



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 4/29/2026 2.a. Candidate or Committee Name: Sharon Hurt

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

4. Campaign Address: 6316 Willow Oak Dr
 City: Nashville State: TN Zip Code: 37221 Phone: _____

5. Candidate Home Address: 6316 Willow Oak Dr
 City: Nashville State: TN Zip Code: 37221 Phone: 6155451778
 Candidate Email Address: sharonhurt2017@gmail.com

6. Office Sought: (include district number, if applicable) County Clerk

7. Name of Political Treasurer (may be candidate): Danielle Gibson
 Political Treasurer Email Address: tlsbookkeeper@gmail.com

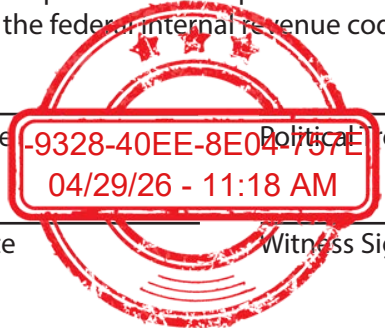
8. Category or Report: (check one)
 First Quarter Second Quarter Third Quarter Fourth Quarter Pre-Primary Pre-General
 Mid-Year Supplemental Year-End Supplemental Runoff Election

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



12. Summary:

a. Balance On Hand Last Report	\$ <u>\$16,106.35</u>
b. Total Receipts This Period	\$ <u>\$18,625.00</u>
c. Total Disbursements This Period	\$ <u>\$30,789.36</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$3,941.99</u>
e. Total Loans Outstanding	\$ <u>\$10,000.00</u>
f. Total Obligations Outstanding	\$ <u>\$0.00</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Sharon Hurt

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) \$ \$18,625.00
- 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.) \$ \$18,625.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$30,789.36
(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.)..... \$ \$30,789.36

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: Sharon Hurt
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: Michael Middle Name: A Last Name: POINTER
Address: 4499 HICKORY BRANCH DR City: MEMPHIS State: TN Zip Code: 38141
Occupation: Not Employed Employer: Not Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**
First Name: Melva Middle Name: _____ Last Name: Black
Address: 3040 Chateau Valley Drive City: Nashville State: TN Zip Code: 37207
Occupation: Administration Employer: Public Health Department
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Geralyn Middle Name: _____ Last Name: Buscaino
Address: 3415 Gurnard Ave City: San Pedro State: CA Zip Code: 90732-4711
Occupation: Interior Designer Employer: Self Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**
First Name: Katrina Middle Name: _____ Last Name: Chambers
Address: PO BOX 150283 City: Nashville State: TN Zip Code: 37215
Occupation: Business Manager Employer: Pro-tential Management
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$100.00

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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Sharon Hurt
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) \$ \$500.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Tamara Middle Name: _____ Last Name: Chappell
Address: 13715 Cormere Ave City: Cleveland State: OH Zip Code: 44120
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: 4/25/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Andrea Middle Name: _____ Last Name: Clark
Address: 1525 Brick Dr City: Nashville State: TN Zip Code: 37207
Occupation: Financial Analysts Employer: AT&T
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**
First Name: Renae Middle Name: _____ Last Name: Collins
Address: 4324 Princess Lane City: Nashville State: TN Zip Code: 37218
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: 4/25/2026 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**
First Name: John Middle Name: _____ Last Name: Cooper
Address: 222 Sterling Woods Drive City: Mt Juliet State: TN Zip Code: 37122
Occupation: Not Employed Employer: Not Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$500.00

Total Contributions: \$ \$1,350.00

(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: Sharon Hurt
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) \$ \$1,350.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Angela Middle Name: _____ Last Name: Curtis
Address: 1406 10th Ave N City: Nashville State: TN Zip Code: 37208
Occupation: Presdient Employer: BRAAV LLC
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**
First Name: Jo Ann Middle Name: _____ Last Name: Davis-Davis
Address: 922 Kelly June Drive City: Mt. Juliet State: TN Zip Code: 37122
Occupation: Not Employed Employer: Not Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$400.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$400.00

Business or Organization Name: _____ **OR**
First Name: Tonya Middle Name: _____ Last Name: Dennis
Address: P.O. Box 1242 City: Madison State: TN Zip Code: 37116
Occupation: Educator Employer: MNPS
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$50.00

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: \$ \$400.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$400.00

Total Contributions: \$ \$2,450.00

(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: Sharon Hurt
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) \$ \$2,450.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Kenneth Middle Name: _____ Last Name: Dozier
Address: 5045 Countryside Drive City: Nashville State: TN Zip Code: 37013
Occupation: Theater Employer: Self
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$10.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$35.00

