



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 4/10/2024 2.a. Candidate or Committee Name: Tracy Finegan
 2.b. If Committee, Name of Candidate: _____ 3. Election Date: _____
 4. Campaign Address: 737 Shun Pike
 City: Cottontown State: TN Zip Code: 37048 Phone: (615) 974-9227
 5. Candidate Home Address: same as above
 City: _____ State: _____ Zip Code: _____ Phone: _____
 Candidate Email Address: tracyfinegan1@gmail.com
 6. Office Sought: (include district number, if applicable) School Board District 8
 7. Name of Political Treasurer (may be candidate): candidate
 Political Treasurer Email Address: _____

8. Category or Report: (check one)

- First Quarter Second Quarter Third Quarter Fourth Quarter Pre-Primary Pre-General
 Mid-Year Supplemental Year-End Supplemental

9. Reporting Period: Start Date: 2/25/2024 End Date: 3/31/2024

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>[Signature]</u>	<u>4/11/2024</u>		
Candidate Signature	Date	Political Treasurer Signature	Date
<u>[Signature]</u>	<u>4/11/2024</u>		
Witness Signature	Date	Witness Signature	Date

12. Summary:

	FILED		
a. Balance On Hand Last Report	AM	PM	\$ <u>2862.72</u>
b. Total Receipts This Period	APR 11 2024		\$ <u>400 -</u>
c. Total Disbursements This Period	SUMNER COUNTY		\$ <u>3082.34</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	ELECTION COMMISSION		\$ <u>180.38</u>
e. Total Loans Outstanding			\$ <u>—</u>
f. Total Obligations Outstanding			\$ <u>—</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Tracy Finegan

14. Reporting Period: Start Date: 2/25/2024 End Date: 3/31/2024

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ _____
(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) \$ 400 -
- c. Loans Received This Reporting Period..... \$ -
- d. Interest Received This Reporting Period \$ -
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 400⁰⁰

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 3,025.56
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ -
- c. Total Obligation Payments Made This Period..... \$ -
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ 3025.56

17. In-Kind Contributions:

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

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Tracy Finegan
2. Reporting Period: Start Date: 2/25/24 End Date: 3/7/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 2

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Steven Middle Name: _____ Last Name: King
Address: 123 Wynlands Cir City: Goodlettsville State: TN Zip Code: 37072
Occupation: Education Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100- Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Shea Middle Name: _____ Last Name: King
Address: 123 Wynlands Cir City: Goodlettsville State: TN Zip Code: 37072
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100- Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: ~~B~~ _____ OR
First Name: Billy Middle Name: _____ Last Name: Hobbs
Address: 116 Eastside Dr City: White House State: TN Zip Code: 37188
Occupation: Retired Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100- Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Russ Middle Name: _____ Last Name: Edwards
Address: 133 Windham Cir City: Hville State: TN Zip Code: 37075
Occupation: Attorney/Judge Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Total Contributions: \$ 400-
(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: Tracy F. Regan
2. Reporting Period: Start Date: 2/25/24 End Date: 3/31/2024
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: Regions OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Bank fee
Amount of Expenditure: \$ 8.00 Date of Expenditure: _____

Business or Organization Name: SOS Printing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Goodlettsville State: TN Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: _____

Business or Organization Name: SOS Printing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: Goodlettsville State: _____ Zip Code: _____
Purpose of Expenditure: Mailer
Amount of Expenditure: \$ 940.39 Date of Expenditure: 3/1/2024

Business or Organization Name: SOS Printing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Push cards
Amount of Expenditure: \$ 19.12 Date of Expenditure: 3/1/2024

Business or Organization Name: SOS Printing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Mailer
Amount of Expenditure: \$ 828.48 Date of Expenditure: 3/5/2024

Total Expenditures: \$ 1795.99

(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: Tracy Finegan
2. Reporting Period: Start Date: 2/25/24 End Date: 3/31/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1795.99

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: Farm Bureau OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Event Insurance
Amount of Expenditure: \$ 30⁰⁰ Date of Expenditure: 3/5/2024

Business or Organization Name: Farm Bureau OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Event Insurance
Amount of Expenditure: \$ 253.00 Date of Expenditure: 3/5/2024

Business or Organization Name: Sumner County Election Commission OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Records Request
Amount of Expenditure: \$ 75⁰⁰ Date of Expenditure: 3/11/2024

Business or Organization Name: Sumner County Election Commission OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Voting records request
Amount of Expenditure: \$ 70⁰⁰ Date of Expenditure: 3/21/2024

Business or Organization Name: Perry's Smokin Pig OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: White House State: IN Zip Code: 37188
Purpose of Expenditure: Event Food
Amount of Expenditure: \$ 801.57 Date of Expenditure: 3/6/2024

Total Expenditures: \$ 1229.57

(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: Tracy Megan
2. Reporting Period: Start Date: 2/20/2024 End Date: 3/31/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1229.57

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: Amazon OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Marketing materials
Amount of Expenditure: \$ 54.78 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: _____

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: \$ _____
(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.)