

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 7.13.23 2.a. Car	ndidate or Committee Nar	ne: TANNY HAY	ES FOR J'CH	ook BOARD
2.b. If Committee, Name of Cand				2022
4. Campaign Address: SAME	t as home			
City:	State:	_ Zip Code:	Phone:	
5. Candidate Home Address: 1	20 GOVERNOR'S F	ant,		
City: HENDERSONVILLE	State: TN	Zip Code: 37075	Phone: 615	824.7540
Candidate Email Address:	JAND THAYES C	MAIL.COM		The second second
6. Office Sought: (include district	number, if applicable)	SCHOOL BOARD D	STRICT #1	
7. Name of Political Treasurer (m	av be candidate):	THE GREGORY		
Political Treasurer Email Address	s: STEVEG18 CC	MCAST. NET		
8. Category or Report: (check on				
☐ First Quarter ☐ Second		er Fourth Quarter	☐ Pre-Primary	☐ Pre-General
Mid-Year Supplemental	Year-End Supplemental			
9. Reporting Period: Start Date	e January	23 End Date: JUNE	30, 2023	
10. Detailed Disclosure: (Check o		20 2110 2010.		
This campaign is exempt fr		ecause contributions (inc	cluding in-kind) rec	eived total \$1.000
or less AND expenditures t				
This campaign is required total more than \$1,000 and				in-kind) received
11. I/we do solemnly swear or affind that this report is an accept the candidate committee campaign contributions have nonpolitical purpose as defining the candidate Signature Candidate Signature	urate accounting of campa by the Campaign Financ e been expended for the	aign contributions and e ial Disclosure Act. Addit personal financial bene	xpenditures requir ionally, I/we swear fit of the candidate	ed to be reported or affirm that no
12. Summary:		0		
	port	\$	4891.76	
b. Total Receipts This Period	FILED	\$ <u></u>	4.37	
	PeriodPh		470.0	<u>-</u>
d. Balance On Hand (12.a. p	olus 12.b. minus 12.5.)	\$	4,426.13	
	JUL 1 4 2023			
f. Total Obligations Outsta	ndingumnerCounty		100 100	- , -
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SUMMARY PAGE - CANDIDATE

13. Na	me of Candidate or Committee: TAMMY HAYES FOR SCHOOL BOARD
	porting Period: Start Date: JAN 16, 23 End Date: JUNE 30, 23
15. Red	reipts:
a.	Unitemized Contributions (\$100 or less from each source this period)
b.	Itemized Contributions (over \$100 from each source this period)\$
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	bursements:
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-l	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	ligations:
a.	Total Obligations Outstanding (must be shown in item 12.f.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name:	30 .23
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUT Business or Organization Name: First Name: Middle Name: Address: City: Occupation: Employer: Contribution Received For:	OR OR
Business or Organization Name: First Name: Middle Name: Address: City: Occupation: Employer: Contribution Received For:	Last Name: OR State: Zip Code:
Business or Organization Name: First Name: Middle Name: Address: City: Occupation: Employer: Contribution Received For:	Last Name: OR State: Zip Code:
First Name: Middle Name: Address: City: Cocupation: Employer: Contribution Received For: Primary Election General Election amount of Contribution: \$ Date of Contribution: Business or Organization Name: Middle Name: Address: City: Cocupation: Employer: Employer:	Last Name: State: Zip Code:
Address: City: Occupation: Employer: Contribution Received For:	State: Zip Code:
Occupation: Employer: Contribution Received For: Primary Election General Election Amount of Contribution: \$ Date of Contribution: Business or Organization Name: Middle Name: Address: City: Coccupation: Employer: Employer:	
Contribution Received For: Primary Election General Election Amount of Contribution: Date of Contribution: Business or Organization Name: First Name: Middle Name: Address: City: Occupation: Employer:	
Amount of Contribution: \$\ Date of Contribution: Business or Organization Name: First Name: Middle Name: Address: City: Occupation: Employer:	tion Runoff (Local Flections Only)
Business or Organization Name: First Name: Middle Name: Address: City: Occupation: Employer:	
First Name: Middle Name: Address: City: Occupation: Employer:	Aggregate This Election: \$
First Name: Middle Name: Address: City: Occupation: Employer:	OR
Occupation: Employer:	
	State: Zip Code:
Contribution Received For: Primary Election General Elec	
Amount of Contribution: \$ Date of Contribution:	Aggregate This Election: \$
Business or Organization Name:	OR
First Name: Middle Name:	
Address: City:	State: Zip Code:
Occupation: Employer:	
Contribution Received For: Primary Election General Elec	tion 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:	
Occupation: Employer:	
Contribution Received For: Primary Election General Elec	tion Runoff (Local Elections Only)
Amount of Contribution: \$ Date of Contribution:	
	Aggregate This Election: \$
Total Contributions: \$(Carry forward to the next page if additional pages of this form are us	Aggregate This Election: \$

