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026

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) \$ \$1,200.00
- 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.) \$ \$1,200.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$3,716.24
(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.)..... \$ \$3,716.24

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: SEAN GILLILAND
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026
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 Leigh Middle Name: _____ Last Name: Beers
Address: 1938 Scarlett Drive City: Murfreesboro State: TN Zip Code: 37130
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 7/6/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**
First Name: Steven Middle Name: _____ Last Name: Dix
Address: 2906 Longford Drive City: Murfreesboro State: TN Zip Code: 37129
Occupation: Attorney Employer: Dix & Associates PLLC
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 7/9/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Timothy Middle Name: _____ Last Name: Tackett
Address: 2142 Stratford Rd City: Murfreesboro State: TN Zip Code: 37129
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 7/11/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: Rutherford County Home Builder PAC **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 352 W Northfield Blvd Ste 4C-F City: Murfreesboro State: TN Zip Code: 37129
Occupation: PAC Employer: PAC
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 7/14/2026 Aggregate This Election: \$ \$500.00

Total Contributions: \$ \$1,150.00
(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: SEAN GILLILAND
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1,150.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Margaret Middle Name: _____ Last Name: Swann

Address: 2002 Greenland Drive City: Murfreesboro State: TN Zip Code: 37130

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 7/19/2026 Aggregate This Election: \$ \$50.00

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: \$ _____

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: \$ \$1,200.00

(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: SEAN GILLILAND
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026
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: USPS **OR**

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

Address: 2255 Memorial Blvd City: Murfreesboro State: TN Zip Code: 37129

Purpose of Expenditure: Stamps

Amount of Expenditure: \$ \$78.00 Date of Expenditure: \$ 7/3/2026

Business or Organization Name: DonorBox **OR**

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

Address: 1520 Belle View Blvd #4106 City: Alexandria State: VA Zip Code: 22307

Purpose of Expenditure: Fundraising expense

Amount of Expenditure: \$ \$150.00 Date of Expenditure: \$ 7/6/2026

Business or Organization Name: USPS **OR**

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

Address: 2255 Memorial Blvd City: Murfreesboro State: TN Zip Code: 37129

Purpose of Expenditure: Postage

Amount of Expenditure: \$ \$156.00 Date of Expenditure: \$ 7/6/2026

Business or Organization Name: USPS **OR**

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

Address: 2255 Memorial Blvd City: Murfreesboro State: TN Zip Code: 37129

Purpose of Expenditure: Stamps

Amount of Expenditure: \$ \$305.00 Date of Expenditure: \$ 7/8/2026

Business or Organization Name: Campaign Verify **OR**

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

Address: 1215 31st Street NW P.O. Box 351 City: Washington State: D.C Zip Code: 20007

Purpose of Expenditure: Texting approval

Amount of Expenditure: \$ \$95.00 Date of Expenditure: \$ 7/9/2026

Total Expenditures: \$ \$784.00

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

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: SEAN GILLILAND
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$784.00

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: Publix **OR**

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

Address: 1731 S Rutherford Blvd Ste S City: Murfreesboro State: TN Zip Code: 37130

Purpose of Expenditure: Campaign event

Amount of Expenditure: \$ \$82.31 Date of Expenditure: \$ 7/10/2026

Business or Organization Name: Walmart **OR**

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

Address: 2012 Memorial Blvd City: Murfreesboro State: TN Zip Code: 37129

Purpose of Expenditure: Campaign event

Amount of Expenditure: \$ \$41.54 Date of Expenditure: \$ 7/13/2026

Business or Organization Name: Sir Pizza **OR**

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

Address: 1902 E Main St City: Murfreesboro State: TN Zip Code: 37130

Purpose of Expenditure: Campaign event

Amount of Expenditure: \$ \$83.36 Date of Expenditure: \$ 7/13/2026

Business or Organization Name: Main Street Murfreesboro **OR**

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

Address: 225 W College St City: Murfreesboro State: TN Zip Code: 37130

Purpose of Expenditure: Campaign event

Amount of Expenditure: \$ \$210.00 Date of Expenditure: \$ 7/14/2026

Business or Organization Name: RR Donnelly **OR**

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

Address: 1 Courier Pl City: Smyrna State: TN Zip Code: 37167

Purpose of Expenditure: Postage

Amount of Expenditure: \$ \$239.26 Date of Expenditure: \$ 7/16/2026

Total Expenditures: \$ \$1,440.47

(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.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: SEAN GILLILAND
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$1,440.47

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: Stripe OR

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

Address: 354 Oyster Point Blvd City: South San Francisco State: CA Zip Code: 94080

Purpose of Expenditure: Fees

Amount of Expenditure: \$ \$1.75 Date of Expenditure: \$ 7/19/2026

Business or Organization Name: DonorBox OR

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

Address: 1520 Belle View Blvd #4106 City: Alexandria State: VA Zip Code: 22307

Purpose of Expenditure: Fees

Amount of Expenditure: \$ \$0.88 Date of Expenditure: \$ 7/19/2026

Business or Organization Name: Facebook OR

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

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

Purpose of Expenditure: Social media advertising

Amount of Expenditure: \$ \$1,138.34 Date of Expenditure: \$ 7/20/2026

Business or Organization Name: USPS OR

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

Address: 2255 Memorial Blvd City: Murfreesboro State: TN Zip Code: 37129

Purpose of Expenditure: Stamps

Amount of Expenditure: \$ \$82.00 Date of Expenditure: \$ 7/23/2026

Business or Organization Name: RR Donnelly OR

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

Address: 1 Courier Pl City: Smyrna State: TN Zip Code: 37167

Purpose of Expenditure: Printing

Amount of Expenditure: \$ \$676.08 Date of Expenditure: \$ 7/24/2026

Total Expenditures: \$ \$3,339.52

(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: SEAN GILLILAND
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$3,339.52

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

Business or Organization Name: _____ **OR**
First Name: Sarah Middle Name: _____ Last Name: Farnsworth
Address: 3215 Donnacona Ct City: Murfreesboro State: TN Zip Code: 37128
Purpose of Expenditure: Design
Amount of Expenditure: \$ \$15.00 Date of Expenditure: \$ 7/27/2026

Business or Organization Name: RR Donnelly **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1 Courier Pl City: Smyrna State: TN Zip Code: 37167
Purpose of Expenditure: Postage
Amount of Expenditure: \$ \$361.72 Date of Expenditure: \$ 7/27/2026

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: \$ \$3,716.24

(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.)