

SS-1109 (Rev. 8/2023)

# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

#### **For State and Local Candidates** For Single-Candidate Committees

1. Date: 7/9/24 2.a. Candidate or Committee Name: Meghan Breinix
2.b. If Committee, Name of Candidate: 3. Election Date: \(\qquad \qquad \qqquad \qqqqq \qqqq \qqqqq \qqqqq \qqqqq \qqqqq \qqqqq \qqqqq \qqqqq \qqqqq \qqqq \qqqqq \qqqq \qqqqq \qqqq \qqqqq \qqqqq \qqqqq \qqqqq \qqqqq \qqqqq \qqqqq \qqqqq \qqqq \qqqqq \qqqqq \qqqqq \qqqqq \qqqqq \qqqqq \qqqqq \qqqqq \qqqqqq
1 Campaign Address: 490 (ummin x) / 6hc
City: Gallatin State: TN Zip Code: 37066 Phone: 248-891-8285
5. Candidate Home Address: 490 Cummings Lane City: Gallatin State: TN Zip Code: 37066 Phone: 248-891-8283
Candidate Email Address:
6. Office Sought: (include district number, if applicable) School Board - District 8
7. Name of Political Treasurer (may be candidate): Meghan Brein'y
Political Treasurer Email Address: meghan l meghan for sumner 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: 4/1/24 End Date: 6/30/24
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.    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.    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.    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.    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.    Additional contribution of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.   Additional contribution of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.
Witness Signature  7/10/34  Date  7/10/34  Witness Signature  Date
12. Summary:
a. Balance On Hand Last Report
b. Total Receipts This Period
c. Total Disbursements This Period1.0.2024
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)
e. Iotal Loans Outstanding Ection COMMISSION
f. Total Obligations Outstanding \$
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## **SUMMARY PAGE - CANDIDATE**

13. Na	lame of Candidate or Committee: Mahan Breing	
14. Re	eporting Period: Start Date: 4/1/24 End Date: 6/30/24	
15. Re	eceipts:	
a.	<ul> <li>Unitemized Contributions (\$100 or less from each source this period)</li></ul>	
b.	b. Itemized Contributions (over \$100 from each source this period)\$	4,864.35
c.	Loans Received This Reporting Period\$	0
d.	Interest Received This Reporting Period\$	0
e.	2. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.)	4,864,35
16. Di	sisbursements:	
a.	(Note: Effective January 16, 2023, all expenditures must be itemized.)	
b.		
c.	Total Obligation Payments Made This Period\$	0
d.	I. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)\$	874,51
17. ln-	n-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. Ok	bligations:	
a.	. Total Obligations Outstanding (must be shown in item 12.f.)	6

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SUMMER DOUBLY
SLECTION COMMISSION

## **ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE**

1. Candidate or Committee Name:Mcghan	Breinix			
2. Reporting Period: Start Date: 4/1/24	The state of the s			
3. Total campaign expenditures from preceding p	age (enter \$0 if first page) \$	0	<u> </u>	
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	le the purpose of the expenditure	s must be itemized. (e.g., postage, printii	. If the expenditure is anng, etc.) along with the	ı in-
Business or Organization Name: Amazon				OR
First Name: Middle				
Address:	City:	State:	Zip Code:	
Purpose of Expenditure: marketing				
Amount of Expenditure: \$50, 1P	Date of Expenditure: \$	6/20/24		
Business or Organization Name: White Oak	Consulting	That want		OR
First Name: Middle	•			
Address:				
Purpose of Expenditure:	digital comm			
Amount of Expenditure: \$ 750.00				
Business or Organization Name: ASAP P	rictin			OR
First Name: Middle				
Address: 116 Imperial Blut	City: Henderson ville	State: TN	Zip Code: 37075	
Purpose of Expenditure: advertising ma			A THE PERMIT	
Amount of Expenditure: \$		129/24		
Business or Organization Name:	Tech Services			OR
First Name: Middle				
Address: 1776 Vilson Bland Ste 530	City: Arlington	State: VA	Zip Code: 2219	
Purpose of Expenditure: Ohline contribut	in tee,			
Amount of Expenditure: \$14.35	Date of Expenditure: \$	5/23/24	-	
Business or Organization Name:				OR
First Name: Middle	Name:	Last Name:		100000
Address:				
Purpose of Expenditure:				
Amount of Expenditure: \$	Date of Expenditure: \$		And the second	
Total Expenditures: \$ 874.51				
(Carry forward to the next page if additional page	s of this form are used. If this	s is the last page	of expenditures, thi	is
amount must be shown in the summary on first p	age.)			

