



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 7.1.2024 2.a. Candidate or Committee Name: TAMMY HAYES FOR SCHOOL BOARD
 2.b. If Committee, Name of Candidate: _____ 3. Election Date: _____
 4. Campaign Address: 120 Governors Point Blvd.
 City: HENDERSONVILLE State: TN Zip Code: 37075 Phone: 615-824-750
 5. Candidate Home Address: 120 GOVERNOR'S POINT
 City: HENDERSONVILLE State: TN Zip Code: 37075 Phone: 615.824.7540
 Candidate Email Address: JANDTHAYES@GMAIL.COM
 6. Office Sought: (include district number, if applicable) SCHOOL BOARD DISTRICT #1
 7. Name of Political Treasurer (may be candidate): STEVE GREGORY
 Political Treasurer Email Address: STEVEG18@COMCAST.NET

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: JANUARY 16, 24 End Date: JUNE 30, 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.

[Signature] 7-1-24
 Candidate Signature Date

[Signature] 7.1.24
 Political Treasurer Signature Date

[Signature] 7/1/24
 Witness Signature Date

[Signature] 7-1-24
 Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	FILED AM PM	\$ <u>3,031.⁴⁰</u>
b. Total Receipts This Period		\$ <u>3,803.²⁵</u>
c. Total Disbursements This Period	JUL 9 2024	\$ <u>4,582.⁶⁵</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	SUMNER COUNTY ELECTION COMMISSION	\$ <u>2,252.⁰⁰</u>
e. Total Loans Outstanding		\$ <u>-</u>
f. Total Obligations Outstanding		\$ <u>-</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: TAMMY HAYES FOR SCHOOL BOARD

14. Reporting Period: Start Date: 1/10/24 End Date: 6/30/24

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ _____
(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) \$ 3800.00
- c. Loans Received This Reporting Period..... \$ —
- d. Interest Received This Reporting Period \$ 3.25
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 3803.25

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 4582.65
(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.)..... \$ 4582.65

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: TAMMY HAYES FOR SCHOOL BOARD
2. Reporting Period: Start Date: 1/16/24 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: _____ OR
First Name: KATHY Middle Name: _____ Last Name: BURRUS
Address: 123 Fairways Drive City: Hendersonville State: TN Zip Code: 37075
Occupation: Retired Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.⁰⁰ Date of Contribution: 6/5/24 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: ROBERT & TIFFANY Middle Name: _____ Last Name: HORTON
Address: 166 BAYSHORE DRIVE City: HENDERSONVILLE State: TN Zip Code: 37075
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 1800.⁰⁰ Date of Contribution: 1/22/24 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: STANLEY & RENE Middle Name: _____ Last Name: FIELDS
Address: 303 BAYSHORE DRIVE City: HENDERSONVILLE State: TN Zip Code: 37075
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 1800.⁰⁰ Date of Contribution: 1/22/24 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: \$ 3800.⁰⁰

(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: TAMMY HAYES FOR SCHOOL BOARD
2. Reporting Period: Start Date: 1/16/24 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: SHELLIE TUCKER FOR SCHOOL BOARD OR
First Name: Shellie Middle Name: _____ Last Name: Tucker
Address: 217 Connie Drive City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: CAMPAIGN SUPPORT
Amount of Expenditure: \$ 200.⁰⁰ Date of Expenditure: \$ 1/16/24

Business or Organization Name: Meghan Breining for School Board OR
First Name: MEGHAN Middle Name: _____ Last Name: BREINING
Address: 490 Cummings Lane City: Gallatin State: TN Zip Code: 37066
Purpose of Expenditure: CAMPAIGN SUPPORT - SCHOOL BOARD
Amount of Expenditure: \$ 200.⁰⁰ Date of Expenditure: \$ 1/20/24

Business or Organization Name: Greg Hollis for School Board OR
First Name: GREG Middle Name: _____ Last Name: HOLLIS
Address: 1665 Jacobs Drive City: Gallatin State: TN Zip Code: 37066
Purpose of Expenditure: CAMPAIGN SUPPORT - SCHOOL BOARD
Amount of Expenditure: \$ 200.⁰⁰ Date of Expenditure: \$ 1/25/24

