



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 4/9/2026 2.a. Candidate or Committee Name: Ashley Dillon

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

4. Campaign Address: 6521 Lake Meadows Dr.

City: Hixson State: TN Zip Code: 37343 Phone: _____

5. Candidate Home Address: 6521 Lake Meadows Dr.

City: Hixson State: TN Zip Code: 37343 Phone: _____

Candidate Email Address: ashleydillon4hamiltoncountyschools@gmail.com

6. Office Sought: (include district number, if applicable) County School Board Dist. 3

7. Name of Political Treasurer (may be candidate): Carlye Rankin

Political Treasurer Email Address: carlye.rankin@yahoo.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: 1/16/2026 End Date: 3/31/2026

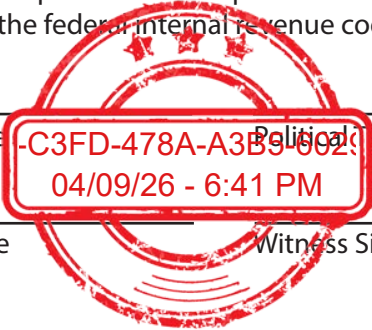
10. Detailed Disclosure: (Check one)

- 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>\$0.00</u>
b. Total Receipts This Period	\$ <u>\$973.80</u>
c. Total Disbursements This Period	\$ <u>\$372.21</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$601.59</u>
e. Total Loans Outstanding	\$ <u>\$0.00</u>
f. Total Obligations Outstanding	\$ <u>\$0.00</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Ashley Dillon

14. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026

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) \$ \$973.80
- 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.) \$ \$973.80

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$372.21
(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.)..... \$ \$372.21

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ _____
- b. Itemized In-Kind Contributions Received This Period \$ \$100.00
- c. Total In-Kind Contributions Received This Period \$ \$100.00

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Ashley Dillon
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
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: Angela Middle Name: _____ Last Name: Dillon
Address: 560 Shady Grove Rd. City: Bloomington Springs State: TN Zip Code: 38545
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 3/6/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**
First Name: Harry Middle Name: _____ Last Name: Dillon
Address: 560 Shady Grove Rd. City: Bloomington Springs State: TN Zip Code: 38545
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 3/6/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**
First Name: Casey Middle Name: _____ Last Name: Dillon
Address: 6521 Lake Meadows Dr. City: Hixson State: TN Zip Code: 37343
Occupation: Engineer Employer: Novonix
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 3/6/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**
First Name: Ashley Middle Name: _____ Last Name: Dillon
Address: 6521 Lake Meadows Dr. City: Hixson State: TN Zip Code: 37343
Occupation: Clinical Therapist Employer: Stained Glass Counseling
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 3/6/2026 Aggregate This Election: \$ \$50.00

Total Contributions: \$ \$200.00

(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: Ashley Dillon
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$200.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Sabrina Middle Name: _____ Last Name: Balister
Address: 9110 Crowne Springs VW Apt. 40 City: Colorado Springs State: CO Zip Code: 80924
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$150.00 Date of Contribution: 3/15/2026 Aggregate This Election: \$ \$150.00

Business or Organization Name: _____ **OR**
First Name: Tonda Middle Name: _____ Last Name: Watson
Address: 1709 Fairview St. City: Burlington State: NC Zip Code: 27215
Occupation: Manager Employer: Cracker Barrel
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$263.90 Date of Contribution: 3/31/2026 Aggregate This Election: \$ \$263.90

Business or Organization Name: _____ **OR**
First Name: Dino Middle Name: _____ Last Name: Smith
Address: 3505 City: Chattanooga State: TN Zip Code: 37412
Occupation: LPC Employer: Benchmark
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$26.68 Date of Contribution: 3/31/2026 Aggregate This Election: \$ \$26.68