Business or Organization Name: _____ **OR**
First Name: Mike Middle Name: _____ Last Name: Edwards
Address: 1902 Clarington Dr City: Germantown State: TN Zip Code: 38138-1931
Occupation: Banker Employer: West Tn Bank
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$200.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**
First Name: Shindana Middle Name: _____ Last Name: Feagins
Address: 105 Dekewood Drive City: Old Hickory State: TN Zip Code: 37138
Occupation: Physician Employer: FMG
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**
First Name: Deborah Middle Name: _____ Last Name: Gaunt
Address: 2025 Spring Branch Dr City: Madison State: TN Zip Code: 37115
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: 4/25/2026 Aggregate This Election: \$ \$100.00

Total Contributions: \$ \$3,010.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Sharon Hurt
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) \$ \$3,010.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Nathaniel Middle Name: George Last Name: Booker
Address: 1018 South 7th Avenue City: Maywood State: IL Zip Code: 60153
Occupation: CEO Employer: Astute Culture
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$200.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**
First Name: April Middle Name: _____ Last Name: Glover
Address: 239 Rossvie Road City: Clarksville State: TN Zip Code: 37043
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Dwayne Middle Name: _____ Last Name: Greene
Address: 226 Camilla Lane City: Murfreesboro State: TN Zip Code: 37129
Occupation: Law Enforcement Employer: Metro Police
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Jackie Middle Name: _____ Last Name: Griffin
Address: 2051 Catalina Way City: Nolensville State: TN Zip Code: 37135
Occupation: Director Supply Chain Employer: Perfetti Vanmelle
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$100.00

Total Contributions: \$ \$3,460.00

(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: Sharon Hurt
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) \$ \$3,460.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Rodney Middle Name: _____ Last Name: Harris
Address: 1300 Napa Point E City: Cane Ridge State: TN Zip Code: 37013
Occupation: Construction Director Employer: HCA
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: James Middle Name: _____ Last Name: Hildreth
Address: 3500 Woodmont Boulevard City: Nashville State: TN Zip Code: 37215
Occupation: CEO Employer: Meharry Medical College
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: _____ **OR**
First Name: Larry Middle Name: _____ Last Name: Holden
Address: 104 Ewing Court City: Lebanon State: TN Zip Code: 37087
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: 4/25/2026 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**
First Name: Mikia Middle Name: _____ Last Name: Howard
Address: 4600 Buckpasser Ave City: Antioch State: TN Zip Code: 37013
Occupation: Healthcare IT Employer: TPAC
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$10.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$10.00

Total Contributions: \$ \$4,770.00

(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: Sharon Hurt
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) \$ \$4,770.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Debbi Middle Name: _____ Last Name: Howard
Address: 1408 10th Ave N City: Nashville State: TN Zip Code: 37208
Occupation: Engineer/Realtor Employer: TDOT/Reliant Realty
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Katia Middle Name: _____ Last Name: Hurt
Address: 800 South 6th St., Apt 307 City: Nashville State: TN Zip Code: 37206
Occupation: Therapist Employer: Soulful Bloom Therapy
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Jamie Middle Name: _____ Last Name: Isabel
Address: 221 Andover Way City: Nashville State: TN Zip Code: 37221
Occupation: Not Employed Employer: Not Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$750.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$750.00

Business or Organization Name: _____ **OR**
First Name: Chris Middle Name: _____ Last Name: Jackson
Address: 2101 Skyqlen Trace City: Nashville State: TN Zip Code: 37013
Occupation: Minister Employer: PGMBC
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$100.00

Total Contributions: \$ \$5,820.00

(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: Sharon Hurt
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) \$ \$5,820.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Kym Middle Name: _____ Last Name: Johnson
Address: 6321 Willow Oak Dr. City: Nashville State: TN Zip Code: 37221
Occupation: Teacher Employer: Self Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**
First Name: Andre Middle Name: _____ Last Name: Johnson
Address: 1720 West End Ave Suite 300 City: Nashville State: TN Zip Code: 37203
Occupation: Lawyer Employer: Manson Johnson Conner, PLLC
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: _____ **OR**
First Name: Rita Middle Name: _____ Last Name: Johnson-Mills
Address: 235 Governors Way City: Brentwood State: TN Zip Code: 37027
Occupation: Health care exec Employer: Cingcare
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$200.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**
First Name: LeAnne Middle Name: _____ Last Name: Jones
Address: 7717D Sawyer Brown Road City: Nashville State: TN Zip Code: 37221
Occupation: Business Owner Employer: Doogie Doos
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$50.00

Total Contributions: \$ \$7,120.00

(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: Sharon Hurt
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) \$ \$7,120.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Pamela Middle Name: _____ Last Name: Jordan
Address: 614 Twin Oaks Court City: Nashville State: TN Zip Code: 37211
Occupation: Not Employed Employer: Not Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**
First Name: Samuel Middle Name: _____ Last Name: Macmaster
Address: 297 Raintree Dr City: Hendersonville State: TN Zip Code: 37075
Occupation: Consultant Employer: NIBH
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**
First Name: Pam Middle Name: _____ Last Name: Martin
Address: 1406 Abernathy Point City: Mt Juliet State: TN Zip Code: 37122
Occupation: HR Employer: Cushion Employer Services
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**
First Name: Jerrold Middle Name: _____ Last Name: Newsom
Address: 7580 Mountain Breeze City: Douglasville State: GA Zip Code: 30134
Occupation: Driver trainer Employer: Unfi
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$250.00