## **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

1. Candidate or Committee Name:	Med	han Breins				10
2. Reporting Period: Start Date: _	_					
3. Complete the appropriate item:					(\$100).	
Complete the following for the source of	f each loan recei	ved and/or outstan	ding during the	period.		
Business or Organization Name: _					A118 4 PR 51 / 2	OR
First Name:	Middle N	Name:	<u> </u>	ast Name: _		
Address:		City:	Lat.	State:	Zip Code:	
Outstanding Loan Balance (Beginn	ing)	\$				
Loans Received		\$				
Loan Payments		\$				
Outstanding Loan (End)		\$				
Loan Received For: Primary	Election	General Electio	n Runof	ff (Local Elect	tions Only)	
Date of Loan:						
List all endorsers or guarantors for above	e loan (If more s	pace is needed, ple	ase attach addit	ional pages.)		
Business or Organization Name:						OR
First Name:	Middle	Name:		Last Name:		
Address:						
Amount Guaranteed Outstanding:	\$					
Business or Organization Name:						OR
First Name:						
Address:	The bearing			State:	_ Zip Code:	
Amount Guaranteed Outstanding:	\$					
Business or Organization Name:						OR
First Name:						
Address:		_City:		State:	_ Zip Code:	
Amount Guaranteed Outstanding:	\$		2			
Business or Organization Name:			F/ 11/2 %			OR
First Name:	Middle	Name:		_ Last Name	e:	
Address:	- M 841 m			State:	_ Zip Code:	
Amount Guaranteed Outstanding:	\$					
<b>Totals for all loans</b> (Complete this partotal loans received and loan payments sh						
Balance (Beginning)		\$	_			
Loans Received						
Loan Payments		\$	7			
Outstanding Loan (End)						

#### **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

1. Candidate or Committee Name: Maghan Bruly	
2. Reporting Period: Start Date: 4/1/24 End Date: 6/30/24	
3. Total campaign contributions from preceding page (enter \$0 if first page) \$	
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.	
Business or Organization Name:	OF
First Name: Kenneth Middle Name:	
Address: 10 Vandquood Ct City: Hend erson Vlc	State: TV Zip Code: 37075
Occupation: Employer:	
Contribution Received For:  Primary Election  General Election	☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 4/2424	Aggregate This Election: \$_250.00
Business or Organization Name:	OF
First Name: Buren Middle Name:	Last Name: Lowe
Address: 1017 Kidron Way City: Handersonville	State: TN Zip Code: 370x
Occupation: Employer:	
Contribution Received For: Primary Election General Election	
Amount of Contribution: \$ 364.35 Date of Contribution: 4/34/24	Aggregate This Election: \$_364.35
Business or Organization Name: Tennessee Realton PAC	OF
First Name: Middle Name:	
Address: 901 19th Ave South City: Nashville	
Occupation: Employer:	
Contribution Received For:  Primary Election  General Election	☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 1000.00 Date of Contribution: 4/24/24	Aggregate This Election: \$_\loop\u00c0\u00c0
Business or Organization Name: Kee Brown - McCornide for Judge	OF
First Name: Middle Name:	
Address: 124 Tathall Ct City: Gallatin	State: Zip Code: 376 66
Occupation: Employer:	
Contribution Received For: Primary Election General Election	Runoff (Local Elections Only)
Amount of Contribution: \$ 250,00 Date of Contribution: 5//3/24	Aggregate This Election: \$
Total Contributions: \$ 1,864,35	
(Carry forward to the next page if additional pages of this form are used. If t	his is the last page of contributions, this
amount must be shown in the summary on first page.)	

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## **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

1. Candidate or Committee Name: Mcglan Breinix	
2. Reporting Period: Start Date: 4/1/24 End Date: _	,
3. Total campaign contributions from preceding page (enter \$0 if	
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTI	RIBUTION.
Business or Organization Name: Lamberth PAL	OF
First Name: Middle Name:	Last Name:
Address: PO Box 812 City: Portle	State: TN Zip Code: 37/48
Occupation: Employer: _	
Contribution Received For: ☐ Primary Election ☐ General	l Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500,00 Date of Contribution: _	S/17/24 Aggregate This Election: \$ 500,00
Business or Organization Name: Summer County Worms	Republican PAC OF
First Name: Middle Name:	Last Name:
Address: po 30x 33 City: Henders	
Occupation: Employer:	
Contribution Received For: Primary Election	
Amount of Contribution: \$ 500.00 Date of Contribution:	
Business or Organization Name:	OF
First Name: Gray Middle Name:	
Address: 1665 Jacobs Prin City: Gall	State: TV Zip Code: 37075
Occupation: Employer: _	
Contribution Received For: Primary Election General	
Amount of Contribution: \$ 200.00 Date of Contribution:	
Business or Organization Name: Math Harris for State	
	III
First Name: Middle Name:	
Address: 80 Box 9130 City: Gall	
Occupation: Employer: _	
Contribution Received For: Primary Election General	
Amount of Contribution: \$ 1 800.00 Date of Contribution:	Aggregate This Election: \$ 1,800.00
Total Contributions: \$ 4,864,35	are used if this is the last page of contributions this
(Carry forward to the next page if additional pages of this form amount must be shown in the summary on first page.)	are used. If this is the last page of contributions, this

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