# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates

## For Single-Candidate Committees

1. Date: 10-13-26 2.a. Candidate or Committee Name: Kecia Ray

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

4. Campaign Address: 1517 Winding Way Circle

City: Gallatin State: TN Zip Code: 37066 Phone: 615.290.8480

5. Candidate Home Address: Same As Above

City: — State: — Zip Code: — Phone: —

Candidate Email Address: petway1965@gmail.com

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

7. Name of Political Treasurer (may be candidate): Theresa Dowell-Fuqua

Political Treasurer Email Address: theresa.fuqua@att.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: July 28, 2026 End Date: Sept. 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.

Kecia Ray — Candidate Signature — 10/13/26 — Date

Theresa Dowell-Fuqua — Political Treasurer Signature — 10-13-26 — Date

[signature] — Witness Signature — 10/13/26 — Date

Jeri House — Witness Signature — 10-13-26 — Date

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SUMNER COUNTY
ELECTION COMMISSION

12. Summary:

| | | |
|---|---|---|
| a. | Balance On Hand Last Report | $ 3,010.84 |
| b. | Total Receipts This Period | $ 50.00 |
| c. | Total Disbursements This Period | $ 1,764.34 |
| d. | Balance On Hand (12.a. plus 12.b. minus 12.c.) | $ 1,296.50 |
| e. | Total Loans Outstanding | $ Ø |
| f. | Total Obligations Outstanding | $ Ø |

# SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Kecia Ray

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) ..... $ 50.00
(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) ..... $ Ø

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

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

e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... $ 50.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 1,764.34
(Note: Effective January 16, 2023, all expenditures must be itemized.)

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

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

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) ..... $ 1,764.34

17. In-Kind Contributions:

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

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

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

18. Obligations:

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

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Kecia Ray

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

3. Total campaign contributions from preceding page (enter $0 if first page) $ 50.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Kailyn Middle Name: _____ Last Name: Lovett

Address: 207 Grandview Circle City: Gallatin State: TN Zip Code: 37066

Occupation: Student Employer: 2026 GHS Graduate

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

Amount of Contribution: $ 50.00 Date of Contribution: 7-24-26 Aggregate This Election: $ 50.00

Deposited: 7-30-26

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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: $_____

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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: $_____

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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: $_____

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Total Contributions: $ 50.00

(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: _____ NA

2. Reporting Period: Start Date: _____ End Date: _____

3. Total in-kind contributions from preceding page (enter $0 if first page) $ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars ($100) from any contributor during the period must be reported.

Business or Organization Name: _____ **OR**

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

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

Occupation: _____ Employer: _____

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $_____ In-Kind Contribution Date: _____ Aggregate This Election: $ _____

Description of In-Kind Contribution: _____

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Business or Organization Name: _____ **OR**

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

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

Occupation: _____ Employer: _____

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $_____ In-Kind Contribution Date: _____ Aggregate This Election: $ _____

Description of In-Kind Contribution: _____

---

Business or Organization Name: _____ **OR**

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

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

Occupation: _____ Employer: _____

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $_____ In-Kind Contribution Date: _____ Aggregate This Election: $ _____

Description of In-Kind Contribution: _____

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Business or Organization Name: _____ **OR**

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

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

Occupation: _____ Employer: _____

In-Kind Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $_____ In-Kind Contribution Date: _____ Aggregate This Election: $ _____

Description of In-Kind Contribution: _____

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Total In-Kind Contributions: $ Ø

(Carry forward to the next page if additional pages of this form are used. If this is the last page of in-kind contributions, this amount must be shown in the summary on first page.)

# ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Kecia Ray

2. Reporting Period: Start Date: _____ End Date: _____

3. Complete the appropriate items for each loan totaling more than one hundred dollars ($100).

NA

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

Business or Organization Name: _____ **OR**

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

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

Outstanding Loan Balance (Beginning) ..... $ _____

Loans Received ..... $ _____

Loan Payments ..... $ _____

Outstanding Loan (End) ..... $ _____

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

Date of Loan: _____

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**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: $ _____

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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: $ _____

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**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) ..... $ Ø

Loans Received ..... $ Ø

Loan Payments ..... $ Ø

Outstanding Loan (End) ..... $ Ø

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Kecia Ray

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) $ 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: Family Dollar Store #02454 **OR**