Total Contributions: \$ \$8,170.00

(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: Sharon Hurt
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) \$ \$8,170.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Edward Middle Name: _____ Last Name: Odom
Address: 610, Cumberland Hills Dr. City: Hendersonville State: TN Zip Code: 37075
Occupation: Aviation Technology Employer: EJO VENTURES
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**
First Name: Patricia Middle Name: _____ Last Name: Pierce
Address: 1122 South Roane Street, Unit 88 City: Harriman State: TN Zip Code: 37748
Occupation: Not Employed Employer: Not Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**
First Name: Carl Middle Name: _____ Last Name: POINTER
Address: 4366 Deerland ST City: MEMPHIS State: TN Zip Code: 38141
Occupation: Driver Employer: Fed Ex
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**
First Name: Josef Middle Name: _____ Last Name: Richmond
Address: 629 Applejack Court City: Nashville State: TN Zip Code: 37013
Occupation: Fire fighter Employer: Hendersonville Fire Department
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$200.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$200.00

Total Contributions: \$ \$8,720.00

(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: Sharon Hurt
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) \$ \$8,720.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Jonathan Middle Name: _____ Last Name: Saad
Address: 1305 2nd Ave S City: Nashville State: TN Zip Code: 37210
Occupation: Executive Director Employer: The Forge Nashville
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Joyce Middle Name: Grimes Last Name: Safley
Address: 8220 West Chase Court City: Nashville State: TN Zip Code: 37221
Occupation: Attorney & Owner Employer: Safley Law
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$125.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$125.00

Business or Organization Name: _____ **OR**
First Name: Vincent Middle Name: _____ Last Name: Sessoms
Address: 842 East Meade Ave City: Nashville State: TN Zip Code: 37115
Occupation: Insurance Sales Employer: Vincent Sessoms
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**
First Name: Tonya Middle Name: _____ Last Name: Sherrell
Address: Post Office Box 281972 City: Nashville State: TN Zip Code: 37228
Occupation: CFO Employer: Sherrell's Nonprofit Accounting and Consulting
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$100.00

Total Contributions: \$ \$9,095.00

(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: Sharon Hurt
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) \$ \$9,095.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: William Middle Name: _____ Last Name: Smith
Address: 357 Solitude Cir City: Goodlettsville State: TN Zip Code: 37072
Occupation: Pastor Employer: Church of the Nations
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$20.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$20.00

Business or Organization Name: _____ **OR**
First Name: Darrell Middle Name: _____ Last Name: Thompson
Address: 1900 Amanda Ct City: Upper Marlboro State: MD Zip Code: 20774
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: 4/25/2026 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**
First Name: Alicia Middle Name: _____ Last Name: Vaughn
Address: 2203 Maysville Rd City: Dickson State: TN Zip Code: 37055
Occupation: Not Employed Employer: Not Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$10.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$10.00

Business or Organization Name: _____ **OR**
First Name: Kristina Middle Name: _____ Last Name: Vukajlovic
Address: 13428 Maxella Ave, Unit 148X City: Marina Del Rey State: CA Zip Code: 90292
Occupation: Not Employed Employer: Not Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.0 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$1,000.0

Total Contributions: \$ \$10,325.00

(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: Sharon Hurt
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) \$ \$10,325.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Thomas Middle Name: _____ Last Name: Walker
Address: 4210 Eatons Creek rs City: Nashville State: TN Zip Code: 37218
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: 4/25/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Candance Middle Name: _____ Last Name: Walton
Address: 2512 Somerset Drive City: Nashville State: TN Zip Code: 37217
Occupation: Senior Accountant Employer: Health Connect America
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$75.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$75.00

Business or Organization Name: _____ **OR**
First Name: Gail Middle Name: Y Last Name: Ward
Address: 612 Weybridge Drive City: Nolensville State: TN Zip Code: 37135-1031
Occupation: Not Employed Employer: Not Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**
First Name: Matthew Middle Name: _____ Last Name: Wiltshire
Address: 1510 CEDAR LN City: Nashville State: TN Zip Code: 37212
Occupation: President Employer: Pathway Housing Fund
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$500.00

Total Contributions: \$ \$11,050.00

(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: Sharon Hurt
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) \$ \$11,050.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Janice Middle Name: _____ Last Name: Woodard
Address: 8004 Burntwood Drive City: Smyrna State: TN Zip Code: 37167
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: 4/25/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Mark Middle Name: _____ Last Name: Wright
Address: 1306 10th Ave N City: Nashville State: TN Zip Code: 37208
Occupation: Executive Director Employer: Be a Helping Hand Foundation
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$250.00