Business or Organization Name: White Oak Branding / Communications OR
First Name: KELLY Middle Name: _____ Last Name: MCKINLEY
Address: 3010 Sweet Briar Way City: Gallatin State: TN Zip Code: 37075
Purpose of Expenditure: COMMUNICATION SUPPORT
Amount of Expenditure: \$ 400.⁰⁰ Date of Expenditure: \$ 1/25/24

Business or Organization Name: HHS BASEBALL DUGOUT CLUB OR
First Name: H.H.S. Middle Name: _____ Last Name: _____
Address: 123 Cherokee Rd. City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: FUNDRAISER
Amount of Expenditure: \$ 200.⁰⁰ Date of Expenditure: \$ 1/16/24

Total Expenditures: \$ 1200.⁰⁰

(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

1. Candidate or Committee Name: TAMMY HAYES FOR SCHOOL BOARD
2. Reporting Period: Start Date: 1/16/24 End Date: 6/30/24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 43425.⁰⁰

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: KATHY STUART FOR SCHOOL BOARD OR
First Name: ~~1116B Littleton Branch~~ Middle Name: Kathy Last Name: Stuart
Address: 1116B Littleton Branch Rd. City: Castalian Springs State: TN Zip Code: 37031
Purpose of Expenditure: CAMPAIGN SUPPORT
Amount of Expenditure: \$ 200.⁰⁰ Date of Expenditure: \$ 4/20/24

Business or Organization Name: COMPASS OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 695 E. Main Street City: Ballwin State: TN Zip Code: 37066
Purpose of Expenditure: TEACHER APPRECIATION DONATION
Amount of Expenditure: \$ 125.⁰⁰ Date of Expenditure: \$ 4/3/24

Business or Organization Name: BIT O' HEAVEN OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 450 W. Main St. City: Ballwin State: TN Zip Code: 37066
Purpose of Expenditure: FERREL HAILE CAMPAIGN EVENT - INKING
Amount of Expenditure: \$ 815.65 Date of Expenditure: \$ 6/6/24

Business or Organization Name: PINNACLE BANK OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 270 E. Main Street City: Hillview State: TN Zip Code: 37075
Purpose of Expenditure: CHECKS
Amount of Expenditure: \$ 17.⁰⁰ Date of Expenditure: \$ 1/30/24

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: \$ _____

Total Expenditures: \$ ~~43425.00~~ 4582.65
(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

1. Candidate or Committee Name: TAMMY HAYES FOR SCHOOL BOARD
2. Reporting Period: Start Date: 1/16/24 End Date: 6/30/24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1200.⁰⁰

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: SHELLIE TUCKER FOR SCHOOL BOARD OR
First Name: Shellie Middle Name: _____ Last Name: Tucker
Address: 217 Connie Dr. City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: CAMPAIGN SUPPORT
Amount of Expenditure: \$ 600.⁰⁰ Date of Expenditure: \$ 2/12/24

Business or Organization Name: FREEDOM FIRST ALLIANCE OR
First Name: Randy Middle Name: _____ Last Name: Stamps
Address: 242 W. Main St. City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: DONATION
Amount of Expenditure: \$ 1000.⁰⁰ Date of Expenditure: \$ 2/20/24

Business or Organization Name: KATHY STUART FOR SCHOOL BOARD OR
First Name: Kathy Middle Name: _____ Last Name: Stuart
Address: 1116 B Littleton Branch City: Custalena Spring State: TN Zip Code: 37031
Purpose of Expenditure: CAMPAIGN DONATION
Amount of Expenditure: \$ 400.⁰⁰ Date of Expenditure: \$ 2/28/24

Business or Organization Name: SAMARITAN CENTER OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 116 Dunn St. City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: DONATION
Amount of Expenditure: \$ 125.⁰⁰ Date of Expenditure: \$ 3/20/24

Business or Organization Name: HHS THEATRE DEPARTMENT OR
First Name: H.H.S. Middle Name: _____ Last Name: _____
Address: 123 Cherokee Rd. City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: 1/2 PAGE AD
Amount of Expenditure: \$ 100.⁰⁰ Date of Expenditure: \$ 4/9/24

Total Expenditures: \$ 3425.⁰⁰

(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.)