Business or Organization Name: _____ **OR**
First Name: James Middle Name: A Last Name: Strickland
Address: 202 77th St City: Virginia Beach State: VA Zip Code: 23451
Occupation: Retire Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 3/31/2026 Aggregate This Election: \$ \$100.00

Total Contributions: \$ \$740.58

(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: Ashley Dillon
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$740.58

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Charlene Middle Name: _____ Last Name: Strickland
Address: 7308 Fairington Circle City: Hixson State: TN Zip Code: 37343
Occupation: RN-Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$105.75 Date of Contribution: 3/31/2026 Aggregate This Election: \$ \$105.75

Business or Organization Name: _____ **OR**
First Name: Sterling Middle Name: _____ Last Name: DuPre
Address: 900 Mt. Belvoir Drive City: East Ridge State: TN Zip Code: 37412
Occupation: News Analyst Employer: Publius Press
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$10.86 Date of Contribution: 3/31/2026 Aggregate This Election: \$ \$10.86

Business or Organization Name: _____ **OR**
First Name: Derek Middle Name: _____ Last Name: Greene
Address: 212 Grayson Rd. City: Signal Mountain State: TN Zip Code: 37377
Occupation: Real Estate- Director of Operatio Employer: Athio
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$105.75 Date of Contribution: 3/31/2026 Aggregate This Election: \$ \$105.75

Business or Organization Name: _____ **OR**
First Name: Ashley Middle Name: _____ Last Name: Dillon
Address: 6521 Lake Meadows Dr. City: Hixson State: TN Zip Code: 37343
Occupation: Mental Health Counseling Employer: Stained Glass Counseling
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$10.86 Date of Contribution: 3/31/2026 Aggregate This Election: \$ \$60.86

Total Contributions: \$ \$973.80

(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Ashley Dillon
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars (\$100) from any contributor during the period must be reported.

Business or Organization Name: _____ **OR**
First Name: Ashley Middle Name: _____ Last Name: Thomas
Address: 588 Tulip Grove Rd. Unit A City: Hermitage State: TN Zip Code: 37076
Occupation: Teacher Employer: Wilson County Schools
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ \$100.00 In-Kind Contribution Date: 3/6/2026 Aggregate This Election: \$ \$100.00
Description of In-Kind Contribution: Graphic Design

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____
Description of In-Kind Contribution: _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____
Description of In-Kind Contribution: _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
In-Kind Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____
Description of In-Kind Contribution: _____

Total In-Kind Contributions: \$ \$100.00

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

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Ashley Dillon
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
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: Dillon OR

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

Address: 6521 Lake Meadows Dr. City: Hixson State: TN Zip Code: 37343

Purpose of Expenditure: Stamps

Amount of Expenditure: \$ \$19.50 Date of Expenditure: \$ 3/9/2026

Business or Organization Name: Dillon OR

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

Address: 6521 Lake Meadows Dr. City: Hixson State: TN Zip Code: 37343

Purpose of Expenditure: Website Domain - All My Basics

Amount of Expenditure: \$ \$83.61 Date of Expenditure: \$ 3/23/2026

Business or Organization Name: Dillon OR

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

Address: 6521 Lake Meadows Dr. City: Hixson State: TN Zip Code: 37343

Purpose of Expenditure: Canva - Door Hangers

Amount of Expenditure: \$ \$125.64 Date of Expenditure: \$ 4/1/2026

Business or Organization Name: WordPress.com OR

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

Address: 6521 Lake Meadows Dr. City: Hixson State: TN Zip Code: 37343

Purpose of Expenditure: WordPress.com

Amount of Expenditure: \$ \$104.88 Date of Expenditure: \$ 3/27/2026

Business or Organization Name: Stripe OR

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

Address: 6521 Lake Meadows Dr. City: Hixson State: TN Zip Code: 37343

Purpose of Expenditure: Credit Card Processing Fees

Amount of Expenditure: \$ \$38.58 Date of Expenditure: \$ 3/31/2026

Total Expenditures: \$ \$372.21

(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.)