Business or Organization Name: 1st and Tennessee Political Action Committee **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 460 Great Circle Road City: Nashville State: TN Zip Code: 37228
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: 704 4th Ave South Holding Co, LLC **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 217 Ward Circle City: Brentwood State: TN Zip Code: 37027
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.0 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$1,000.0

Total Contributions: \$ \$12,900.00

(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: Sharon Hurt
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) \$ \$12,900.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: BRENDA Middle Name: _____ Last Name: GILMORE
Address: 107 Cuniff Parkway City: Goodlettsville State: TN Zip Code: 37189
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: BUFFALO PAC **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1412 Main Street Suite 51 City: New Yoek State: NY Zip Code: 10001
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$1,000.00

Business or Organization Name: _____ **OR**
First Name: WANDA Middle Name: K Last Name: BURNETTE
Address: 5291 Gemstone Way City: Memphis State: TN Zip Code: 38109
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: JAMES Middle Name: _____ Last Name: CARNEY
Address: 4921 Indian Summer Drive City: San Pedro State: TN Zip Code: 37207
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$300.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$300.00

Total Contributions: \$ \$14,400.00

(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: Sharon Hurt
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) \$ \$14,400.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: BRANA Middle Name: _____ Last Name: DEAN
Address: 4754 Wemberley Drive City: Memphis State: TN Zip Code: 38125
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$75.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$75.00

Business or Organization Name: DH AND H INC **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 268 Cobblestone Landing City: Mt. Juliet State: TN Zip Code: 37122
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: 12 Stones Developments Corporation **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3700 WEST HAMILTON RD City: Nashville State: TN Zip Code: 37218
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**
First Name: BEVERLY Middle Name: _____ Last Name: GLAZE- JOHNSON
Address: 1685 Cumberland Station Blvd, M City: Madison State: TN Zip Code: 37115
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$150.00

Total Contributions: \$ \$15,525.00

(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: Sharon Hurt
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) \$ \$15,525.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Patricia Middle Name: A Last Name: Goldthreate
Address: 3252 Kings Lane City: 3252 Kings Lane, Nashville State: TN Zip Code: 37218
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Michael Middle Name: A. Last Name: Smith
Address: 599 Gallatin Avenue City: Nashville State: TN Zip Code: 37206
Occupation: Best Effort Made Employer: Best Effort Made
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: H Middle Name: _____ Last Name: DURANI
Address: 1200 Old Hiclory Boulevard City: BRENTWOOD State: TN Zip Code: 37027
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$200.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**
First Name: ROBERT Middle Name: _____ Last Name: GREENE
Address: 3816 Park Royal Lane City: ANTIOCH State: TN Zip Code: 37013
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$750.00

Total Contributions: \$ \$16,425.00

(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: Sharon Hurt
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) \$ \$16,425.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: JAMIE Middle Name: R Last Name: HOLLIN
Address: 1006 Fatherland Street City: Nashville State: TN Zip Code: 37206
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**
First Name: JAMES Middle Name: _____ Last Name: KEESSEE
Address: 3225 LaGrange Drive City: Nashville State: TN Zip Code: 37218
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$200.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$200.00

Business or Organization Name: NORTH DISTRICT TENNESSEE CONFERENCE **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 213 Gatone Drive City: HENDERSONVILLE State: TN Zip Code: 37075
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: SURENDRA Middle Name: _____ Last Name: RAMANNA
Address: 2 Castle Rising City: NASHVILLE State: TN Zip Code: 37215
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$1,000.00

Total Contributions: \$ \$18,225.00

(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: Sharon Hurt
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) \$ \$18,225.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: WOODY Middle Name: _____ Last Name: BELL
Address: 1512 Naples Avenu City: NASHVILLE State: TN Zip Code: 37207
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: Anonymous Donors **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 6316 Willow Oak Drive City: Nashville State: TN Zip Code: 37221
Occupation: Best Effort Made Employer: Best Effort Made
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**
First Name: Richard Middle Name: _____ Last Name: Grady
Address: 1408 Arthur Ave City: Nashville State: TN Zip Code: 37208
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 4/25/2026 Aggregate This Election: \$ \$50.00

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: \$ _____

Total Contributions: \$ \$18,625.00

(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: Sharon Hurt
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: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Online Giving Platform Donor Processing Fee

Amount of Expenditure: \$ \$447.86 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: AL MADINA MARKET **OR**

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

Address: 5350 MT. VIEW RD City: ANTIOCH State: TN Zip Code: 37013

Purpose of Expenditure: FUEL

Amount of Expenditure: \$ \$106.41 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: _____ **OR**

First Name: ALIYAH Middle Name: _____ Last Name: HOLMES

Address: 110 One Mile Pkwy Apt 1215 City: Madison State: TN Zip Code: 37115

Purpose of Expenditure: EVENT SUPPLIES-DECOR FOR EVENT

Amount of Expenditure: \$ \$76.97 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: _____ **OR**

