



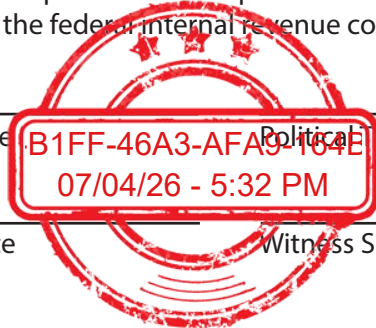
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/4/2026 2.a. Candidate or Committee Name: Joe LaCroix
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026
4. Campaign Address: 11123 Farragut Hills Blvd
City: Farragut State: TN Zip Code: 37934 Phone: 8652506837
5. Candidate Home Address: 11123 Farragut Hills Blvd
City: Farragut State: TN Zip Code: 37934 Phone: 8652506837
Candidate Email Address: ejlacroix@yahoo.com
6. Office Sought: (include district number, if applicable) Farragut Board of Alderman, Ward 2
7. Name of Political Treasurer (may be candidate): Jenni Craddick
Political Treasurer Email Address: craddickjk@tds.net
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: 4/1/2026 End Date: 6/30/2026
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
Witness Signature	Date	Witness Signature	Date



12. Summary:
- | | |
|---|----------------------|
| a. Balance On Hand Last Report | \$ <u>\$2,001.00</u> |
| b. Total Receipts This Period | \$ <u>\$2,274.97</u> |
| c. Total Disbursements This Period | \$ <u>\$2,898.03</u> |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.) | \$ <u>\$1,377.94</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: Joe LaCroix

14. Reporting Period: Start Date: 4/1/2026 End Date: 6/30/2026

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) \$ \$2,274.97
- 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.) \$ \$2,274.97

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$2,898.03
(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.)..... \$ \$2,898.03

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: Joe LaCroix
2. Reporting Period: Start Date: 4/1/2026 End Date: 6/30/2026
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: Thelma Middle Name: _____ Last Name: Williams

Address: 449 Sugarwood Dr City: Farragut State: TN Zip Code: 37934

Occupation: Retired Employer: N/A

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

Amount of Contribution: \$ \$950.00 Date of Contribution: 5/22/2026 Aggregate This Election: \$ \$950.00

Business or Organization Name: _____ **OR**

First Name: Edward Middle Name: G Last Name: St. Clair

Address: 409 Ferret Rd City: Farragut State: TN Zip Code: 37934

Occupation: Retired Employer: N/A

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 6/1/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**

First Name: William Middle Name: _____ Last Name: Craddick

Address: 424 Port Charles Dr City: Farragut State: TN Zip Code: 37934

Occupation: Retired Employer: N/A

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

Amount of Contribution: \$ \$400.00 Date of Contribution: 6/24/2026 Aggregate This Election: \$ \$400.00

Business or Organization Name: _____ **OR**

First Name: Jeanne Middle Name: L Last Name: Brykalski

Address: PO Box 23937 City: Farragut State: TN Zip Code: 37934

Occupation: Retired Employer: N/A

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 4/1/2026 Aggregate This Election: \$ \$50.00

Total Contributions: \$ \$1,900.00

(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: Joe LaCroix
2. Reporting Period: Start Date: 4/1/2026 End Date: 6/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1,900.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Jennifer Middle Name: _____ Last Name: Craddick

Address: 424 Port Charles Dr City: Farragut State: TN Zip Code: 37934

Occupation: Retired Employer: N/A

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

Amount of Contribution: \$ \$99.00 Date of Contribution: 4/1/2026 Aggregate This Election: \$ \$99.00

Business or Organization Name: _____ **OR**

First Name: Don Middle Name: _____ Last Name: Mann

Address: 518 MacArthur Ln City: Farragut State: TN Zip Code: 37934

Occupation: Retired Employer: N/A

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 4/17/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Ernest Middle Name: _____ Last Name: LaCroix

Address: 11123 Farragut Hills Blvd City: Farragut State: TN Zip Code: 37934

Occupation: IT Director Employer: KCDC

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

Amount of Contribution: \$ \$0.98 Date of Contribution: 5/4/2026 Aggregate This Election: \$ \$0.98

Business or Organization Name: _____ **OR**

First Name: Sue-Ann Middle Name: _____ Last Name: Hansler

Address: 11828 Midhurst Dr City: Farragut State: TN Zip Code: 37934

Occupation: Retired Employer: N/A

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

Amount of Contribution: \$ \$25.00 Date of Contribution: 6/3/2026 Aggregate This Election: \$ \$25.00

Total Contributions: \$ \$2,124.98

(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: Joe LaCroix
2. Reporting Period: Start Date: 4/1/2026 End Date: 6/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$2,124.98

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Jordan Middle Name: _____ Last Name: McGrew

Address: 405 Battlefront Trail City: Farragut State: TN Zip Code: 37934

Occupation: Finance Employer: Radio Systems Corp

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 6/14/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**

First Name: Christi Middle Name: _____ Last Name: King

Address: 704 Brochardt Blvd City: Farragut State: TN Zip Code: 37934

Occupation: Engineer Employer: Lantronix

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

Amount of Contribution: \$ \$99.99 Date of Contribution: 6/16/2026 Aggregate This Election: \$ \$99.99

