



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 4-10-2024 2.a. Candidate or Committee Name: Campaign to Elect Holly Cruz
 2.b. If Committee, Name of Candidate: Holly Cruz 3. Election Date: _____
 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) Sumner County School Board District 9
 7. Name of Political Treasurer (may be candidate): Samantha Washington
 Political Treasurer Email Address: CSISAM@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

9. Reporting Period: Start Date: 2-25-2024 End Date: 3-31-2024

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.

Holly Cruz
Candidate Signature

4-10-2024
Date

Samantha Washington
Political Treasurer Signature

4/10/24
Date

O. Paul
Witness Signature

4-10-24
Date

Tal Vaf
Witness Signature

4/10/24
Date

12. Summary:

a. Balance On Hand Last Report	FILED	\$	<u>5,055.09</u>
b. Total Receipts This Period	AM PM	\$	<u>3,800.00</u>
c. Total Disbursements This Period	APR 10 2024	\$	<u>1,463.63</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	SUMNER COUNTY	\$	<u>7,391.46</u>
e. Total Loans Outstanding	ELECTION COMMISSION	\$	<u>0</u>
f. Total Obligations Outstanding		\$	<u>0</u>

SUMMARY PAGE - CANDIDATE

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

14. Reporting Period: Start Date: 2-25-2024 End Date: 3-31-2024

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 430.00
(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) \$ 3,370.00
- 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.) \$ 3,800.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ _____
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- 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. In-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. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ _____

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Campaign to Elect Holly Cruz
2. Reporting Period: Start Date: 2-25-2024 End Date: 3-31-2024
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: Jason Middle Name: _____ Last Name: Baggett
Address: 1013 Whitley Place City: Hendersonville State: TN Zip Code: 37075
Occupation: Senior Consultant Employer: Infoworks
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 40.00 Date of Contribution: 2/29/2024 Aggregate This Election: \$ 165.00

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: not employed Employer: n/a
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50.00 Date of Contribution: 3/6/2024 Aggregate This Election: \$ 175.00

Business or Organization Name: _____ OR
First Name: Penny Middle Name: _____ Last Name: McElhaneey
Address: 865 Douglas Bend Rd City: Gallatin State: TN Zip Code: 37066
Occupation: Attorney Employer: RML
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: 3/6/2024 Aggregate This Election: \$ 200.00

Business or Organization Name: _____ OR
First Name: Rachel Middle Name: _____ Last Name: Collins
Address: 1575 Hunt Club Blvd City: Gallatin State: TN Zip Code: 37066
Occupation: Painter Employer: Self
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 30.00 Date of Contribution: 3/16/2024 Aggregate This Election: \$ 130.00

Total Contributions: \$ 370.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Campaign to Elect Holly Cruz
2. Reporting Period: Start Date: 2-25-2024 End Date: 3-31-2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 320.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Ronald Middle Name: _____ Last Name: Shepherd
Address: 137 E. Main St City: Gallatin State: TN Zip Code: 37000
Occupation: retired Employer: retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 3-31-2024 Aggregate This Election: \$ 230.00

Business or Organization Name: _____ OR
First Name: Sibyl Middle Name: _____ Last Name: Reagan
Address: 1912 Lombardy Ave. City: Nashville State: TN Zip Code: 37125
Occupation: not employed Employer: n/a
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 3-5-2024 Aggregate This Election: \$ 200.00

Business or Organization Name: _____ OR
First Name: Steven Middle Name: _____ Last Name: Puckett
Address: 228 Sanders Ferry Rd City: Hendersonville State: TN Zip Code: 37075
Occupation: clerk Employer: Kroger
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 3-30-2024 Aggregate This Election: \$ 200.00

Business or Organization Name: _____ OR
First Name: Valerie Middle Name: _____ Last Name: Trantum
Address: 1111 Stratford Ave City: Stratford State: GA Zip Code: 3015
Occupation: Teacher Employer: FPS
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 3-16-2024 Aggregate This Election: \$ 250.00

Total Contributions: \$ 870.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Campaign to Elect Holly Cruz
2. Reporting Period: Start Date: 2-25-2024 End Date: 3-31-2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 870.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Sumner County Democratic Party OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 51 City: Galatin State: TN Zip Code: 37066
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 2500 Date of Contribution: 3-11-2024 Aggregate This Election: \$ 2500

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election 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: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election 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: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Total Contributions: \$ 3,370.00

(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: 2-25-2024 End Date: 3-31-2024
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: Printing etc. OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 141 S. Dickerson Rd. City: Goodlettsville State: TN Zip Code: 37072
Purpose of Expenditure: Signs
Amount of Expenditure: \$ 841.23 Date of Expenditure: 3-6-2024

Business or Organization Name: ASAP Printing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 116 Imperial Blvd City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: Palm Cards
Amount of Expenditure: \$ 622.40 Date of Expenditure: 3-29-2024

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: _____

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: \$ 1,463.63
(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.)