First Name: ANTHONY Middle Name: _____ Last Name: BERMUDEZ

Address: 1543 Cobra Lane City: Clarksville State: TN Zip Code: 37042

Purpose of Expenditure: PROFESSIONAL SERVICES- CAMPAIGN WORKER

Amount of Expenditure: \$ \$492.45 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: _____ **OR**

First Name: AVERY Middle Name: J Last Name: JACKSON

Address: 6316 WILLOW OAK DR City: Nashville State: TN Zip Code: 37221

Purpose of Expenditure: PROFESSIONAL SERVICES- CAMPAIGN WORKER

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 4/25/2026

Total Expenditures: \$ \$1,373.69

(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: Sharon Hurt
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) \$ \$1,373.69

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: BOOM BAZZ PIZZA OR

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

Address: 1003 RUSSELL STREET, NASHV City: Nashville State: TN Zip Code: 37206

Purpose of Expenditure: MEALS

Amount of Expenditure: \$ \$75.62 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: _____ OR

First Name: BRYCE Middle Name: _____ Last Name: MORROW

Address: 6316 WILLOW OAK DR City: Nashville State: TN Zip Code: 37221

Purpose of Expenditure: PROFESSIONAL SERVICES- CAMPAIGN WORKER

Amount of Expenditure: \$ \$100.00 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: _____ OR

First Name: CALVIN Middle Name: RITE Last Name: FLOWERS

Address: 1920 11th Avenue North, Nashville City: Nashville State: TN Zip Code: 37208

Purpose of Expenditure: PROFESSIONAL SERVICES- CAMPAIGN WORKER

Amount of Expenditure: \$ \$48.75 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: CASA CALIXTO MEXICAN OR

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

Address: 7097 OLD HARDING PIKE City: Nashville State: TN Zip Code: 37221

Purpose of Expenditure: MEALS

Amount of Expenditure: \$ \$45.10 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: CHILLI'S OR

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

Address: 7624 HWY 70 S City: Nashville State: TN Zip Code: 37221

Purpose of Expenditure: MEALS

Amount of Expenditure: \$ \$64.25 Date of Expenditure: \$ 4/25/2026

Total Expenditures: \$ \$1,707.41

(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: Sharon Hurt
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) \$ \$1,707.41

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: COLLEGE CRIB **OR**

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

Address: 2719 JEFFERSON STREET STE. City: Nashville State: TN Zip Code: 37208

Purpose of Expenditure: ADVERTISING AND MARKETING- T- SHIRTS

Amount of Expenditure: \$ \$739.87 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: CONSTANT CONTACT **OR**

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

Address: 890 WINTER STREET STE.300 City: WALTHAM, State: MA Zip Code: 02451

Purpose of Expenditure: EMAIL SOFTWARE

Amount of Expenditure: \$ \$150.45 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: CUMULUS **OR**

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

Address: 10 MUSIC CIRCLE E City: NASHVILLE State: TN Zip Code: 37203

Purpose of Expenditure: RADIO- ADVERTISING AND MARKETING

Amount of Expenditure: \$ \$2,007.98 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: _____ **OR**

First Name: DANNY Middle Name: _____ Last Name: GLOVER

Address: 9809 Holly Park Dr, Charlotte, NC City: CHARLOTTE State: NC Zip Code: 28214

Purpose of Expenditure: PROFESSIONAL SERVICES: CAMPAIGN MANAGER

Amount of Expenditure: \$ \$1,750.00 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: HOME DEPOT **OR**

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

Address: 7665 HWY 70 S City: Nashville State: TN Zip Code: 37221

Purpose of Expenditure: MATERIALS

Amount of Expenditure: \$ \$723.73 Date of Expenditure: \$ 4/25/2026

Total Expenditures: \$ \$7,079.44

(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: Sharon Hurt
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) \$ \$7,079.44

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: _____ **OR**
First Name: DEONETA Middle Name: _____ Last Name: HILL
Address: 1221 Winterset Drive City: Clarksville State: TN Zip Code: 37040
Purpose of Expenditure: PROFESSIONAL SERVICES- CAMPAIGN WORKER
Amount of Expenditure: \$ \$873.75 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: _____ **OR**
First Name: DERRICK Middle Name: _____ Last Name: GORDON
Address: 626 Rowan Court City: Nashville State: TN Zip Code: 37207
Purpose of Expenditure: PROFESSIONAL SERVICES- CAMPAIGN WORKER
Amount of Expenditure: \$ \$184.95 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: DOLLAR TREE **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 5630 MT VIEW RD City: ANTIOCH State: TN Zip Code: 37013
Purpose of Expenditure: SUPPLIES AND MATERIALS
Amount of Expenditure: \$ \$29.97 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: DONELSON HERMITAGE CHAMBER **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 140200 City: NASHVILLE State: TN Zip Code: 37214
Purpose of Expenditure: MEALS
Amount of Expenditure: \$ \$35.00 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: DOOR DASH **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 6316 WILLOW OAK DR City: Nashville State: TN Zip Code: 37221
Purpose of Expenditure: MEALS
Amount of Expenditure: \$ \$46.94 Date of Expenditure: \$ 4/25/2026

