



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 4/28/2026 2.a. Candidate or Committee Name: Jeanice McCord
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026
4. Campaign Address: 6001 Jackson Square Blvd Ste 400
City: Lavergne State: TN Zip Code: 37086 Phone: _____
5. Candidate Home Address: 139 Murray Lane
City: Lavergne State: TN Zip Code: 37086 Phone: _____
Candidate Email Address: jeanice4zone1@outlook.com
6. Office Sought: (include district number, if applicable) School Board, Zone 1
7. Name of Political Treasurer (may be candidate): Kelly Hill
Political Treasurer Email Address: kellydhill@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: 3/1/2026 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

12. Summary:

- | | |
|---|----------------------|
| a. Balance On Hand Last Report | \$ <u>\$961.60</u> |
| b. Total Receipts This Period | \$ <u>\$1,265.00</u> |
| c. Total Disbursements This Period | \$ <u>\$1,621.24</u> |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.) | \$ <u>\$605.36</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: Jeanice McCord

14. Reporting Period: Start Date: 3/1/2026 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) \$ \$1,265.00
- 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.) \$ \$1,265.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$1,621.24
(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.)..... \$ \$1,621.24

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: Jeanice McCord
2. Reporting Period: Start Date: 3/1/2026 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: Dan Middle Name: _____ Last Name: Hayes

Address: 602 Tuckahoe Drive City: Madison State: TN Zip Code: 37115

Occupation: Freelance designer Employer: Self

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 4/1/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**

First Name: Brendan Middle Name: _____ Last Name: Doughtie

Address: 315 William Dylan Dr City: Murfreesboro State: TN Zip Code: 37129

Occupation: Cook Employer: Boro Bagel

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

Amount of Contribution: \$ \$10.00 Date of Contribution: 4/1/2026 Aggregate This Election: \$ \$10.00

Business or Organization Name: _____ **OR**

First Name: Vincent Middle Name: _____ Last Name: Dixie

Address: 4020 Drakes Branch Road City: Nashville State: TN Zip Code: 37218

Occupation: Entrepreneur Employer: Bail U Out Bonding

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

Amount of Contribution: \$ \$250.00 Date of Contribution: 4/10/2026 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**

First Name: Matt Middle Name: _____ Last Name: Addison

Address: 16947 E 111th Ave City: Commerce City State: CO Zip Code: 80022

Occupation: Manager Employer: Addcap Inc

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 4/13/2026 Aggregate This Election: \$ \$500.00

Total Contributions: \$ \$810.00

(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: Jeanice McCord
2. Reporting Period: Start Date: 3/1/2026 End Date: 3/31/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$810.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Shawn Middle Name: _____ Last Name: Brooks

Address: 12 Mill Creek Cove City: Jackson State: TN Zip Code: 38305

Occupation: Accountant Employer: MSLC

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 4/16/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**

First Name: Vivaca Middle Name: _____ Last Name: Leburu

Address: 4233 Gandalf Ln City: Murfreesboro State: TN Zip Code: 37128

Occupation: Sales Manager Employer: Ingram

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: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Mollie Middle Name: _____ Last Name: Bolen

Address: 1332 MacDuff Dr City: Murfreesboro State: TN Zip Code: 37128

Occupation: Key account sales manager Employer: Ingram

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 4/16/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**

First Name: Sherry Middle Name: _____ Last Name: Cunningham

Address: 141 Pepper Ridge Cir City: Antioch State: TN Zip Code: 37013

Occupation: Editor Employer: Ingram

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

Amount of Contribution: \$ \$40.00 Date of Contribution: 4/16/2026 Aggregate This Election: \$ \$40.00

Total Contributions: \$ \$1,050.00

(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: Jeanice McCord
2. Reporting Period: Start Date: 3/1/2026 End Date: 3/31/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1,050.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Judea Middle Name: _____ Last Name: Steele

Address: 826 Covenant Blvd City: Murfreesboro State: TN Zip Code: 37128

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: \$ \$20.00 Date of Contribution: 4/16/2026 Aggregate This Election: \$ \$20.00

Business or Organization Name: _____ **OR**

First Name: Bettie Jo Middle Name: _____ Last Name: Ross

Address: 380 Monaco Drive City: Hermitage State: TN Zip Code: 37076

Occupation: Court Clerk Employer: Davidson County Chancery Court

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

Amount of Contribution: \$ \$25.00 Date of Contribution: 4/17/2026 Aggregate This Election: \$ \$25.00

Business or Organization Name: _____ **OR**

First Name: Danielle Middle Name: _____ Last Name: Gibson

Address: 2128 Rankin Drive City: Christiana State: TN Zip Code: 37037

Occupation: Self employed Employer: Boomin U

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 4/22/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**

