CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
For State and Local Candidates
For Single-Candidate Committees

1. Date: 10/28/2025 2.a. Candidate or Committee Name: Doug Lloyd

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 11/4/2025

4. Campaign Address: PO Box 3161

City: Knoxville State: TN Zip Code: 37930 Phone: _____

5. Candidate Home Address: 5012 Cain Rd

City: Knoxville State: TN Zip Code: 37921 Phone: _____

Candidate Email Address: doug26lloyd@gmail.com

6. Office Sought: (include district number, if applicable) City Council, District 3

7. Name of Political Treasurer (may be candidate): Chrissey Stephens

Political Treasurer Email Address: clstephenstn@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: 10/1/2025 End Date: 10/25/2025

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

C00B-400A-BFFF-0B17
10/28/25 - 4:13 PM

12. Summary:

a.	Balance On Hand Last Report	$ $14,242.88
b.	Total Receipts This Period	$ $3,310.73
c.	Total Disbursements This Period	$ $12,489.81
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $5,063.80
e.	Total Loans Outstanding	$ $0.00
f.	Total Obligations Outstanding	$ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Doug Lloyd

14. Reporting Period: Start Date: 10/1/2025 End Date: 10/25/2025

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) ..... $ $3,310.73

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.) ..... $ $3,310.73

16. Disbursements:

a. Total Expenditures (other than loan payments)..... $ $12,489.81
(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.)..... $ $12,489.81

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: Doug Lloyd

2. Reporting Period: Start Date: 10/1/2025 End Date: 10/25/2025

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: Craig Middle Name: _____ Last Name: Belitz

Address: 1657 Joe Hinton Rd City: Knoxville State: TN Zip Code: 37931

Occupation: Business Owner Employer: Craig Belitz Construction

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

Amount of Contribution: $$1,000.0 Date of Contribution: 10/13/2025 Aggregate This Election: $ $1,000.0

Business or Organization Name: _____ **OR**

First Name: Timothy Middle Name: _____ Last Name: Hill

Address: 6505 Orchard Rd City: Knoxville State: TN Zip Code: 37919

Occupation: Commercial Developer Employer: Hatcher-Hill Properties

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

Amount of Contribution: $$260.73 Date of Contribution: 10/15/2025 Aggregate This Election: $ $260.73

Business or Organization Name: _____ **OR**

First Name: Lisa Middle Name: _____ Last Name: Shouse

Address: 1301 Wilshire Rd City: Knoxville State: TN Zip Code: 37919

Occupation: Retired Employer: Retired

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

Amount of Contribution: $$250.00 Date of Contribution: 10/17/2025 Aggregate This Election: $ $250.00

Business or Organization Name: _____ **OR**

First Name: Kirk Middle Name: _____ Last Name: Huddleston

Address: 7505 Lawford Rd City: Knoxville State: TN Zip Code: 37919

Occupation: Real Estate Investor Employer: Self

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

Amount of Contribution: $$300.00 Date of Contribution: 10/17/2025 Aggregate This Election: $ $300.00

Total Contributions: $ $1,810.73

(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: Doug Lloyd

2. Reporting Period: Start Date: 10/1/2025 End Date: 10/25/2025

3. Total campaign contributions from preceding page (enter $0 if first page) $ $1,810.73

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: TDH Inc **OR**

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

Address: 2211 Dutch Valley Dr City: Knoxville State: TN Zip Code: 37918

Occupation: N/A Employer: N/A

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

Amount of Contribution: $ $1,000.0 Date of Contribution: 10/17/2025 Aggregate This Election: $ $1,000.0

Business or Organization Name: _____ **OR**

First Name: H Middle Name: Peter Last Name: Claussen

Address: PO Box 2408 City: Knoxville State: TN Zip Code: 37901

Occupation: Railroad Administrator Employer: Gulf & Ohio Railways

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

Amount of Contribution: $ $500.00 Date of Contribution: 10/23/2025 Aggregate This Election: $ $500.00

