CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 7/29/2026 2.a. Candidate or Committee Name: John E. Haynes

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

4. Campaign Address: 305 Hardison Dr

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

5. Candidate Home Address: 305 Hardison Avenue

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

Candidate Email Address: elderhaynes@gmail.com

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

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

Political Treasurer Email Address: dimples226@gmail.com

8. Category or Report: (check one)

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

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

9. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

10. Detailed Disclosure: (Check one)

☑ This campaign is exempt from detailed disclosures because contributions (including in-kind) received total $1,000 or less AND expenditures total $1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)

☐ This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than $1,000 and/or expenditures total more than $1,000 for this reporting period.

11. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.

-5A5B-4750-906C-2738
07/29/26 - 7:18 PM

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

12. Summary:

a.	Balance On Hand Last Report	$ $2,732.21
b.	Total Receipts This Period	$ $4,660.00
c.	Total Disbursements This Period	$ $4,238.41
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $3,153.80
e.	Total Loans Outstanding	$ $0.00
f.	Total Obligations Outstanding	$ $0.00

SUMMARY PAGE - CANDIDATE

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

14. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ _____
(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) ..... $ $4,660.00

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.) ..... $ $4,660.00

16. Disbursements:

a. Total Expenditures (other than loan payments)..... $ $4,238.41
(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.)..... $ $4,238.41

17. In-Kind Contributions:

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

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

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

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: John E. Haynes

2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: George Middle Name: _____ Last Name: Riggs

Address: 200 Devrow Ct City: Franklin State: TN Zip Code: 37064

Occupation: Pastor Employer: Franklin Community Church

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

Amount of Contribution: $ $100.00 Date of Contribution: 7/1/2026 Aggregate This Election: $ $0.00

Business or Organization Name: _____ **OR**

First Name: Renee Middle Name: _____ Last Name: Ward

Address: 3048 Auld Tatty Drive City: SPRING HILL State: TN Zip Code: 37174

Occupation: NOT EMPLOYED Employer: NOT EMPLOYED

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

Amount of Contribution: $ $1,900.0 Date of Contribution: 7/4/2026 Aggregate This Election: $ $0.00

Business or Organization Name: _____ **OR**

First Name: Marilyn Middle Name: _____ Last Name: Fleming

Address: 3085 Commonwealth Drice City: SPRING HILL State: TN Zip Code: 37174

Occupation: LPN Employer: Morning Poine

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

Amount of Contribution: $ $100.00 Date of Contribution: 7/16/2026 Aggregate This Election: $ $0.00

Business or Organization Name: _____ **OR**

First Name: Cheryl Middle Name: _____ Last Name: Sahan

Address: 9115 Concord Hunt Circle City: BRENTWOOD State: TN Zip Code: 37027

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: 7/21/2026 Aggregate This Election: $ $30.00

Total Contributions: $ $2,110.00

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: John E. Haynes

2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $2,110.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Burns Tabernacle Primitive Church **OR**

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

Address: 611 Liberty Pike City: Franklin State: TN Zip Code: 37064

Occupation: NOT EMPLOYED Employer: NOT EMPLOYED

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

Amount of Contribution: $$450.00 Date of Contribution: 7/6/2026 Aggregate This Election: $ $0.00

Business or Organization Name: Iglesia Pan-De-Vida **OR**

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

Address: 611 Liberty Pike City: Franklin State: TN Zip Code: 37064

Occupation: NOT EMPLOYED Employer: Not Employed

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

Amount of Contribution: $$350.00 Date of Contribution: 7/6/2026 Aggregate This Election: $ $0.00

Business or Organization Name: _____ **OR**

First Name: Katita Middle Name: _____ Last Name: WCDP Committee

Address: PO BOX 681286 City: Franklin State: TN Zip Code: 37068

Occupation: NOT EMPLOYED Employer: NOT EMPLOYED

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

Amount of Contribution: $$1,750.0 Date of Contribution: 7/20/2026 Aggregate This Election: $ $0.00

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: $ $4,660.00

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

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: John E. Haynes

2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: ETC Printing **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: $ $36.02 Date of Expenditure: $ 7/6/2026

Business or Organization Name: ML Consulting **OR**

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

Address: 236 Brown Place City: Goodlettsville State: TN Zip Code: 37066

Purpose of Expenditure: Consulting

Amount of Expenditure: $ $750.00 Date of Expenditure: $ 7/6/2026

Business or Organization Name: Square **OR**

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

Address: 1105 Murfreesboro Rd City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: BANKING FEE

Amount of Expenditure: $ $9.22 Date of Expenditure: $ 7/8/2026

Business or Organization Name: ETC Printing **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: $ $801.18 Date of Expenditure: $ 7/8/2026

Business or Organization Name: Service Charge **OR**

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

Address: 1105 Murfreesboro Rd City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: BANKING FEE

Amount of Expenditure: $ $5.00 Date of Expenditure: $ 7/10/2026

Total Expenditures: $ $1,601.42

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

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: John E. Haynes

2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $1,601.42

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: Square **OR**

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

Address: 1105 Murfreesboro Rd City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: BANKING FEE

Amount of Expenditure: $ $27.44 Date of Expenditure: $ 7/10/2026

Business or Organization Name: Williamson County Democrate Party **OR**

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

Address: 327 3rd Ave S City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: Donation

Amount of Expenditure: $ $2,540.00 Date of Expenditure: $ 7/13/2026

Business or Organization Name: ACTBLUE **OR**

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

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

Purpose of Expenditure: BANKING FEE

Amount of Expenditure: $ $3.48 Date of Expenditure: $ 7/1/2026

Business or Organization Name: ACTBLUE **OR**

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

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

Purpose of Expenditure: BANKING FEE

Amount of Expenditure: $ $62.03 Date of Expenditure: $ 7/4/2026

Business or Organization Name: ACTBLUE **OR**

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

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

Purpose of Expenditure: BANKING FEE

Amount of Expenditure: $ $3.48 Date of Expenditure: $ 7/16/2026

Total Expenditures: $ $4,237.85

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

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: John E. Haynes

2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $4,237.85

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: ACTBLUE **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: PO BOX 962017 City: BOSTON State: MA Zip Code: 02196
Purpose of Expenditure: BANKING FEE
Amount of Expenditure: $ $0.56 Date of Expenditure: $ 7/21/2026

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: $ $4,238.41
(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.)