CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

AM FILED JUL 6 2026 PM SUMNER COUNTY ELECTION COMMISSION

1. Date: July 5 2026 2.a. Candidate or Committee Name: Hector Graves

2.b. If Committee, Name of Candidate: _____ 3. Election Date: November 3

4. Campaign Address: 107 B Fireside Dr

City: Portland State: TN Zip Code: 37148 Phone: 615-626-7727

5. Candidate Home Address: 107 B Fireside Dr

City: Portland State: TN Zip Code: 37148 Phone: 615-626-7727

Candidate Email Address: hector.graves@gmail.com

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

7. Name of Political Treasurer (may be candidate): ~~Hector~~ Billy Graves

Political Treasurer Email Address: flnco1983.bg@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: April 1 2026 End Date: June 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.

Candidate Signature _____ Date 7-5-2026 Political Treasurer Signature _____ Date 7-5-2026

Witness Signature _____ Date 7-5-2026 Witness Signature _____ Date 7-5-2026

12. Summary:

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

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: _____

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

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 0
(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) ..... $ 0

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.) ..... $ 0

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 0
(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.) ..... $ 0

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 OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: ____________________

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

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)
$	$	$	$ 0

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)
$	$	$	$ 0

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)
$	$	$	$ 0

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)
$	$	$	$ 0

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)
$	$	$	$ 0