CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 10-10-26 2.a. Candidate or Committee Name: Campaign to Elect Holly Cruz

2.b. If Committee, Name of Candidate: Holly Cruz 3. Election Date: 8-6-26

4. Campaign Address: 3275 Hartsville Pike

City: Castalian Springs State: TN Zip Code: 37031 Phone: 615-502-0491

5. Candidate Home Address: 3275 Hartsville Pike

City: Castalian Springs State: TN Zip Code: 37031 Phone: 615-502-0491

Candidate Email Address: hollycruzforTN@gmail.com

6. Office Sought: (include district number, if applicable) School Board District 9

7. Name of Political Treasurer (may be candidate): Holly Cruz

Political Treasurer Email Address: hollycruzforTN@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: 7-28-26 End Date: 9-30-26

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
Holly Cruz	10-10-26	Holly Cruz	10-10-26

Witness Signature	Date	Witness Signature	Date
O. Phil	10-10-26	Ann B	10-10-26

12. Summary:

a.	Balance On Hand Last Report	$ 2,434.66
b.	Total Receipts This Period	$ 110.00
c.	Total Disbursements This Period	$ 2544.64
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ .02
e.	Total Loans Outstanding	$ 0
f.	Total Obligations Outstanding	$ 0

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SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Campaign to Elect Holly Cruz

14. Reporting Period: Start Date: 7-28-26 End Date: 9-30-26

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 10
(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) ..... $ 100

c. Loans Received This Reporting Period ..... $ 0

d. Interest Received This Reporting Period ..... $ 0

e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... $ 110.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 2544.64
(Note: Effective January 16, 2023, all expenditures must be itemized.)

b. Loan Repayments Made This Period ..... $ 0

c. Total Obligation Payments Made This Period ..... $ 0

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) ..... $ 2544.64

17. In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period ..... $ 0

b. Itemized In-Kind Contributions Received This Period ..... $ 0

c. Total In-Kind Contributions Received This Period ..... $ 0

18. Obligations:

a. Total Obligations Outstanding (must be shown in item 12.f.) ..... $ 0

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Campaign to Elect HillyCnz

2. Reporting Period: Start Date: 7/20/22 End Date: 9/30/22

3. Total campaign contributions from preceding page (enter $0 if first page) $ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Lynn Middle Name: _____ Last Name: Takacs

Address: 1531 Anderson Rd City: Hendersonville State: TN Zip Code: 37075

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: $ 100 Date of Contribution: 8-3-22 Aggregate This Election: $ 100

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: $ 100

(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: Campaign to Elect Hilly Cruz
2. Reporting Period: Start Date: 7-28-24 End Date: 9-30-24
3. Total campaign expenditures from preceding page (enter $0 if first page) $ Ø

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: Sale to Win **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 455 Market St. Ste. 940 City: San Francisco State: CA Zip Code: 94105
Purpose of Expenditure: Campaign Text
Amount of Expenditure: $ 64.69 Date of Expenditure: $ 7-28-24

Business or Organization Name: Meta **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1 Meta Way City: Menlo Park State: CA Zip Code: 94025
Purpose of Expenditure: Facebook Ads
Amount of Expenditure: $ 225.00 Date of Expenditure: $ 8-3-24

Business or Organization Name: Sale to Win **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 455 Market St. Ste. PH1 City: San Francisco State: CA Zip Code: 94105
Purpose of Expenditure: _____
Amount of Expenditure: $ 539.98 Date of Expenditure: $ 8-10-24

Business or Organization Name: Meta **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1 Meta Way City: Menlo Park State: CA Zip Code: _____
Purpose of Expenditure: Facebook Ads
Amount of Expenditure: $ 313.82 Date of Expenditure: $ 8-10-24

Business or Organization Name: Direct One **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4607 Metric Dr. City: Winter Park State: FL Zip Code: 32792
Purpose of Expenditure: Mailer
Amount of Expenditure: $ 162.46 Date of Expenditure: $ 8-14-24

Total Expenditures: $ 1806.15
(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: Campaign to Elect Holly Cruz

2. Reporting Period: Start Date: 7-28-26 End Date: 9-30-26

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 1,761.81

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: Volunteer Bank **OR**

First Name: Middle Name: Last Name:

Address: 3200 West End Ave. Ste. 500 City: Nashville State: TN Zip Code: 37203

Purpose of Expenditure: Bank Fee

Amount of Expenditure: $ 5.00 Date of Expenditure: $

Business or Organization Name: Volunteer Bank **OR**

First Name: Middle Name: Last Name:

Address: 3200 West End Ave Ste 500 City: Nashville State: TN Zip Code: 37203

Purpose of Expenditure: Bank Fee

Amount of Expenditure: $ 5.00 Date of Expenditure: $

Business or Organization Name: Latoya Holcomb for State Representative **OR**

First Name: Middle Name: Last Name:

Address: 110 Harper Rd. City: Portland State: TN Zip Code: 37148

Purpose of Expenditure: Campaign Donation

Amount of Expenditure: $ 360.86 Date of Expenditure: $ 9-29-26

Business or Organization Name: Mandy Cook for TN **OR**

First Name: Middle Name: Last Name:

Address: 123 East Main City: Hendersonville State: TN Zip Code: 37148

Purpose of Expenditure: Campaign Donation

Amount of Expenditure: $ 360.86 Date of Expenditure: $ 9-29-26

Business or Organization Name: ActBlue **OR**

First Name: Middle Name: Last Name:

Address: PO Box 96207 City: Boston State: MA Zip Code: 02196

Purpose of Expenditure: Fees

Amount of Expenditure: $ 6.77 Date of Expenditure: $ 8-1-26

Total Expenditures: $ 2500.30

(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.)