



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 4/28/2026 2.a. Candidate or Committee Name: Mark Herndon

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 5/5/2026

4. Campaign Address: 2907 Leggett Rd
 City: Sale Creek State: TN Zip Code: 37373 Phone: 4236532187

5. Candidate Home Address: 2907 Leggett Rd
 City: Sale Creek State: TN Zip Code: 37373 Phone: 4236532187
 Candidate Email Address: mark@voteformarkformayor.com

6. Office Sought: (include district number, if applicable) County Mayor

7. Name of Political Treasurer (may be candidate): Timothy Gorman
 Political Treasurer Email Address: tagorman@comcast.net

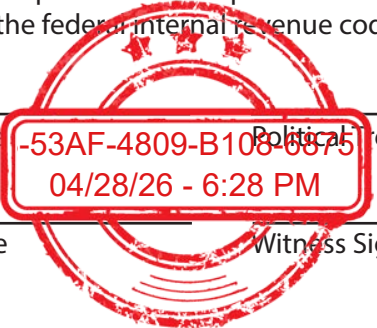
8. Category or Report: (check one)
 First Quarter Second Quarter Third Quarter Fourth Quarter Pre-Primary Pre-General
 Mid-Year Supplemental Year-End Supplemental Runoff Election

9. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

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>\$8,145.42</u>
b. Total Receipts This Period	\$ <u>\$3,336.00</u>
c. Total Disbursements This Period	\$ <u>\$5,950.46</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$5,530.96</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: Mark Herndon

14. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ \$491.00
(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) \$ \$2,845.00
- 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.) \$ \$3,336.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$5,950.46
(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.)..... \$ \$5,950.46

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: Mark Herndon
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
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: Terry Middle Name: _____ Last Name: Beale
Address: 4922 Willow Lawn Dr City: Chattanooga State: TN Zip Code: 37416
Occupation: retired Employer: none
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 4/8/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Danielle Middle Name: _____ Last Name: Lidiak
Address: 5711 Queen Mary Lane City: Chattanooga State: TN Zip Code: 37415
Occupation: insurance agent Employer: Flywheel
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$25.00 Date of Contribution: 4/12/2026 Aggregate This Election: \$ \$175.00

Business or Organization Name: _____ **OR**
First Name: Monica Middle Name: _____ Last Name: Machacek Chiapello
Address: 657 Charnel St City: Hixson State: TN Zip Code: 37343
Occupation: emergency response coordinator Employer: Hamilton County Health Dept
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 4/17/2026 Aggregate This Election: \$ \$400.00

Business or Organization Name: _____ **OR**
First Name: Marlene Middle Name: _____ Last Name: Stasulas
Address: 883 Dog Trot Trail City: Hixson State: TN Zip Code: 37343
Occupation: not employed Employer: not employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$20.00 Date of Contribution: 4/15/2026 Aggregate This Election: \$ \$520.00

Total Contributions: \$ \$245.00

(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: Mark Herndon
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$245.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Harrison Middle Name: _____ Last Name: Bullard
Address: 3901 Knollwood Dr City: Chattanooga State: TN Zip Code: 37415
Occupation: executive Employer: Vincit
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1 100 0 Date of Contribution: 4/15/2026 Aggregate This Election: \$ \$1 100 0

Business or Organization Name: _____ **OR**
First Name: Carol Middle Name: _____ Last Name: Kendrick
Address: 1860 Ridge Ave City: Montgomery State: AL Zip Code: 36106
Occupation: retired Employer: not employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$200 00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$200 00

Business or Organization Name: _____ **OR**
First Name: Allison Middle Name: _____ Last Name: Kendrick
Address: 1607 W 51st St City: Chattanooga State: TN Zip Code: 37409
Occupation: sales associate Employer: Dirty Jane's Antiques
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1 000 0 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$1 000 0

Business or Organization Name: _____ **OR**
First Name: Mary Middle Name: _____ Last Name: McIntosh
Address: 500 1/2 Spears Ave City: Chattanooga State: TN Zip Code: 37405
Occupation: BSN-RN Employer: Encompass Health
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50 00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$150 00

Total Contributions: \$ \$2,595.00

(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: Mark Herndon
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$2,595.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Cristen Middle Name: _____ Last Name: Spaulding
Address: 3208 Alta Vista Dr City: Chattanooga State: TN Zip Code: 37411
Occupation: real estate appraiser Employer: Spaulding Company
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$250.00

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: \$ \$2,845.00
(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: Mark Herndon
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
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: ActBlue **OR**

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

Address: PO Box 441146 City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: online fundraising fees

Amount of Expenditure: \$ \$1.05 Date of Expenditure: \$ 4/4/2026

Business or Organization Name: ActBlue **OR**

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

Address: PO Box 441146 City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: online fundraising fees