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ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name:				
2. Reporting Period: Start Date:	End Dat	e:		
3. Total in-kind contributions from pr	eceding page (enter \$0	f first page) \$		
COMPLETE THE APPROPRIATE ITEMS I dollars (\$100) from any contributor during the		FRIBUTION. In-kind contr	ributions totaling more than one	e hundred
Business or Organization Name:				OR
First Name:	Middle Name:	La	st Name:	
Address:	City:	St	ate: Zip Code:	
Occupation:	Employ	er:		
In-Kind Contribution Received For: In-Kind Contribution Value: \$ Description of In-Kind Contribution:	_ In-Kind Contribution	Date: Age	gregate This Election: \$	W-11
Business or Organization Name:				OR
First Name:				
Address:				
Occupation:				
In-Kind Contribution Received For:				
In-Kind Contribution Value: \$	_ In-Kind Contribution	Date: Age	gregate This Election: \$	V19/77
Description of In-Kind Contribution:				
Business or Organization Name:				OR
First Name:				
Address:				
Occupation:	Employ	er:		
In-Kind Contribution Received For:	☐ Primary Election	General Election	Runoff (Local Election	ons Only)
In-Kind Contribution Value: \$	_ In-Kind Contribution	Date: Age	gregate This Election: \$	
Description of In-Kind Contribution:				
Business or Organization Name:				OR
First Name:	Middle Name:	La	st Name:	
Address:	City:	St	ate: Zip Code:	
Occupation:				
In-Kind Contribution Received For:	☐ Primary Election	☐ General Election	Runoff (Local Election	ons Only)
In-Kind Contribution Value: \$	_ In-Kind Contribution	Date: Age	gregate This Election: \$	
Description of In-Kind Contribution:				
Total In-Kind Contributions: \$(Carry forward to the next page if add contributions, this amount must be sl			e last page of in-kind	

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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Tanay Aryes for School BOALD
2. Reporting Period: Start Date: 6/16/23 End Date: 6/30/23
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 inkind 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: JACK ANDELSON FILEMENTARY OR
First Name: Augs Middle Name: h Last Name: LASCASTER
Address: 250 SHOTE LANE City: HENDERSONVILLE State: TN Zip Code: 37075
Purpose of Expenditure: DONOTS FOR STAFF
Amount of Expenditure: \$ 80.9 Date of Expenditure: 2/27/23
Business or Organization Name: SAMARITAN CENTER OR
First Name: Middle Name: Last Name: Brown
Address: 116 DUNN STORET City: HENDERSONYIUE State: TN Zip Code: 37075
Purpose of Expenditure: YUNDRACSER
Amount of Expenditure: \$ 160. Date of Expenditure: 2/10/23
Business or Organization Name:
Business or Organization Name: COMPASS · TEACHER Appreciation OR
First Name: Middle Name: Last Name:
Address: 695 E. MAIN STREET City: GAWAGUS State: TN Zip Code: 37066
Purpose of Expenditure: TEXCHER STAFF App. BANOUET
Amount of Expenditure: \$ \(\frac{260}{200} \). Date of Expenditure: \(\frac{5}{2} \)
Business or Organization Name: HENDERSONYIVE HIGH SCHOOL OVANTERSACK CLUB. OR First Name: Middle Name: Last Name:
Address: 123 CHENOKEE ROAD City: HENDERSONVILLE State: TN Zip Code: 37075
Purpose of Expenditure: COMMANDO CAROS
Amount of Expenditure: \$ 40 ? Date of Expenditure:
Total Expenditures: \$

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name:						
2. Reporting Period: Start Date: _		End Date:				
3. Complete the appropriate items	for each loan	totaling more tha	n one hundred	dollars (\$100).	
Complete the following for the source of	f each loan receiv	ved and/or outstandin	g during the period	ı.		
Business or Organization Name: _						OR
First Name:	Middle N	lame:	Last N	ame:		
Address:		City:	Stat	e:	Zip Code:	
Outstanding Loan Balance (Beginn	ing)	\$	<u> </u>			
Loans Received		\$				
Loan Payments		\$				
Outstanding Loan (End)		\$				
Loan Received For: Primary	Election	General Election	Runoff (Loc	al Electi	ons Only)	
Date of Loan:						
List all endorsers or guarantors for above	e loan (If more s	pace is needed, please	attach additional r	pages.)		
Business or Organization Name:						OR
First Name:						
Address:						
Amount Guaranteed Outstanding:		- 56 1. 16				
Business or Organization Name:						OR
First Name:						
Address:						
Amount Guaranteed Outstanding:						
Business or Organization Name:						OR
First Name:				t Name	:	
Address:						
Amount Guaranteed Outstanding:	\$					
Business or Organization Name:						OR
First Name:	Middle	Name:	Las	t Name	:	
Address:		City:	Stat	te:	Zip Code:	
Amount Guaranteed Outstanding:	\$					
Totals for all loans (Complete this page Total loans received and loan payments sho						
Balance (Beginning)		\$				
Loans Received						
Loan Payments		\$				
Outstanding Loan (End)		\$				
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ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name:	ha.				
Reporting Period: Start Date: End Da Complete the appropriate items for each obligation owed to			enorting period		
Business Name: Middle Name:	Description of Obligation:	e end of the re	porting period		
Last Name:					
Address:	Balance (Period	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	
State: Zip Code:	4	\$	\$	\$	
Business Name:	Description of Obligation:				
First Name: Middle Name:	77.0				
Last Name:	— Outstanding	Debt	Payments	Outstanding	
Address:	Balance (Period	Incurred This Period	This Period	Balance (Period End)	
State: Zip Code:	¢	\$	\$	\$	
State:				01 11	
Business Name:	— Obligation:				
Address:		Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)	
State: Zip Code:	\$	\$	\$	\$	
State zip code			1.1991		
Business Name: Middle Name:	Description of Obligation:				
Last Name:	— Outstanding	Debt	Payments	Outstanding	
Address:City:	Balance (Period Beginning)	Incurred This Period	This Period	Balance (Period End)	
State: Zip Code:	\$	\$	\$	\$	
TOTALS (Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the	Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period End)	
Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)	\$	\$	\$	\$	

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