

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL VAN FOR TENNESSEE				
ADDRESS (number and street) PO BOX 541				
CITY GALLATIN		STATE TN	ZIP CODE 37066-0541	
2. NAME OF CANDIDATE HILLEARY, WILLIAM, V, ,			3. OFFICE SOUGHT (State and District) House TN 06	
4. FEC IDENTIFICATION NUMBER C00909838				
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____				
A. FULL NAME STANSBERRY, DON, , MR., JR.		Name of Employer RETIRED		Date (month, day, year) 07/24/2026
MAILING ADDRESS PO BOX 500		Transaction ID : 6F09E3ACE078A448F		Amount 1000.00
CITY HUNTSVILLE	STATE TN	ZIP CODE 37756-0500	Occupation ATTORNEY	
B. FULL NAME SMITH, REESE, , ,		Name of Employer H&S		Date (month, day, year) 07/24/2026
MAILING ADDRESS 7065 MOORES LN STE 300		Transaction ID : 6BD560A32DB1C406		Amount 1041.98
CITY BRENTWOOD	STATE TN	ZIP CODE 37027-8576	Occupation HOME BUILDER	
C. FULL NAME JOHNSON, T DAVID, , ,		Name of Employer SUNDROP		Date (month, day, year) 07/24/2026
MAILING ADDRESS 816 DENBY CT		Transaction ID : 649DFCEFC46AC457		Amount 3500.00
CITY FRANKLIN	STATE TN	ZIP CODE 37064	Occupation EXECUTIVE	
D. FULL NAME PENUEL, DAVID, , ,		Name of Employer SOUTHERN BANK OF TN		Date (month, day, year) 07/24/2026
MAILING ADDRESS 305 BETHLEHEM RD		Transaction ID : 64E4EB507EA414E2/		Amount 1000.00
CITY LEBANON	STATE TN	ZIP CODE 37087-8660	Occupation BANKER	
E. FULL NAME FLOETER, BRENDA, , ,		Name of Employer RETIRED		Date (month, day, year) 07/24/2026
MAILING ADDRESS 347 E STEVENS ST		Transaction ID : 6E1FCFD4F8CAB401		Amount 3500.00
CITY COOKEVILLE	STATE TN	ZIP CODE 38501	Occupation RETIRED	
SIGNATURE (optional) CRAWFORD, RANDALL, , ,			DATE 07/25/2026	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6
(Revised 03/2016)

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5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			

A. FULL NAME, MAILING ADDRESS AND ZIP CODE KIRKLAND, DONNA, , , 217 SOUTHFORK DR LEBANON TN 37087-4423	Name of Employer GILDED BLOOM Transaction ID : 6158789F4AD9B49DAB0C Occupation OWNER	Date (month, day, year) 07/24/2026	Amount 2000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE GREER, ELIZABETH, , , 5137 BOXCROFT PL NASHVILLE TN 37205-3701	Name of Employer SELF Transaction ID : 645A928A4F6EF41159CB Occupation ATTORNEY	Date (month, day, year) 07/24/2026	Amount 2000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE MIRES, KELLIE, , MS., 102 HARTMANN DR STE G306 LEBANON TN 37087-2569	Name of Employer WBLII Transaction ID : 61797ADA9EDAA4B4FBD Occupation CPA	Date (month, day, year) 07/24/2026	Amount 1500.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE BELL, JACK, , , 729 OLD HORN SPRINGS RD LEBANON TN 37087-1814	Name of Employer SELF-EMPLOYED Transaction ID : 611D6E8AAB97346C5B5B Occupation DEVELOPER	Date (month, day, year) 07/24/2026	Amount 1500.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE HILL, AMBER, , MRS., PO BOX 150391 NASHVILLE TN 37215-0391	Name of Employer HOMEMAKER Transaction ID : 60267B0A89D8A4F67839 Occupation HOMEMAKER	Date (month, day, year) 07/24/2026	Amount 1000.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE			
CLARK, CRAIG, , MR., 2266 HIGHWAY 68 CROSSVILLE TN 38555-1533		Name of Employer RETIRED Transaction ID : 6CC275E0D20CA4245981 Occupation RETIRED	
		Date (month, day, year) 07/24/2026	
		Amount 1041.98	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
VALLEY PAC 1051 LARAMIE CT MURFREESBORO TN 37128-7728		Name of Employer Transaction ID : 60F4CAE3613934AC7B61 Occupation	
		Date (month, day, year) 07/24/2026	
		Amount 2000.00	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer	
		Occupation	
		Date (month, day, year)	
		Amount	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer	
		Occupation	
		Date (month, day, year)	
		Amount	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer	
		Occupation	
		Date (month, day, year)	
		Amount	

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