Amount of Expenditure: \$ \$1.48 Date of Expenditure: \$ 4/7/2026

Business or Organization Name: ActBlue **OR**

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

Address: PO Box 441146 City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: online fundraising fees

Amount of Expenditure: \$ \$6.39 Date of Expenditure: \$ 4/8/2026

Business or Organization Name: ActBlue **OR**

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

Address: PO Box 441146 City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: online fundraising fees

Amount of Expenditure: \$ \$3.62 Date of Expenditure: \$ 4/9/2026

Business or Organization Name: ActBlue **OR**

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

Address: PO Box 441146 City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: online fundraising fees

Amount of Expenditure: \$ \$0.88 Date of Expenditure: \$ 4/10/2026

Total Expenditures: \$ \$13.42

(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: Mark Herndon
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$13.42

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: ActBlue **OR**

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

Address: PO Box 441146 City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: online fundraising fees

Amount of Expenditure: \$ \$3.96 Date of Expenditure: \$ 4/12/2026

Business or Organization Name: ActBlue **OR**

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

Address: PO Box 441146 City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: online fundraising fees

Amount of Expenditure: \$ \$1.05 Date of Expenditure: \$ 4/16/2026

Business or Organization Name: Printready **OR**

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

Address: 4300 North Access rd City: Chattanooga State: TN Zip Code: 37415

Purpose of Expenditure: printed literature

Amount of Expenditure: \$ \$288.60 Date of Expenditure: \$ 4/7/2026

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

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

Address: 910 Georgia Ave City: Chattanooga State: TN Zip Code: 37402

Purpose of Expenditure: postage

Amount of Expenditure: \$ \$61.00 Date of Expenditure: \$ 4/8/2026

Business or Organization Name: Chattanooga Autism Center **OR**

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

Address: 1400 McCallie Av, Suite 100 City: Chattanooga State: TN Zip Code: 37404

Purpose of Expenditure: donation

Amount of Expenditure: \$ \$16.55 Date of Expenditure: \$ 4/10/2026

Total Expenditures: \$ \$384.58

(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: Mark Herndon
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$384.58

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: Wix **OR**

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

Address: 100 Gansevoort St City: New York City State: NY Zip Code: 10014

Purpose of Expenditure: website hosting fee

Amount of Expenditure: \$ \$13.11 Date of Expenditure: \$ 4/11/2026

Business or Organization Name: 5 Wits Brewing **OR**

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

Address: 1501 Long St City: Chattanooga State: TN Zip Code: 37408

Purpose of Expenditure: food

Amount of Expenditure: \$ \$20.00 Date of Expenditure: \$ 4/14/2026

Business or Organization Name: _____ **OR**

First Name: Meredith Middle Name: _____ Last Name: Garrett

Address: 1607 W 51st St City: Chattanooga State: TN Zip Code: 37409

Purpose of Expenditure: campaign communications director

Amount of Expenditure: \$ \$1,500.00 Date of Expenditure: \$ 4/11/2026

Business or Organization Name: Vector Printing **OR**

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

Address: 4905 English Ave City: Chattanooga State: TN Zip Code: 37407

Purpose of Expenditure: signage

Amount of Expenditure: \$ \$1,911.87 Date of Expenditure: \$ 4/16/2026

Business or Organization Name: ActBlue **OR**

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

Address: PO Box 441146 City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: online fundraising fees

Amount of Expenditure: \$ \$4.53 Date of Expenditure: \$ 4/17/2026

Total Expenditures: \$ \$3,834.09

(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: Mark Herndon
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$3,834.09

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: ActBlue **OR**

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

Address: PO Box 441146 City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: online fundraising fees

Amount of Expenditure: \$ \$2.10 Date of Expenditure: \$ 4/21/2026

Business or Organization Name: ActBlue **OR**

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

Address: PO Box 441146 City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: online fundraising fees

Amount of Expenditure: \$ \$1.05 Date of Expenditure: \$ 4/22/2026

Business or Organization Name: Biased Apparel **OR**

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

Address: 1479 Fagan St City: Chattanooga State: TN Zip Code: 37408

Purpose of Expenditure: printed materials (T-shirts)

Amount of Expenditure: \$ \$557.18 Date of Expenditure: \$ 4/20/2026

Business or Organization Name: Tennessee Valley Strategies **OR**

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

Address: PO Box 15152 City: Chattanooga State: TN Zip Code: 37415

Purpose of Expenditure: campaign management

Amount of Expenditure: \$ \$1,543.96 Date of Expenditure: \$ 4/21/2026

Business or Organization Name: ActBlue **OR**

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

Address: PO Box 441146 City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: online fundraising fees

Amount of Expenditure: \$ \$12.08 Date of Expenditure: \$ 4/25/2026

Total Expenditures: \$ \$5,950.46

(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.)