CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 7/8/2024 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: _____

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: 4/1/2024 End Date: 6/30/2024

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	7/9/2024 Date	Political Treasurer Signature	7/9/2024 Date
Witness Signature	7/9/2024 Date	Witness Signature	7/9/2024 Date

12. Summary:

a.	Balance On Hand Last Report	$ 2,558.78
b.	Total Receipts This Period	$ 3,548.00
c.	Total Disbursements This Period	$ 1,945.18
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 4,161.60
e.	Total Loans Outstanding	$ -
f.	Total Obligations Outstanding	$ -

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Damon Rawls

14. Reporting Period: Start Date: 4/1/2024 End Date: 6/30/2024

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) ..... $ 3,548.00

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.) ..... $ 3,548.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 1,945.18
(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.) ..... $ 1,945.18

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.)

Date	Amount	First	Last	Address	City	State	ZIP	Occupation	Employer
4/2/2024	6	Brady	Watson	208 Doughty Dr.	Knoxville	TN	37918	Community Organizer	Union of Concerned Scientists
4/3/2024	50	Wendy	Scruggs	1712 Fairhaven Lane	Murfreesboro	TN	37128	Sales	Sanofi
4/3/2024	5	Pamela	King	400 Westinghouse Road,Apt 581	Georgetown	TX	78626	Consultant	Avanade
4/3/2024	25	Petie	Wilson	5844 Outer Dr	Knoxville	TN	37921	Insurance	Self employed
4/4/2024	500	Frank	Rothermel	1635 Western Avenue	Knoxville	TN	37921	General Contractor	Denark
4/6/2024	25	Patricia	Fontenot-Ridley	8622 Peppertree Ln	Knoxville	TN	37923	Teacher	Knox County Schools
4/14/2024	100	Thomas	king	139 E Glenwood Ave	Knoxville	TN	37917	General Contractor	Cornerstone Construction Services Inc
4/18/2024	50	Mallory	Alder	707 Banks Ave	Knoxville	TN	37917	Self	Alder & Co.
4/23/2024	100	Shannon	Webb	301 Bona Rd	Knoxville	TN	37914	AVP of Marketing Support	Edamerica
4/30/2024	25	Gail	Montgomery	2912 Sunset Ave	Knoxville	TN	37914	Program Mgr	Advantus Health
4/30/2024	25	Isaac	Sherman	5201 western ave #435	Knoxville	TN	37921	Retired military	Usaf
4/30/2024	50	Kim	Trent	P.O. Box 1734	Knoxville	TN	37901	Real Estate Development	Self
5/2/2024	6	Brady	Watson	208 Doughty Dr.	Knoxville	TN	37918	Community Organizer	Union of Concerned Scientists
5/5/2024	50	Sylvia	Woods	412 E Moody Ave	Knoxville	TN	37920	Not Employed	Not Employed
5/5/2024	100	Sara	Baskin	4125 Wooodlawn Pike	Knoxville	TN	37920	Not Employed	Not Employed
5/5/2024	150	Democratic Woman of Knoxville		30412 Connor Dr	Knoxville	TN	37918	Not Employed	Not Employed
5/5/2024	50	Janice	Spoone	1616 Chesnut Grove Dr	Knoxville	TN	37932	Not Employed	Not Employed
5/10/2024	1000	Tennessee Realtors PAC		901 18th Ave S	Nashville	TN	37212	n/a	n/a
5/14/2024	100	Thomas	King	139 E Glenwood Ave	Knoxville	TN	37917	General Contractor	Cornerstone Construction Services Inc
5/15/2024	400	Denise	Dean	2184 N Ridge Dr	Jefferson City	TN	37760	Not Employed	Not Employed
5/18/2024	50	Jim	Sessions	3117 Foster Lane	Knoxville	TN	37920	Not employed	Not employed
5/24/2024	100	Stephanie	Hall	560 Riverfront Way	Knoxville	TN	37915	M.D.	self employed
5/30/2024	25	Isaac	Sherman	5201 Western Ave #435	Knoxville	TN	37921	Retired military	Usaf
5/30/2024	25	Gail	Montgomery	2912 Sunset Ave	Knoxville	TN	37914	Program Mgr	Advantus Health
6/1/2024	25	Rosina	Guerra	5424 Smoky Trl	Knoxville	TN	37909	Not employed	Not employed
6/2/2024	6	Brady	Watson	208 Doughty Dr.	Knoxville	TN	37918	Community Organizer	Union of Concerned Scientists
6/4/2024	50	Kristin	Tocci	1933 Woodbine Ave	Knoxville	TN	37917	Associate Director	University of Tennessee
6/4/2024	75	Jack	Vaughan	429 Hiawassee Ave	Knoxville	TN	37917	Consultant	Morgan Street Strategies
6/4/2024	25	Leshuan	Oliver	120 Cobblestone Place Drive	Goodlettsville	TN	37072	Law Enforcement	Vanderbilt University Police Department
6/6/2024	50	Lydia	Pulsipher	4801 Westover Terrace	Knoxville	TN	37914	Not Employed	Not Employed

