



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/6/2026 2.a. Candidate or Committee Name: ANITA HODGES TAYLOR
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026
4. Campaign Address: 5036 N. Roan
City: Gray State: TN Zip Code: 37615 Phone: 4239430180
5. Candidate Home Address: 5036 N. Roan
City: Gray State: TN Zip Code: 37615 Phone: 4239430180
Candidate Email Address: AnitaforSEC@gmail.com
6. Office Sought: (include district number, if applicable) Executive Committe Woman
7. Name of Political Treasurer (may be candidate): Martha Davenport
Political Treasurer Email Address: drmd72@hotmail.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: 6/30/2026
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>\$1,398.75</u>
c. Total Disbursements This Period	\$ <u>\$876.13</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$522.62</u>
e. Total Loans Outstanding	\$ <u>\$750.00</u>
f. Total Obligations Outstanding	\$ <u>\$0.00</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: ANITA HODGES TAYLOR

14. Reporting Period: Start Date: 4/1/2026 End Date: 6/30/2026

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) \$ \$648.75
- c. Loans Received This Reporting Period..... \$ \$750.00
- 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.) \$ \$1,398.75

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$876.13
(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.)..... \$ \$876.13

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ _____
- b. Itemized In-Kind Contributions Received This Period \$ \$42.00
- c. Total In-Kind Contributions Received This Period \$ \$42.00

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: ANITA HODGES TAYLOR
2. Reporting Period: Start Date: 4/1/2026 End Date: 6/30/2026
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: James Middle Name: C Last Name: Rule

Address: 1817 Villa Ct City: Gray State: TN Zip Code: 37615

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 5/15/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**

First Name: Don Middle Name: _____ Last Name: Raines

Address: 1901 Villa Court City: Johnson City State: TN Zip Code: 37615

Occupation: Self Employer: Self

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 6/24/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Martha Middle Name: K Last Name: Davenport

Address: 267 Buchanan Rd City: Jonesborough State: TN Zip Code: 37659-700

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$23.70 Date of Contribution: 4/28/2026 Aggregate This Election: \$ \$23.70

Business or Organization Name: _____ **OR**

First Name: Anita Middle Name: H Last Name: Taylor

Address: 5036 N. Roan City: Gray State: TN Zip Code: 37615

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$25.00 Date of Contribution: 4/28/2026 Aggregate This Election: \$ \$25.00

Total Contributions: \$ \$648.70

(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: ANITA HODGES TAYLOR
2. Reporting Period: Start Date: 4/1/2026 End Date: 6/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$648.70

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Eastman Credit Union **OR**

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

Address: 2021 Meadowview Ln City: Kingsport State: TN Zip Code: 37660

Occupation: Dividend Employer: Credit Union

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

Amount of Contribution: \$ \$0.05 Date of Contribution: 6/29/2026 Aggregate This Election: \$ \$0.05

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: \$ \$648.75

(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: ANITA HODGES TAYLOR
2. Reporting Period: Start Date: 4/1/2026 End Date: 6/30/2026
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: Martha Middle Name: _____ Last Name: Davenport

Address: 267 Buchanan Rd City: Jonesborough State: TN Zip Code: 37659-700

Occupation: Retired Employer: Retired

In-Kind Contribution Received For: Primary Election ☒ General Election ☐ Runoff (Local Elections Only) ☐

In-Kind Contribution Value: \$ \$42.00 In-Kind Contribution Date: 6/1/2026 Aggregate This Election: \$ \$42.00

Description of In-Kind Contribution: Website creation

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: \$ \$42.00

(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: ANITA HODGES TAYLOR
2. Reporting Period: Start Date: 4/1/2026 End Date: 6/30/2026
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: Carter County Republican Party **OR**

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

Address: PO Box City: Elizabethton State: TN Zip Code: 37643

Purpose of Expenditure: Republican Dinner

Amount of Expenditure: \$ \$100.00 Date of Expenditure: \$ 4/14/2026

Business or Organization Name: Johnson County Republican Party **OR**

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

Address: PO Box City: Mountain City State: TN Zip Code: 37683

Purpose of Expenditure: Republican Dinner

Amount of Expenditure: \$ \$100.00 Date of Expenditure: \$ 4/21/2026

Business or Organization Name: Dollar Tree **OR**

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

Address: 3138 Boones Creek Rd City: Johnson City State: TN Zip Code: 37615

Purpose of Expenditure: Campaign Supplies

Amount of Expenditure: \$ \$71.18 Date of Expenditure: \$ 5/7/2026

Business or Organization Name: Washington County Republican party **OR**

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

Address: POBox 808 City: Mountain Home State: TN Zip Code: 37684

Purpose of Expenditure: America 250 Dinner

Amount of Expenditure: \$ \$100.00 Date of Expenditure: \$ 5/18/2026

Business or Organization Name: Mail Works **OR**

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

Address: 320 Wesley Street City: Johnson City State: TN Zip Code: 37601

Purpose of Expenditure: Printing Handout Cards

Amount of Expenditure: \$ \$54.75 Date of Expenditure: \$ 5/20/2026

Total Expenditures: \$ \$425.93

(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: ANITA HODGES TAYLOR
2. Reporting Period: Start Date: 4/1/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$425.93

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: Mail Works OR

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

Address: 320 Wesley Street City: Johnson City State: TN Zip Code: 37601

Purpose of Expenditure: Campaign Card Printing

Amount of Expenditure: \$ \$200.20 Date of Expenditure: \$ 5/21/2026

Business or Organization Name: Washington County Republican Party OR

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

Address: PO Box 808 City: Mountain Home State: TN Zip Code: 37684

Purpose of Expenditure: Campaign Ad in America 250 program

Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 6/12/2026

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: \$ _____

Total Expenditures: \$ \$876.13

(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 LOANS - CANDIDATE

1. Candidate or Committee Name: ANITA HODGES TAYLOR
2. Reporting Period: Start Date: 4/1/2026 End Date: 6/30/2026
3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: _____ **OR**

First Name: Anita Middle Name: _____ Last Name: Taylor

Address: 5036 N. Roan City: Gray State: TN Zip Code: 37615

Outstanding Loan Balance (Beginning) \$ \$0.00

Loans Received \$ \$750.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$750.00

Loan Received For: Primary Election ☒ General Election ☐ Runoff (Local Elections Only) ☐

Date of Loan: 4/8/2026

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: _____ **OR**

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

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

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

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

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

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

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

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

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

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

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

Amount Guaranteed Outstanding: \$ _____

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans.)

Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) \$ \$0.00

Loans Received \$ \$750.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$750.00