# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates
## For Single-Candidate Committees

1. Date: 7/14/2023 2.a. Candidate or Committee Name: Cheryl D. Mayes

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/4/2022

4. Campaign Address: PO Box 1067

City: Antioch State: TN Zip Code: 37011-106 Phone: _____

5. Candidate Home Address: 1632 Bridgecrest Dr

City: Antioch State: TN Zip Code: 37013 Phone: (615) 812-3225

Candidate Email Address: cheryldmayes@gmail.com

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

7. Name of Political Treasurer (may be candidate): Jemice Cheatham

Political Treasurer Email Address: mayesforcouncil@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

9. Reporting Period: Start Date: 1/1/2023 End Date: 6/30/2023

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 |
| | | | |

-BB13-4843-91EE-0467
07/14/23 - 9:49 AM

12. Summary:

| | | |
|---|---|---|
| a. | Balance On Hand Last Report | $ $2,108.44 |
| b. | Total Receipts This Period | $ $0.00 |
| c. | Total Disbursements This Period | $ $1,233.04 |
| d. | Balance On Hand (12.a. plus 12.b. minus 12.c.) | $ $875.40 |
| e. | Total Loans Outstanding | $ $0.00 |
| f. | Total Obligations Outstanding | $ $0.00 |

# SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Cheryl D. Mayes

14. Reporting Period: Start Date: 1/1/2023 End Date: 6/30/2023

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) ..... $ _____

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.) ..... $ _____

16. Disbursements:

a. Total Expenditures (other than loan payments)..... $ $1,233.04
(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.)..... $ $1,233.04

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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Cheryl D. Mayes

2. Reporting Period: Start Date: 1/1/2023 End Date: 6/30/2023

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: _____ **OR**

First Name: ActBlue Middle Name: _____ Last Name: Davidson County D

Address: 1900 Church St City: Nashville State: TN Zip Code: 37203

Purpose of Expenditure: Political Contributions

Amount of Expenditure: $ $100.00 Date of Expenditure: $ 5/9/2023

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Business or Organization Name: _____ **OR**

First Name: ActBlue Middle Name: _____ Last Name: Davidson County D

Address: P.O. Box 330154 City: Nashville State: TN Zip Code: 37203

Purpose of Expenditure: Annual Picnic Sponsorship

Amount of Expenditure: $ $100.00 Date of Expenditure: $ 6/23/2023

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Business or Organization Name: _____ **OR**

First Name: Teaka Middle Name: _____ Last Name: Teaks Jackson for M

Address: 827 Acklen Avenue City: Nashville State: TN Zip Code: 37213

Purpose of Expenditure: Political Contributions

Amount of Expenditure: $ $100.00 Date of Expenditure: $ 6/13/2023

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Business or Organization Name: _____ **OR**

First Name: Delishia Middle Name: _____ Last Name: Porterfield for Nashv

Address: 1027 Carla Court City: Nashville State: TN Zip Code: 37217

Purpose of Expenditure: Political Contributions

Amount of Expenditure: $ $100.00 Date of Expenditure: $ 6/13/2023

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Business or Organization Name: _____ **OR**

First Name: Lelann Middle Name: _____ Last Name: Evans for District 31

Address: 558 Cedar Drive City: Nashville State: TN Zip Code: 37211

Purpose of Expenditure: Political Contributions

Amount of Expenditure: $ $100.00 Date of Expenditure: $ 6/13/2023

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Total Expenditures: $ $500.00

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

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Cheryl D. Mayes

2. Reporting Period: Start Date: 1/1/2023 End Date: 6/30/2023

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $500.00

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: _____ **OR**

First Name: Adobe Inc Middle Name: _____ Last Name: Adobe Inc

Address: 345 Park Ave City: San Jose State: CA Zip Code: 95110

Purpose of Expenditure: Order Monthly subscription

Amount of Expenditure: $ $21.84 Date of Expenditure: $ 1/31/2023

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Business or Organization Name: _____ **OR**

First Name: Adobe Inc Middle Name: _____ Last Name: Adobe Inc

Address: 345 Park Ave City: San Jose State: CA Zip Code: 95110

Purpose of Expenditure: Order Monthly subscription

Amount of Expenditure: $ $21.84 Date of Expenditure: $ 2/28/2023

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Business or Organization Name: _____ **OR**

First Name: Adobe Inc Middle Name: _____ Last Name: Adobe Inc

Address: 345 Park Ave City: San Jose State: CA Zip Code: 95110

Purpose of Expenditure: Order Monthly subscription

Amount of Expenditure: $ $21.84 Date of Expenditure: $ 3/31/2023

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Business or Organization Name: _____ **OR**

First Name: Adobe Inc Middle Name: _____ Last Name: Adobe Inc

Address: 345 Park Ave City: San Jose State: CA Zip Code: 95110

Purpose of Expenditure: Order Monthly subscription

Amount of Expenditure: $ $21.84 Date of Expenditure: $ 4/30/2023

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Business or Organization Name: _____ **OR**

First Name: Adobe Inc Middle Name: _____ Last Name: Adobe Inc

Address: 345 Park Ave City: San Jose State: CA Zip Code: 95110

Purpose of Expenditure: Order Monthly subscription

Amount of Expenditure: $ $21.84 Date of Expenditure: $ 5/31/2023

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Total Expenditures: $ $609.20

