CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 4/9/2026 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: 6158123225

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: 1/16/2026 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.

-2623-4749-B783-484E
04/09/26 - 11:52 AM

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

12. Summary:

a.	Balance On Hand Last Report	$ $361.03
b.	Total Receipts This Period	$ $3,704.00
c.	Total Disbursements This Period	$ $2,269.22
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $1,795.81
e.	Total Loans Outstanding	$ $0.00
f.	Total Obligations Outstanding	$ $100.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Cheryl D Mayes

14. Reporting Period: Start Date: 1/16/2026 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) ..... $ $3,704.00

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.) ..... $ $3,704.00

16. Disbursements:

a. Total Expenditures (other than loan payments)..... $ $2,269.22
(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.)..... $ $2,269.22

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.) ..... $ $100.00

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Cheryl D Mayes

2. Reporting Period: Start Date: 1/16/2026 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: Monchiere' Middle Name: _____ Last Name: Holmes-Jones

Address: 1100 10th Ave N City: Nashville State: TN Zip Code: 37208

Occupation: Not Employed Employer: n/a

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

Amount of Contribution: $ $500.00 Date of Contribution: 1/21/2026 Aggregate This Election: $ $500.00

Business or Organization Name: _____ **OR**

First Name: James Middle Name: _____ Last Name: Witty

Address: 104 Dorr Dr City: Goodlettsville State: TN Zip Code: 37072

Occupation: HR Employer: Metro Public Schools

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

Amount of Contribution: $ $101.00 Date of Contribution: 2/16/2026 Aggregate This Election: $ $101.00

Business or Organization Name: _____ **OR**

First Name: Lynda Middle Name: _____ Last Name: Jones

Address: 535 SKYVIEW DR City: Nashville State: TN Zip Code: 37206

Occupation: Judge Employer: Metro Nashville Gov't

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

Amount of Contribution: $ $300.00 Date of Contribution: 2/17/2026 Aggregate This Election: $ $300.00

Business or Organization Name: _____ **OR**

First Name: Megan Middle Name: _____ Last Name: Barry

Address: 2017 20th Ave South City: Nashville State: TN Zip Code: 37212

Occupation: Consultant Employer: Self Employed

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

Amount of Contribution: $ $100.00 Date of Contribution: 2/17/2026 Aggregate This Election: $ $100.00

Total Contributions: $ $1,001.00

(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: Cheryl D Mayes

2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $1,001.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Friends of John Ray Clemmons **OR**

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

Address: 2501 Oakland Avenue City: Nashville State: TN Zip Code: 37212

Occupation: Campaign Acct Employer: Campaign Acct

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

Amount of Contribution: $ $500.00 Date of Contribution: 2/17/2026 Aggregate This Election: $ $500.00

Business or Organization Name: _____ **OR**

First Name: Clifton Middle Name: _____ Last Name: Briley

Address: 1618 4 th Ave No City: Nashville State: TN Zip Code: 37208

Occupation: Judge Employer: Tennessee

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

Amount of Contribution: $ $200.00 Date of Contribution: 2/20/2026 Aggregate This Election: $ $200.00

Business or Organization Name: _____ **OR**

First Name: Rachael Anne Middle Name: _____ Last Name: Elrod

Address: 5373 Trousdale Drive City: Nashville State: TN Zip Code: 37220

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: $ $150.00 Date of Contribution: 2/23/2026 Aggregate This Election: $ $150.00

Business or Organization Name: _____ **OR**

First Name: Shonta Middle Name: _____ Last Name: Wade

Address: 3218 Cynthia Lane City: Nashville State: TN Zip Code: 37207

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: $ $18.00 Date of Contribution: 3/6/2026 Aggregate This Election: $ $18.00

Total Contributions: $ $1,869.00

(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: Cheryl D Mayes

2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $1,869.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Valencia Middle Name: _____ Last Name: S Karim Malanga

Address: 155 Northcreek Boulevard, Apt A1 City: Goodlettsville State: TN Zip Code: 37072

Occupation: Self emplloyed Employer: Self Employed

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

Amount of Contribution: $ $25.00 Date of Contribution: 3/6/2026 Aggregate This Election: $ $25.00

Business or Organization Name: _____ **OR**

First Name: Moses Middle Name: _____ Last Name: Jefferies IV

Address: 947 Post Oak Dr. City: Antioch State: TN Zip Code: 37013

Occupation: Firefighter Employer: NFD

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

Amount of Contribution: $ $100.00 Date of Contribution: 3/18/2026 Aggregate This Election: $ $100.00

Business or Organization Name: _____ **OR**

First Name: Kathy Middle Name: _____ Last Name: Nevill

Address: 4989 John Hager Rpad City: Hermitage State: TN Zip Code: 37076

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: $ $200.00 Date of Contribution: 3/31/2026 Aggregate This Election: $ $200.00

Business or Organization Name: The Nashville Children's Advocacy Fund **OR**

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

Address: 901 Broadway, Box 2212 City: Nashville State: TN Zip Code: 37202

Occupation: Civic Organization Employer: Civic Organization

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

Amount of Contribution: $ $1,500.0 Date of Contribution: 3/23/2026 Aggregate This Election: $ $1,500.0

Total Contributions: $ $3,694.00

(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: Cheryl D Mayes

2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $3,694.00

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: 2/23/2026 Aggregate This Election: $ $10.00

