



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

FILED
AM PM

APR 28 2026

SUMNER COUNTY
ELECTION COMMISSION

1. Date: 4-29-26 2.a. Candidate or Committee Name: Kecia Ray
 2.b. If Committee, Name of Candidate: _____ 3. Election Date: Aug. 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-Fugua
 Political Treasurer Email Address: theresa.fugua@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: Apr. 01, 2026 End Date: Apr. 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.

Kecia Ray 4-28-26 Theresa Dowell-Fugua 4-28-26
 Candidate Signature Date Political Treasurer Signature Date
Melanie Webster 4-28-26 Christie Gilbert 4-28-26
 Witness Signature Date Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	AM	FILED	PM	\$	<u>2,118.00</u>
b. Total Receipts This Period				\$	<u>2,519.00</u>
c. Total Disbursements This Period				\$	<u>1,716.67</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)				\$	<u>2,920.33</u>
e. Total Loans Outstanding				\$	<u>0</u>
f. Total Obligations Outstanding				\$	<u>150.00</u> *

* Refunds to 3 donors totalling \$50, each.
 Excess donated \$100 exceeding the cash

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Kecia Ray

14. Reporting Period: Start Date: Apr. 01, 2026 End Date: Apr. 25, 2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 669.00
(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) \$ 1,700.00
- 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.) \$ 2,369.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 1,716.67
(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.)..... \$ 1,716.67

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ 50.00
- b. Itemized In-Kind Contributions Received This Period \$ Ø
- c. Total In-Kind Contributions Received This Period \$ 50.00

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ 150.00

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Kecia Ray
2. Reporting Period: Start Date: Apr. 01, '26 End Date: Apr. 25, '26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 2,369.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Grace Middle Name: E. Last Name: Oliver
Address: 104 Liberty Ct. City: Hendersonville State: IN Zip Code: 37075
Occupation: Retired Attendance Ofc. Employer: Sumner Cty. Schools
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 1,000.00 Date of Contribution: 4-11-26 Aggregate This Election: \$ 1,000.00

Business or Organization Name: _____ OR
First Name: Van Middle Name: _____ Last Name: Hohe
Address: 185 Hidden Lake Road City: Hendersonville State: IN Zip Code: 37075
Occupation: Realtor-Chief Experience Ofc. Employer: Chord Real Estate
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500.00 Date of Contribution: 4-21-26 Aggregate This Election: \$ 1,500.00

Business or Organization Name: _____ OR
First Name: Shirley Middle Name: _____ Last Name: Robinson
Address: P.O. Box 522 City: Hendersonville State: IN Zip Code: 37077
Occupation: Retired Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: 4-21-26 Aggregate This Election: \$ 1,700.00

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: \$ _____

Total Contributions: \$ 1,700.00

(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: Kecia Ray
2. Reporting Period: Start Date: Apr. 01, '26 End Date: Apr. 25, '26
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ 50.00

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: Floyd Middle Name: _____ Last Name: Malone

Address: 903 Yellowstone Ct. City: Gallatin State: TN Zip Code: 37066

Occupation: Custodian Employer: Sumner Cty. Schools

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

In-Kind Contribution Value: \$ 50.00 In-Kind Contribution Date: 4-21-26 Aggregate This Election: \$ 50.00

Description of In-Kind Contribution: Pulled Pork + Buns for Campaign Kickoff 4-21-26.

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: _____

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: _____

Total In-Kind Contributions: \$ 50.00

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Kecia Ray
2. Reporting Period: Start Date: Apr. 01, '26 End Date: Apr. 25, '26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1,716.67

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: Walmart OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 112 Nashville Pk. City: Gallatin State: TN Zip Code: 37066
Purpose of Expenditure: Campaign Kickoff 4-21-26 (Table Cover, Cookies)
Amount of Expenditure: \$ 22.27 Date of Expenditure: \$ 4-21-26

Business or Organization Name: Gordon Food Service OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 317 Bluebird City: Goodlettsville State: TN Zip Code: 37072
Purpose of Expenditure: Food Item - Campaign Kick Off
Amount of Expenditure: \$ 53.35 ^(Pulled Chicken) Date of Expenditure: \$ 4-20-26

Business or Organization Name: Sam's Club OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 301 Indian Lake Blvd. City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Plates, Chips, etc. for Campaign Kickoff
Amount of Expenditure: \$ 161.99 Date of Expenditure: \$ 4-19-26

Business or Organization Name: _____ OR
First Name: Kim Middle Name: _____ Last Name: Calhoun
Address: 106 Thicket Lane City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Campaign T-shirts, Posters
Amount of Expenditure: \$ 663.00 ^{SD4} Date of Expenditure: \$ 4-20-26

Business or Organization Name: Minute Man Press OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 216 West Broadway City: Gallatin State: TN Zip Code: 37066
Purpose of Expenditure: Campaign yardsigns + poster
Amount of Expenditure: \$ 716.06 Date of Expenditure: \$ 4-21-26

Total Expenditures: \$ 1,616.67
(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: Apr. 01, '26 End Date: Apr. 25, '26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 7

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: Unlimited Potential Community Dev. Corp. OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 260 E. Winchester St. City: Gallatin State: TN Zip Code: 37066
Purpose of Expenditure: Campaign Kickoff Venue
Amount of Expenditure: \$ 100.00 Date of Expenditure: \$ 4-21-26

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: \$ 1,716.67

(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: Kecia Ray *N/A*
2. Reporting Period: Start Date: Apr. 01, '26 End Date: Apr. 25, '26
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: _____ 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: _____

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 OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Kecia Ray
2. Reporting Period: Start Date: Apr. 01, '26 End Date: Apr. 25, '26 * Cash donations during
3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period. Kickoff 4-21-26.

Business Name: _____

First Name: Kaneisha Middle Name: _____

Last Name: Dotson

Address: 139 Merrison St.

City: Gallatin

State: TN Zip Code: 37066

Description of Obligation:	Donor donated \$100 in cash, exceeding amount allowable for cash donation. Refund of \$50 to be returned.		
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$50.00	\$	\$

Business Name: _____

First Name: Alvita Middle Name: _____

Last Name: Halcomb

Address: 570 Hill St.

City: Gallatin

State: TN Zip Code: 37066

Description of Obligation:	Donor donated \$100 in cash, exceeding amount allowable for cash donation. Refund of \$50 to be returned.		
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$50.00	\$	\$

Business Name: _____

First Name: Jerry Middle Name: _____

Last Name: Lovett

Address: 207 Grandview Circle

City: Gallatin

State: TN Zip Code: 37066

Description of Obligation:	Donor donated \$100 in cash, exceeding amount allowable for cash donation. Refund of \$50 to be returned.		
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$50.00	\$	\$

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)
\$	\$	\$	\$