Total Expenditures: \$ \$8,250.05

(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: Sharon Hurt
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) \$ \$8,250.05

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: ECANVASSER **OR**

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

Address: 26/27 Upper Pembroke Street, Du City: DUBLIN State: N/A Zip Code: 00000

Purpose of Expenditure: EMAIL SOFTWARE- MAIL FILTERS

Amount of Expenditure: \$ \$301.69 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: _____ **OR**

First Name: ERIC Middle Name: _____ Last Name: PENDLETON

Address: 4183 Bobwhite Drive, Nashville, T City: Nashville State: TN Zip Code: 37218

Purpose of Expenditure: PROFESSIONAL SERVICES- CAMPAIGN WORKER

Amount of Expenditure: \$ \$605.90 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: LOWES **OR**

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

Address: 7034 CHARLOTTE PIKE City: Nashville State: TN Zip Code: 37209

Purpose of Expenditure: SUPPLIES AND MATERIALS- SAND BAGS

Amount of Expenditure: \$ \$45.97 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: EXXON **OR**

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

Address: 7070 HWY 70 S City: Nashville State: TN Zip Code: 37221

Purpose of Expenditure: FUEL

Amount of Expenditure: \$ \$60.00 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: FORTUNA ITALIAN STEAKHOUSE **OR**

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

Address: 8100 TN-100 City: Nashville State: TN Zip Code: 37221

Purpose of Expenditure: MEALS

Amount of Expenditure: \$ \$538.46 Date of Expenditure: \$ 4/25/2026

Total Expenditures: \$ \$9,802.07

(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: Sharon Hurt
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) \$ \$9,802.07

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: GERMANTOWN PUB **OR**

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

Address: 708 MONROE STREET City: Nashville State: TN Zip Code: 37208

Purpose of Expenditure: MEALS

Amount of Expenditure: \$ \$50.54 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: GO DADDY **OR**

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

Address: 100 S. MILLS AVE STE.1600 City: TEMPE State: TN Zip Code: 85281

Purpose of Expenditure: WEBSITE

Amount of Expenditure: \$ \$26.32 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: HARDEE'S **OR**

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

Address: 7102 US HWY 70 S City: Nashville State: TN Zip Code: 37221

Purpose of Expenditure: MEALS

Amount of Expenditure: \$ \$11.08 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: HOME DEPOT **OR**

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

Address: 7665 HWY 70 S City: Nashville State: TN Zip Code: 37221

Purpose of Expenditure: SUPPLIES AND MATERIALS

Amount of Expenditure: \$ \$278.53 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: JAR10 **OR**

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

Address: 1910 Belcourt Ave City: Nashville State: TN Zip Code: 37212

Purpose of Expenditure: VENUE- FUND RAISING EVENT

Amount of Expenditure: \$ \$675.00 Date of Expenditure: \$ 4/25/2026

Total Expenditures: \$ \$10,843.54

(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: Sharon Hurt
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) \$ \$10,843.54

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: JOSLIN SIGN **OR**

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

Address: 630 Murfreesboro Pike City: Nashville State: TN Zip Code: 37210

Purpose of Expenditure: SINAGE

Amount of Expenditure: \$ \$521.31 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: KINGDOM CAFE **OR**

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

Address: 2610 JEFFERSON STREET City: Nashville State: TN Zip Code: 37208

Purpose of Expenditure: MEALS

Amount of Expenditure: \$ \$36.74 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: _____ **OR**

First Name: DENISE Middle Name: _____ Last Name: KNOWLES

Address: 2157 West Richmond Hill Drive City: Nashville State: TN Zip Code: 37207

Purpose of Expenditure: PROFESSIONAL SERVICES- CAMPAIGN WORKER

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: KROGER **OR**

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

Address: 800 MONROE STREET City: Nashville State: TN Zip Code: 37208

Purpose of Expenditure: MEALS FOR FUNDRAISER

Amount of Expenditure: \$ \$89.23 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: KROGER **OR**

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

Address: 800 MONROE STREET City: Nashville State: TN Zip Code: 37208

Purpose of Expenditure: FUEL

Amount of Expenditure: \$ \$190.00 Date of Expenditure: \$ 4/25/2026

Total Expenditures: \$ \$11,930.82

(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: Sharon Hurt
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) \$ \$11,930.82

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: L2 **OR**

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

Address: 6316 WILLOW OAK DR City: Nashville State: TN Zip Code: 37221

Purpose of Expenditure: ADVERTISING AND MARKETING

Amount of Expenditure: \$ \$28.92 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: LEO OPERATONS **OR**

