CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/3/2026 2.a. Candidate or Committee Name: Campaign to Elect Holly Cruz

2.b. If Committee, Name of Candidate: Holly Cruz 3. Election Date: 8-6-26

4. Campaign Address: 3275 Hartsville Pike

City: Castalian Springs State: TN Zip Code: 37031 Phone: 615-502-0491

5. Candidate Home Address: 3275 Hartsville Pike

City: Castalian Springs State: TN Zip Code: 37031 Phone: 615-502-0491

Candidate Email Address: hollycruzforTN@gmail.com

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

7. Name of Political Treasurer (may be candidate): Holly Cruz

Political Treasurer Email Address: hollycruzforTN@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: 4-20-2026 End Date: 6-30-2026

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.

Holly Cruz — Candidate Signature — 7-5-26 — Date

Holly Cruz — Political Treasurer Signature — 7-5-26 — Date

Sarah Sumner — Witness Signature — 7-5-26 — Date

[illegible] — Witness Signature — 7-10-26 — Date

FILED JUL 10 2026 PM SUMNER COUNTY ELECTION COMMISSION

12. Summary:

a.	Balance On Hand Last Report	$ 2,534.78
b.	Total Receipts This Period	$ 1,338
c.	Total Disbursements This Period	$ 1482.446
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 2,390.32
e.	Total Loans Outstanding	$ 0
f.	Total Obligations Outstanding	$ 0

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Campaign to Elect Holly Cruz

14. Reporting Period: Start Date: 4-26-2026 End Date: 6-30-2026

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 588
(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) ..... $ 750

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.) ..... $ 1338

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 1482.66
(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.) ..... $ 1482.66

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: Campaign to Elect Holly Cruz

2. Reporting Period: Start Date: 4/26/2026 End Date: 6/30/2026

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: _____ **OR**

First Name: Lexie Middle Name: _____ Last Name: Smith

Address: 1004 Bradford Blvd City: Gallatin State: TN Zip Code: 37066

Occupation: N/A Employer: N/A

Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 100 Date of Contribution: 4/30/26 Aggregate This Election: $ 570

Business or Organization Name: _____ **OR**

First Name: Lexie Middle Name: _____ Last Name: Smith

Address: 1004 Bradford Blvd City: Gallatin State: TN Zip Code: 37066

Occupation: N/A Employer: N/A

Contribution Received For: ☒ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 300 Date of Contribution: 5/6/26 Aggregate This Election: $ 810

Business or Organization Name: _____ **OR**

First Name: Mary Jane Middle Name: D Last Name: Bidwell

Address: 315 Brookridge Dr. City: Gallatin State: TN Zip Code: 37066

Occupation: N/A Employer: N/A

Contribution Received For: ☒ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 100 Date of Contribution: 6/1/2026 Aggregate This Election: $ 100

Business or Organization Name: _____ **OR**

First Name: Lexie Middle Name: _____ Last Name: Smith

Address: 1004 Bradford Blvd. City: Gallatin State: TN Zip Code: 37066

Occupation: N/A Employer: N/A

Contribution Received For: ☒ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

Amount of Contribution: $ 250 Date of Contribution: 6/23/26 Aggregate This Election: $ 1,060

Total Contributions: $ 750.00

(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: Campaign to Elect Holly Cruz
2. Reporting Period: Start Date: 4-20-2026 End Date: 10-30-2026
3. Total campaign expenditures from preceding page (enter $0 if first page) $ 0

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: SquareSpace **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 225 Vanck St. City: New York State: NY Zip Code: 10014
Purpose of Expenditure: Website maintenance
Amount of Expenditure: $ 61.18 Date of Expenditure: $ 4-27-2026

Business or Organization Name: Volunteer Bank **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3200 West End Ave. Ste 100 City: Nashville State: TN Zip Code: 37203
Purpose of Expenditure: service fee
Amount of Expenditure: $ 5.00 Date of Expenditure: $ 5/5/2026

