# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates
## For Single-Candidate Committees

1. Date: 4/28/2026 2.a. Candidate or Committee Name: John E. Haynes

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026

4. Campaign Address: 305 Hardison Dr

City: Franklin State: TN Zip Code: 37064 Phone: 6154153127

5. Candidate Home Address: 305 Hardison Avenue

City: Franklin State: TN Zip Code: 37064 Phone: 6154153127

Candidate Email Address: elderhaynes@gmail.com

6. Office Sought: (include district number, if applicable) County Commissioner - Dist 11

7. Name of Political Treasurer (may be candidate): Katita McCullough

Political Treasurer Email Address: dimples226@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: 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 |
| | | | |

-78B6-44A8-AF7-401A
04/28/26 - 7:30 PM

12. Summary:

| | | |
|---|---|---|
| a. | Balance On Hand Last Report | $ $10.00 |
| b. | Total Receipts This Period | $ $2,666.00 |
| c. | Total Disbursements This Period | $ $90.87 |
| d. | Balance On Hand (12.a. plus 12.b. minus 12.c.) | $ $2,585.13 |
| e. | Total Loans Outstanding | $ $0.00 |
| f. | Total Obligations Outstanding | $ $0.00 |

# SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: John E. Haynes

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) ..... $ $166.00
(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) ..... $ $2,500.00

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.) ..... $ $2,666.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ $90.87
(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.) ..... $ $90.87

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: John E. Haynes

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: George Middle Name: _____ Last Name: Uribe

Address: PO BOX 1685 City: BRENTWOOD State: TN Zip Code: 37024

Occupation: CONSULTANT Employer: SELF

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

Amount of Contribution: $$1,000.0 Date of Contribution: 4/19/2026 Aggregate This Election: $ $0.00

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Business or Organization Name: _____ **OR**

First Name: ROBERT Middle Name: _____ Last Name: SMITH

Address: 365 LAKE VALLEY DRIVE City: FRANKLIN State: TN Zip Code: 37069

Occupation: NOT EMPLOYED Employer: NOT EMPLOYED

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

Amount of Contribution: $$100.00 Date of Contribution: 4/18/2026 Aggregate This Election: $ $0.00

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Business or Organization Name: _____ **OR**

First Name: RAGAN Middle Name: _____ Last Name: GROSSMAN

Address: 226 11TH AVE S City: FRANKLIN State: TN Zip Code: 37064

Occupation: CONSULTANT Employer: SELF

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

Amount of Contribution: $$500.00 Date of Contribution: 4/17/2026 Aggregate This Election: $ $0.00

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Business or Organization Name: _____ **OR**

First Name: CORY Middle Name: _____ Last Name: BARNWELL

Address: 3261 JACKSON BLUFF WAY City: CLERMONT State: FL Zip Code: 34711

Occupation: PILOT Employer: DELTA AIR LINES

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

Amount of Contribution: $$200.00 Date of Contribution: 4/16/2026 Aggregate This Election: $ $0.00

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Total Contributions: $ $1,800.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: John E. Haynes

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) $ $1,800.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: MICHAEL Middle Name: _____ Last Name: BARNWELL

Address: 4001 ANDERSON RD, UNIT A13( City: NASHVILLE State: TN Zip Code: 37217

Occupation: MANAGER Employer: EDLEYS BAR B CUE

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

Amount of Contribution: $$100.00 Date of Contribution: 4/16/2026 Aggregate This Election: $ $0.00

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Business or Organization Name: _____ **OR**

First Name: DERWIN Middle Name: _____ Last Name: JACKSON

Address: 800 CALLAHAN PLACE City: FRANKLIN State: TN Zip Code: 37067

Occupation: HOUSING Employer: FHA

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

Amount of Contribution: $$500.00 Date of Contribution: 4/15/2026 Aggregate This Election: $ $0.00

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Business or Organization Name: _____ **OR**

First Name: PATRICIA Middle Name: _____ Last Name: WESTON

Address: 3101 ROUNDTREE CIR City: FAIRVIEW State: TN Zip Code: 37062

Occupation: BUS ATTENDANT Employer: WCS TRANSPORTATION

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

Amount of Contribution: $$100.00 Date of Contribution: 4/20/2026 Aggregate This Election: $ $0.00

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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: $ _____

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Total Contributions: $ $2,500.00

(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: John E. Haynes

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: ACTBLUE **OR**

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

Address: PO BOX 962017 City: BOSTON State: MA Zip Code: 02196

Purpose of Expenditure: BANKING FEE

Amount of Expenditure: $ $0.56 Date of Expenditure: $ 4/14/2026

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Business or Organization Name: ACTBLUE **OR**

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

Address: PO BOX 962017 City: BOSTON State: MA Zip Code: 02196

Purpose of Expenditure: BANKING FEE

Amount of Expenditure: $ $18.90 Date of Expenditure: $ 4/15/2026

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Business or Organization Name: ACTBLUE **OR**

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

Address: PO BOX 962017 City: BOSTON State: MA Zip Code: 02196

Purpose of Expenditure: BANKING FEE

Amount of Expenditure: $ $10.21 Date of Expenditure: $ 4/16/2026

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Business or Organization Name: ACTBLUE **OR**

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

Address: PO BOX 962017 City: BOSTON State: MA Zip Code: 02196

Purpose of Expenditure: BANKING FEE

Amount of Expenditure: $ $17.04 Date of Expenditure: $ 4/17/2026

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Business or Organization Name: ACTBLUE **OR**

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

Address: PO BOX 962017 City: BOSTON State: MA Zip Code: 02196

Purpose of Expenditure: BANKING FEE

Amount of Expenditure: $ $3.88 Date of Expenditure: $ 4/18/2026

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Total Expenditures: $ $50.59

(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: John E. Haynes

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) $ $50.59

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: ACTBLUE **OR**

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

Address: PO BOX 962017 City: BOSTON State: MA Zip Code: 02196

Purpose of Expenditure: BANKING FEE

Amount of Expenditure: $ $32.95 Date of Expenditure: $ 4/19/2026

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Business or Organization Name: ACTBLUE **OR**

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

Address: PO BOX 962017 City: BOSTON State: MA Zip Code: 02196

Purpose of Expenditure: BANKING FEE

Amount of Expenditure: $ $5.65 Date of Expenditure: $ 4/20/2026

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Business or Organization Name: ACTBLUE **OR**

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

Address: PO BOX 962017 City: BOSTON State: MA Zip Code: 02196

Purpose of Expenditure: BANKING FEE

Amount of Expenditure: $ $0.56 Date of Expenditure: $ 4/21/2026

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Business or Organization Name: ACTBLUE **OR**

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

Address: PO BOX 962017 City: BOSTON State: MA Zip Code: 02196

Purpose of Expenditure: BANKING FEE

Amount of Expenditure: $ $1.12 Date of Expenditure: $ 4/22/2026

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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: $ _____

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Total Expenditures: $ $90.87

(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.)