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: $ $3,704.00
(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: 1/16/2026 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: Printing Etc. **OR**

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

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

Purpose of Expenditure: Campaign materials

Amount of Expenditure: $ $547.26 Date of Expenditure: $ 3/9/2026

Business or Organization Name: Tennessee Democratic Party **OR**

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

Address: 4900 Centennial Blvd, Suite 300 City: Nashville State: TN Zip Code: 37209

Purpose of Expenditure: Access to Vote Builder

Amount of Expenditure: $ $184.49 Date of Expenditure: $ 2/27/2026

Business or Organization Name: Thornton's **OR**

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

Address: 1400 Eagle View Blvd City: Antioch State: TN Zip Code: 37013

Purpose of Expenditure: Ice for SE Easter eVent

Amount of Expenditure: $ $6.54 Date of Expenditure: $ 3/28/2026

Business or Organization Name: Tony's Mexican Restaurant **OR**

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

Address: 2635 Lake villa Drive City: Nashville State: TN Zip Code: 37217

Purpose of Expenditure: Lunch with volunteer after event

Amount of Expenditure: $ $35.93 Date of Expenditure: $ 3/28/2026

Business or Organization Name: Wal-Mart **OR**

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

Address: 3035 Hamilton Church Rd City: Antioch State: TN Zip Code: 37013

Purpose of Expenditure: Supplies for SE Easter event

Amount of Expenditure: $ $101.90 Date of Expenditure: $ 3/27/2026

Total Expenditures: $ $876.12

(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: 1/16/2026 End Date: 3/31/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $876.12

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: McDonald's **OR**

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

Address: Hickory Hollow Pkwy City: Antioch State: TN Zip Code: 37013

Purpose of Expenditure: Breakfast

Amount of Expenditure: $ $6.79 Date of Expenditure: $ 3/28/2026

Business or Organization Name: _____ **OR**

First Name: Cheryl Middle Name: D Last Name: Wal-Mart

Address: 3035 Hamilton Church Rd City: Antioch State: TN Zip Code: 37013

Purpose of Expenditure: Supplies for SE Easter event

Amount of Expenditure: $ $144.44 Date of Expenditure: $ 3/23/2026

Business or Organization Name: Ace Hardware **OR**

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

Address: Murfreesboro Rd City: Antioch State: TN Zip Code: 37013

Purpose of Expenditure: Campaign materials

Amount of Expenditure: $ $19.63 Date of Expenditure: $ 3/10/2026

Business or Organization Name: Community Foundation of Middle Tennessee **OR**

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

Address: 3421 Belmont Boulevard City: nashville State: TN Zip Code: 37215

Purpose of Expenditure: Donation/Booth space payment for SE easter Event

Amount of Expenditure: $ $150.00 Date of Expenditure: $ 3/10/2026

Business or Organization Name: Home Depot **OR**

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

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

Purpose of Expenditure: Campaign materials

Amount of Expenditure: $ $30.60 Date of Expenditure: $ 3/9/2026

Total Expenditures: $ $1,227.58

(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: 1/16/2026 End Date: 3/31/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $1,227.58

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: Monthly subscription

Amount of Expenditure: $ $14.27 Date of Expenditure: $ 3/2/2026

Business or Organization Name: _____ **OR**

First Name: Cheryl Middle Name: D Last Name: McDonald's

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

Purpose of Expenditure: Breakfast

Amount of Expenditure: $ $6.01 Date of Expenditure: $ 3/23/2026

Business or Organization Name: Printing Etc. **OR**

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

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

Purpose of Expenditure: Campaign materials

Amount of Expenditure: $ $888.98 Date of Expenditure: $ 2/25/2026

Business or Organization Name: Regions **OR**

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

Address: Hickory Hollow Pkwy City: Antioch State: TN Zip Code: 37013

Purpose of Expenditure: Bank Fees

Amount of Expenditure: $ $48.40 Date of Expenditure: $ 3/31/2026

Business or Organization Name: Dunkin Donuts **OR**

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

Address: Murfreesboro Pike City: Nashville State: TN Zip Code: 37211

Purpose of Expenditure: Dounts for community meeeting with Bus Drivers

Amount of Expenditure: $ $78.98 Date of Expenditure: $ 3/2/2026

Total Expenditures: $ $2,264.22

(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: 1/16/2026 End Date: 3/31/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $2,264.22

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: Metro Court House Parking **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: Public Square City: Nashville State: TN Zip Code: 37201
Purpose of Expenditure: parking for candidate event
Amount of Expenditure: $ $5.00 Date of Expenditure: $ 3/3/2026

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: $ $2,269.22
(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 OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Cheryl D Mayes

2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026

3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name:

First Name: Cheryl Middle Name: D

Last Name: Mayes

Address: 1632 Bridgecrest Drive

City: Antioch

State: TN Zip Code: 37013

Description of Obligation:	Loan to open campaign account		
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$ $1.00	$ $100.00	$ $0.00	$ $100.00

Business Name:

First Name: Middle Name:

Last Name:

Address:

City:

State: Zip Code:

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name:

First Name: Middle Name:

Last Name:

Address:

City:

State: Zip Code:

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name:

First Name: Middle Name:

Last Name:

Address:

City:

State: Zip Code:

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

TOTALS

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period End)
$ $1.00	$ $100.00	$ $0.00	$ $100.00