



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/10/2026 2.a. Candidate or Committee Name: Will Lehw
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/10/2026
4. Campaign Address: 2455 Oak Hill Dr
City: Murfreesboro State: TN Zip Code: 37130 Phone: 6156311266
5. Candidate Home Address: 2455 Oak Hill Dr
City: Murfreesboro State: TN Zip Code: 37130 Phone: 6156311266
Candidate Email Address: willis5046@gmail.com
6. Office Sought: (include district number, if applicable) County Commission District #04
7. Name of Political Treasurer (may be candidate): James Lehw
Political Treasurer Email Address: willis5046@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 ☐ Runoff Election
9. Reporting Period: Start Date: 4/26/2026 End Date: 7/10/2026
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>\$2,026.42</u>
b. Total Receipts This Period	\$ <u>\$994.86</u>
c. Total Disbursements This Period	\$ <u>\$2,332.96</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$688.32</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: Will Lehw

14. Reporting Period: Start Date: 4/26/2026 End Date: 7/10/2026

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) \$ \$994.86
- 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.) \$ \$994.86

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$2,332.96
(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.)..... \$ \$2,332.96

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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Will Lehew
2. Reporting Period: Start Date: 4/26/2026 End Date: 7/10/2026
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: Andrea Middle Name: _____ Last Name: Eller

Address: 2032 Belmont Rd NW 310 City: Washington DC State: TN Zip Code: 20009

Occupation: educator Employer: self

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 5/13/2026 Aggregate This Election: \$ \$1,600.00

Business or Organization Name: _____ **OR**

First Name: Ashley Middle Name: _____ Last Name: Benkarski

Address: 2322 Richmond Ave City: Murfreesboro State: TN Zip Code: 37130

Occupation: Organizer Employer: CLASI

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

Amount of Contribution: \$ \$20.00 Date of Contribution: 5/14/2026 Aggregate This Election: \$ \$80.00

Business or Organization Name: _____ **OR**

First Name: Kevin Middle Name: _____ Last Name: Mitchell

Address: 1008 Auldridge Dr City: Christiana State: TN Zip Code: 37037

Occupation: Law Enforcement Employer: Rutherford County

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

Amount of Contribution: \$ \$250.00 Date of Contribution: 5/17/2026 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**

First Name: Casey Middle Name: _____ Last Name: Brown

Address: 2499 Oak Hill Dr City: Murfreesboro State: TN Zip Code: 37130

Occupation: educator Employer: MTSU

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 5/20/2026 Aggregate This Election: \$ \$100.00

Total Contributions: \$ \$820.00

(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: Will Lehew
2. Reporting Period: Start Date: 4/26/2026 End Date: 7/10/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$820.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Ashley Middle Name: _____ Last Name: Benkarski

Address: 2322 Richmond Ave City: Murfreesboro State: TN Zip Code: 37130

Occupation: Organizer Employer: CLASI

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

Amount of Contribution: \$ \$20.00 Date of Contribution: 6/14/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Randle Middle Name: _____ Last Name: Branch

Address: 1616 Richland Richardson City: Murfreesboro State: TN Zip Code: 37130

Occupation: Retired Employer: N/A

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 6/29/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: Amazon Refund for purchase return **OR**

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

Address: 2455 Oak Hill Dr City: Murfreesboro State: TN Zip Code: 37130

Occupation: unemployed Employer: Unemployed

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

Amount of Contribution: \$ \$54.86 Date of Contribution: 5/8/2026 Aggregate This Election: \$ \$54.86

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: \$ \$994.86

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Will Lehw
2. Reporting Period: Start Date: 4/26/2026 End Date: 7/10/2026
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: _____ **OR**
First Name: Will Middle Name: _____ Last Name: Signs on the cheap
Address: 2455 Oak Hill Dr City: Murfreesboro State: TN Zip Code: 37130
Purpose of Expenditure: promo materials
Amount of Expenditure: \$ \$356.04 Date of Expenditure: \$ 4/27/2026

Business or Organization Name: Amazon **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 440 Terry Ave City: Seattle State: WA Zip Code: 98109
Purpose of Expenditure: qimble for content creation
Amount of Expenditure: \$ \$54.86 Date of Expenditure: \$ 5/1/2026

Business or Organization Name: Mac's Kettle Corn **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8067 old woodbury hwy City: Readyville State: TN Zip Code: 37194
Purpose of Expenditure: refreshments for event
Amount of Expenditure: \$ \$9.86 Date of Expenditure: \$ 5/1/2026

Business or Organization Name: Tractor Supply **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2310 Mercury Blvd City: Murfreesboro State: TN Zip Code: 37130
Purpose of Expenditure: Materials for sign placement
Amount of Expenditure: \$ \$100.51 Date of Expenditure: \$ 5/3/2026

