CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 10/10/2024 2.a. Candidate or Committee Name: Damon Rawls

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/1/2024

4. Campaign Address: 2313 E 5th Ave

City: Knoxville State: TN Zip Code: 37917 Phone: (865) 271-8021

5. Candidate Home Address: 2313 E 5th Ave

City: Knoxville State: TN Zip Code: 37917 Phone: (865) 271-8021

Candidate Email Address: damon@damonrawls.com

6. Office Sought: (include district number, if applicable) Knox County Commission, District 1

7. Name of Political Treasurer (may be candidate): Matthew Best

Political Treasurer Email Address: mbestiv@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

9. Reporting Period: Start Date: 7/23/2024 End Date: 9/30/2024

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	10/10/2024 Date	Political Treasurer Signature	10/10/2024 Date
Witness Signature	10/10/2024 Date	Witness Signature	10/10/2024 Date

12. Summary:

a.	Balance On Hand Last Report	$ 4,312.85
b.	Total Receipts This Period	$ 2,547.58
c.	Total Disbursements This Period	$ 3,197.51
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 3,663.92
e.	Total Loans Outstanding	$ -
f.	Total Obligations Outstanding	$ -

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Damon Rawls

14. Reporting Period: Start Date: 7/23/2024 End Date: 10/10/2024

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) ..... $ 2,547.58

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.) ..... $ 2,547.58

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 3,197.51
(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.) ..... $ 3,197.51

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: ______________________________

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

3. Total campaign contributions from preceding page (enter $0 if first page) $ SEE ATTACHED

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.)

Contributions									
Date	Amount	First	Last	Address	City	State	ZIP	Occupation	Employer
7/30/2024	**$25.00**	Isaac	Sherman	5201 western ave #435	Knoxville	TN	37921	Retired military	Usaf
7/30/2024	**$25.00**	Gail	Montgomery	2912 Sunset Ave	Knoxville	TN	37914	Program Mgr	Advantus Health
8/2/2024	**$6.00**	Brady	Watson	208 Doughty Dr.	Knoxville	TN	37918	Community Organizer	Union of Concerned Scientists
8/12/2024	**$25.00**	Michael	Dorsey	5823 solar dr	Knoxville	TN	37921	Self	Michael Dorsey
8/14/2024	**$83.33**	Anne	Langendorfer	2921 Arbor Place	Knoxville	TN	37917	Lecturer	University of Tennessee
8/15/2024	**$66.66**	Derek	Yeadon	2041 Jefferson Avenue	Knoxville	TN	37917	Data validation scientist	Geosyntec
8/17/2024	**$33.33**	Jamice	Lane Washburn	7342 Antoinette Way	Knoxville	TN	37919	Bank Examiner	State of TN
8/22/2024	**$83.33**	Madeline	Rogero	418 Woodlawn Pike	Knoxville	TN	37920	Retired	Retired
8/27/2024	**$166.66**	Harry	Boston	1202 Luttrell Street	Knoxville	TN	37917	Executive	Boston Government Services
8/27/2024	**$33.33**	Jean	Galyon	459 West Hillvale Turn	Knoxville	TN	37919	Not Employed	Not Employed
8/27/2024	**$166.66**	Jacqueline	Carter	2459 Maple Crest Lane	Knoxville	TN	37921	Self Employed	Elease Productions
8/27/2024	**$33.33**	joe	armstrong	4708 Hilldale Dr	knoxville	TN	37914	Radio Broadcaster	WJBE Radio
8/28/2024	**$33.33**	Brady	Watson	208 Doughty Drive	Knoxville	TN	37918	Organizer	UCS
8/28/2024	**$33.33**	Pat	Bellingrath	801 Bluff Drive	Knoxville	TN	37919	Not Employed	Not Employed
8/30/2024	**$333.33**	Sukanda	Langley	425 Danbury Ct	Maryville	TN	37804	Social work	Children's Services
8/30/2024	**$33.33**	Marcy	Sanford	2823 Dee Peppers Drive	Knoxville	TN	37931	Publications Coordinator	ISPE
8/30/2024	**$333.33**	Phyllis	Nichols	9711 Valley Woods Lane	Knoxville	TN	37922	Not Employed	Not Employed
8/30/2024	**$33.33**	pamela	bullock	8428 vinings way	knoxville	TN	37919	M.D.	self
8/30/2024	**$200.00**	Mali	Glazer	2241 Breakwater	Knoxville	TN	37922	Not employed	Not employed
9/2/2024	**$33.33**	Cary	Hammond	1110 Sawtooth Oak Way	Knoxville	TN	37932	Consultant	Self-Employed
9/2/2024	**$100.00**	Clarice	Phelps	8114 Canter Lane	Powell	TN	37849	Engineer	Oak ridge national lab
9/2/2024	**$33.33**	Kent	Minault	311 W. Glenwood Ave.	Knoxville	TN	37917	Not Employed	Not Employed
9/2/2024	**$83.33**	Stan	Bowie	9220 Mirkwood Drive	Knoxville	TN	37922	Professor	University of Tennessee
9/2/2024	**$83.33**	Lynette	Purdue	2304 West Blount Ave.	knoxville	TN	37920	Not Employed	Not Employed
9/3/2024	**$33.33**	Elizabeth	Parker	1613 Kilmer Dr	Knoxville	TN	37922	Sr. Mgr., Learning Solutions	Everon
9/3/2024	**$33.33**	June	Rostan	17522 Hwy 95 N	Greenback	TN	37742	Not Employed	Not Employed
9/3/2024	**$33.33**	Greg	Mackay	504 Bosworth Road	Knoxville	TN	37919	Real Estate Broker	Coldwell Banket Wallace & Wallace
9/3/2024	**$33.33**	Kenneth	Stephenson	212 Linford Rd	Knoxville	TN	37920	Not Employed	Not Employed
9/3/2024	**$33.33**	LaTonya	Jordan	PO Box 12418	Knoxville	TN	37912	CPA	LaTonya L. Jordan,CPA
9/12/2024	**$300.00**	Charlane	Oliver	4532 Queens Lane	Nashville	TN	37218	Consultant	OEM Consulting Group

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: ______________________________

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

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: ______________________________

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

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

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: ____________ 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: ____________

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: $ ______________________
(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.)

Expenditures							
Date	**Name**	**Address**	**City**	**State**	**ZIP**	**Amount**	**Purpose**
9/4/2024	Publix	2429 University Commons Way	Knoxville	TN	37996	$406.78	Event food
9/6/2024	ActBlue	366 Summer St	Sommerville	MA	2144	$753.58	Q3 Fees
9/10/2024	Morgan Street Strategies	1037 Tranquilla Dr	Knoxville	TN	37919	$2,000.00	Campaign Management
9/23/2024	Squarespace	8 Clarkston St	New York	NY	10014	$37.15	Website

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: ______________________________

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

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: ______________________________ **OR**

First Name: ______________ Middle Name: ______________ Last Name: ______________

Address: ______________ City: ______________ State: ____ Zip Code: __________

Outstanding Loan Balance (Beginning)........ $ ______________

Loans Received........ $ ______________

Loan Payments........ $ ______________

Outstanding Loan (End)........ $ ______________

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