

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 4/26/2022		2.a. NAME OF CANDIDATE OR COMMITTEE Cheryl D. Mayes	
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE 2022-05-03	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route PO Box 1067		City Antioch	State TN
		Zip Code 37011-1067	Phone (615) 812-3225
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route 1632 BRIDGESTRE DR		City ANTIOCH	State TN
		Zip Code 37013	Phone (615) 812-3225
5. OFFICE SOUGHT (include district number, if applicable) School Board District 6		6. NAME OF POLITICAL TREASURER (may be candidate) JEMICE C CHEATHAM	
7. CATEGORY OR REPORT (Check one)			
☐ FIRST QUARTER	☐ SECOND QUARTER	☐ THIRD QUARTER	☐ FOURTH QUARTER
☒ PRE- PRIMARY		☐ PRE- GENERAL	
		☐ MID-YEAR SUPPLEMENTAL	
		☐ YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD 2022-04-06		8.b. ENDING DATE OF REPORTING PERIOD 2022-04-23	
9. (Check one)			
a. ☐ This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)			
b. ☒ 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.			
10. 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 of candidate		_____ signature of political treasurer	
_____ date		_____ date	
11. WITNESS SIGNATURE			
_____ signature of witness		_____ signature of witness	
_____ date		_____ date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$3,357.10	
b. TOTAL RECEIPTS THIS PERIOD		\$325.00	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$1,286.99	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$2,395.11	
e. TOTAL LOANS OUTSTANDING		\$0.00	
f. TOTAL OBLIGATIONS OUTSTANDING		\$0.00	



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) Cheryl D. Mayes	14. REPORT COVERING THE PERIOD FROM: 2022-04-01 TO: 2022-04-23
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RECEIPTS
15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ _____
 b. Itemized Contributions (over \$100 from each source this period) \$ \$325.00
 c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ \$325.00

16. LOANS RECEIVED THIS REPORTING PERIOD \$ _____
17. INTEREST RECEIVED THIS REPORTING PERIOD \$ _____
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ \$325.00

DISBURSEMENTS
19. EXPENDITURES (other than loan payments)

a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)

\$

\$

\$

\$

\$

\$

\$

\$

\$

Total of Expenditures (\$100 or less each payee) \$ _____
 b. Itemized Expenditures (Over \$100 each payee this period) \$ \$1,286.99
 c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ \$1,286.99

20. LOAN REPAYMENTS MADE THIS PERIOD \$ _____
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ \$1,286.99

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ _____
 b. Itemized in-kind contributions (over \$100 from each source this period) \$ _____
 c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ _____

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ _____
 b. Itemized Obligations Outstanding (Over \$100 each) \$ _____
 c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) \$ _____



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Cheryl D. Mayes				2. REPORT COVERING THE PERIOD FROM: 2022-04-01 TO: 2022-04-23		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount \$0.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name LISA		Middle Name		Contribution Received For:		Amount of Contribution \$50.00
Last Name/Organization Name QUIGLEY				☒ Primary Election ☐ General Election		
Address 1352 Rosa Parks Blvd, Apt. 415				☐ Runoff (Local Elections Only)		
City NASHVILLE		State TN	Zip Code 37208	Date of Contribution 2022-04-11		Aggregate This Election \$50.00
Occupation Director						
Employer Tusk Philanthropies						
First Name JUDY		Middle Name		Contribution Received For:		Amount of Contribution \$50.00
Last Name/Organization Name Freudenthal				☒ Primary Election ☐ General Election		
Address 1005 10TH AVE N				☐ Runoff (Local Elections Only)		
City NASHVILLE		State TN	Zip Code 37208	Date of Contribution 2022-04-19		Aggregate This Election \$50.00
Occupation MANAGER						
Employer OASIS CENTER						
First Name TANYA		Middle Name		Contribution Received For:		Amount of Contribution \$100.00
Last Name/Organization Name DEBRO				☒ Primary Election ☐ General Election		
Address 817 N Summerfield Dr				☐ Runoff (Local Elections Only)		
City MADISON		State TN	Zip Code 37115	Date of Contribution 2022-04-23		Aggregate This Election \$100.00
Occupation IT						
Employer HEALTHCARE						
First Name CONNELL & ELOIS		Middle Name		Contribution Received For:		Amount of Contribution \$25.00
Last Name/Organization Name OUTLAW				☒ Primary Election ☐ General Election		
Address 156 FIELDCREST CIRCLE				☐ Runoff (Local Elections Only)		
City HENDERSONVILLE		State TN	Zip Code 37075	Date of Contribution 2022-04-23		Aggregate This Election \$25.00
Occupation Retired						
Employer N/A						
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					\$225.00	



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Cheryl D. Mayes				2. REPORT COVERING THE PERIOD FROM: 2022-04-06 TO: 2022-04-23		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount \$225.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name PATRICK		Middle Name		Contribution Received For:		Amount of Contribution \$100.00
Last Name/Organization Name GATLIN				☒ Primary Election ☐ General Election		
Address 3620 Peninsula Ct				☐ Runoff (Local Elections Only)		
City NASHVILLE		State TN	Zip Code 37217	Date of Contribution 2022-04-08		Aggregate This Election \$100.00
Occupation SALES						
Employer FOOD SALES						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				☐ Primary Election ☐ General Election		
Address				☐ Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				☐ Primary Election ☐ General Election		
Address				☐ Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				☐ Primary Election ☐ General Election		
Address				☐ Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					\$325.00	



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Cheryl D. Mayes			2. REPORT COVERING THE PERIOD FROM: 2022-04-01 TO: 2022-04-23	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$0.00
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)				
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Printing Etc.		Campaign supplies		\$220.55
Address 1411 S. Dickerson Road				
City Goodlettsville	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Printing Etc.		Campaign supplies		\$524.40
Address 1411 S. Dickerson Road				
City Goodlettsville	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name John Smith Marketing		Campaign supplies		\$300.44
Address Church Street				
City NASHVILLE	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name KROGER		SUPPLIES		\$9.12
Address 5319 MT VIEW RD				
City ANTIOCH	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name WALMART		Campaign supplies		\$46.23
Address 3035 HAMILTON CHURCH RD				
City ANTIOCH	State TN			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name KRYSTAL		LUNCH		\$8.73
Address 2671 MURFREESBORO RD				
City NASHVILLE	State TN			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)				\$1,109.47



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Cheryl D. Mayes			2. REPORT COVERING THE PERIOD FROM: 2022-04-01 TO: 2022-04-23		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$1,109.47	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name		Middle Name		Purpose of Expenditure GAS	Amount of Expenditure \$51.02
Last Name/Business Name KROGER FUEL					
Address 5319 MT VIEW RD					
City ANTIOCH		State TN	Zip Code 37013		
First Name		Middle Name		Purpose of Expenditure Campaign supplies	Amount of Expenditure \$85.76
Last Name/Business Name WALMART					
Address 3035 HAMILTON CHURCH RD					
City ANTIOCH		State TN	Zip Code 37013		
First Name		Middle Name		Purpose of Expenditure VOTER LIST	Amount of Expenditure \$40.74
Last Name/Business Name Metro Elections Nashville					
Address 1417 MURFREESBORO RD					
City NASHVILLE		State TN	Zip Code 37217		
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City		State	Zip Code		
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City		State	Zip Code		
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City		State	Zip Code		
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)					\$1,286.99

