



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees



1. Date: 4/6/24 2.a. Candidate or Committee Name: Heather Sadler Gallaher
2.b. If Committee, Name of Candidate: _____ 3. Election Date: 3/5/24
4. Campaign Address: 1923 Sherandoah Trail
City: Lebanon State: TN Zip Code: 37087 Phone: 731-234-3739
5. Candidate Home Address: 1923 Sherandoah Trail
City: Lebanon State: TN Zip Code: 37087 Phone: 731-234-3739
Candidate Email Address: sadlergallaher@gmail.com
6. Office Sought: (include district number, if applicable) Lebanon Special School District School Board
7. Name of Political Treasurer (may be candidate): Kirsten McDonald-Harris
Political Treasurer Email Address: _____

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: 2-25-24 End Date: 3-31-24

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.

Heather Sadler Gallaher 4/6/24 Kirsten McDonald-Harris 4/6/24
Candidate Signature Date Political Treasurer Signature Date
Michael J. Carl 4/6/24 John Sadler 4/6/24
Witness Signature Date Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	\$	<u>2,049.93</u>
b. Total Receipts This Period	\$	<u>100</u>
c. Total Disbursements This Period	\$	<u>1,745.04</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$	<u>404.89</u>
e. Total Loans Outstanding	\$	<u>993.47</u>
f. Total Obligations Outstanding	\$	<u>0</u>

SUMMARY PAGE - CANDIDATE



13. Name of Candidate or Committee: Heather Sadler Gallaher for LSSD School Board

14. Reporting Period: Start Date: 2/25/24 End Date: 3/31/24

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 100
(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) \$ 0
- c. Loans Received This Reporting Period \$ 0
- d. Interest Received This Reporting Period \$ 0
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 100

16. Disbursements:

- a. Total Expenditures (other than loan payments) \$ 1745.04
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ 0
- c. Total Obligation Payments Made This Period \$ 0
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) \$ 1745.04

17. In-Kind Contributions:

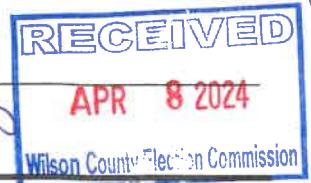
- a. Unitemized In-Kind Contributions Received This Period \$ 200
- b. Itemized In-Kind Contributions Received This Period \$ 0
- c. Total In-Kind Contributions Received This Period \$ 200

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ 0

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Heather Sadler Galagher for LSSD School Board
2. Reporting Period: Start Date: 2/25/24 End Date: 3/31/24
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 0



COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

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: \$ _____

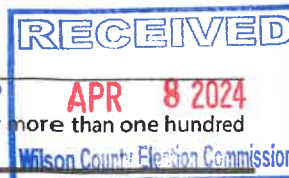
Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: ☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: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

Total Contributions: \$ _____

(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: Heather Soellen Gallaher for LSSD School Board
2. Reporting Period: Start Date: 2/25/24 End Date: 3/31/24
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ _____



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: _____ 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: _____

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: \$ _____

(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: Heather Sadler Gallaher for LSSD School Board

2. Reporting Period: Start Date: 2/25/24 End Date: 3/31/24

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



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: 98.9 WANT FM OR

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

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

Purpose of Expenditure: Radio Ads

Amount of Expenditure: \$ 720 Date of Expenditure: \$ 2/26/24

Business or Organization Name: Capitol Theater OR

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

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

Purpose of Expenditure: Sign Ads

Amount of Expenditure: \$ 200 Date of Expenditure: \$ 2/26/24

Business or Organization Name: Facebook OR

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

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

Purpose of Expenditure: Social Media Ads

Amount of Expenditure: \$ 1089.34 Date of Expenditure: \$ 2/27-4/1/24

Business or Organization Name: Harbor Freight OR

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

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

Purpose of Expenditure: Ziptie's

Amount of Expenditure: \$ 2.18 Date of Expenditure: \$ 3/5/24

Business or Organization Name: Chick-filA OR

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

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

Purpose of Expenditure: Election Day for lunch for volunteers

Amount of Expenditure: \$ 133.52 Date of Expenditure: \$ 3/5/24

Total Expenditures: \$ _____

(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: Heatha Sadler Gallaher for LSSD School Board
2. Reporting Period: Start Date: 2/25/24 End Date: 3/31/24
3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100). **APR 8 2024**

RECEIVED

Wilson County Election Commission

12:07 PM

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

Business or Organization Name: _____ OR

First Name: Heatha Middle Name: _____ Last Name: Sadler Gallaher

Address: 1923 Shenandoah Trl City: Lebanon State: TN Zip Code: 37087

Outstanding Loan Balance (Beginning) \$ 993.47

Loans Received \$ _____

Loan Payments \$ _____

Outstanding Loan (End) \$ 993.47

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

Date of Loan: _____

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) \$ _____

Loans Received \$ _____

Loan Payments \$ _____

Outstanding Loan (End) \$ _____

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: _____

2. Reporting Period: Start Date: _____ End Date: _____

3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: _____

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Description of
Obligation:

Outstanding
Balance (Period
Beginning)

\$

Debt
Incurred
This Period

\$

Payments
This Period

\$

Outstanding
Balance
(Period End)

\$



Business Name: _____

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Description of
Obligation:

Outstanding
Balance (Period
Beginning)

\$

Debt
Incurred
This Period

\$

Payments
This Period

\$

Outstanding
Balance
(Period End)

\$

Business Name: _____

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Description of
Obligation:

Outstanding
Balance (Period
Beginning)

\$

Debt
Incurred
This Period

\$

Payments
This Period

\$

Outstanding
Balance
(Period End)

\$

Business Name: _____

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Description of
Obligation:

Outstanding
Balance (Period
Beginning)

\$

Debt
Incurred
This Period

\$

Payments
This Period

\$

Outstanding
Balance
(Period End)

\$

TOTALS

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding
Balance (Period
Beginning)

\$

Debt
Incurred
This Period

\$

Payments
This Period

\$

Outstanding
Balance
(Period End)

\$