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

Address: 2303 21ST AVE S, NASHVILLE, T City: Nashville State: TN Zip Code: 37212

Purpose of Expenditure: COMMERCIALS

Amount of Expenditure: \$ \$2,500.00 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: _____ **OR**

First Name: LOTTIE Middle Name: A Last Name: DAILEY

Address: 451 Ponder Place Apt. 705 City: Nashville State: TN Zip Code: 37228

Purpose of Expenditure: PROFESSIONAL SERVICES- CAMPAIGN WORKER

Amount of Expenditure: \$ \$500.00 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: LOWES **OR**

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

Address: 3460 DICKERSON PIKE City: NASHVILLE State: TN Zip Code: 37207

Purpose of Expenditure: SUPPLIES AND MATERIALS

Amount of Expenditure: \$ \$111.33 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: LYFT **OR**

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

Address: 6316 WILLOW OAK DR City: Nashville State: TN Zip Code: 37221

Purpose of Expenditure: LEASED TRANSPORTATION

Amount of Expenditure: \$ \$213.98 Date of Expenditure: \$ 4/25/2026

Total Expenditures: \$ \$15,285.05

(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: Sharon Hurt
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) \$ \$15,285.05

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: MAIN 5 **OR**

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

Address: 500 MAIN STREET City: NASHVILLE State: TN Zip Code: 37206

Purpose of Expenditure: FUEL

Amount of Expenditure: \$ \$30.00 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: MAPCO EXPRESS **OR**

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

Address: 7725 HWY 70 City: Nashville State: TN Zip Code: 37221

Purpose of Expenditure: FUEL

Amount of Expenditure: \$ \$20.00 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: METRO BY TMOBILE **OR**

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

Address: 5910 CHARLOTTE PIKE City: NASHVILLE State: TN Zip Code: 37209

Purpose of Expenditure: CELL PHONE

Amount of Expenditure: \$ \$75.00 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: METRO PARKS **OR**

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

Address: 6316 WILLOW OAK DR City: Nashville State: TN Zip Code: 37221

Purpose of Expenditure: VENUE

Amount of Expenditure: \$ \$236.00 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: MT. GILEAD BAPTIST CHURCH **OR**

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

Address: 901 Acklen Ave City: Nashville State: TN Zip Code: 37203

Purpose of Expenditure: CHARITABLE CONTRIBUTIONS- REGISTRATION SPONSORSHIPS

Amount of Expenditure: \$ \$50.00 Date of Expenditure: \$ 4/25/2026

Total Expenditures: \$ \$15,696.05

(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: Sharon Hurt
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) \$ \$15,696.05

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: MUNA S BOUTIQUE **OR**

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

Address: 2308 HASKELL DR City: ANTIOCH State: TN Zip Code: 37013

Purpose of Expenditure: UNCATEGORIZED

Amount of Expenditure: \$ \$10.98 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: Nashville Guide Right Foundation, Inc. **OR**

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

Address: 3710 TIGERBELLE DRIVE City: Nashville State: TN Zip Code: 37209

Purpose of Expenditure: ADVERTISING AND MARKETING

Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: PAYNE BRANDNING COMPANY **OR**

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

Address: 135 Riverside Parkway Suite 2P City: AUSTULL State: GA Zip Code: 30168

Purpose of Expenditure: ADVERTISING AND MARKETING

Amount of Expenditure: \$ \$1,500.00 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: PINNACLE BANK **OR**

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

Address: 7651 US-70S City: Nashville State: TN Zip Code: 37221

Purpose of Expenditure: WIRE TRANSFER- BANKING FEE'S

Amount of Expenditure: \$ \$15.00 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: PLANTATION PUB **OR**

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

Address: 8321 SAWYER BROWN RD, NAS City: Nashville State: TN Zip Code: 37221

Purpose of Expenditure: MEALS

Amount of Expenditure: \$ \$27.99 Date of Expenditure: \$ 4/25/2026

Total Expenditures: \$ \$17,450.02

(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: Sharon Hurt
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) \$ \$17,450.02

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: POPEYES **OR**

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

Address: 6403 CHARLOTTE PIKE City: NASHVILLE State: TN Zip Code: 37209

Purpose of Expenditure: MEALS

Amount of Expenditure: \$ \$11.07 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: QUICKBOOKS PAYMENTS **OR**

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

Address: 2700 COAST AVE City: MOUNTUAIN VIEW State: CA Zip Code: 94043

Purpose of Expenditure: DUES AND SUBSCRIPTIONS QUICKBOOKS ONLINE

Amount of Expenditure: \$ \$63.11 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: RHEALISTIC **OR**

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

Address: 2720 Hydes Ferry Road City: Nashville State: TN Zip Code: 37218

Purpose of Expenditure: ADVERTISING AND MARKETING- MAIL FLIERS

Amount of Expenditure: \$ \$7,797.68 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: _____ **OR**

