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

1. Date: 4/10/2026 2.a. Candidate or Committee Name: Traci Ivory Anderson

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 5/5/2026

4. Campaign Address: 6105 Lookaway Cir

City: Franklin State: TN Zip Code: 37067 Phone: _____

5. Candidate Home Address: 6105 Lookaway Cir

City: Franklin State: TN Zip Code: 37067 Phone: _____

Candidate Email Address: anderson4wcs@gmail.com

6. Office Sought: (include district number, if applicable) Wmson Cty School Board-Dist 04

7. Name of Political Treasurer (may be candidate): Brooke Anderson

Political Treasurer Email Address: brookeg1@electraforge.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: 1/1/2026 End Date: 3/31/2026

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.

Candidate Signature	Date	Political Treasurer Signature	Date
Witness Signature	Date	Witness Signature	Date

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04/10/26 - 3:13 PM

12. Summary:

a.	Balance On Hand Last Report	$ $0.00
b.	Total Receipts This Period	$ $500.00
c.	Total Disbursements This Period	$ $311.13
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $188.87
e.	Total Loans Outstanding	$ $500.00
f.	Total Obligations Outstanding	$ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Traci Ivory Anderson

14. Reporting Period: Start Date: 1/1/2026 End Date: 3/31/2026

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) ..... $ $500.00

c. Loans Received This Reporting Period..... $ _____

d. Interest Received This Reporting Period..... $ _____

e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... $ $500.00

16. Disbursements:

a. Total Expenditures (other than loan payments)..... $ $311.13
(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.)..... $ $311.13

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: Traci Ivory Anderson

2. Reporting Period: Start Date: 1/1/2026 End Date: 3/31/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: ______ **OR**
First Name: Traci Middle Name: Ivory Last Name: Anderson
Address: 6105 Lookaway Circle City: Franklin State: TN Zip Code: 37067
Occupation: stay at home mother Employer: n/a
Contribution Received For: ■ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: $ $500.00 Date of Contribution: 2/13/2026 Aggregate This Election: $ $500.00

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: $ $500.00
(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: Traci Ivory Anderson

2. Reporting Period: Start Date: 1/1/2026 End Date: 3/31/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $0.00

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: TN Republican Party **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 95 White Bridge Rd., Suite 414 City: Nashville State: TN Zip Code: 37205

Purpose of Expenditure: Candidate filing/qualifying fee

Amount of Expenditure: $ $50.00 Date of Expenditure: $ 2/24/2026

Business or Organization Name: Nationbuilder **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 6515 W Sunset Blvd, Suite 440 City: Los Angeles State: CA Zip Code: 90028

Purpose of Expenditure: NationBuilder website and voter management software

Amount of Expenditure: $ $179.00 Date of Expenditure: $ 3/6/2026

Business or Organization Name: Wix.com Inc. **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 100 Gansevoort Street City: New York State: NY Zip Code: 10014

Purpose of Expenditure: Wix website builder subscription for campaign site

Amount of Expenditure: $ $190.96 Date of Expenditure: $ 3/23/2026

Business or Organization Name: Wix.com Inc. **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 100 Gansevoort Street City: New York State: NY Zip Code: 10014

Purpose of Expenditure: Domain "votetracianderson.com" cost

Amount of Expenditure: $ $67.17 Date of Expenditure: $ 3/27/2026

Business or Organization Name: Nationbuilder **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 95 White Bridge Rd., Suite 414 City: Los Angeles State: CA Zip Code: 90028

Purpose of Expenditure: Refund for nationbuilder campaign and website service

Amount of Expenditure: $ ($179.00) Date of Expenditure: $ 3/31/2026

Total Expenditures: $ $308.13

(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: Traci Ivory Anderson

2. Reporting Period: Start Date: 1/1/2026 End Date: 3/31/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $308.13

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: First Horizon Bank **OR**
First Name: ____ Middle Name: ____ Last Name: ____
Address: P.O. Box 84 City: Memphis State: TN Zip Code: 38101
Purpose of Expenditure: bank statement paper fee
Amount of Expenditure: $ $3.00 Date of Expenditure: $ 3/31/2026

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: $ $311.13
(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 LOANS - CANDIDATE

1. Candidate or Committee Name: Traci Ivory Anderson

2. Reporting Period: Start Date: 1/1/2026 End Date: 3/31/2026

3. Complete the appropriate items for each loan totaling more than one hundred dollars ($100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: ______ **OR**

First Name: Traci Middle Name: Ivory Last Name: Anderson

Address: 6105 Lookaway Circle City: Franklin State: TN Zip Code: 37067

Outstanding Loan Balance (Beginning) .... $ $0.00

Loans Received .... $ $0.00

Loan Payments .... $ $0.00

Outstanding Loan (End) .... $ $500.00

Loan Received For: ■ Primary Election General Election Runoff (Local Elections Only)

Date of Loan: 2/13/2026

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: ______ **OR**

First Name: ______ Middle Name: ______ Last Name: ______

Address: ______ City: ______ State: ____ Zip Code: ______

Amount Guaranteed Outstanding: $______

Business or Organization Name: ______ **OR**

First Name: ______ Middle Name: ______ Last Name: ______

Address: ______ City: ______ State: ____ Zip Code: ______

Amount Guaranteed Outstanding: $______

Business or Organization Name: ______ **OR**

First Name: ______ Middle Name: ______ Last Name: ______

Address: ______ City: ______ State: ____ Zip Code: ______

Amount Guaranteed Outstanding: $______

Business or Organization Name: ______ **OR**

First Name: ______ Middle Name: ______ Last Name: ______

Address: ______ City: ______ State: ____ Zip Code: ______

Amount Guaranteed Outstanding: $______

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) .... $ $0.00

Loans Received .... $ $0.00

Loan Payments .... $ $0.00

Outstanding Loan (End) .... $ $500.00