



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 10-10-24 2.a. Candidate or Committee Name: Campaign to Elect Holly Cruz
 2.b. If Committee, Name of Candidate: Holly Cruz 3. Election Date: _____
 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) Sumner County School Board District 9
 7. Name of Political Treasurer (may be candidate): Samantha Washington
 Political Treasurer Email Address: CSSam@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: 7-23-24 End Date: 9-30-24

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>Holly Cruz</u> Candidate Signature	<u>10-10-24</u> Date	<u>Samantha Washington</u> Political Treasurer Signature	<u>10-10-24</u> Date
<u>J. Phil</u> Witness Signature	<u>7.24.24</u> Date	<u>Tad Wright</u> Witness Signature	<u>10/10/24</u> Date

12. Summary:

a. Balance On Hand Last Report	AM	PM	\$ <u>3,143.83</u>
b. Total Receipts This Period	FILED OCT 10 2024		\$ <u>1,415.79</u>
c. Total Disbursements This Period			\$ <u>2,188.37</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	SUMNER COUNTY ELECTION COMMISSION		\$ <u>2,371.25</u>
e. Total Loans Outstanding			\$ <u>0</u>
f. Total Obligations Outstanding			\$ <u>0</u>

SUMMARY PAGE - CANDIDATE

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

14. Reporting Period: Start Date: 7-23-24 End Date: 9-30-24

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 287.86
(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) \$ 1,127.93
- 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.) \$ 1415.79

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 2188.37
(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.)..... \$ 2188.37

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: 7-23-24 End Date: 9-30-24
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: Strong Schools PAC OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 106 Sycamore Tr. City: Hendersonville State: VA Zip Code: 37025
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 815.50 Date of Contribution: 7-23-24 Aggregate This Election: \$ 815.50

Business or Organization Name: Amazon Refund OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 440 Tony Ave City: Seattle State: WA Zip Code: 98109
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 152.94 Date of Contribution: 7-23-24 Aggregate This Election: \$ _____

Business or Organization Name: Amazon Refund OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 440 Tony Ave City: Seattle State: WA Zip Code: 98109
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 159.49 Date of Contribution: 7-23-24 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: \$ 1,127.93

(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 Holly Cruz
2. Reporting Period: Start Date: 7-23-24 End Date: 9-30-24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 2093.10

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: Square Space OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8 Clarkson St City: New York State: NY Zip Code: 10014
Purpose of Expenditure: Website Hosting
Amount of Expenditure: \$ 37.15 Date of Expenditure: \$ 9/16/24

Business or Organization Name: Donut Palace OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 439 S. Water Ave City: Gallatin State: TN Zip Code: 37006
Purpose of Expenditure: Volunteer Thank You ~~card~~
Amount of Expenditure: \$ 15.29 Date of Expenditure: \$ 9/11/24

Business or Organization Name: Square Space OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8 Clarkson St. City: New York State: NY Zip Code: 10014
Purpose of Expenditure: Website Scheduling App
Amount of Expenditure: \$ 37.15 Date of Expenditure: \$ 9/13/24

Business or Organization Name: W1 State Bank OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 534 W. Main St. City: Gallatin State: TN Zip Code: 37006
Purpose of Expenditure: Service Charge
Amount of Expenditure: \$ 4.00 Date of Expenditure: \$ 9/30/24

Business or Organization Name: Act Blue OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 300 Summer St. City: Sumner State: MA Zip Code: 01024
Purpose of Expenditure: Fee
Amount of Expenditure: \$ 1.68 Date of Expenditure: \$ 9/16/24

Total Expenditures: \$ 2188.37
(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: Campaign to elect Holly CNE
2. Reporting Period: Start Date: 7-23-24 End Date: 7-30-24
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: Facebook OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1 Hecker way City: Menlo Park State: CA Zip Code: 94025
Purpose of Expenditure: Advertising
Amount of Expenditure: \$ 25.21 Date of Expenditure: \$ 7/25/24

