CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 7/22/2025 2.a. Candidate or Committee Name: Anna Golladay

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 4/8/2025

4. Campaign Address: 1479 FAGAN ST

City: CHATTANOOGA State: TN Zip Code: 37408 Phone: 5409740117

5. Candidate Home Address: 1479 FAGAN ST

City: CHATTANOOGA State: TN Zip Code: 37408 Phone: 5409740117

Candidate Email Address: campaign@annagolladay.com

6. Office Sought: (include district number, if applicable) Chattanooga Council Dist. 8

7. Name of Political Treasurer (may be candidate): Kendra McCahill

Political Treasurer Email Address: kendramccahill@gmail.com

8. Category or Report: (check one)

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

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

9. Reporting Period: Start Date: 3/30/2025 End Date: 6/30/2025

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
		-BCFE-426E-8369-47E/ 07/22/25 - 9:45 PM	
Witness Signature	Date	Witness Signature	Date

12. Summary:

a.	Balance On Hand Last Report	$ $1,670.72
b.	Total Receipts This Period	$ $100.00
c.	Total Disbursements This Period	$ $1,138.17
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $632.55
e.	Total Loans Outstanding	$ $0.00
f.	Total Obligations Outstanding	$ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Anna Golladay

14. Reporting Period: Start Date: 3/30/2025 End Date: 6/30/2025

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) ..... $ $100.00

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.) ..... $ $100.00

16. Disbursements:

a. Total Expenditures (other than loan payments)..... $ $1,138.17
(Note: Effective January 16, 2023, all expenditures must be itemized.)

b. Loan Repayments Made This Period ..... $ _____

c. Total Obligation Payments Made This Period..... $ _____

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... $ $1,138.17

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: Anna Golladay

2. Reporting Period: Start Date: 3/30/2025 End Date: 6/30/2025

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: Tricia Middle Name: ______ Last Name: Thomas

Address: 3004 Prestons Station Drive City: Chattanooga State: TN Zip Code: 37343

Occupation: Director of Operations Employer: Omaha Presbyterian Seminary Foundation

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

Amount of Contribution: $ $100.00 Date of Contribution: 4/3/2025 Aggregate This Election: $ $95.70

Business or Organization Name: ______ **OR**

First Name: ______ Middle Name: ______ Last Name: ______

Address: ______ City: ______ State: ______ Zip Code: ______

Occupation: ______ Employer: ______

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

Amount of Contribution: $______ Date of Contribution: ______ Aggregate This Election: $ ______

Business or Organization Name: ______ **OR**

First Name: ______ Middle Name: ______ Last Name: ______

Address: ______ City: ______ State: ______ Zip Code: ______

Occupation: ______ Employer: ______

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

Amount of Contribution: $______ Date of Contribution: ______ Aggregate This Election: $ ______

Business or Organization Name: ______ **OR**

First Name: ______ Middle Name: ______ Last Name: ______

Address: ______ City: ______ State: ______ Zip Code: ______

Occupation: ______ Employer: ______

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

Amount of Contribution: $______ Date of Contribution: ______ Aggregate This Election: $ ______

Total Contributions: $ $100.00

(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: Anna Golladay

2. Reporting Period: Start Date: 3/30/2025 End Date: 6/30/2025

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: IMPACTIVE **OR**

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

Address: UNK City: UNK State: TN Zip Code: 12345

Purpose of Expenditure: TEXT MESSAGE SOFTWARE

Amount of Expenditure: $ $355.18 Date of Expenditure: $ 3/31/2025

Business or Organization Name: IMPACTIVE **OR**

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

Address: UNK City: UNK State: TN Zip Code: 12345

Purpose of Expenditure: PHONE BANKING

Amount of Expenditure: $ $267.49 Date of Expenditure: $ 4/3/2025

Business or Organization Name: _____ **OR**

First Name: ROSE Middle Name: _____ Last Name: COPELAND

Address: 7027 WHITE OAK VALLEY RD City: MCDONALD State: TN Zip Code: 37353

Purpose of Expenditure: CANVASSING

Amount of Expenditure: $ $200.50 Date of Expenditure: $ 4/29/2025

Business or Organization Name: _____ **OR**

First Name: STEPHANY Middle Name: _____ Last Name: BUTLER

Address: 9905 RUNYAN HILLS LN City: OOLTEWAH State: TN Zip Code: 37363

Purpose of Expenditure: CANVASSING

Amount of Expenditure: $ $315.00 Date of Expenditure: $ 4/29/2025

Business or Organization Name: _____ **OR**

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

Address: _____ City: _____ State: ____ Zip Code: _____

Purpose of Expenditure: _____

Amount of Expenditure: $ _____ Date of Expenditure: $ _____

Total Expenditures: $ $1,138.17

(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.)