First Name: Paul Middle Name: _____ Last Name: Adams

Address: 103 Richland Ave City: Smyrna State: TN Zip Code: 37167

Occupation: courier and retired USN Employer: Simple Cremations and Funeral Services

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

Amount of Contribution: \$ \$20.00 Date of Contribution: 4/20/2026 Aggregate This Election: \$ \$20.00

Total Contributions: \$ \$1,165.00

(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: Jeanice McCord
2. Reporting Period: Start Date: 3/1/2026 End Date: 3/31/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1,165.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Crystal Middle Name: N Last Name: McKinley

Address: 265 Fletchers Way City: Smyrna State: TN Zip Code: 37167

Occupation: Sales Executive Employer: Levi Ray & Shoup Inc

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: \$ \$100.00

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: \$ \$1,265.00

(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: Jeanice McCord
2. Reporting Period: Start Date: 3/1/2026 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: ActBlue **OR**

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

Address: 366 Summer Street City: Somerville State: MA Zip Code: 21440

Purpose of Expenditure: Fees

Amount of Expenditure: \$ \$12.06 Date of Expenditure: \$ 4/25/2025

Business or Organization Name: Stripe **OR**

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

Address: 3180 18th St City: San Francisco State: CA Zip Code: 94110

Purpose of Expenditure: Fees

Amount of Expenditure: \$ \$27.72 Date of Expenditure: \$ 4/25/2025

Business or Organization Name: Canva **OR**

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

Address: 3212 E Cesar Chavez Street Build City: Austin State: TX Zip Code: 78702

Purpose of Expenditure: Canva

Amount of Expenditure: \$ \$445.35 Date of Expenditure: \$ 4/23/2026

Business or Organization Name: Williams Strategic Research Group **OR**

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

Address: 1923 Morris Ave City: Columbia State: TN Zip Code: 38401

Purpose of Expenditure: Campaign Manager Payment

Amount of Expenditure: \$ \$50.25 Date of Expenditure: \$ 4/22/2026

Business or Organization Name: Canva **OR**

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

Address: 3212 E Cesar Chavez Street Build City: Austin State: TX Zip Code: 78702

Purpose of Expenditure: Supplies

Amount of Expenditure: \$ \$42.58 Date of Expenditure: \$ 4/16/2026

Total Expenditures: \$ \$577.96

(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: Jeanice McCord
2. Reporting Period: Start Date: 3/1/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$577.96

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: City of LaVergne OR

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

Address: 5093 Murfreesboro Rd City: LaVergne State: TN Zip Code: 37086

Purpose of Expenditure: Touch A Truck Vendor Booth

Amount of Expenditure: \$ \$30.00 Date of Expenditure: \$ 4/14/2026

Business or Organization Name: Invoice Cloud Inc OR

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

Address: 30 Brain Tree Hill City: Braintree State: MA Zip Code: 21440

Purpose of Expenditure: Processing Fee

Amount of Expenditure: \$ \$2.75 Date of Expenditure: \$ 4/14/2026

Business or Organization Name: Shutterfly OR

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

Address: 4655 Great America Pkwy City: Santa Clara State: CA Zip Code: 94065

Purpose of Expenditure: Shutterfly

Amount of Expenditure: \$ \$79.77 Date of Expenditure: \$ 4/10/2026

Business or Organization Name: Canva OR

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

Address: 3212 E Cesar Chavez Street Build City: Austin State: TX Zip Code: 78702

Purpose of Expenditure: Graphic Design

Amount of Expenditure: \$ \$351.21 Date of Expenditure: \$ 4/9/2026

Business or Organization Name: _____ OR

First Name: Kristen Middle Name: _____ Last Name: Randolph

Address: 1201 West Peachtree City: Atlanta State: GA Zip Code: 30309

Purpose of Expenditure: Reimbursement for campaign website charges

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 4/7/2026

Total Expenditures: \$ \$1,291.69

(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: Jeanice McCord
2. Reporting Period: Start Date: 3/1/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$1,291.69

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: GoDaddy Charge **OR**

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

Address: 100 S Mill Ave Ste 1600 City: Tempe State: AZ Zip Code: 85281

Purpose of Expenditure: Reimbursement for GoDaddy domain charge

Amount of Expenditure: \$ \$57.36 Date of Expenditure: \$ 4/7/2026

Business or Organization Name: Canva **OR**

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

Address: 3212 E Cesar Chavez Street Build City: Austin State: TX Zip Code: 78702

Purpose of Expenditure: Canva

Amount of Expenditure: \$ \$272.19 Date of Expenditure: \$ 4/2/2026

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: \$ \$1,621.24

(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.)