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: $ $3,310.73

(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: Doug Lloyd

2. Reporting Period: Start Date: 10/1/2025 End Date: 10/25/2025

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: Lucas Middle Name: _____ Last Name: Lorent

Address: 303 W Blount Ave Apt 652 City: Knoxville State: TN Zip Code: 37920

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $76.00 Date of Expenditure: $ 10/1/2025

Business or Organization Name: _____ **OR**

First Name: Seth Middle Name: _____ Last Name: Campbell

Address: 2307 W Beaver Creek Dr City: Powell State: TN Zip Code: 37849

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $90.50 Date of Expenditure: $ 10/1/2025

Business or Organization Name: _____ **OR**

First Name: Andrew Middle Name: _____ Last Name: Hodgkiss

Address: 2307 W Beaver Creek Dr City: Powell State: TN Zip Code: 37849

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $159.25 Date of Expenditure: $ 10/1/2025

Business or Organization Name: Burns Mailing & Printing **OR**

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

Address: 6131 Industrial Heights Dr NW City: Knoxville State: TN Zip Code: 37909

Purpose of Expenditure: Postage

Amount of Expenditure: $ $239.96 Date of Expenditure: $ 10/1/2025

Business or Organization Name: Hart Graphics **OR**

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

Address: 10228 Technology Dr City: Knoxville State: TN Zip Code: 37932

Purpose of Expenditure: Printing

Amount of Expenditure: $ $330.48 Date of Expenditure: $ 10/1/2025

Total Expenditures: $ $896.19

(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: Doug Lloyd

2. Reporting Period: Start Date: 10/1/2025 End Date: 10/25/2025

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $896.19

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: i360 **OR**

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

Address: 2300 Clarendon Blvd Ste 800 City: Arlington State: VA Zip Code: 22201

Purpose of Expenditure: Technology Subscription

Amount of Expenditure: $ $250.00 Date of Expenditure: $ 10/3/2025

Business or Organization Name: _____ **OR**

First Name: Jonrobert Middle Name: _____ Last Name: Barton

Address: 604 Eastanallee Ave City: Athens State: TN Zip Code: 37303

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $136.04 Date of Expenditure: $ 10/3/2025

Business or Organization Name: _____ **OR**

First Name: Gavyn Middle Name: _____ Last Name: Boyd

Address: 7116 Utz Rd City: Lewisburg State: OH Zip Code: 45338

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $118.66 Date of Expenditure: $ 10/3/2025

Business or Organization Name: _____ **OR**

First Name: Reagan Middle Name: _____ Last Name: Gibson

Address: 2307 W Beaver Creek Dr City: Powell State: TN Zip Code: 37849

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $217.20 Date of Expenditure: $ 10/3/2025

Business or Organization Name: _____ **OR**

First Name: Alicia Middle Name: _____ Last Name: Gonzales

Address: 5840 NW Alpha Ct City: Port St Luice State: FL Zip Code: 34986

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $93.72 Date of Expenditure: $ 10/3/2025

Total Expenditures: $ $1,711.81

(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: Doug Lloyd

2. Reporting Period: Start Date: 10/1/2025 End Date: 10/25/2025

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $1,711.81

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: Caleb Middle Name: _____ Last Name: Grinstead

Address: 323 Greystone Rd City: Marion State: VA Zip Code: 24354

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $212.52 Date of Expenditure: $ 10/3/2025

Business or Organization Name: _____ **OR**

First Name: Patty Middle Name: Jean Last Name: King

Address: 950 Wildwood Garden Dr City: Knoxville State: TN Zip Code: 37920

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $585.96 Date of Expenditure: $ 10/3/2025

Business or Organization Name: _____ **OR**

First Name: Ethan Middle Name: _____ Last Name: McMurray

Address: 162 Booher Rd City: Jonesborough State: TN Zip Code: 37659

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $108.64 Date of Expenditure: $ 10/3/2025