Business or Organization Name: Facebook OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1 Hecker way City: Menlo Park State: CA Zip Code: 94025
Purpose of Expenditure: Advertising
Amount of Expenditure: \$ 59.45 Date of Expenditure: \$ 7/25/24

Business or Organization Name: Scale to Win OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 13742 Harper St. City: Santa Ana State: CA Zip Code: 92703
Purpose of Expenditure: _____
Amount of Expenditure: \$ \$374.94 Date of Expenditure: \$ 7/25/24

Business or Organization Name: Black Elm Coffee OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 106 Public St City: Ogallala State: TN Zip Code: 37004
Purpose of Expenditure: Meeting with Community leader
Amount of Expenditure: \$ \$12.29 Date of Expenditure: \$ 7/29/24

Business or Organization Name: Facebook OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1 Hecker way City: Menlo Park State: CA Zip Code: 94025
Purpose of Expenditure: Advertising
Amount of Expenditure: \$ 138.00 Date of Expenditure: \$ 7/31/24

Total Expenditures: \$ 612.89

(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: Campaign to elect Holly Cruz
2. Reporting Period: Start Date: 7-23-24 End Date: 9-30-24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 412.89

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: Lowe's OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 301 Nashville Pike City: Gallatin State: TN Zip Code: 37006
Purpose of Expenditure: Sign materials
Amount of Expenditure: \$ 29.22 Date of Expenditure: \$ 8/1/24

Business or Organization Name: Facebook OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1 Hecker way City: Menlo Park State: CA Zip Code: 94025
Purpose of Expenditure: Advertising
Amount of Expenditure: \$ 152.00 Date of Expenditure: \$ 8/1/24

Business or Organization Name: Facebook OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1 Hecker way City: Menlo Park State: CA Zip Code: 94025
Purpose of Expenditure: Advertising
Amount of Expenditure: \$ 1808.00 Date of Expenditure: \$ 8/1/24

Business or Organization Name: Dollar General OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3106 Highway 28 City: Castalian Springs State: TN Zip Code: 37031
Purpose of Expenditure: Election Day Snacks
Amount of Expenditure: \$ 37.24 Date of Expenditure: \$ 8/2/24

Business or Organization Name: Facebook OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1 Hecker way City: Menlo Park State: CA Zip Code: 94025
Purpose of Expenditure: Advertising
Amount of Expenditure: \$ 185.00 Date of Expenditure: \$ 8/2/24

Total Expenditures: \$ 1,184.35

(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: Campaign to elect Holly Cruz
2. Reporting Period: Start Date: 7/23/24 End Date: 9/30/24
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 1184.35

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: Facebook OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1 Hacker way City: Menlo Park State: CA Zip Code: 94025
Purpose of Expenditure: Advertising
Amount of Expenditure: \$ 204.00 Date of Expenditure: \$ 8/2/24

Business or Organization Name: Scale to Win OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 13742 Harper St. City: Santa Ana State: CA Zip Code: 92703
Purpose of Expenditure: text banking
Amount of Expenditure: \$ 100.95 Date of Expenditure: \$ 8/5/24

Business or Organization Name: Square Space OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8 Clarkson St. City: New York State: NY Zip Code: 10014
Purpose of Expenditure: Website hosting
Amount of Expenditure: \$ 37.15 Date of Expenditure: \$ 8/6/24

Business or Organization Name: Square Space OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8 Clarkson St. City: New York State: NY Zip Code: 10014
Purpose of Expenditure: Website Scheduling App
Amount of Expenditure: \$ 37.15 Date of Expenditure: \$ 8/13/24

Business or Organization Name: Facebook OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1 Hacker way City: Menlo Park State: CA Zip Code: 94025
Purpose of Expenditure: Advertising
Amount of Expenditure: \$ 23.50 Date of Expenditure: \$ 8/26/24

Total Expenditures: \$ 2093.10
(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: Campaign to Elect Holly CRT
2. Reporting Period: Start Date: 7/23/24 End Date: 9/30/24
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 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: SquareSpace OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: Website Hosting
Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Business or Organization Name: ~~SquareSpace~~ 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: \$ _____
(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.)