

* Amended *



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
For State and Local Candidates
For Single-Candidate Committees

1. Date: 2-6-2024 2.a. Candidate or Committee Name: Campaign to Elect Holly Cruz
2.b. If Committee, Name of Candidate: Holly Cruz 3. Election Date: 3-5-2024
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) Summer 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 [X] Year-End Supplemental

9. Reporting Period: Start Date: 10/10/2023 End Date: 1/15/2024

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.)
[X] 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 2-6-24 Political Treasurer Signature Samantha Washington 2-6-24
Candidate Signature Date Date
o.p.h. 2.6.24 Witness Signature Date
T. J. 2/6/24
Witness Signature Date

12. Summary:
a. Balance On Hand Last Report \$ 0
b. Total Receipts This Period \$ 4295.00
c. Total Disbursements This Period \$ 424.91
d. Balance On Hand (12.a. plus 12.b. minus 12.c.) \$ 3870.09
e. Total Loans Outstanding \$ 0
f. Total Obligations Outstanding \$ 0

FILED FEB 06 2024 AM 11:06 PM SUMNER COUNTY ELECTION COMMISSION

SUMMARY PAGE - CANDIDATE

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

14. Reporting Period: Start Date: 10/10/2023 End Date: 1/15/2023

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 1,920.00
(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) \$ 2,375.00
- 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.) \$ 4,295.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 424.91
(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.)..... \$ 424.91

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: 10/10/2023 End Date: 1/15/2024
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: Sarah Middle Name: _____ Last Name: Squires
Address: 148 Creekwood Ln City: Hendersonville State: TN Zip Code: 37075
Occupation: Analytics Manager Employer: Nielsen
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: 10/10/2023 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Sarah Middle Name: _____ Last Name: Squires
Address: 148 Creekwood Ln City: Hendersonville State: TN Zip Code: 37075
Occupation: Analytics Manager Employer: Nielsen
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 150.00 Date of Contribution: 1/13/2024 Aggregate This Election: \$ 450.00

Business or Organization Name: _____ OR
First Name: JESSICA Middle Name: _____ Last Name: Norris
Address: 104 Mansker Farms Blvd City: Hendersonville State: TN Zip Code: 37075
Occupation: House Manager Employer: Jessica Norris
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 500.00 Date of Contribution: 10/10/2023 Aggregate This Election: \$ 525.00

Business or Organization Name: _____ OR
First Name: Jill Middle Name: _____ Last Name: Fernelius
Address: 180 Cobbler Cir. City: Hendersonville State: TN Zip Code: 37075
Occupation: Portfolio Manager Employer: First Bank
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 10/13/2023 Aggregate This Election: \$ 350.00

Total Contributions: \$ 1,325.00

(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: 10/10/2023 End Date: 1/15/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1,325.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Jenda Middle Name: _____ Last Name: Clemmons
Address: 231 Leah Ct. City: Gallatin State: TN Zip Code: 37066
Occupation: Teacher Employer: Sumner County Schools
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 50.00 Date of Contribution: 10/10/2023 Aggregate This Election: \$ 150.00

Business or Organization Name: _____ OR
First Name: Leonard Middle Name: _____ Last Name: Assante
Address: 825 S. Browns Ln. City: Gallatin State: TN Zip Code: 37066
Occupation: Teacher Employer: Volunteer State Community College
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 12/1/2023 Aggregate This Election: \$ 200

Business or Organization Name: _____ OR
First Name: Margaret Middle Name: _____ Last Name: Hardigan
Address: 2737 W 16th St. City: Chicago State: IL Zip Code: 60608
Occupation: Program manager Employer: Rocketmamas LLC
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 10/11/2023 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ OR
First Name: Gregory Middle Name: _____ Last Name: Hardigan
Address: 2814 New Hope Rd City: Hendersonville State: TN Zip Code: 37075
Occupation: Technical Writer Employer: DocuSign
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 10/11/2023 Aggregate This Election: \$ ~~100.00~~ 100.00

Total Contributions: \$ 1,875.00

(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: 10/10/2023 End Date: 11/5/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1875.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: G.D. Middle Name: _____ Last Name: Wribe
Address: 3000 Hillsboro Rd. City: Brentwood State: TN Zip Code: 37027
Occupation: Consultant Employer: self employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 11/5/2024 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ OR
First Name: Greta Middle Name: _____ Last Name: Frenslcy
Address: 909 Laurie Ln City: Gallatin State: TN Zip Code: 37000
Occupation: Librarian Employer: Gallatin Public Library
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 11/5/2024 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ OR
First Name: Hilary Middle Name: _____ Last Name: Louder
Address: 1401 Shoreside Dr. City: Hendersonville State: TN Zip Code: 37075
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 10/10/2023 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ OR
First Name: Jeff Middle Name: _____ Last Name: Hunter
Address: 151 Hollycrest Pl. City: Stafford State: VA Zip Code: 22354
Occupation: Security Employer: PFPA
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 10/10/2023 Aggregate This Election: \$ 100.00

Total Contributions: \$ ~~2175.00~~ 2275.00

(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: 10/10/2023 End Date: 1/15/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 2,275.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Lynn Middle Name: _____ Last Name: Taxacs
Address: 1531 Anderson Rd. City: Hendersonville State: IN Zip Code: 37075
Occupation: Not employed Employer: Not employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 10/10/2023 Aggregate This Election: \$ 100.00

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: \$ 2,375.00

(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 Florio Cruz
2. Reporting Period: Start Date: 10/10/2023 End Date: 1/15/2024
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: Act Blue LLC OR
First Name: Act Blue LLC Middle Name: _____ Last Name: _____
Address: 366 Summer St. City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Donation processing fee
Amount of Expenditure: \$ 257.10 Date of Expenditure: ongoing

Business or Organization Name: Squarespace Inc. OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8 Clarkson St. City: New York State: NY Zip Code: 10014
Purpose of Expenditure: Website
Amount of Expenditure: \$ 167.81 Date of Expenditure: 1/3/2024

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: \$ 424.91
(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.)