

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 1.22.2024 2.a.	. Candidate or Committee N	ame: Tanyy -	HAVES FOR SCHO	OL BONE
2.b. If Committee, Name of Co	andidate:	1	3. Election Date:_	
4. Campaign Address:				
City:	State:	Zip Code:	Phone:	
5. Candidate Home Address:	120 GOUTENOR'S	POINT		
City: HENDERSONY	INE State: TN	Zip Code:	7075 Phone: 615.	824.7540
Candidate Email Address:	JANDTHAYES	CGMAIL.CO	on	
6. Office Sought: (include dis				#1
7. Name of Political Treasurer	(may be candidate):	TEUE GREGO	p.J	
Political Treasurer Email Add	dress: STEVEG-18	C COMCAST.	MET	
8. Category or Report: (check	10.00			
☐ First Quarter ☐ Seco	ond Quarter 🔲 Third Quar	ter Fourth Qu	arter Pre-Primary	☐ Pre-General
☐ Mid-Year Supplemental	Year-End Supplement	al		
9. Reporting Period: Start	Date: July 1 202	3 End Date:	TAN 1404 15,2024	1
10. Detailed Disclosure: (Chec			- I I I I	
V	ot from detailed disclosures	because contributio	ns (including in-kind) receiv	ved total \$1,000
	es total \$1,000 or less for th			
☐ This campaign is require total more than \$1,000	ed to file a detailed financial and/or expenditures total n	l disclosure because nore than \$1,000 for	contributions (including ir this reporting period.	n-kind) received
by the candidate commit campaign contributions nonpolitical purpose as d	r affirm that the information accurate accounting of came tee by the Campaign Finar have been expended for the efined by the federal internal Date 1 - 2 - 302	paign contributions ncial Disclosure Act. e personal financial al revenue code.	and expenditures required Additionally, I/we swear of benefit of the candidate of the Candi	to be reported r affirm that no
	t ReportFILED		c 44710 13	
b. Total Receipts This Pe	riodAM	DM	5 5.27	
c. Total Disbursements	This Period			
d. Balance On Hand (12.	a. plus 12.b. min 48 1 2.4 .20	24	5 3,031,40	
	ingSUMNER COU		- /	
f. Total Obligations Out	SUMNER COU standing "ELECTION" COMM	NTY ISSION	. \$	
SS-1109 (Rev. 1/2023)	ELECTION COMM	COOL		ge_Lof_4

SUMMARY PAGE - CANDIDATE

13. Nai	me of Candidate or Committee: TANINY HAYES FOR SCHOOL BOARD
14. Rep	porting Period: Start Date: July 1, 2023 End Date: January 15, 2024
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-ł	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	igations:
a.	Total Obligations Outstanding (must be shown in item 12.f.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Tanny Hayes For School BOARD
2. Reporting Period: Start Date: 1/123 End Date: 1/15/24
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: HEADERSONVILLE HIGH THEATRE OR
First Name: Middle Name: Last Name:
First Name: Middle Name: Last Name: Address: 123 CHENOKEE ROAD City: HENDERSONVILLE State: TN Zip Code: 37075
Purpose of Expenditure: Sponsor SHY
Amount of Expenditure: \$ 200^{-2} Date of Expenditure: $9/30/2023$
Business or Organization Name: ELLIS MIDDLE SCHOOL BETA CLUB OR
First Name: Middle Name: Last Name:
Address: 100 Indian LAKE ROAD City: HENDERSONVILLE State: TN Zip Code: 37075
Purpose of Expenditure: Stonsorston top MATIONAL CONVENTION
Amount of Expenditure: \$ 150. Date of Expenditure: 10/31/2023
Business or Organization Name: JHELLE TUCKER FOR SCHOOL BOARD OR
First Name: Last Name: Last Name:
Address: 277 Convie Drive City: HENDERSONVIVE State: TN Zip Code: 37075
Purpose of Expenditure: Donation
Amount of Expenditure: \$ 150. \(\text{Date} \) Date of Expenditure: \(\text{12/1/2023} \)
Business or Organization Name: WHOE EVANS FOR SCHOOL BOARD OR
First Name: Middle Name: Last Name:
Address: 106 HILLWOOD COURT City: HENDERSONVILLE State: TN Zip Code: 37075
Purpose of Expenditure: Donkton
Amount of Expenditure: \$ \$\\\^{\psi_150}\). Date of Expenditure: \(\begin{align*} \lambda \lam
Business or Organization Name: Surviver County Young REDUBLICANS OR
First Name: Middle Name: Last Name:
Address: 142 RIVENCHASE City: HENDERSON VILLE State: TA Zip Code: 57075
Purpose of Expenditure: ASSOCIATE MBR. / DONATON
Amount of Expenditure: \$ 100 . Date of Expenditure: 12/1/23
Total Expenditures: \$
(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

 NAME OF CANDIDATE OR COMMITTEE 	- 0	b.	2.	REPORT COVER	
TAMMY HAYES F	or u	HOOL BO	ARD F	ROM: 7/1/23	TO: 1/15/24 Amount
3. TOTAL ITEMIZED CAMPAIGN EXPENDI	TURES FROM	M PRECEDING PAG	(enter \$0 if first itemized page)		
4. COMPLETE THE APPROPRIATE ITEMS FOR	EACH ITEMIZ	ZED EXPENDITURE (e	xpenditures totaling more than \$100 to a	ny payee during the peri	od)
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name MEGAN BREIN IG - Address 790 CUMUNGS HAV	FORS	CHOOL BO	ARD DONATH	n	₹150÷
City GALLATIN	State	770 66			
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure
ast Name/Business Name HHS QUATERS ACK CWB ddress 123 CHEROKEE ROAD		JEAN MEAL Sponsorship		4500-	
HONDERSON !!	State TN	Zip Code 3 7075	_ spon	SORSHY	
First Name	Middle Nar	CITY AND ASSOCIATION OF	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				La Company	
Address					
City	State	Zip Code			
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address		3			
City	State	Zip Code			and the second of
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			1		
Address					- 1 1
City	State	Zip Code			
5. TOTAL ITEMIZED EXPENDITURES					\$1050.00
(Carry forward to item 3. of next page if additional p (If this is the last page of expenditures, this amount	ages of this form must be shown i	are used.) n item 19b. of summary.)		70TAL	\$650.° 41400.°
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