



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 4/7/2026 2.a. Candidate or Committee Name: Marie Fellhauer
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 5/5/2026
4. Campaign Address: 1422 Kittrell Rd
City: Franklin State: TN Zip Code: 37064 Phone: _____
5. Candidate Home Address: 1422 Kittrell Rd
City: Franklin State: TN Zip Code: 37064 Phone: _____
Candidate Email Address: elect@marie4williamsoncounty11.com
6. Office Sought: (include district number, if applicable) County Commissioner - Dist 11
7. Name of Political Treasurer (may be candidate): Robert Christofferson
Political Treasurer Email Address: bob@juiceplus4life.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: 1/16/2026 End Date: 3/31/2026
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

A889-411A-B363-9E26
04/07/26 - 8:17 PM

Political Treasurer Signature

Date

Witness Signature

Date

Witness Signature

Date

12. Summary:

- | | |
|---|----------------------|
| a. Balance On Hand Last Report | \$ <u>\$1,440.21</u> |
| b. Total Receipts This Period | \$ <u>\$7,116.70</u> |
| c. Total Disbursements This Period | \$ <u>\$5,131.70</u> |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.) | \$ <u>\$3,425.21</u> |
| e. Total Loans Outstanding | \$ <u>\$2,000.00</u> |
| f. Total Obligations Outstanding | \$ <u>\$0.00</u> |

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Marie Fellhauer

14. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026

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) \$ \$6,116.70
- c. Loans Received This Reporting Period..... \$ \$1,000.00
- 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.) \$ \$7,116.70

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$5,131.70
(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.)..... \$ \$5,131.70

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: Marie Fellhauer
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
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: Susan Middle Name: _____ Last Name: Howell
Address: 2260 Jones Bend Rd City: Louisville State: TN Zip Code: 37777
Occupation: Insurance Employer: Crye-leike Insurance
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 1/10/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**
First Name: Pam Middle Name: _____ Last Name: Vucurevich
Address: 1715 Swansons Ridge Dr City: Franklin State: TN Zip Code: 37064
Occupation: Retired Employer: Retired
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$150.00 Date of Contribution: 1/10/2026 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**
First Name: Debbie Middle Name: _____ Last Name: Pace
Address: 1754 Charity Dr City: Brentwood State: TN Zip Code: 37027
Occupation: Retired Employer: Retired
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 1/11/2026 Aggregate This Election: \$ \$300.00

Business or Organization Name: _____ **OR**
First Name: None Middle Name: _____ Last Name: Hobbs Home
Address: 631 West Oak Ave City: El Segundo State: CA Zip Code: 90245
Occupation: Retired Employer: Retired
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$191.70 Date of Contribution: 1/20/2026 Aggregate This Election: \$ \$491.70

Total Contributions: \$ \$491.70
(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: Marie Fellhauer
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$491.70

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Roberta Middle Name: _____ Last Name: Swank
Address: 8927 Horton Hwy City: College Grove State: TN Zip Code: 37046
Occupation: Retired Employer: Retired
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 1/27/2026 Aggregate This Election: \$ \$541.70

Business or Organization Name: _____ **OR**
First Name: Ronald Middle Name: _____ Last Name: Swanson
Address: 629 California St, City: El Segundo State: CA Zip Code: 90245
Occupation: Retired Employer: Retired
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 1/28/2026 Aggregate This Election: \$ \$641.70

Business or Organization Name: _____ **OR**
First Name: Elena Middle Name: _____ Last Name: Krish
Address: 136 Amohi Way, City: Loudon State: TN Zip Code: 37774
Occupation: Retired Employer: Retired
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 2/10/2026 Aggregate This Election: \$ \$741.70

Business or Organization Name: _____ **OR**
First Name: Cathrine Middle Name: _____ Last Name: Mullen
Address: 424 Melba Cir City: Franklin State: TN Zip Code: 37064
Occupation: Retired Employer: Retired
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$200.00 Date of Contribution: 2/22/2026 Aggregate This Election: \$ \$991.70