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

Address: 405 East Main Street City: Gallatin State: TN Zip Code: 37066

Purpose of Expenditure: Candidate Watch Party

Amount of Expenditure: $ 21.62 Date of Expenditure: $ 8-6-26

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Business or Organization Name: _____ **OR**

First Name: Ariana Middle Name: _____ Last Name: Hunt

Address: 570 Hill Street City: Gallatin State: TN Zip Code: 37066

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ 70.00 Date of Expenditure: $ 8-7-26

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Business or Organization Name: _____ **OR**

First Name: Ritchie Middle Name: _____ Last Name: Williams

Address: 1579 Winding Way Circle City: Gallatin State: TN Zip Code: 37066

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ 150.00 Date of Expenditure: $ 8-7-26

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Business or Organization Name: _____ **OR**

First Name: Michelle Middle Name: _____ Last Name: Williams

Address: 1579 Winding Way Circle City: Gallatin State: TN Zip Code: 37066

Purpose of Expenditure: _____

Amount of Expenditure: $ 150.00 Date of Expenditure: $ 8-7-26

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Business or Organization Name: Kroger **OR**

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

Address: 845 Nashville Pike City: Gallatin State: TN Zip Code: 37066

Purpose of Expenditure: Candidate Watch Party

Amount of Expenditure: $ 272.72 Date of Expenditure: $ 8-5-26

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Total Expenditures: $ 664.34

(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: Kecia Ray

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) $ 664.34

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: Hollie Middle Name: _____ Last Name: Alexander

Address: 1051 Edgewater City: Gallatin State: TN Zip Code: 37066

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ 200.00 Date of Expenditure: $ 8-7-26

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Business or Organization Name: _____ **OR**

First Name: Jennifer Middle Name: _____ Last Name: Chenoweth

Address: 845 Britton Avenue City: Gallatin State: TN Zip Code: 37066

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ 200.00 Date of Expenditure: $ 8-7-26

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Business or Organization Name: _____ **OR**

First Name: Theresa Middle Name: Elaine Last Name: Dowell-Fuqua

Address: 125 Summerlin Drive City: Gallatin State: TN Zip Code: 37066

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ 200.00 Date of Expenditure: $ 8-7-26

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Business or Organization Name: Unlimited Potential, Inc. **OR**

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

Address: 260 East Winchester St. City: Gallatin State: TN Zip Code: 37066

Purpose of Expenditure: Donation - Watch Party Venue

Amount of Expenditure: $ 100.00 Date of Expenditure: $ 8-7-26

---

Business or Organization Name: Steven Carter for District 5 Gallatin City Council **OR**

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

Address: 319 Randolph Street City: Gallatin State: TN Zip Code: 37066

Purpose of Expenditure: Campaign Donation

Amount of Expenditure: $ 500.00 Date of Expenditure: $ 9-17-26

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Total Expenditures: $ 1,764.34

(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 OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Recia Ray

2. Reporting Period: Start Date: _____ End Date: _____

NA

3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: _____

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

| Description of Obligation: | | | |
|---|---|---|---|
| Outstanding Balance (Period Beginning) | Debt Incurred This Period | Payments This Period | Outstanding Balance (Period End) |
| $ | $ | $ | $ |

Business Name: _____

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

| Description of Obligation: | | | |
|---|---|---|---|
| Outstanding Balance (Period Beginning) | Debt Incurred This Period | Payments This Period | Outstanding Balance (Period End) |
| $ | $ | $ | $ |

Business Name: _____

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

| Description of Obligation: | | | |
|---|---|---|---|
| Outstanding Balance (Period Beginning) | Debt Incurred This Period | Payments This Period | Outstanding Balance (Period End) |
| $ | $ | $ | $ |

Business Name: _____

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

| Description of Obligation: | | | |
|---|---|---|---|
| Outstanding Balance (Period Beginning) | Debt Incurred This Period | Payments This Period | Outstanding Balance (Period End) |
| $ | $ | $ | $ |

TOTALS

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

| Outstanding Balance (Period Beginning) | Debt Incurred | Payments This Period | Outstanding Balance (Period End) |
|---|---|---|---|
| $ Ø | $ Ø | $ Ø | $ Ø |