

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: A KATHY STUART

14. Reporting Period: Start Date: 1/14/24 End Date: 5/31/26

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) \$ 2,125.⁰⁰
- 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.) \$ 2,125.⁰⁰

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 2,803.³⁹
(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.)..... \$ 2,803.³⁹

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: _____

2. Reporting Period: Start Date: _____ End Date: _____

3. Total campaign contributions from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: SUMNER COUNTY REPUBLICAN FREEDOM CAUCUS OR

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

Address: 1167 PLANTATION PASS City: GALLATIN State: TN Zip Code: 37066

Occupation: _____ Employer: _____

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

Amount of Contribution: \$ 1,000 Date of Contribution: 2/20/26 Aggregate This Election: \$ 2,000

Business or Organization Name: _____ OR

First Name: BEN Middle Name: ALLEN Last Name: HARRIS

Address: 1051 EDGEWATER CIRCU City: GALLATIN State: TN Zip Code: 37066

Occupation: GALLATIN CODES Employer: CITY OF GALLATIN

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

Amount of Contribution: \$ 500 Date of Contribution: 3/20/26 Aggregate This Election: \$ 500

Business or Organization Name: _____ OR

First Name: BRIAN + RHONDA Middle Name: _____ Last Name: HARRIS

Address: 250 ALBRIGHT LANE City: GALLATIN State: TN Zip Code: 37066

Occupation: _____ Employer: _____

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

Amount of Contribution: \$ 500 Date of Contribution: _____ Aggregate This Election: \$ 500

Business or Organization Name: HARRISON CAMPAIGN ACCOUNT OR

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

Address: 105 BLOOMSBURY DRIVE City: PUTZLAND State: TN Zip Code: 37148

Occupation: _____ Employer: _____

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

Amount of Contribution: \$ 125 Date of Contribution: 3/26/26 Aggregate This Election: \$ 125

Total Contributions: \$ 2,125.00

(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: KATHY STUART
2. Reporting Period: Start Date: 1/16/26 End Date: 3/31/26
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: MR. SION MAN OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 129 COMMERCE DRIVE City: HENDERSONVILLE State: TN Zip Code: 37075
Purpose of Expenditure: CAMPAIGN SIGNS
Amount of Expenditure: \$ 290.50 Date of Expenditure: \$ 3/11/26

Business or Organization Name: STAPLES OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1012 GLENBROOK WAY City: HENDERSONVILLE State: TN Zip Code: 37075
Purpose of Expenditure: _____
Amount of Expenditure: \$ 137.48 Date of Expenditure: \$ 3/18/26

Business or Organization Name: WALGREENS OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 585 NASHVILLE PIKE City: GALLATIN State: TN Zip Code: 37066
Purpose of Expenditure: MISC.
Amount of Expenditure: \$ 19.31 Date of Expenditure: \$ 3/13/26

Business or Organization Name: SIPOOL SALES & SERVICES OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: MISC.
Amount of Expenditure: \$ 5.49 Date of Expenditure: \$ 3/13/26

Business or Organization Name: ASAD PRINTING OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 116 IMPERIAL DRIVE City: HENDERSONVILLE State: TN Zip Code: 37075
Purpose of Expenditure: PUSH CARDS
Amount of Expenditure: \$ 144.84 Date of Expenditure: \$ _____

Total Expenditures: \$ 597.68

(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: KATHY STUART
2. Reporting Period: Start Date: 1/16/26 End Date: 3/31/26
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 597.68

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: SUMNER COUNTY ELECTION COMMISSION OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 355 N. BENDALE DR City: GALLATIN State: TN Zip Code: 37066
Purpose of Expenditure: VOICER LIST
Amount of Expenditure: \$ 75.00 Date of Expenditure: \$ 2/11/26

Business or Organization Name: AMAZON OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: PRINTER CARTRIDGES
Amount of Expenditure: \$ 115.80 Date of Expenditure: \$ 3/24/26

Business or Organization Name: VISTA PRINT OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: MAILER
Amount of Expenditure: \$ 2,014.91 Date of Expenditure: \$ 3/24/26

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Total Expenditures: \$ 2,803.39

(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.)