Total Contributions: \$ \$941.70
(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: Marie Fellhauer
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$941.70

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Gene Middle Name: _____ Last Name: McNeil

Address: 328 Passage Ln City: Franklin State: TN Zip Code: 37064

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$25.00 Date of Contribution: 2/25/2026 Aggregate This Election: \$ \$1,016.7

Business or Organization Name: _____ **OR**

First Name: Kathy Middle Name: _____ Last Name: Reynolds

Address: 1426 Kittrell Rd. City: Franklin State: TN Zip Code: 37064

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$200.00 Date of Contribution: 2/4/2026 Aggregate This Election: \$ \$1,216.7

Business or Organization Name: _____ **OR**

First Name: Tim Middle Name: _____ Last Name: Vanca

Address: 1300 Keystone Ct. City: Franklin State: TN Zip Code: 37064

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$200.00 Date of Contribution: 2/11/2026 Aggregate This Election: \$ \$1,416.7

Business or Organization Name: _____ **OR**

First Name: Donald Middle Name: _____ Last Name: Beehler

Address: 2275 Winder Circle City: Franklin State: TN Zip Code: 37064

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$250.00 Date of Contribution: 3/12/2026 Aggregate This Election: \$ \$1,666.7

Total Contributions: \$ \$1,616.70

(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: Marie Fellhauer
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1,616.70

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Dana Middle Name: _____ Last Name: Raflee

Address: 990 Feather Haven Court City: Henderson State: NV Zip Code: 89011

Occupation: IT Employer: Destiny Corporation

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

Amount of Contribution: \$ \$1,900.00 Date of Contribution: 3/12/2026 Aggregate This Election: \$ \$3,566.70

Business or Organization Name: _____ **OR**

First Name: Ashli Middle Name: _____ Last Name: Smith

Address: 1170 Roseland Drive City: Columbia State: TN Zip Code: 38401

Occupation: IT Employer: Destiny Corporation

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 3/12/2026 Aggregate This Election: \$ \$4,066.70

Business or Organization Name: _____ **OR**

First Name: Stuart Middle Name: _____ Last Name: Anderson

Address: 108 Wheatland Circle, #E201 City: Brentwood State: TN Zip Code: 32027

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$1,000.00 Date of Contribution: 3/23/2026 Aggregate This Election: \$ \$5,066.70

Business or Organization Name: _____ **OR**

First Name: Richard Middle Name: _____ Last Name: Schumm

Address: 1632 Shadow Green Drive City: Franklin State: TN Zip Code: 37064

Occupation: Trustee/Executor Employer: Schumer/Louis Estate

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

Amount of Contribution: \$ \$1,000.00 Date of Contribution: 3/28/2026 Aggregate This Election: \$ \$6,066.70

Total Contributions: \$ \$6,016.70

(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: Marie Fellhauer
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$6,016.70

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Kay Middle Name: _____ Last Name: Hudson

Address: 1408 Vintage Circle City: Franklin State: TN Zip Code: 37064

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 3/30/2026 Aggregate This Election: \$ \$6,166.7

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: \$ \$6,116.70

(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: Marie Fellhauer
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
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: _____ **OR**
First Name: Laura Middle Name: _____ Last Name: Sutton
Address: None Provided City: Franklin State: TN Zip Code: 37064
Purpose of Expenditure: Website Development
Amount of Expenditure: \$ \$500.00 Date of Expenditure: \$ 1/17/2026

Business or Organization Name: Liberty Strategies LLC **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: None Provided City: Franklin State: TN Zip Code: 37064
Purpose of Expenditure: Phone Data
Amount of Expenditure: \$ \$300.00 Date of Expenditure: \$ 1/28/2026

Business or Organization Name: That's Printing Inc. **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 251 2nd Ave South City: Franklin State: TN Zip Code: 37064
Purpose of Expenditure: Business Cards
Amount of Expenditure: \$ \$125.00 Date of Expenditure: \$ 1/29/2026