Business or Organization Name: _____ **OR**

First Name: Delaney Middle Name: _____ Last Name: Palma

Address: 9860 Orange Ave City: Fort Pierce State: FL Zip Code: 34945

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $140.20 Date of Expenditure: $ 10/3/2025

Business or Organization Name: IRS **OR**

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

Address: PO Box 806532 City: Cincinnati State: OH Zip Code: 45280

Purpose of Expenditure: Payroll Taxes

Amount of Expenditure: $ $298.62 Date of Expenditure: $ 10/3/2025

Total Expenditures: $ $3,057.75

(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: Doug Lloyd

2. Reporting Period: Start Date: 10/1/2025 End Date: 10/25/2025

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $3,057.75

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: Professional Payroll Services **OR**

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

Address: PO Box 82 City: Johnson City State: TN Zip Code: 37605

Purpose of Expenditure: Payroll Services

Amount of Expenditure: $ $30.88 Date of Expenditure: $ 10/3/2025

Business or Organization Name: Wind Consulting **OR**

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

Address: 2429 Bishops Bridge Rd City: Knoxville State: TN Zip Code: 37922

Purpose of Expenditure: Campaign Consultant

Amount of Expenditure: $ $2,100.00 Date of Expenditure: $ 10/3/2025

Business or Organization Name: _____ **OR**

First Name: Emily Middle Name: _____ Last Name: Wiatr

Address: 2429 Bishops Bridge Rd City: Knoxville State: TN Zip Code: 37990

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $45.00 Date of Expenditure: $ 10/6/2025