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: \$ \$2,274.97

(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: Joe LaCroix
2. Reporting Period: Start Date: 4/1/2026 End Date: 6/30/2026
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: Campaign Partner **OR**

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

Address: PO Box 118 City: Still River State: MA Zip Code: 01467

Purpose of Expenditure: April Monthly Fee

Amount of Expenditure: \$ \$29.00 Date of Expenditure: \$ 4/7/2026

Business or Organization Name: Campaign Partner **OR**

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

Address: PO Box 118 City: Still River State: MA Zip Code: 01467

Purpose of Expenditure: Domain Privacy Fee

Amount of Expenditure: \$ \$5.00 Date of Expenditure: \$ 4/7/2026

Business or Organization Name: Campaign Partner **OR**

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

Address: PO Box 118 City: Still River State: MA Zip Code: 01467

Purpose of Expenditure: Email Acct. Service Charge

Amount of Expenditure: \$ \$2.90 Date of Expenditure: \$ 4/7/2026

Business or Organization Name: Campaign Partner **OR**

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

Address: PO Box 118 City: Still River State: MA Zip Code: 01467

Purpose of Expenditure: Email Acct. Service Charge

Amount of Expenditure: \$ \$2.90 Date of Expenditure: \$ 4/7/2026

Business or Organization Name: Signs on the Cheap **OR**

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

Address: 11525A Stonehollow Dr. Ste. 120 City: Austin State: TX Zip Code: 78758

Purpose of Expenditure: 24 X 18 Sign w/ Rush Shipping

Amount of Expenditure: \$ \$33.54 Date of Expenditure: \$ 4/15/2026

Total Expenditures: \$ \$73.34

(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: Joe LaCroix
2. Reporting Period: Start Date: 4/1/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$73.34

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: Signs on the Cheap **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 11525A Stonehollow Dr. Ste. 120 City: Austin State: TX Zip Code: 78758
Purpose of Expenditure: 200 24 X 18 Signs w/ Economy Shipping
Amount of Expenditure: \$ \$1,526.29 Date of Expenditure: \$ 4/29/2026

Business or Organization Name: Campaign Partner **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 118 City: Still River State: MA Zip Code: 01467
Purpose of Expenditure: Mav Monthly Fee
Amount of Expenditure: \$ \$29.00 Date of Expenditure: \$ 5/7/2026

Business or Organization Name: Campaign Partner **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 118 City: Still River State: MA Zip Code: 01467
Purpose of Expenditure: Email Acct. Service Charge
Amount of Expenditure: \$ \$3.00 Date of Expenditure: \$ 5/7/2026

Business or Organization Name: Campaign Partner **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 118 City: Still River State: MA Zip Code: 01467
Purpose of Expenditure: Email Acct. Service Charge
Amount of Expenditure: \$ \$3.00 Date of Expenditure: \$ 5/7/2026

Business or Organization Name: Vista Print **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 275 Wyman St City: Waltham State: MA Zip Code: 02451
Purpose of Expenditure: "2
Amount of Expenditure: \$ \$368.26 Date of Expenditure: \$ 6/2/2026

Total Expenditures: \$ \$2,002.89
(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: Joe LaCroix
2. Reporting Period: Start Date: 4/1/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$2,002.89

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: Campaign Partner **OR**

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

Address: PO Box 118 City: Still River State: MA Zip Code: 01467

Purpose of Expenditure: May Monthly Fee

Amount of Expenditure: \$ \$29.00 Date of Expenditure: \$ 6/7/2026

Business or Organization Name: Campaign Partner **OR**

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

Address: PO Box 118 City: Still River State: MA Zip Code: 01467

Purpose of Expenditure: Email Acct. Service Charge

Amount of Expenditure: \$ \$3.00 Date of Expenditure: \$ 6/7/2026

Business or Organization Name: Campaign Partner **OR**

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

Address: PO Box 118 City: Still River State: MA Zip Code: 01467

Purpose of Expenditure: Email Acct. Service Charge

Amount of Expenditure: \$ \$3.00 Date of Expenditure: \$ 6/7/2026

Business or Organization Name: Parrott Printing **OR**

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

Address: 2007 Riverside Dr. City: Knoxville State: TN Zip Code: 37915

Purpose of Expenditure: 10 4MM Coroplast 48 X 48 Signs

Amount of Expenditure: \$ \$373.31 Date of Expenditure: \$ 6/8/2026

Business or Organization Name: Costco **OR**

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

Address: 10745 Kingston Pike City: Farragut State: TN Zip Code: 37934

Purpose of Expenditure: 2 Pkgs. 24 Ct Cookies (Campaign Event)

Amount of Expenditure: \$ \$21.83 Date of Expenditure: \$ 6/13/2026

Total Expenditures: \$ \$2,433.03

(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: Joe LaCroix
2. Reporting Period: Start Date: 4/1/2026 End Date: 6/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$2,433.03

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 **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 22076 City: Farragut State: TN Zip Code: 37934
Purpose of Expenditure: "Half Page
Amount of Expenditure: \$ \$465.00 Date of Expenditure: \$ 6/29/2026

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: \$ \$2,898.03

(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.)