



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 4/11/2026 2.a. Candidate or Committee Name: Rob Verell
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 5/5/2026
4. Campaign Address: PO Box 8
City: Nolensville State: TN Zip Code: 37135 Phone: _____
5. Candidate Home Address: 1271 Creekside Dr
City: Nolensville State: TN Zip Code: 37135 Phone: _____
Candidate Email Address: rob@voteverell.com
6. Office Sought: (include district number, if applicable) County Commissioner - Dist 05
7. Name of Political Treasurer (may be candidate): Russell Gill
Political Treasurer Email Address: russellgill@icloud.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: 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 _____ Political Treasurer Signature _____ Date _____
Witness Signature _____ Date _____ Witness Signature _____ Date _____

12. Summary:

a. Balance On Hand Last Report	\$ <u>\$1,000.00</u>
b. Total Receipts This Period	\$ <u>\$6,920.71</u>
c. Total Disbursements This Period	\$ <u>\$3,079.32</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$4,841.39</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: Rob Verell

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) \$ \$81.24
(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) \$ \$6,839.47
- 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.) \$ \$6,920.71

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$3,079.32
(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.)..... \$ \$3,079.32

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: Rob Verell
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: Robin Middle Name: _____ Last Name: Baldree
Address: 6300 Arno Rd City: Franklin State: TN Zip Code: 37064
Occupation: Realtor Employer: Marcoma Realty
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$522.24 Date of Contribution: 2/24/2026 Aggregate This Election: \$ \$522.24

Business or Organization Name: _____ **OR**
First Name: Len Middle Name: _____ Last Name: Serafino
Address: 5025 Aunt Nannies Pl City: Nolensville State: TN Zip Code: 37135
Occupation: retired Employer: retired
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$104.70 Date of Contribution: 3/3/2026 Aggregate This Election: \$ \$104.70

Business or Organization Name: _____ **OR**
First Name: Tonja Middle Name: _____ Last Name: Hibma
Address: 1252 Lewisburg Pk City: Franklin State: TN Zip Code: 37064
Occupation: Board Member Employer: WCS
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$104.70 Date of Contribution: 3/9/2026 Aggregate This Election: \$ \$104.70

Business or Organization Name: _____ **OR**
First Name: Jake Middle Name: _____ Last Name: McCalmon
Address: 5104 Aberleigh Ln City: Franklin State: TN Zip Code: 37064
Occupation: State Representative Employer: TN General Assembly
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$522.24 Date of Contribution: 3/12/2026 Aggregate This Election: \$ \$522.24

Total Contributions: \$ \$1,253.88
(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: Rob Verell
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) \$ \$1,253.88

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Margie Middle Name: _____ Last Name: Johnson

Address: 7201 Nolensville Rd City: Nolensville State: TN Zip Code: 37135

Occupation: Education Employer: MNPS

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

Amount of Contribution: \$ \$104.70 Date of Contribution: 3/25/2026 Aggregate This Election: \$ \$104.70

Business or Organization Name: _____ **OR**

First Name: Patrick Middle Name: _____ Last Name: Baggett

Address: 422 Murfreesboro Rd City: Franklin State: TN Zip Code: 37064

Occupation: Insurance Employer: Boxwood Insurance

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

Amount of Contribution: \$ \$156.89 Date of Contribution: 3/28/2026 Aggregate This Election: \$ \$156.89

Business or Organization Name: _____ **OR**

First Name: Josh Middle Name: _____ Last Name: Brown

Address: 4316 Belle Mina Lane City: Franklin State: TN Zip Code: 37067

Occupation: Board Member Employer: WCS

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

Amount of Contribution: \$ \$250.00 Date of Contribution: 3/29/2026 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**

First Name: Caryn Middle Name: _____ Last Name: Verell

Address: 122 E 10th Street City: Pontotoc State: MS Zip Code: 38863

Occupation: retired Employer: retired

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

Amount of Contribution: \$ \$1,900.0 Date of Contribution: 3/13/2026 Aggregate This Election: \$ \$1,900.0

Total Contributions: \$ \$3,665.47

(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: Rob Verell
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) \$ \$3,665.47

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Robert Middle Name: _____ Last Name: Verell

Address: 1271 Creekside Drive City: Nolensville State: TN Zip Code: 37135

Occupation: IT Consultant Employer: self

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

Amount of Contribution: \$ \$524.00 Date of Contribution: 3/2/2026 Aggregate This Election: \$ \$524.00

Business or Organization Name: _____ **OR**

First Name: Mark Middle Name: _____ Last Name: Elrod

Address: 2635 York Rd City: Nolensville State: TN Zip Code: 37135

Occupation: retired Employer: retired

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

Amount of Contribution: \$ \$1,900.00 Date of Contribution: 2/26/2026 Aggregate This Election: \$ \$1,900.00

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

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

Address: 915 Lewisburg Pike City: Franklin State: TN Zip Code: 37067

Occupation: State Senator Employer: Tennessee General Assembly

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 2/21/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**

First Name: Bev Middle Name: _____ Last Name: Burger

Address: 1373 Liberty Pike City: Franklin State: TN Zip Code: 37067

Occupation: Alderman Employer: City of Franklin

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

Amount of Contribution: \$ \$250.00 Date of Contribution: 2/21/2026 Aggregate This Election: \$ \$250.00

Total Contributions: \$ \$6,839.47

(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: Rob Verell
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: Tower Community Bank **OR**

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

Address: 4564 Main Street City: Jasper State: TN Zip Code: 37347

Purpose of Expenditure: Bank Fees

Amount of Expenditure: \$ \$10.00 Date of Expenditure: \$ 2/10/2026

Business or Organization Name: Copy Solutions **OR**

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

Address: 4091 Mallory Ln Ste 128 City: Franklin State: TN Zip Code: 37067

Purpose of Expenditure: Marketing Materials

Amount of Expenditure: \$ \$314.50 Date of Expenditure: \$ 3/13/2026

Business or Organization Name: Harland Clarke **OR**

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

Address: 133 Peachtree St 16th Floor City: Atlanta State: GA Zip Code: 30303

Purpose of Expenditure: Checks

Amount of Expenditure: \$ \$51.14 Date of Expenditure: \$ 3/18/2026

Business or Organization Name: Joslin & Son Signs **OR**

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

Address: 630 Murfreesboro Road City: Nashville State: TN Zip Code: 37210

Purpose of Expenditure: Yard Signs

Amount of Expenditure: \$ \$2,085.25 Date of Expenditure: \$ 3/24/2026

Business or Organization Name: Dope Marketing **OR**

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

Address: 3225 Neil Armstrong Blvd City: Eagan State: MN Zip Code: 55121

Purpose of Expenditure: Yard signs

Amount of Expenditure: \$ \$524.00 Date of Expenditure: \$ 3/2/2026

Total Expenditures: \$ \$2,984.89

(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: Rob Verell
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) \$ \$2,984.89

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: Processing fees
Amount of Expenditure: \$ \$94.43 Date of Expenditure: \$ 3/29/2026

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: \$ \$3,079.32

(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.)