First Name: CESAR Middle Name: _____ Last Name: SANCHEZ

Address: 601 Westchester Drive City: Madison State: TN Zip Code: 37115

Purpose of Expenditure: SINAGE AND FRAMES

Amount of Expenditure: \$ \$1,000.00 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: SHELL **OR**

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

Address: 7201 HWY 7 S City: NASHVILLE State: TN Zip Code: 37221

Purpose of Expenditure: FUEL

Amount of Expenditure: \$ \$238.68 Date of Expenditure: \$ 4/25/2026

Total Expenditures: \$ \$26,560.56

(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: Sharon Hurt
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) \$ \$26,560.56

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: Bellevue Community Recycling Event **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 6316 WILLOW OAK DR City: Nashville State: TN Zip Code: 37221
Purpose of Expenditure: REGISTRATION- SPONSORSHIPS-Bellevue Community Recycling Event
Amount of Expenditure: \$ \$257.73 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: Sherrell's Non-Profit Accounting and Consulting **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: Post Office Box 281972 City: Nashville State: TN Zip Code: 37228
Purpose of Expenditure: PROFESSIONAL SERVICES- ACCOUNTANT
Amount of Expenditure: \$ \$1,500.00 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: SMOKIN JOES BBQ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4268 KINGS LANE City: Nashville State: TN Zip Code: 37218
Purpose of Expenditure: MEALS
Amount of Expenditure: \$ \$56.44 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: STAPLES **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 7615 US 70S WEST City: Nashville State: TN Zip Code: 37221
Purpose of Expenditure: SUPPLIES AND MATERIALS
Amount of Expenditure: \$ \$135.40 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: STREAM YARD **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 169 MADISON AVE STE.11218 City: NEW YORK State: NY Zip Code: 10016
Purpose of Expenditure: BROADCASTING AND STREAMING-RADIO
Amount of Expenditure: \$ \$88.99 Date of Expenditure: \$ 4/25/2026

Total Expenditures: \$ \$28,599.12

(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: Sharon Hurt
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) \$ \$28,599.12

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: SWEET SOPHIAS **OR**

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

Address: 7087 OLD HARDING PIKE City: Nashville State: TN Zip Code: 37221

Purpose of Expenditure: MEALS

Amount of Expenditure: \$ \$320.35 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: TAILGATE BREWERY **OR**

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

Address: 7300 Charlotte Pike, City: Nashville State: TN Zip Code: 37209

Purpose of Expenditure: MEALS

Amount of Expenditure: \$ \$43.88 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: Tashtea Restaurant **OR**

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

Address: 5372 MT. VIEW RD City: ANTIOCH State: TN Zip Code: 37013

Purpose of Expenditure: MEALS

Amount of Expenditure: \$ \$48.01 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: THAI SAMURAU **OR**

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

Address: 7108 HWY 70 S City: Nashville State: TN Zip Code: 37221

Purpose of Expenditure: MEALS

Amount of Expenditure: \$ \$66.45 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: _____ **OR**

First Name: TIKILIA Middle Name: N Last Name: SHERRELL

Address: 804 Ragsdale Court City: Nashville State: TN Zip Code: 37214

Purpose of Expenditure: PROFESSIONAL SERVICES- CAMPAIGN WORKER

Amount of Expenditure: \$ \$415.00 Date of Expenditure: \$ 4/25/2026

Total Expenditures: \$ \$29,492.81

(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: Sharon Hurt
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) \$ \$29,492.81

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: U-HAUL **OR**

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

Address: 505 OLD HICKORY BLVD City: Nashville State: TN Zip Code: 37209

Purpose of Expenditure: LEASED TRANSPORTATION

Amount of Expenditure: \$ \$1,213.91 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: USA TODAY CO. **OR**

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

Address: 1100 BROADWAY City: Nashville State: TN Zip Code: 37203

Purpose of Expenditure: ADVERTISING AND MARKETING

Amount of Expenditure: \$ \$1.00 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: WALMART **OR**

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

Address: 7044 CHARLOTTE PIKE City: Nashville State: TN Zip Code: 37209

Purpose of Expenditure: SUPPLIES AND MATERIALS

Amount of Expenditure: \$ \$55.30 Date of Expenditure: \$ 4/25/2026

Business or Organization Name: WIX **OR**

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

Address: 100 GANSEVOORT ST City: NEW YORK State: NY Zip Code: 10014

Purpose of Expenditure: WEBSITE

Amount of Expenditure: \$ \$26.34 Date of Expenditure: \$ 4/25/2026

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: \$ _____

Total Expenditures: \$ \$30,789.36

(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: Sharon Hurt
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
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: Sharon Middle Name: _____ Last Name: Hurt

Address: 6316 Oak Drive City: Nashville State: TN Zip Code: 37221

Outstanding Loan Balance (Beginning) \$ \$10,000.00

Loans Received \$ \$0.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$10,000.00

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

Date of Loan: 4/25/2026

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) \$ \$10,000.00

Loans Received \$ \$0.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$10,000.00