

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 1/18/24 2.a. Candidate or Committee Na	ame: GREG- HOLLIS
2.b. If Committee, Name of Candidate:	3. Election Date: 3/5/24
1 Campaign Address // / /ACARC Dr	
City: GAUATIN State: TN	Zip Code: 37166 Phone: 615-427-3617
5. Candidate Home Address: 1665 Jacobs Dr	7
City: GAUNTIN State: TN	Zip Code: 37066 Phone: 615-427-3617
Candidate Email Address: gregholliso	Degmail, long
	SCHOOL BOARD - DISTRICT 6
7. Name of Political Treasurer (may be candidate):	ret Hours
Political Treasurer Email Address: gregho	llisofegmail.lom
8. Category or Report: (check one)	
☐ First Quarter ☐ Second Quarter ☐ Third Quart	ter Fourth Quarter Pre-Primary Pre-General
Mid-Year Supplemental Year-End Supplementa	al
9. Reporting Period: Start Date: 7/1/23	End Date: 1/15/24
10. Detailed Disclosure: (Check one)	pecause contributions (including in-kind) received total \$1,000
	s reporting period. (Complete items 12.d., 12.e., and 12.f.)
This campaign is required to file a detailed financial total more than \$1,000 and/or expenditures total m	disclosure because contributions (including in-kind) received nore than \$1,000 for this reporting period.
and that this report is an accurate accounting of camp by the candidate committee by the Campaign Finan campaign contributions have been expended for the nonpolitical purpose as defined by the federal interna-	, ,
Sheg Holles 1/18/24	They Halles 1/18/24
Candidate Signature Date	Political Treasurer Signature Date
Keberry 1/8/24	
Witness Signature 12 Summary:	Witness Signature Date
12. Summary: AM PM	A-
a. Balance On Hand Last Report	4.1-4.1.1
b. Total Receipts This Aeriad 5.2024	
c. Total Disbursements This Period	\$ <u>98.44</u>
d. Balance On Hand (12 a. plus 12 b. minus 12.c.)	\$ 2400.00
e. Total Loans Outstanding	\$
f. Total Obligations Outstanding	
SS-1109 (Rev. 1/2023)	Page / of /

SUMMARY PAGE - CANDIDATE

13. Na	me of Candidate or Committee: GNEG Hours
	porting Period: Start Date: 7/1/23 End Date: 1/15/24
15. Re	ceipts:
a.	Unitemized Contributions (\$100 or less from each source this period)
b.	Itemized Contributions (over \$100 from each source this period)\$ 2394.34
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.)
16. Dis	sbursements:
a.	Total Expenditures (other than loan payments)
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.)\$
17. ln-	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. Ob	oligations:
a.	Total Obligations Outstanding (must be shown in item 12.f.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Greg Hours	
2. Reporting Period: Start Date: 1/1/23 End Date: 1/15/24	
3. Total campaign contributions from preceding page (enter \$0 if first page) \$	
3. Total campaight contributions from preceding page (effect \$0 if its page) \$	
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.	
Business or Organization Name:	OR
First Name: Middle Name:	Last Name: Hours
Address: 466 Aszella Way City: Gallertin	State: 1 Zip Code: 37066
Occupation: Employer: Symml Contribution Received For: Primary Election	1 Regional
Contribution Received For: Primary Election General Election	Runoff (Local Elections Only)
Amount of Contribution: \$ \$ the Date of Contribution: 1 4 24	Aggregate This Election: \$
Business or Organization Name:	OR
First Name: Middle Name:	Last Name: Coloy
Address:	State: 1N Zip Code: 37066
Occupation: Instruce Sales Employer: Coley	INSUK.
Contribution Received For: Primary Election General Election	Runoff (Local Elections Only)
Amount of Contribution: \$ 100 Date of Contribution: 1/4/24	Aggregate This Election: \$
Business or Organization Name:	OR
First Name: Middle Name:	Last Name: Gook
Address: 1675 Jacobs Dr City: Galleston	State: TN Zip Code: 37666
Occupation: Refined Employer: Refined	
Contribution Received For: Primary Election General Election	Runoff (Local Elections Only)
Amount of Contribution: \$ 50 52.05 Date of Contribution: 1/3/24	Aggregate This Election: \$52.05
Business or Organization Name:	OR
Address: 1254 warmest Circle City: Gallatia	Last Name: BIREK
Address: 1254 warenest Circle City: Gallatia	State: 7N Zip Code: 37066
Occupation:	ч
Contribution Received For: Primary Election General Election	Runoff (Local Elections Only)
Amount of Contribution: \$ 520.51 Date of Contribution: 1/12/24	Aggregate This Election: \$ _520.51
Total Contributions: \$	
(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 nage)	

