



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/7/2026 2.a. Candidate or Committee Name: Jennifer M Mason
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026
4. Campaign Address: 1006 St Hubbins Drive
City: Spring Hill State: TN Zip Code: 37174 Phone: _____
5. Candidate Home Address: 1006 St. Hubbins Drive
City: Spring Hill State: TN Zip Code: 37174 Phone: 6159342356
Candidate Email Address: moorecje00@yahoo.com
6. Office Sought: (include district number, if applicable) County Commissioner - Dist 03
7. Name of Political Treasurer (may be candidate): Felicia Ciaramitaro
Political Treasurer Email Address: bethciaramitaro@gmail.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>\$904.28</u>
b. Total Receipts This Period	\$ <u>\$1,819.00</u>
c. Total Disbursements This Period	\$ <u>\$913.52</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$1,809.76</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: Jennifer M Mason

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) \$ \$5.00
(Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See *Instructions* for more information.)
- b. Itemized Contributions (over \$100 from each source this period) \$ \$1,814.00
- 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.) \$ \$1,819.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$913.52
(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.)..... \$ \$913.52

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: Jennifer M Mason
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: Vanessa Middle Name: Pettigrew Last Name: Bryant

Address: 3709 Covered Bridge Rd City: Thompsons Station State: TN Zip Code: 37179

Occupation: Retired Employer: None

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

Amount of Contribution: \$ \$200.00 Date of Contribution: 5/30/2026 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**

First Name: Denise Middle Name: _____ Last Name: Andre

Address: 1004 St. Michael's Court City: Franklin State: TN Zip Code: 37064

Occupation: Judiciary Employer: Williamson County

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 6/5/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Joseph Middle Name: _____ Last Name: Woodruff

Address: 413 Misty Court City: Franklin State: TN Zip Code: 37064-4621

Occupation: Judiciary Employer: State of TN

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

Amount of Contribution: \$ \$200.00 Date of Contribution: 6/5/2026 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**

First Name: Stephen Middle Name: _____ Last Name: Hickey

Address: 3520 Mauldin Woods Trail City: Franklin State: TN Zip Code: 37064

Occupation: Unknown Employer: Unknown

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 6/5/2026 Aggregate This Election: \$ \$50.00

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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Jennifer M Mason
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) \$ \$550.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Ginger Middle Name: _____ Last Name: Smith

Address: 136 N. Westland Ave City: Gallatin State: TN Zip Code: 37066

Occupation: Chief Financial Officer Employer: Lynch Regenerative Medicine, LLC

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

Amount of Contribution: \$ \$250.00 Date of Contribution: 6/5/2026 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**

First Name: Dennis Middle Name: _____ Last Name: Driggers

Address: 7004 Kidman Lande City: Spring Hill State: TN Zip Code: 37174

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 6/5/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: James Middle Name: _____ Last Name: Elkins

Address: 590 Crutcher Court City: Spring Hill State: TN Zip Code: 37174

Occupation: Attorney Employer: State of TN

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

Amount of Contribution: \$ \$150.00 Date of Contribution: 6/5/2026 Aggregate This Election: \$ \$150.00

Business or Organization Name: _____ **OR**

First Name: Jennifer Middle Name: _____ Last Name: Mason

Address: 1006 St. Hubbins Drive City: Spring Hill State: TN Zip Code: 37174

Occupation: Attorney Employer: State of TN

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

Amount of Contribution: \$ \$10.00 Date of Contribution: 5/4/2026 Aggregate This Election: \$ \$20.00

Total Contributions: \$ \$1,060.00

(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: Jennifer M Mason
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) \$ \$1,060.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Matt Middle Name: _____ Last Name: Fitterer

Address: 2826 Iroquois Drive City: Spring Hill State: TN Zip Code: 37174

Occupation: Senior Program Manager Employer: Sarah Cannon Research Institute

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 6/14/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Guy Middle Name: _____ Last Name: Carden

Address: 3019 Gari Baldi Way City: Spring Hill State: TN Zip Code: 37174

Occupation: Law Enforcement Employer: Brentwood Police Department

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

Amount of Contribution: \$ \$154.00 Date of Contribution: 6/15/2026 Aggregate This Election: \$ \$154.00

Business or Organization Name: Jack Pac **OR**

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

Address: 915 Lewisburg Pike City: Franklin State: TN Zip Code: 37064

Occupation: PAC Employer: PAC

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 6/24/2026 Aggregate This Election: \$ \$500.00

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: \$ \$1,814.00

(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: Jennifer M Mason
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: Lions Club of Spring Hill **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 251 City: Spring Hill State: MN Zip Code: 37174
Purpose of Expenditure: Banner - Shared expense with Guy W. Carden, III
Amount of Expenditure: \$ \$308.00 Date of Expenditure: \$ 5/21/2026

Business or Organization Name: Staples **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2000 Mallory Lane, Ste. 290 City: Franklin State: TN Zip Code: 37067
Purpose of Expenditure: Stickers and Push Cards
Amount of Expenditure: \$ \$200.82 Date of Expenditure: \$ 6/5/2026

Business or Organization Name: Aldi **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4917 Main Street City: Spring Hill State: MN Zip Code: 37174
Purpose of Expenditure: Water for Campaign Kickoff Event
Amount of Expenditure: \$ \$12.01 Date of Expenditure: \$ 6/5/4917

Business or Organization Name: Southern Bakery Company **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4847 Main Street City: Spring Hill State: MN Zip Code: 37174
Purpose of Expenditure: Venue Space and Cookies for Campaign Kickoff
Amount of Expenditure: \$ \$178.34 Date of Expenditure: \$ 6/5/2026

Business or Organization Name: VistaPrint **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 275 Wyman Street City: Waltham State: MA Zip Code: 27410
Purpose of Expenditure: Stickers and Buttons
Amount of Expenditure: \$ \$214.35 Date of Expenditure: \$ 6/22/2026

Total Expenditures: \$ \$913.52

(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.)