6/6/2024	**25**	Linda	Haney	300 Carta Rd	Knoxville	TN	37914	Not Employed	Not Employed
6/6/2024	**50**	Shannon	Webb	301 Bona Road	Knoxville	TN	37914	AVP, Support Services	Edfinancial Services
6/6/2024	**100**	Rebecca	Loy	1701 Jefferson Avenue	Knoxville	TN	37917	Not Employed	Not Employed
6/6/2024	**25**	Jerry	Lambdin	1618 Jefferson Avenue	Knoxville	TN	37917	Solutions Architect	GDIT
6/19/2024	**50**	Joseph L	Matherne	217 St Andrews Drive	Farragut	TN	37934	Not Employed	Not Employed
6/30/2024	**25**	Gail	Montgomery	2912 Sunset Ave	Knoxville	TN	37914	Program Mgr	Advantus Health
6/30/2024	**25**	Isaac	Sherman	5201 western ave #435	Knoxville	TN	37921	Retired military	Usaf

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.)

Damon Rawls for County Commission - Expenditures							
Date	**Name**	**Address**	**City**	**State**	**ZIP**	**Amount**	**Purpose**
4/4/2024	TN Tee's	2566 E Magnolia Ave	Knoxville	TN	37914	$168.00	T-Shirts
4/8/2024	Chick-fil-A	5100 N Broadway	Knoxville	TN	37918	$10.00	Gift card donation
4/18/2024	Marble City Market	333 W Depot Ave	Knoxville	TN	37917	$19.69	Lunch Meeting
4/19/2024	National Assoc. of Certified Professional Midwifes	8120 Research Blvd #105	Austin	TX	78758	$30.00	Event ticket
4/22/2024	Squarespace	8 Clarkston St	New York	NY	10014	$37.15	Website
4/23/2024	Cafe 4	4 Market Square	Knoxville	TN	37902	$21.48	Lunch meeting
4/24/2024	BLACK LLC	PO Box 2173	Knoxville	TN	37901	$40.00	Event Fee
4/26/2024	Dr. MLK Jr. Commemorative Commission	PO Box 155	Knoxville	TN	37901	$175.00	Sponsorship
5/8/2024	Central Flats and Taps	1204 N Central St	Knoxville	TN	37917	$18.11	Lunch meeting
5/8/2024	East Knoxville Business & Professional Assoc.	1610 E Magnolia Ave	Knoxville	TN	37917	$52.00	Association Sponsorship
5/13/2024	Crown Plaza Hotel	401 W Summit Hill Dr SW	Knoxville	TN	37902	$16.74	Motley Crew Luncheon
5/20/2024	Marble City Market	333 W Depot Ave	Knoxville	TN	37917	$19.68	Lunch Meeting
5/21/2024	Squarespace	8 Clarkston St	New York	NY	10014	$37.15	Website
6/3/2024	Baker Boy Pizza Company	701 N Cherry St	Knoxville	TN	37914	$51.66	Event food
6/3/2024	Walmart	3051 Kinzel Ln	Knoxville	TN	37924	$90.92	Event supplies
6/4/2024	Likewise	1209 E Magnolia Ave	Knoxville	TN	37917	$9.73	Meeting coffees
6/4/2024	ScaleToWin	13742 Harper St	Santa Ana	CA	92703	$112.78	Texts
6/11/2024	GoDaddy	2155 E GoDaddy Way	Tempe	AZ	85284	$66.51	Website
6/19/2024	Walmart	3051 Kinzel Ln	Knoxville	TN	37924	$150.00	Event Supplies
6/21/2024	Squarespace	8 Clarkston St	New York	NY	10014	$37.15	Website
6/24/2024	Nothing Bundt Cakes	5300 Kingston Pike	Knoxville	TN	37919	$16.39	Event Donation
6/25/2024	Parrott Printing, Inc.	2007 Riverside Drive	Knoxville	TN	37915	$465.41	Yard signs
6/26/2024	Jacks Knoxville	854 N Central St	Knoxville	TN	37917	$5.74	Meeting coffee
6/30/2024	ActBlue	366 Summer St	Sommerville	MA	2144	$293.89	Fundraising Fees

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)
$	$	$	$