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Grey Hours
2. Reporting Period: Start Date: $\frac{1/1/23}{2}$ End Date: $\frac{1/15/24}{2}$
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 780.76
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.
Business or Organization Name: OF
First Name: Middle Name: Last Name:
Address: 1167 Many from Pass City: Gallatia State: TN Zip Code: 32066
Occupation: Peficeld Employer: Full Tred
Contribution Received For: 💢 Primary Election 🔲 General Election 🔲 Runoff (Local Elections Only)
Amount of Contribution: \$ 520,57 Date of Contribution: 1/12/24 Aggregate This Election: \$ 520,57
Business or Organization Name: OF
First Name: Middle Name: Last Name: Movchelfe
Address: 1174 Policy Lane City: Gallatin State: TN Zip Code: 37066
Occupation: VP Cong Accts Employer: Sigmens
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 10410 Date of Contribution: 1/15/24 Aggregate This Election: \$ 104,10
Business or Organization Name: OF
First Name: FRANK Middle Name: Last Name: PARKER
Address: 1058 15aac Franklin DV City: Gallatin State: Tal Zip Code: 37066
Occupation:refined Employer:refined
Contribution Received For: 📈 Primary Election 🗌 General Election 🔲 Runoff (Local Elections Only)
Amount of Contribution: \$ 520.51 Date of Contribution: $1/14/24$ Aggregate This Election: \$ 520.51
Business or Organization Name:OI
First Name: Steve Middle Name: Last Name: Ploch
Address: 746 Plantation Blvd City: Gallatia State: TN Zip Code: 37066
Occupation: OWNW Employer: Fox River SVCS
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 52.05 Date of Contribution: $1/15/24$ Aggregate This Election: \$ 52.05
Total Contributions: \$ $197.17 + 786.76 = 1977.93$ (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: _	Gey Ho	nus				
2. Reporting Period: Start Date:	1/1/23	End Date://	15/24			
3. Total campaign expenditures from	preceding pa	age (enter \$0 if first	page) \$		B	
COMPLETE THE APPROPRIATE ITEMS kind contribution to a candidate, please rem candidate's name in the purpose of the expe	ember to include	e the purpose of the exp	penditures mu penditure (e.g.,	st be itemize postage, prin	ed. If the expenditure ting, etc.) along with	is an in- the
Business or Organization Name:	WINR	ED TECH S	vcs.			OR
First Name:	Middle	Name:		Last Name	e:	
Address:		City:		State:	_ Zip Code:	
Purpose of Expenditure: Fee	For process	ing on line con	ntribution	ns'		
Amount of Expenditure: \$ 78	44	Date of Expenditu	re:///	5/24		
Business or Organization Name:						OR
First Name:						
Address:						
Purpose of Expenditure:						
Amount of Expenditure: \$		Date of Expenditu	re:			
Business or Organization Name:						OR
First Name:						
Address:						
Purpose of Expenditure:					h 175-1	Tital
Amount of Expenditure: \$		Date of Expenditu	re:			
Business or Organization Name:						OR
First Name:						
Address:		City:		State:	_ Zip Code:	
Purpose of Expenditure:						
Amount of Expenditure: \$		Date of Expenditu	ire:			
Business or Organization Name:	•					OR
First Name:	Middle	Name:		Last Nam	e:	
Address:		City:		State:	_ Zip Code:	
Purpose of Expenditure:						7
Amount of Expenditure: \$		Date of Expenditu	ire:			
Total Expenditures: \$ q (Carry forward to the next page if accompany must be shown in the summ	lditional page		sed. If this is	the last pag	ge of expenditure	s, this

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE Greg Hours 1. Candidate or Committee Name: ____ 2. Reporting Period: Start Date: 7/1/23 End Date: 1/15/24 3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period. Description of Business Name: _ SCSB card. fel Obligation: First Name: ANT M Middle Name: _____ Last Name: ______ Address: 1645 Jacons OV **Payments** Outstanding Outstanding Debt Balance (Period Incurred This Period Balance (Period End) Beginning) This Period State: 1w Zip Code: 37066 Description of IN Repub. Party fee Business Name: Obligation: First Name: Middle Name: _____ Last Name: /foug Address: 1665 Jacons DV Outstanding Debt **Payments** Outstanding This Period Balance Incurred Balance (Period (Period End) This Period Beginning) \$ 25.00 State: <u>T</u> Zip Code: <u>37066</u> Description of ASAP Printry for Business Name: Obligation: Middle Name: First Name: Last Name: Hull Address: 1665 Jacons Dr Outstanding Outstanding Debt **Payments** Incurred This Period Balance Balance (Period (Period End) Beginning) This Period \$ 375.27 TN Zip Code: 37066 Description of Business Name: Obligation: First Name: _____ Middle Name: _____ Last Name: ___ **Payments** Outstanding Outstanding Debt Address: This Period Balance Balance (Period Incurred (Period End) Beginning) This Period \$ \$ State: _____ Zip Code: ____ **TOTALS** Outstanding Debt **Payments** Outstanding Balance (Period Incurred This Period Balance (Carry forward to the next page if additional pages of this (Period End) Beginning) 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.)