



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 4-9-2026 2.a. Candidate or Committee Name: Campaign to Elect Holly Cruz
 2.b. If Committee, Name of Candidate: Holly Cruz 3. Election Date: _____
 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: _____
 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: 1-1-2026 End Date: 3-31-2026

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.

<u>Holly Cruz</u> Candidate Signature	<u>4-9-2026</u> Date	<u>Holly Cruz</u> Political Treasurer Signature	<u>4-9-2026</u> Date
<u>O. Deit</u> Witness Signature	<u>4.10.26</u> Date	<u>Anna Probst</u> Witness Signature	<u>4-10-26</u> Date

12. Summary:

a. Balance On Hand Last Report	AM	FILED	PM	\$ <u>1,298.94</u>
b. Total Receipts This Period				\$ <u>2,055.00</u>
c. Total Disbursements This Period				\$ <u>524.44</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)				\$ <u>2,829.50</u>
e. Total Loans Outstanding				\$ <u>0</u>
f. Total Obligations Outstanding				\$ <u>0</u>

SUMMARY PAGE - CANDIDATE

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

14. Reporting Period: Start Date: 1-1-2020 End Date: 3-31-2020

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 455
(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) \$ 1100
- 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.) \$ 2055

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 524.44
(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.)..... \$ 524.44

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 Holly Cruz
2. Reporting Period: Start Date: 1-16-2026 End Date: 3-31-2026
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: Jill Middle Name: _____ Last Name: Fernelius
Address: 180 Cobbler Cir. City: Hendersonville State: TN Zip Code: 37075
Occupation: Banker Employer: FirstBank
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250 Date of Contribution: 2-4-26 Aggregate This Election: \$ 250

Business or Organization Name: _____ OR
First Name: Sibyl Middle Name: _____ Last Name: Reagan
Address: 1912 Lombardy Ave City: Nashville State: TN Zip Code: 37215
Occupation: Not Employed Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 2-4-26 Aggregate This Election: \$ 300

Business or Organization Name: _____ OR
First Name: Leonard Middle Name: _____ Last Name: Assante
Address: 825 S. Browns Ln. Unit 601 City: Gallatin State: TN Zip Code: 37066
Occupation: College Professor Employer: volunteer State College
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 2-4-26 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Lexie Middle Name: _____ Last Name: Smith
Address: 1004 Bradford Blvd. City: Gallatin State: TN Zip Code: 37066
Occupation: Not Employed Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 2-4-26 Aggregate This Election: \$ 310

Total Contributions: \$ 550

(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: Campaign to Elect Holly Cruz
2. Reporting Period: Start Date: 1-16-26 End Date: 3-31-26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 550

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: William Middle Name: _____ Last Name: Melendez-Cruz
Address: 107 Tee Court City: Linden State: VA Zip Code: 22642
Occupation: Not Employed Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 2-8-26 Aggregate This Election: \$ 100

Business or Organization Name: _____ OR
First Name: Greta Middle Name: _____ Last Name: Frensley
Address: 909 Laurie Lane City: Gallatin State: TN Zip Code: 37066
Occupation: Not Employed Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 2-19-26 Aggregate This Election: \$ 100

Business or Organization Name: _____ OR
First Name: ~~Shepherd~~ Ronald Middle Name: _____ Last Name: ~~Ronald~~ Shepherd
Address: 1037 E Main St City: Gallatin State: TN Zip Code: 37066
Occupation: Not Employed Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 2-21-26 Aggregate This Election: \$ 100

Business or Organization Name: _____ OR
First Name: ~~Post~~ Sheri Middle Name: _____ Last Name: Post
Address: 109 Creekglen Dr. City: Hendersonville State: TN Zip Code: 37075
Occupation: Pharmacist Employer: United Rx LLC
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 3-27-26 Aggregate This Election: \$ 100

Total Contributions: \$ 950

(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: Campaign to Elect Holly Cruz
2. Reporting Period: Start Date: 11-26 End Date: 3-31-26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 950

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Lexi Middle Name: _____ Last Name: Smith
Address: 1004 Bradford Blvd City: Gallatin State: TN Zip Code: 37066
Occupation: Not Employed Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 3-27-26 Aggregate This Election: \$ 310