Business or Organization Name: SquareSpace **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 225 Vanck St. City: New York State: NY Zip Code: 10014
Purpose of Expenditure: Equity scheduling app.
Amount of Expenditure: $ 37.15 Date of Expenditure: $ 5/18/2026

Business or Organization Name: SquareSpace **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 225 Vanck St. City: New York State: NY Zip Code: 10014
Purpose of Expenditure: Website Maintenance
Amount of Expenditure: $ 61.18 Date of Expenditure: $ 5-20-2026

Business or Organization Name: Volunteer Bank **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3200 West End Ave Ste 100 City: Nashville State: TN Zip Code: 37203
Purpose of Expenditure: service fee
Amount of Expenditure: $ 5.00 Date of Expenditure: $ 6-15-2026

Total Expenditures: $ 169.51
(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.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Campaign to Elect Holly Cruz

2. Reporting Period: Start Date: 4-20-2026 End Date: 6-30-2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 169.51

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: NAACP-Sumner County Branch **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: PO Box 815 City: Gallatin State: TN Zip Code: 37066

Purpose of Expenditure: Women's Luncheon Sponsorship

Amount of Expenditure: $ 318.65 Date of Expenditure: $ 6-17-2026

Business or Organization Name: That Bouncy House Company **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 229 Buckingham Blvd City: Gallatin State: TN Zip Code: 37066

Purpose of Expenditure: Bounce House Rental - Juneteenth

Amount of Expenditure: $ 275.00 Date of Expenditure: $ 6-17-2026

Business or Organization Name: Squarespace **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 225 Varick St. City: New York State: NY Zip Code: 10014

Purpose of Expenditure: Acuity Scheduler App

Amount of Expenditure: $ 39.15 Date of Expenditure: $ 6-17-2026

Business or Organization Name: That Bouncy House Company **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 229 Buckingham Blvd City: Gallatin State: TN Zip Code: 37066

Purpose of Expenditure: Generator Rental - Juneteenth

Amount of Expenditure: $ 109.25 Date of Expenditure: $ 6-22-2026

Business or Organization Name: Walmart **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 1112 Nashville Pike City: Gallatin State: TN Zip Code: 37066

Purpose of Expenditure: Bottled water, snacks for both Volunteers @ Juneteenth

Amount of Expenditure: $ 49.87 Date of Expenditure: $ 6-22-2026

Total Expenditures: $ 989.43

(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.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Campaign to Elect Holly Cruz

2. Reporting Period: Start Date: 4-26-2026 End Date: 6-30-2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 989.43

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: Pear Smokeville 928 **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 2357 Willesden Green Ct. City: Hermitage State: TN Zip Code: 37076

Purpose of Expenditure: Volunteer Lunch @ Juneteenth

Amount of Expenditure: $ 23.00 Date of Expenditure: $ 6-22-2026

Business or Organization Name: Martin's Chicken and Waffles **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 207 S Water Ave City: Gallatin State: TN Zip Code: 37066

Purpose of Expenditure: Volunteer Lunch @ Juneteenth

Amount of Expenditure: $ 20.00 Date of Expenditure: $ 6-22-2026

Business or Organization Name: Friends of Clearview Park **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 613 DeMoss St. City: Gallatin State: TN Zip Code: 37066

Purpose of Expenditure: Kid Zone Sponsorship - Juneteenth

Amount of Expenditure: $ 375.00 Date of Expenditure: $ _____

Business or Organization Name: SquareSpace **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 225 Varick St. City: New York State: NY Zip Code: 10014

Purpose of Expenditure: Website Maintenance

Amount of Expenditure: $ 61.18 Date of Expenditure: $ 6-22-2026

Business or Organization Name: Act Blue **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: PO Box 962017 City: Boston State: MA Zip Code: 02196

Purpose of Expenditure: Donation Service Fee

Amount of Expenditure: $ 14.05 Date of Expenditure: $ 6-1-2026

Total Expenditures: $ 1,482.66

(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.)