Business or Organization Name: Amazon **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 440 Terry Ave City: Seattle State: WA Zip Code: 98109
Purpose of Expenditure: microphones for content creation
Amount of Expenditure: \$ \$64.75 Date of Expenditure: \$ 5/2/2026

Total Expenditures: \$ \$586.02

(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: Will Lehw
2. Reporting Period: Start Date: 4/26/2026 End Date: 7/10/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$586.02

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: Walmart OR

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

Address: 2900 S Rutherford Blvd City: Murfreesboro State: TN Zip Code: 37130

Purpose of Expenditure: Materials for sign placement

Amount of Expenditure: \$ \$16.42 Date of Expenditure: \$ 5/2/2026

Business or Organization Name: _____ OR

First Name: Ryan Middle Name: W Last Name: Alldaffer

Address: Facebook Marketplace City: Murfreesboro State: TN Zip Code: 37130

Purpose of Expenditure: qimble for content creation

Amount of Expenditure: \$ \$75.00 Date of Expenditure: \$ 5/4/2026

Business or Organization Name: Act Blue for Brenden Doughtie OR

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

Address: 366 summer st City: somerville State: MA Zip Code: 02144

Purpose of Expenditure: admission to networking event

Amount of Expenditure: \$ \$50.00 Date of Expenditure: \$ 5/10/2026

Business or Organization Name: Staples OR

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

Address: 1740 Old Fort Parkway City: Murfreesboro State: TN Zip Code: 37130

Purpose of Expenditure: promo materials

Amount of Expenditure: \$ \$35.11 Date of Expenditure: \$ 5/11/2026

Business or Organization Name: Dope Marketing OR

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

Address: 3225 Neil Armstrong Blvd #100, E City: Eagen State: MN Zip Code: 55121

Purpose of Expenditure: Signs

Amount of Expenditure: \$ \$199.00 Date of Expenditure: \$ 5/17/2026

Total Expenditures: \$ \$961.55

(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: Will Leheh
2. Reporting Period: Start Date: 4/26/2026 End Date: 7/10/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$961.55

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: Hobby Lobby OR

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

Address: 1717 Old Fort Parkway City: Murfreesboro State: TN Zip Code: 37130

Purpose of Expenditure: Blank Shirts

Amount of Expenditure: \$ \$9.31 Date of Expenditure: \$ 5/19/2026

Business or Organization Name: Dapper Owl OR

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

Address: 2412 E Main St City: Murfreesboro State: TN Zip Code: 37130

Purpose of Expenditure: refreshments for meeting

Amount of Expenditure: \$ \$13.11 Date of Expenditure: \$ 5/22/2026

Business or Organization Name: Seven Eleven OR

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

Address: 1849 E Northfield City: Murfreesboro State: TN Zip Code: 37130

Purpose of Expenditure: refreshments for Canvass team

Amount of Expenditure: \$ \$18.14 Date of Expenditure: \$ 5/23/2026

Business or Organization Name: Vista Print OR

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

Address: 95 Hayden Ave City: Lexington State: MA Zip Code: 02421

Purpose of Expenditure: Direct Mailers

Amount of Expenditure: \$ \$298.48 Date of Expenditure: \$ 5/30/2026

Business or Organization Name: Textedly OR

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

Address: 133 N Citrus Ave #202 City: Covina State: CA Zip Code: 91723

Purpose of Expenditure: Text Messaging service

Amount of Expenditure: \$ \$62.56 Date of Expenditure: \$ 6/26/2026

Total Expenditures: \$ \$1,363.15

(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: Will Lehw
2. Reporting Period: Start Date: 4/26/2026 End Date: 7/10/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$1,363.15

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: Vista Print OR

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

Address: 95 Hayden Ave City: Lexington State: MA Zip Code: 02421

Purpose of Expenditure: Palm Cards

Amount of Expenditure: \$ \$105.34 Date of Expenditure: \$ 6/28/2026

Business or Organization Name: Vista Print OR

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

Address: 95 Hayden Ave City: Lexington State: MA Zip Code: 02421

Purpose of Expenditure: Direct Mailers

Amount of Expenditure: \$ \$828.14 Date of Expenditure: \$ 7/3/2026

Business or Organization Name: _____ OR

First Name: Will Middle Name: _____ Last Name: Texedly

Address: 133 N Citrus Ave #202 City: Covina State: CA Zip Code: 91724

Purpose of Expenditure: Text Messaging service

Amount of Expenditure: \$ \$4.39 Date of Expenditure: \$ 7/3/2026

Business or Organization Name: Act Blue OR

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

Address: 366 summer st City: somerville State: TN Zip Code: 02144

Purpose of Expenditure: Processing Fees

Amount of Expenditure: \$ \$31.94 Date of Expenditure: \$ 7/10/2026

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: \$ _____

Total Expenditures: \$ \$2,332.96

(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.)