



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 4/28/26 2.a. Candidate or Committee Name: Barbara Conwell Crawford
 2.b. If Committee, Name of Candidate: _____ 3. Election Date: May 5, 2026
 4. Campaign Address: 205 Navajo Ct.
 City: Goodlettsville State: TN Zip Code: 37072 Phone: 615-479-1439
 5. Candidate Home Address: Same as above
 City: _____ State: _____ Zip Code: _____ Phone: _____
 Candidate Email Address: bjcc96@aol.com
 6. Office Sought: (include district number, if applicable) School Board District 5
 7. Name of Political Treasurer (may be candidate): Barbara Crawford
 Political Treasurer Email Address: Same as above

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, 2026 End Date: April 28, 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>4/28/26</u>		<u>4/28/26</u>
Candidate Signature	Date	Political Treasurer Signature	Date
	<u>4/28/26</u>		<u>4/28/26</u>
Witness Signature	Date	Witness Signature	Date

12. Summary:

a. Balance On Hand Last Report	AM	FILED	PM	\$ <u>-0-</u>
b. Total Receipts This Period				\$ <u>-0-</u>
c. Total Disbursements This Period		APR 28 2026		\$ <u>-0-</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)		SUMNER COUNTY		\$ <u>-0-</u>
e. Total Loans Outstanding		ELECTION COMMISSION		\$ <u>-0-</u>
f. Total Obligations Outstanding				\$ <u>-0-</u>