Business or Organization Name: Hart Graphics **OR**

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

Address: 10228 Technology Dr City: Knoxville State: TN Zip Code: 37932

Purpose of Expenditure: Printing

Amount of Expenditure: $ $449.02 Date of Expenditure: $ 10/9/2025

Business or Organization Name: Hart Graphics **OR**

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

Address: 10228 Technology Dr City: Knoxville State: TN Zip Code: 37932

Purpose of Expenditure: Printing

Amount of Expenditure: $ $147.49 Date of Expenditure: $ 10/9/2025

Total Expenditures: $ $5,830.14

(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: Doug Lloyd

2. Reporting Period: Start Date: 10/1/2025 End Date: 10/25/2025

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $5,830.14

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: AIA Corporation **OR**

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

Address: 222 W College Ave 9th Floor City: Appleton State: WI Zip Code: 54911

Purpose of Expenditure: Printing/Promotion

Amount of Expenditure: $ $1,540.73 Date of Expenditure: $ 10/9/2025

Business or Organization Name: Burns Mailing & Printing **OR**

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

Address: 6131 Industrial Heights Dr NW City: Knoxville State: TN Zip Code: 37909

Purpose of Expenditure: Postage

Amount of Expenditure: $ $997.47 Date of Expenditure: $ 10/10/2025

Business or Organization Name: AIA Corporation **OR**

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

Address: 222 W College Ave 9th Floor City: Appleton State: WI Zip Code: 54911

Purpose of Expenditure: Printing/Promotion

Amount of Expenditure: $ $334.04 Date of Expenditure: $ 10/13/2025

Business or Organization Name: _____ **OR**

First Name: Cheri Middle Name: _____ Last Name: Wiatr

Address: 5965 Babelay Rd City: Knoxville State: TN Zip Code: 37924

Purpose of Expenditure: Campain Worker

Amount of Expenditure: $ $15.00 Date of Expenditure: $ 10/16/2025

Business or Organization Name: _____ **OR**

First Name: Lauren Middle Name: _____ Last Name: Jenkins

Address: 50 Prospect St Apt 903 City: Somerville State: MA Zip Code: 02143

Purpose of Expenditure: Campain Worker

Amount of Expenditure: $ $30.00 Date of Expenditure: $ 10/16/2025

Total Expenditures: $ $8,747.38

(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: Doug Lloyd

2. Reporting Period: Start Date: 10/1/2025 End Date: 10/25/2025

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $8,747.38

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: Hart Graphics **OR**

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

Address: 10228 Technology Dr City: Knoxville State: TN Zip Code: 37932

Purpose of Expenditure: Printing

Amount of Expenditure: $ $754.92 Date of Expenditure: $ 10/16/2025

Business or Organization Name: Victory Text **OR**

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

Address: 190 Monroe Ave NW Ste 300 City: Grand Rapids State: MI Zip Code: 49503

Purpose of Expenditure: Texting Services

Amount of Expenditure: $ $209.76 Date of Expenditure: $ 10/16/2025

Business or Organization Name: _____ **OR**

First Name: Kat Middle Name: _____ Last Name: Worden

Address: 2307 W Beaver Creek Dr City: Powell State: TN Zip Code: 37849

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $6.50 Date of Expenditure: $ 10/16/2025

Business or Organization Name: _____ **OR**

First Name: Zane Middle Name: _____ Last Name: Hoover

Address: 2307 W Beaver Creek Dr City: Powell State: TN Zip Code: 37849

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $5.00 Date of Expenditure: $ 10/16/2025

Business or Organization Name: _____ **OR**

First Name: Isaiah Middle Name: _____ Last Name: McGuire

Address: 4025 Kingston Pike City: Knoxville State: TN Zip Code: 37919

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $52.00 Date of Expenditure: $ 10/16/2025

Total Expenditures: $ $9,775.56

(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: Doug Lloyd

2. Reporting Period: Start Date: 10/1/2025 End Date: 10/25/2025

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $9,775.56

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: Maxwell Middle Name: _____ Last Name: Andrews

Address: 2035 Rivergate Dr City: Knoxville State: TN Zip Code: 37920

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $102.73 Date of Expenditure: $ 10/17/2025

Business or Organization Name: _____ **OR**

First Name: Jonrobert Middle Name: _____ Last Name: Barton

Address: 604 Eastanallee Ave City: Athens State: TN Zip Code: 37303

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $48.03 Date of Expenditure: $ 10/17/2025

Business or Organization Name: _____ **OR**

First Name: Daniel Middle Name: _____ Last Name: Daku

Address: 2307 W Beaver Creek Dr City: Powell State: TN Zip Code: 37849

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $91.43 Date of Expenditure: $ 10/17/2025

Business or Organization Name: _____ **OR**

First Name: Reagan Middle Name: _____ Last Name: Gibson

Address: 2307 W Beaver Creek Dr City: Powell State: TN Zip Code: 37849

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $81.27 Date of Expenditure: $ 10/17/2025

Business or Organization Name: _____ **OR**

First Name: Dillon Middle Name: _____ Last Name: Gimple

Address: 231 Spangler Rd City: Mayfield State: KY Zip Code: 42066

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $88.34 Date of Expenditure: $ 10/17/2025

Total Expenditures: $ $10,187.36

(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: Doug Lloyd

2. Reporting Period: Start Date: 10/1/2025 End Date: 10/25/2025

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $10,187.36

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: Alicia Middle Name: _____ Last Name: Gonzales

Address: 5840 NW Alpha Ct City: Port St Luice State: FL Zip Code: 34986

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $4.63 Date of Expenditure: $ 10/17/2025

Business or Organization Name: _____ **OR**

First Name: Caleb Middle Name: _____ Last Name: Grinstead

Address: 323 Greystone Rd City: Marion State: VA Zip Code: 24354

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $155.63 Date of Expenditure: $ 10/17/2025

Business or Organization Name: _____ **OR**

First Name: Andrew Middle Name: _____ Last Name: Hodgkiss

Address: 860 Longview Rd City: Shelbyville State: TN Zip Code: 37160

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $43.43 Date of Expenditure: $ 10/17/2025

