



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 4/25/2026 2.a. Candidate or Committee Name: Kathy Stuart

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

4. Campaign Address: 1116 B Littleton Ranch Rd.
 City: Castalian Springs State: TN Zip Code: 37031 Phone: _____

5. Candidate Home Address: Same as above
 City: _____ State: _____ Zip Code: _____ Phone: _____

Candidate Email Address: stuartkathy329@gmail.com

6. Office Sought: (include district number, if applicable) School Board District 9

7. Name of Political Treasurer (may be candidate): Christopher Alexander

Political Treasurer Email Address: calexander82685@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: 4/1/26 End Date: 4/25/26

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>Kathy Stuart</u>	<u>4/28/2026</u>	<u>Chris Alf</u>	<u>4/28/26</u>
Candidate Signature	Date	Political Treasurer Signature	Date
<u>Holly Alexander</u>	<u>4/28/26</u>	<u>Amy B. Dennis</u>	<u>4/28/26</u>
Witness Signature	Date	Witness Signature	Date

12. Summary:

a. Balance On Hand Last Report.....	FILED		\$ <u>737.²⁶</u>
b. Total Receipts This Period.....	AM	PM	\$ <u>1,800.⁰⁰</u>
c. Total Disbursements This Period.....	APR 28 2026		\$ <u>2,147.²⁶</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.).....			\$ <u>390</u>
e. Total Loans Outstanding.....	SUMNER COUNTY		\$ <u>0</u>
f. Total Obligations Outstanding.....	ELECTION COMMISSION		\$ <u>0</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: KATH STUART

14. Reporting Period: Start Date: 4/1/24 End Date: 4/25/24

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)..... \$ 2,147.26
(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: KARLY STUART
2. Reporting Period: Start Date: 4/1/26 End Date: 4/25/26
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: MUD FAMILY TRUST 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: \$ 250.00 Date of Contribution: 4/7/26 Aggregate This Election: \$ 250.00

Business or Organization Name: _____ OR
First Name: ODRIL ~~Green~~ Middle Name: _____ Last Name: GREEN
Address: 107 JACKSON LANE City: HENDERSONVILLE State: TN Zip Code: 37075
Occupation: RETIRED Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200 Date of Contribution: _____ Aggregate This Election: \$ 200.00

Business or Organization Name: _____ OR
First Name: TAMMY Middle Name: _____ Last Name: HAYS
Address: 120 GOVERNORS POINT BLVD City: HENDERSONVILLE State: TN Zip Code: 37075
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 4/9/26 Aggregate This Election: \$ 100

Business or Organization Name: SUMNER COUNTY FREEDOM CAUCUS OR
First Name: BOB ~~Green~~ Middle Name: _____ Last Name: _____
Address: PO Box 599 City: GALLATIN State: TN Zip Code: 37046
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 1000.00 Date of Contribution: 4/15/26 Aggregate This Election: \$ 3000

Total Contributions: \$ 1,550

(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: KATHI SVART
2. Reporting Period: Start Date: 4/1/26 End Date: 4/25/26
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1,550

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: DEANN Middle Name: _____ Last Name: DEWITT
Address: 898 PLANTATION BLVD City: GAULATN State: TN Zip Code: 37066
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50 Date of Contribution: 4/15/24 Aggregate This Election: \$ 50

Business or Organization Name: _____ OR
First Name: PAM Middle Name: _____ Last Name: FARNO
Address: 202 WOODLAKE DR City: GAULATN State: TN Zip Code: 37066
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200 Date of Contribution: 4/17/26 Aggregate This Election: \$ 200

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: \$ 1800

(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: _____
2. Reporting Period: Start Date: _____ End Date: _____
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ _____

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: ASAP PRINTING OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 116 IMPERIAL DRIVE City: HENDERSONVILLE State: TN Zip Code: 37075
Purpose of Expenditure: PUSH CARTS
Amount of Expenditure: \$ 144.84 Date of Expenditure: \$ 4/13/20

Business or Organization Name: TIPSY THAI OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3193 S. MT JULIET ROAD City: MT JULIET State: TN Zip Code: 37122
Purpose of Expenditure: CAMPAIGN PARTY FOOD
Amount of Expenditure: \$ 592.65 Date of Expenditure: \$ 4/13/20

Business or Organization Name: _____ OR
First Name: MIKE ~~ROBERTSON~~ Middle Name: _____ Last Name: RICHARDSON
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: TENTS, CHAIRS, TABLES
Amount of Expenditure: \$ 855.00 Date of Expenditure: \$ 4/20/20

Business or Organization Name: I OR
First Name: HEAD Middle Name: _____ Last Name: SUMMERS
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: BOUNCE HOUSE
Amount of Expenditure: \$ 150.00 Date of Expenditure: \$ 4/20/20

Business or Organization Name: SAM'S CLUB OR
First Name: 301 INDIAN Middle Name: _____ Last Name: _____
Address: 301 INDIAN LAKE BLD City: HENDERSONVILLE State: TN Zip Code: 37075
Purpose of Expenditure: FOOD FOR CAMPAIGN EVENT
Amount of Expenditure: \$ 404.77 Date of Expenditure: \$ 4/16/20

Total Expenditures: \$ 2,147.26

(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.)