



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates

### For Single-Candidate Committees

1. Date: 4/29/2026 2.a. Candidate or Committee Name: Cheryl D Mayes
- 2.b. If Committee, Name of Candidate: \_\_\_\_\_ 3. Election Date: 5/5/2026
4. Campaign Address: 1632 Bridgecrest Drive  
City: Antioch State: TN Zip Code: 37013 Phone: \_\_\_\_\_
5. Candidate Home Address: 1632 Bridgecrest Drive  
City: Antioch State: TN Zip Code: 37013 Phone: 6158123225  
Candidate Email Address: MayesforDistrict6@gmail.com
6. Office Sought: (include district number, if applicable) School Board District 6
7. Name of Political Treasurer (may be candidate): Jemice Cheatham  
Political Treasurer Email Address: jemicecheatham@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: 4/1/2026 End Date: 4/25/2026
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 |

DFF0-48FF-9FD9-406C  
04/29/26 - 1:30 PM

#### 12. Summary:

|                                                         |                    |
|---------------------------------------------------------|--------------------|
| a. Balance On Hand Last Report .....                    | \$ <u>1,795.81</u> |
| b. Total Receipts This Period .....                     | \$ <u>2,010.00</u> |
| c. Total Disbursements This Period .....                | \$ <u>280.04</u>   |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.) ..... | \$ <u>3,525.77</u> |
| e. Total Loans Outstanding .....                        | \$ <u>0.00</u>     |
| f. Total Obligations Outstanding .....                  | \$ <u>0.00</u>     |

# SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Cheryl D Mayes

14. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

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) ..... \$ \$2,010.00
- 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.) ..... \$ \$2,010.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$280.04  
(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.)..... \$ \$280.04

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: Cheryl D Mayes
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
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: Dwanna Middle Name: \_\_\_\_\_ Last Name: Hughes

Address: 929 Warren street City: Nashville State: TN Zip Code: 37208

Occupation: Director Employer: Freedom Mgmt LLC

Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)

Amount of Contribution: \$ \$10.00 Date of Contribution: 4/23/2026 Aggregate This Election: \$ \$30.00

Business or Organization Name: Metropolitan Nashville Education Association Political Action Commi **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 531 Fairground Ct City: Nashville State: TN Zip Code: 37211

Occupation: n/a Employer: n/a

Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)

Amount of Contribution: \$ \$2.000.0 Date of Contribution: 4/22/2026 Aggregate This Election: \$ \$2.000.0

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: \$ \$2,010.00

(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: Cheryl D Mayes
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
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: MailChimp OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 405 N Angier Ave. NE City: Atlanta State: GA Zip Code: 30308

Purpose of Expenditure: subscription for newsletter

Amount of Expenditure: \$ \$14.27 Date of Expenditure: \$ 4/2/2026

Business or Organization Name: Tony's Restaurant OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 2635 Lakevilla Dr City: Nashville State: TN Zip Code: 37217

Purpose of Expenditure: Lunch for volunteers after canvassing

Amount of Expenditure: \$ \$113.84 Date of Expenditure: \$ 4/6/2026

Business or Organization Name: Office Depot OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 1582 GALLATIN PIKE NORTH City: Madison State: TN Zip Code: 37115

Purpose of Expenditure: Office supplies

Amount of Expenditure: \$ \$13.70 Date of Expenditure: \$ 4/9/2026

Business or Organization Name: Kroger Fuel OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 5319 Mount View Rd City: Antioch State: TN Zip Code: 37013

Purpose of Expenditure: Fuel (canvassing and campaign events)

Amount of Expenditure: \$ \$50.50 Date of Expenditure: \$ 4/13/2026

Business or Organization Name: Mapco OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 765 Bell Rd City: Antioch State: TN Zip Code: 37013

Purpose of Expenditure: Supplies for early voting (ice for cooler)

Amount of Expenditure: \$ \$6.39 Date of Expenditure: \$ 4/20/2026

Total Expenditures: \$ \$198.70

(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: Cheryl D Mayes
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$198.70

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: McDonalds OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 5301 Hickory Hollow Ln City: Antioch State: TN Zip Code: 37013

Purpose of Expenditure: food for volunteers working voting polls

Amount of Expenditure: \$ \$13.69 Date of Expenditure: \$ 4/20/2026

Business or Organization Name: Printing, Etc. OR

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 1411 S. Dickerson Road City: Goodlettsville State: TN Zip Code: 37072

Purpose of Expenditure: campaign materials

Amount of Expenditure: \$ \$67.65 Date of Expenditure: \$ 4/22/2026

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

Total Expenditures: \$ \$280.04

(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.)