Business or Organization Name: _____ OR
First Name: Shawanna Middle Name: _____ Last Name: Wheeler
Address: 1222 Wentworth Dr. City: Gallatin State: TN Zip Code: 37066
Occupation: Enrollment Specialist Employer: Uttc
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 3-27-26 Aggregate This Election: \$ 100

Business or Organization Name: _____ OR
First Name: Sibyl Middle Name: _____ Last Name: Reagan
Address: 1912 Lombardy Ave City: Nashville State: TN Zip Code: 37215
Occupation: Not Employed Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 3-31-26 Aggregate This Election: \$ 100

Business or Organization Name: _____ OR
First Name: Jenda Middle Name: _____ Last Name: Clemmons
Address: 239 Leah Ct. City: Gallatin State: TN Zip Code: 37066
Occupation: Teacher Employer: Sumner County Schools
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250 Date of Contribution: 3-31-26 Aggregate This Election: \$ 250

Total Contributions: \$ ~~115~~ 1500

(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: Campaign to Elect Holly Cruz
2. Reporting Period: Start Date: 1-10-20 End Date: 3-31-20
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1500

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Sumner County Democratic Party OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Gallatin State: TN Zip Code: 37060
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 3-10-20 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: \$ 1600

(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 Holly Cruz
2. Reporting Period: Start Date: 1-10-2020 End Date: 3-31-2020
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 0

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: Tennessee Democratic Party OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4100 Centennial Blvd, Ste 300 City: Nashville State: TN Zip Code: 37209
Purpose of Expenditure: Votebuilder Access
Amount of Expenditure: \$ 1.00 Date of Expenditure: \$ 1-20-2020

Business or Organization Name: Squarespace OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 225 Varck St City: New York State: NY Zip Code: 10014
Purpose of Expenditure: Website maintenance
Amount of Expenditure: \$ 11.18 Date of Expenditure: \$ 1-20-2020

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO BOX 9162017 City: Boston State: MA Zip Code: 02196
Purpose of Expenditure: Donation processing fee
Amount of Expenditure: \$ 2.25 Date of Expenditure: \$ 2-1-2020

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO BOX 9162017 City: Boston State: MA Zip Code: 02196
Purpose of Expenditure: Donation processing fee
Amount of Expenditure: \$.32 Date of Expenditure: \$ 2-4-2020

Business or Organization Name: Volunteer Bank OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3200 West End Ave, Ste 100 City: Nashville State: TN Zip Code: 37203
Purpose of Expenditure: Bank ~~process~~ service charge
Amount of Expenditure: \$ 5.00 Date of Expenditure: \$ 2-13-20

Total Expenditures: \$ 110.75

(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: 1-4-2020 End Date: 3-31-2020
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1128.75

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: Square Space OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 225 Vanick St. City: New York State: NY Zip Code: 10014
Purpose of Expenditure: Website Maintenance
Amount of Expenditure: \$ 11.18 Date of Expenditure: \$ 2-26-2020

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 962017 City: Boston State: MA Zip Code: 02196
Purpose of Expenditure: Donation Processing Fee
Amount of Expenditure: \$ 15.44 Date of Expenditure: \$ 3-1-2020

Business or Organization Name: Volunteer Bank OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3200 West End Ave Ste 100 City: Nashville State: TN Zip Code: 37203
Purpose of Expenditure: Bank Service Fee
Amount of Expenditure: \$ 5.00 Date of Expenditure: \$ 3-13-2020

Business or Organization Name: Historic Downtown Gallatin OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1410 N. Water Ave City: Gallatin State: TN Zip Code: 37006
Purpose of Expenditure: Squarefest Booth
Amount of Expenditure: \$ 212.87 Date of Expenditure: \$ 2-23-2020

Business or Organization Name: Square Space OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 225 Vanick St. City: New York State: NY Zip Code: 10014
Purpose of Expenditure: Website Maintenance
Amount of Expenditure: \$ 11.18 Date of Expenditure: \$ 3-26-2020

Total Expenditures: \$ 524.44

(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.)