Business or Organization Name: That's Printing Inc. **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: None Given City: Franklin State: TN Zip Code: 37064
Purpose of Expenditure: Bi-fold brochures
Amount of Expenditure: \$ \$740.32 Date of Expenditure: \$ 2/1/2026

Business or Organization Name: One Source **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2000 Mallory Ln #130 City: Franklin State: TN Zip Code: 37067
Purpose of Expenditure: Stickers
Amount of Expenditure: \$ \$74.63 Date of Expenditure: \$ 2/19/2026

Total Expenditures: \$ \$1,739.95

(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: Marie Fellhauer
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$1,739.95

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: Brett Middle Name: _____ Last Name: Rogers
Address: None Given City: Franklin State: TN Zip Code: 37064
Purpose of Expenditure: Marketing Materials
Amount of Expenditure: \$ \$1,000.00 Date of Expenditure: \$ 12/29/2025

Business or Organization Name: That's Printing Inc. **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 251 2nd Ave South City: Franklin State: TN Zip Code: 37064
Purpose of Expenditure: Fliers
Amount of Expenditure: \$ \$242.33 Date of Expenditure: \$ 1/2/2026

Business or Organization Name: That's Printing Inc. **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 251 2nd Ave South City: Franklin State: TN Zip Code: 37064
Purpose of Expenditure: Fliers
Amount of Expenditure: \$ \$142.46 Date of Expenditure: \$ 1/6/2026

Business or Organization Name: One Source **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2000 Mallory Ln STE 130-269, City: Franklin State: TN Zip Code: 37067
Purpose of Expenditure: Car Decals
Amount of Expenditure: \$ \$152.55 Date of Expenditure: \$ 2/6/2026

Business or Organization Name: Williamson County Campaign **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 403 Aspen Grove Dr, #630 City: Franklin State: TN Zip Code: 37067
Purpose of Expenditure: District 11 Map
Amount of Expenditure: \$ \$40.00 Date of Expenditure: \$ 2/17/2026

Total Expenditures: \$ \$3,317.29

(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: Marie Fellhauer
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$3,317.29

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: One Source **OR**

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

Address: 2000 Mallory Ln STE 130-269, City: Franklin State: TN Zip Code: 37067

Purpose of Expenditure: Signs

Amount of Expenditure: \$ \$1,184.53 Date of Expenditure: \$ 3/23/2026

Business or Organization Name: Home Depot **OR**

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

Address: 224 S. Royal Oaks City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: Tools & Accessories

Amount of Expenditure: \$ \$158.46 Date of Expenditure: \$ 3/25/2026

Business or Organization Name: US Postal Service **OR**

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

Address: None Given City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: Postage for early voting mailer

Amount of Expenditure: \$ \$471.42 Date of Expenditure: \$ 4/2/2026

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: \$ _____

Total Expenditures: \$ \$5,131.70

(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 LOANS - CANDIDATE

1. Candidate or Committee Name: Marie Fellhauer
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: _____ **OR**

First Name: Marie Middle Name: _____ Last Name: Fellhauer

Address: 1422 Kittrell Rd City: Franklin State: TN Zip Code: 37064

Outstanding Loan Balance (Beginning) \$ \$500.00

Loans Received \$ \$0.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$500.00

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

Date of Loan: 1/1/2026

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: _____ **OR**

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

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

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

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

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

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

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

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

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

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

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

Amount Guaranteed Outstanding: \$ _____

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans.)

Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) \$ _____

Loans Received \$ _____

Loan Payments \$ _____

Outstanding Loan (End) \$ _____

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Marie Fellhauer
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: _____ **OR**

First Name: Marie Middle Name: _____ Last Name: Fellhauer

Address: 1422 Kittrell Road City: Franklin State: TN Zip Code: 37064

Outstanding Loan Balance (Beginning) \$ \$500.00

Loans Received \$ \$1,000.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$1,500.00

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

Date of Loan: 1/5/2026

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: _____ **OR**

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

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

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

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

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

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

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

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

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

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

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

Amount Guaranteed Outstanding: \$ _____

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans.

Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) \$ \$1,000.00

Loans Received \$ \$1,000.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$2,000.00