CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 7/30/2026 2.a. Candidate or Committee Name: Jeanice McCord

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

4. Campaign Address: 6001 Jackson Square Blvd Ste 400

City: Lavergne State: TN Zip Code: 37086 Phone: 9312050047

5. Candidate Home Address: 6001 Jackson Square Blvd Ste 400

City: Lavergne State: TN Zip Code: 37086 Phone: 9312050047

Candidate Email Address: kellydhill@gmail.com

6. Office Sought: (include district number, if applicable) School Board, Zone 1

7. Name of Political Treasurer (may be candidate): Kelly Hill

Political Treasurer Email Address: kellydhill@gmail.com

8. Category or Report: (check one)

☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☐ Pre-Primary ☑ Pre-General

☐ Mid-Year Supplemental ☐ Year-End Supplemental ☐ Runoff Election

9. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026

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

33DB-4DDC-AEC0-D70
07/30/26 - 7:29 PM

12. Summary:

a.	Balance On Hand Last Report	$ $1,774.36
b.	Total Receipts This Period	$ $30.00
c.	Total Disbursements This Period	$ $953.46
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $850.90
e.	Total Loans Outstanding	$ $0.00
f.	Total Obligations Outstanding	$ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Jeanice McCord

14. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ $15.00
(Note: Effective January 16, 2023, Unitemized Contributions are capped at $2,000. See *Instructions* for more information.)

b. Itemized Contributions (over $100 from each source this period) ..... $ $15.00

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.) ..... $ $30.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ $953.46
(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.) ..... $ $953.46

17. In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period ..... $

b. Itemized In-Kind Contributions Received This Period ..... $

c. Total In-Kind Contributions Received This Period ..... $

18. Obligations:

a. Total Obligations Outstanding (must be shown in item 12.f.) ..... $

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Jeanice McCord

2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026

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: Paul Middle Name: _____ Last Name: Adams

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

Occupation: courier Employer: Simple Cremations and Funeral Services

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

Amount of Contribution: $ $5.00 Date of Contribution: 7/3/2026 Aggregate This Election: $ $15.00

Business or Organization Name: _____ **OR**

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

Address: 1061 Aire ct City: Murfreesboro State: TN Zip Code: 37128

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: $ $10.00 Date of Contribution: 7/10/2026 Aggregate This Election: $ $25.00

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: $ _____

Total Contributions: $ $15.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Jeanice McCord

2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026

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: Williams Strategic Research Group **OR**

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

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

Purpose of Expenditure: Campaign Manager

Amount of Expenditure: $ $75.00 Date of Expenditure: $ 5/28/2026

Business or Organization Name: US Post Office **OR**

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

Address: 5309 Murfreesboro Rd City: LaVergne State: TN Zip Code: 37086

Purpose of Expenditure: Postage

Amount of Expenditure: $ $386.10 Date of Expenditure: $ 7/9/2026

Business or Organization Name: ALLIED DIGITAL Printing **OR**

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

Address: 1821 University Dr NW City: Huntsville State: AL Zip Code: 35801

Purpose of Expenditure: Printing

Amount of Expenditure: $ $328.53 Date of Expenditure: $ 7/23/2026

Business or Organization Name: Canva **OR**

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

Address: 3212 East Cesar Chavez St Suite City: Austin State: TX Zip Code: 78702

Purpose of Expenditure: Design Services

Amount of Expenditure: $ $162.87 Date of Expenditure: $ 7/23/2026

Business or Organization Name: ActBlue **OR**

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

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

Purpose of Expenditure: Fees

Amount of Expenditure: $ $0.96 Date of Expenditure: $ 7/27/2026

Total Expenditures: $ $953.46

(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.)