



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

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

1. Date: 6/20/24 2.a. Candidate or Committee Name: GREG HOLLIS  
 2.b. If Committee, Name of Candidate: \_\_\_\_\_ 3. Election Date: \_\_\_\_\_  
 4. Campaign Address: 1665 JACOBS Dr.  
 City: GALLATIN State: TN Zip Code: 37066 Phone: 615-427-3617  
 5. Candidate Home Address: 1665 JACOBS Dr  
 City: GALLATIN State: TN Zip Code: 37066 Phone: 615-427-3617  
 Candidate Email Address: greg.hollis@gmail.com  
 6. Office Sought: (include district number, if applicable) SCHOOL BOARD - DIST 6  
 7. Name of Political Treasurer (may be candidate): Greg Hollis  
 Political Treasurer Email Address: greg.hollis@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  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.

|   |                        |                               |      |
|---|------------------------|-------------------------------|------|
| <u>Greg Hollis</u><br>Candidate Signature | <u>6/28/24</u><br>Date |                               |      |
| <u>Rebecca Noel</u><br>Witness Signature  | <u>6/28/24</u><br>Date | Political Treasurer Signature | Date |
|   |                        | Witness Signature             | Date |

12. Summary:

|   |    |                |
|---|----|----------------|
| a. Balance On Hand Last Report .....                    | \$ | <u>1652.75</u> |
| b. Total Receipts This Period .....                     | \$ | <u>—</u>       |
| c. Total Disbursements This Period .....                | \$ | <u>200.00</u>  |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.) ..... | \$ | <u>1452.75</u> |
| e. Total Loans Outstanding .....                        | \$ | <u>—</u>       |
| f. Total Obligations Outstanding .....                  | \$ | <u>—</u>       |

FILED PM  
JUL 08 2024  
SUMNER COUNTY  
ELECTION COMMISSION



# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Greg Hollis
2. Reporting Period: Start Date: 4/1/24 End Date: 6/30/24
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: Meghan Breinig Campaign OR  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: Campaign contribution  
Amount of Expenditure: \$ 200 Date of Expenditure: \$ 6/25/24

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: \$ \_\_\_\_\_

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: \$ 200

(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.)