Business or Organization Name: _____ **OR**

First Name: Patty Middle Name: Jean Last Name: King

Address: 950 Wildwood Garden Dr City: Knoxville State: TN Zip Code: 37920

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $252.72 Date of Expenditure: $ 10/17/2025

Business or Organization Name: _____ **OR**

First Name: Ethan Middle Name: _____ Last Name: McMurray

Address: 162 Booher Rd City: Jonesborough State: TN Zip Code: 37659

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $68.94 Date of Expenditure: $ 10/17/2025

Total Expenditures: $ $10,712.71

(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: Doug Lloyd

2. Reporting Period: Start Date: 10/1/2025 End Date: 10/25/2025

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $10,712.71

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: Delaney Middle Name: _____ Last Name: Palma

Address: 9860 Orange Ave City: Fort Pierce State: FL Zip Code: 34945

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $149.98 Date of Expenditure: $ 10/17/2025

Business or Organization Name: _____ **OR**

First Name: Andrew Middle Name: _____ Last Name: Schmidt

Address: 2307 W Beaver Creek Dr City: Knoxville State: TN Zip Code: 37949

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $262.84 Date of Expenditure: $ 10/17/2025

Business or Organization Name: _____ **OR**

First Name: Bunker Middle Name: _____ Last Name: Seyfert

Address: 2658 Scottish Pike City: Knoxville State: TN Zip Code: 37920

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $121.42 Date of Expenditure: $ 10/17/2025

Business or Organization Name: _____ **OR**

First Name: Jacob Middle Name: _____ Last Name: Weissflog

Address: 195 Highgrove Dr City: Fayettville State: GA Zip Code: 30215

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $204.07 Date of Expenditure: $ 10/17/2025

Business or Organization Name: _____ **OR**

First Name: Saxen Middle Name: _____ Last Name: Wilken

Address: 2200 Crampton Rd City: Lynchburg State: OH Zip Code: 45142

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $170.91 Date of Expenditure: $ 10/17/2025

Total Expenditures: $ $11,621.93

(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: Doug Lloyd

2. Reporting Period: Start Date: 10/1/2025 End Date: 10/25/2025

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $11,621.93

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: IRS **OR**

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

Address: PO Box 806532 City: Cincinnati State: OH Zip Code: 45280

Purpose of Expenditure: Payroll Taxes

Amount of Expenditure: $ $304.96 Date of Expenditure: $ 10/17/2025

Business or Organization Name: Professional Payroll Services **OR**

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

Address: PO Box 82 City: Johnson City State: TN Zip Code: 37605

Purpose of Expenditure: Payroll Services

Amount of Expenditure: $ $39.31 Date of Expenditure: $ 10/17/2025

Business or Organization Name: _____ **OR**

First Name: Emily Middle Name: _____ Last Name: Wiatr

Address: 2429 Bishops Bridge Rd City: Knoxville State: TN Zip Code: 37990

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $60.00 Date of Expenditure: $ 10/21/2025

Business or Organization Name: Victory Text **OR**

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

Address: 190 Monroe Ave NW Ste 300 City: Grand Rapids State: MI Zip Code: 49503

Purpose of Expenditure: Texting Services

Amount of Expenditure: $ $194.88 Date of Expenditure: $ 10/21/2025

Business or Organization Name: _____ **OR**

First Name: Chrissey Middle Name: _____ Last Name: Stephens

Address: 2614 Sweeping Rain Ln City: Knoxville State: TN Zip Code: 37931

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $258.00 Date of Expenditure: $ 10/23/2025

Total Expenditures: $ $12,479.08

(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: Doug Lloyd

2. Reporting Period: Start Date: 10/1/2025 End Date: 10/25/2025

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $12,479.08

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: Andedot/Fundraising Site **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 5555 Hilton Ave Ste 106 City: Baton Rouge State: LA Zip Code: 70808
Purpose of Expenditure: Bank Fees
Amount of Expenditure: $ $10.73 Date of Expenditure: $ 10/25/2025

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: $ ______

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: $ $12,489.81
(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.)