CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 10/05/2026 2.a. Candidate or Committee Name: Elect Louise Parlin

2.b. If Committee, Name of Candidate: Louise Parlin 3. Election Date:

4. Campaign Address: P.O. Box 22067

City: Farragut State: TN Zip Code: 37933 Phone: 865-385-7817

5. Candidate Home Address: 275 Middle Farms Blvd #402

City: Farragut State: TN Zip Code: 37934 Phone: 865-385-7817

Candidate Email Address: louise@electlouiseparlin.com

6. Office Sought: (include district number, if applicable) Mayor, Town of Farragut

7. Name of Political Treasurer (may be candidate): Scott Meyer

Political Treasurer Email Address: scottjmeyercpa@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: 07/28/2026 End Date: 09/30/2026

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
	10-5-2026		10-05-2026

Witness Signature	Date	Witness Signature	Date
	05-Oct-2026		05-Oct-2026

12. Summary:

a.	Balance On Hand Last Report	$ 9279.17
b.	Total Receipts This Period	$ 438.43
c.	Total Disbursements This Period	$ 9717.60
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 0
e.	Total Loans Outstanding	$ 0
f.	Total Obligations Outstanding	$ 0

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Elect Louise Povlin

14. Reporting Period: Start Date: 07/28/2026 End Date: 09/30/2026

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) ..... $ 438.43

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.) ..... $ 438.43

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 4,717.60
(Note: Effective January 16, 2023, all expenditures must be itemized.)

b. Loan Repayments Made This Period ..... $ 5,000.00

c. Total Obligation Payments Made This Period ..... $ 0

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) ..... $ 9,717.60

17. In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period ..... $ 0

b. Itemized In-Kind Contributions Received This Period ..... $ 0

c. Total In-Kind Contributions Received This Period ..... $ 0

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Elect Louise Povlin

2. Reporting Period: Start Date: 07/28/2026 End Date: 09/30/2026

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: Elect Louise Povlin OR

First Name: JACK Middle Name: _____ Last Name: Burgin

Address: 821 McGuffey's Dr. City: Farragut State: TN Zip Code: 37934

Occupation: Attorney Employer: Kramer & Rayson

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

Amount of Contribution: $ 206.28 Date of Contribution: 07/29/2026 Aggregate This Election: $ 206.28

Business or Organization Name: _____ OR

First Name: John Middle Name: _____ Last Name: Johnson

Address: 307 Justice Valley Str. City: Farragut State: TN Zip Code: 37934

Occupation: Attorney Employer: Kramer & Rayson

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

Amount of Contribution: $ 200.00 Date of Contribution: 07/31/2026 Aggregate This Election: $ 200.00

Business or Organization Name: _____ OR

First Name: JAY Middle Name: _____ Last Name: Povlin

Address: 275 Biddle Farms Blvd #02 City: Farragut State: TN Zip Code: 37934

Occupation: Semi-Ret Employer: Self

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

Amount of Contribution: $ 32.15 Date of Contribution: 09/16/2026 Aggregate This Election: $ 1832.15

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: $ 438.43

(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: Elect Louise Povlin

2. Reporting Period: Start Date: 07/28/2026 End Date: 09/30/2026

3. Total in-kind contributions from preceding page (enter $0 if first page) $ 0

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: Elect Louise Povlin **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: $ 0

(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: Elect Louise Povlin

2. Reporting Period: Start Date: 07/28/2026 End Date: 09/30/2026

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

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: ~~Elect Louise Povlin~~ Farragut Press OR

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

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

Purpose of Expenditure: Ad Placement for ~~Aug 5~~ July 29

Amount of Expenditure: $ 930.00 Date of Expenditure: 07/28/2026

Business or Organization Name: Elder's Ace Hardware OR

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

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

Purpose of Expenditure: Supplies

Amount of Expenditure: $ 10.89 Date of Expenditure: 07/29/2026

Business or Organization Name: Elect Joe LaCroix OR

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

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

Purpose of Expenditure: Ad Space Buy for 7/22 - 7/29 Farragut Press

Amount of Expenditure: $ -697.50 (credit) Date of Expenditure: 07/31/2026

Business or Organization Name: Farragut Press OR

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

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

Purpose of Expenditure: Ad Placement for Aug 5

Amount of Expenditure: $ 930.00 Date of Expenditure: 08/05/2026

Business or Organization Name: MWC Advertising Knoxville OR

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

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

Purpose of Expenditure: Email Blast

Amount of Expenditure: $ 500.00 Date of Expenditure: 08/05/2026

Total Expenditures: $ 1,673.39

(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: Elect Louise Povlin

2. Reporting Period: Start Date: 07/28/2026 End Date: 09/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 1,673.39

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: ~~Elect Louise Povlin~~ Intuit **OR**

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

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

Purpose of Expenditure: Monthly QBO Subscription

Amount of Expenditure: $ 41.52 Date of Expenditure: 08/10/2026

Business or Organization Name: Stamps.com **OR**

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

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

Purpose of Expenditure: Mailing / Postage Subscription

Amount of Expenditure: $ 22.93 Date of Expenditure: 08/10/2026

Business or Organization Name: 5-Star Holdings, Inc **OR**

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

Address: 12568 Kingston Pike City: Farragut State: TN Zip Code: 37934

Purpose of Expenditure: Photo copy charges

Amount of Expenditure: $ 6.96 Date of Expenditure: 08/27/2026

Business or Organization Name: MKA Consulting & Design **OR**

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

Address: 1302 Madison Oaks Rd City: Knoxville State: TN Zip Code: 37924

Purpose of Expenditure: Creative Design Work

Amount of Expenditure: $ 2925.00 Date of Expenditure: $ 09/03/2026

Business or Organization Name: Stripe **OR**

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

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

Purpose of Expenditure: CC Processing Fee

Amount of Expenditure: $ 6.28 Date of Expenditure: 07/31/2026

Total Expenditures: $ 4676.08

(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: Elect Louise Povlin

2. Reporting Period: Start Date: 07/28/2026 End Date: 09/30/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 4676.08

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: ~~Elect Louise Povlin~~ Intuit OR

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

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

Purpose of Expenditure: Monthly QBO Subscription

Amount of Expenditure: $ 41.52 Date of Expenditure: $ 09/10/2026

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: $ _____

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: $ 4,717.60

(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: Elect Louise Povlin

2. Reporting Period: Start Date: 07/28/2026 End Date: 09/30/2026

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: Elect Louise Povlin **OR**

First Name: Louise Middle Name: B. Last Name: POVLIN

Address: 275 Biddle Farms Blvd, 402 City: Farragut State: TN Zip Code: 37934

Outstanding Loan Balance (Beginning) ..... $ 5,000.00

Loans Received ..... $ 0

Loan Payments ..... $ 5,000.00

Outstanding Loan (End) ..... $ 0

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

Date of Loan: 03/05/2026

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) ..... $ 5000.00

Loans Received ..... $ 0

Loan Payments ..... $ 5,000.00

Outstanding Loan (End) ..... $ 0

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Elect Louise Povlin

2. Reporting Period: Start Date: 07/28/2026 End Date: 09/30/2026

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)
$	$	$	$

N/A

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)
$	$	$	$

N/A

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)
$	$	$	$

N/A

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	Payments This Period	Outstanding Balance (Period End)
$	$	$	$