

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 2.a. Candidate or Committee Name: Company To First Tolly Crus
2.b. If Committee, Name of Candidate: #10114 CV12 3. Election Date:
4. Campaign Address: 3275 Hartsville PKE
City: (asta lan Springs State: TN Zip Code: 3703) Phone: U15-502-0491
5. Candidate Home Address: 3275 Hartsville Pike
City: Costalian Springs State: TN zip Code: 37031 Phone: 615-502-0491
Candidate Email Address: hory cruzforTNe gmail.com
6. Office Sought: (include district number, if applicable) Symner County School Board District 9
7. Name of Political Treasurer (may be candidate): Samontha Washington
Political Treasurer Email Address: CS ISam @ amail.com
8. Category or Report: (check one)
☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☐ Pre-General
☐ Mid-Year Supplemental ☐ Year-End Supplemental
9. Reporting Period: Start Date: 1142024 End Date: 2/24/2024
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.
Candidate signature Date Political Treasurer Signature Date
0. Phil 2.27.24 Santo 48/1 then 2/27/24
Witness Signature Date Witness Signature Date
12. Summary: FILED
a. Balance On Hand Last Report
b. Total Receipts This Period
c. Total Disbursements This Period
d. Balance On Hand (12.a. plus 12.b. minu \$1000) COMMISSION \$5055.09
e. Total Loans Outstanding
f. Total Obligations Outstanding\$
SS-1109 (Rev. 1/2023)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1 Candidate or Committee N	Name: Campaign to Elec	+ HOVILL C1013	_
2. Paparting Davids Ctart F	Date: 1 2024 End Date: 2 24 2	t thong cruz	-
3. Total campaign contributi	ons from preceding page (enter \$0 if first page)	\$	_
COMPLETE THE APPROPRIAT	E ITEMS FOR EACH ITEMIZED CONTRIBUTION.		
Business or Organization Na	me:		OR
First Name: SUZANNE	Middle Name:	Last Name: CArver	
Address: 1010 Fox (alen city: Gallatin	State: TN Zip Code: 37066	,
Occupation: Soles W	langer Employer: Lift D	ne	
Contribution Received For:	Primary Election General Election	Runoff (Local Elections Only)	
Amount of Contribution: \$ 1	00.00 Date of Contribution: 11112	24 Aggregate This Election: \$ 140.0	0
Business or Organization Nar	me:		OR
First Name:	Middle Name: Oler arcity: Hendersonv	Last Name: Fernelius	
Address: 1080 COO	oler ar. city: <u>Henderson</u> v	114 State: TW Zip Code: 37075	
Occupation: POrtfollo	Manager Employer: First B	ank	
Contribution Received For:	☐ Primary Election ☐ General Election	Runoff (Local Elections Only)	
Amount of Contribution: \$	250-00 Date of Contribution: 2/1/202	4 Aggregate This Election: \$ 280.00	D
Business or Organization Nar	ne:		OR
	Middle Name:		
	City:		
	Employer:		
	☐ Primary Election ☐ General Election		
	Date of Contribution:		
			_
	me:		OR
	Middle Name:		
	City:		-
	Employer:		10
	☐ Primary Election ☐ General Election		
Amount of Contribution: \$	Date of Contribution:	Aggregate This Election: \$	
Total Contributions: \$	250 M		_
	page if additional pages of this form are used. If the	this is the last nage of contributions this	2
	5 F-3 o. a.i.s ioi iii die docu. ii i	and is the last page of continuations, tills	,

(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: Campal	an to Flect Hol	14 Cni	7_	
2. Reporting Period: Start Date: 110 2024		1		
3. Total campaign expenditures from preceding p		0		
COMPLETE THE APPROPRIATE ITEMS FOR EACH E kind contribution to a candidate, please remember to include candidate's name in the purpose of the expenditure section	XPENDITURE. All expenditures mediate the purpose of the expenditure (e.g.	ust be itemized ., postage, printi	I. If the expending, etc.) along	diture is an in- with the
Business or Organization Name:	DOMNTOWN DALL	an		OR
	Name:	Last Name		~
	city: Gallatin	State: 11	Zip Code:	31066
Purpose of Expenditure: Booth rento		11/2021		
Amount of Expenditure: \$ 200.00	Date of Expenditure:	Q 2024	‡_	
Address: 355 N. Belvedere Dr. Purpose of Expenditure: VOTER FILE	Name: City: Gallatin Date of Expenditure: 211	Last Name: State: N		or 3706 (a
C. \.\.	00 01 1	March 1		
Business or Organization Name: Orll W	ave 45 cub			OR
First Name: Middle Address: PD BOX 731 Purpose of Expenditure: DDN ATON FIV Amount of Expenditure: \$ 200.00	city: Gallatin basketball til	Last Name: State: TN VNAM	-	37006
Business or Organization Name:		***	***	OR
	Name:	Last Name:		
Address:				
Purpose of Expenditure:				
Amount of Expenditure: \$				
Business or Organization Name:				
First Name: Middle				
Address:				
Purpose of Expenditure:				
Amount of Expenditure: \$	Date of Expenditure:			
Total Expenditures: \$	s of this form are used. If this is	the last page	of expendit	ures, this

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SUMMARY PAGE - CANDIDATE

13. Na	me of Candidate or Committee: Campaign to Fleet Holly Cruz
14. Rej	porting Period: Start Date: 11112024 End Date: 2412024
15. Red	ceipts:
a.	Unitemized Contributions (\$100 or less from each source this period)
b.	Itemized Contributions (over \$100 from each source this period)\$ 350.00
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 \$ 0100
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.)

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