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

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Cheryl D. Mayes

2. Reporting Period: Start Date: 1/1/2023 End Date: 6/30/2023

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $609.20

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: Adobe Inc Middle Name: _____ Last Name: Adobe Inc

Address: 345 Park Ave City: San Jose State: CA Zip Code: 95110

Purpose of Expenditure: Order Monthly subscription

Amount of Expenditure: $ $21.84 Date of Expenditure: $ 6/30/2023

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Business or Organization Name: _____ **OR**

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

Address: 535 Mission St 8th City: San Francisco State: CA Zip Code: 94016

Purpose of Expenditure: Donation MLK Day Gala

Amount of Expenditure: $ $163.76 Date of Expenditure: $ 1/23/2023

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Business or Organization Name: _____ **OR**

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

Address: 675 Ponce De Leon Ave NE City: Atlanta State: GA Zip Code: 30308

Purpose of Expenditure: Order Monthly subscription

Amount of Expenditure: $ $14.20 Date of Expenditure: $ 1/5/2023

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Business or Organization Name: _____ **OR**

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

Address: 676 Ponce De Leon Ave NE City: Atlanta State: GA Zip Code: 30308

Purpose of Expenditure: Order Monthly subscription

Amount of Expenditure: $ $14.20 Date of Expenditure: $ 2/5/2023

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Business or Organization Name: _____ **OR**

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

Address: 677 Ponce De Leon Ave NE City: Atlanta State: GA Zip Code: 30308

Purpose of Expenditure: Order Monthly subscription

Amount of Expenditure: $ $14.20 Date of Expenditure: $ 3/5/2023

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Total Expenditures: $ $837.40

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

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Cheryl D. Mayes

2. Reporting Period: Start Date: 1/1/2023 End Date: 6/30/2023

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $837.40

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: MailChimp Middle Name: _____ Last Name: MailChimp

Address: 678 Ponce De Leon Ave NE City: Atlanta State: GA Zip Code: 30308

Purpose of Expenditure: Order Monthly subscription

Amount of Expenditure: $ $14.20 Date of Expenditure: $ 4/6/2023

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Business or Organization Name: _____ **OR**

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

Address: 679 Ponce De Leon Ave NE City: Atlanta State: GA Zip Code: 30308

Purpose of Expenditure: Order Monthly subscription

Amount of Expenditure: $ $14.20 Date of Expenditure: $ 5/6/2023

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Business or Organization Name: _____ **OR**

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

Address: 680 Ponce De Leon Ave NE City: Atlanta State: GA Zip Code: 30308

Purpose of Expenditure: Order Monthly subscription

Amount of Expenditure: $ $14.20 Date of Expenditure: $ 6/6/2023

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Business or Organization Name: _____ **OR**

First Name: Bank Fees Middle Name: _____ Last Name: Regions Bank

Address: 5236 Hickory Hollow Pkwy City: Antioch State: TN Zip Code: 37013

Purpose of Expenditure: Monhly Bank Fees

Amount of Expenditure: $ $12.00 Date of Expenditure: $ 1/31/2023

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Business or Organization Name: _____ **OR**

First Name: Bank Fees Middle Name: _____ Last Name: Regions Bank

Address: 5236 Hickory Hollow Pkwy City: Antioch State: TN Zip Code: 37013

Purpose of Expenditure: Monhly Bank Fees

Amount of Expenditure: $ $12.00 Date of Expenditure: $ 2/28/2023

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Total Expenditures: $ $904.00

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

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Cheryl D. Mayes

2. Reporting Period: Start Date: 1/1/2023 End Date: 6/30/2023

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $904.00

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: _____ **OR**

First Name: Bank Fees Middle Name: _____ Last Name: Regions Bank

Address: 5236 Hickory Hollow Pkwy City: Antioch State: TN Zip Code: 37013

Purpose of Expenditure: Monhly Bank Fees

Amount of Expenditure: $ $12.00 Date of Expenditure: $ 3/31/2023

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Business or Organization Name: _____ **OR**

First Name: Bank Fees Middle Name: _____ Last Name: Regions Bank

Address: 5236 Hickory Hollow Pkwy City: Antioch State: TN Zip Code: 37013

Purpose of Expenditure: Monhly Bank Fees

Amount of Expenditure: $ $12.00 Date of Expenditure: $ 4/28/2023

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Business or Organization Name: _____ **OR**

First Name: Bank Fees Middle Name: _____ Last Name: Regions Bank

Address: 5236 Hickory Hollow Pkwy City: Antioch State: TN Zip Code: 37013

Purpose of Expenditure: Monhly Bank Fees

Amount of Expenditure: $ $12.00 Date of Expenditure: $ 5/31/2023

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Business or Organization Name: _____ **OR**

First Name: Bank Fees Middle Name: _____ Last Name: Regions Bank

Address: 5236 Hickory Hollow Pkwy City: Antioch State: TN Zip Code: 37013

Purpose of Expenditure: Monhly Bank Fees

Amount of Expenditure: $ $12.00 Date of Expenditure: $ 6/30/2023

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Business or Organization Name: _____ **OR**

First Name: Processing Fees Middle Name: _____ Last Name: PayPal

Address: 2211 N 1st St City: San Jose State: CA Zip Code: 95110

Purpose of Expenditure: Tranaction processing fees

Amount of Expenditure: $ $281.04 Date of Expenditure: $ 6/30/2023

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Total Expenditures: $ $1,233.04

(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.)