



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/5/2026 2.a. Candidate or Committee Name: Laura Davidson
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026
4. Campaign Address: 1811 Mars St
City: La Vergne State: TN Zip Code: 37086 Phone: 6154562965
5. Candidate Home Address: 1811 Mars St
City: La Vergne State: TN Zip Code: 37086 Phone: 6154562965
Candidate Email Address: lrdavidson1811@gmail.com
6. Office Sought: (include district number, if applicable) County Commission District #05
7. Name of Political Treasurer (may be candidate): Laura Davidson
Political Treasurer Email Address: lrdavidson1811@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: 4/26/2026 End Date: 7/10/2026
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>\$100.00</u>
b. Total Receipts This Period	\$ <u>\$1,800.00</u>
c. Total Disbursements This Period	\$ <u>\$1,569.27</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$330.73</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: Laura Davidson

14. Reporting Period: Start Date: 4/26/2026 End Date: 7/10/2026

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) \$ \$1,800.00
- 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.) \$ \$1,800.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$1,569.27
(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.)..... \$ \$1,569.27

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ _____
- b. Itemized In-Kind Contributions Received This Period \$ \$17.00
- c. Total In-Kind Contributions Received This Period \$ \$17.00

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ _____

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Laura Davidson
2. Reporting Period: Start Date: 4/26/2026 End Date: 7/10/2026
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: Jason Middle Name: _____ Last Name: Cole
Address: 7115 Beard Ct City: LaVergne State: TN Zip Code: 37086
Occupation: Mayor Employer: LaVergne
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$400.00 Date of Contribution: 5/14/2026 Aggregate This Election: \$ \$0.00

Business or Organization Name: _____ **OR**
First Name: Steven Middle Name: _____ Last Name: Spence
Address: 7309 Midland Rd City: Christiana State: TN Zip Code: 37037
Occupation: Deputy Employer: Rutherford Sheriffs Dept
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 6/7/2026 Aggregate This Election: \$ \$0.00

Business or Organization Name: _____ **OR**
First Name: Joe Middle Name: _____ Last Name: Carr/ JOEPAC
Address: P.O. Box 192 City: Lascasses State: TN Zip Code: 37085
Occupation: Mayor Employer: Rutherford County
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,000.00 Date of Contribution: 6/11/2026 Aggregate This Election: \$ \$0.00

Business or Organization Name: _____ **OR**
First Name: Chantho Middle Name: _____ Last Name: Sourinho
Address: 4300 Singleton Dr City: murfreesboro State: TN Zip Code: 37127
Occupation: Commissioner Employer: ruco
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 6/11/2026 Aggregate This Election: \$ \$0.00

Total Contributions: \$ \$1,550.00
(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: Laura Davidson
2. Reporting Period: Start Date: 4/26/2026 End Date: 7/10/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1,550.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Austin Middle Name: _____ Last Name: Maxwell

Address: 1503 SE Broad St City: Murfreesboro State: TN Zip Code: 37130

Occupation: Councilman Employer: Mboro

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

Amount of Contribution: \$ \$250.00 Date of Contribution: 6/26/2026 Aggregate This Election: \$ \$0.00

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: \$ _____

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: \$ \$1,800.00

(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Laura Davidson
2. Reporting Period: Start Date: 4/26/2026 End Date: 7/10/2026
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ \$0.00

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: Chuck Middle Name: _____ Last Name: Isbell

Address: 118 Oakmont Dr City: LaVerne State: TN Zip Code: 37086

Occupation: site manager Employer: ecolab

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

In-Kind Contribution Value: \$ \$17.00 In-Kind Contribution Date: 6/15/2026 Aggregate This Election: \$ \$0.00

Description of In-Kind Contribution: 500 envelopes

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: \$ \$17.00

(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: Laura Davidson
2. Reporting Period: Start Date: 4/26/2026 End Date: 7/10/2026
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: Wal-Mart **OR**

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

Address: 5511 Murfreesboro Rd City: LaVergne State: TN Zip Code: 37086

Purpose of Expenditure: envelopes

Amount of Expenditure: \$ \$3.64 Date of Expenditure: \$ 5/16/2026

Business or Organization Name: Kroger **OR**

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

Address: 5145 Murfreesboro Rd City: LaVergne State: TN Zip Code: 37086

Purpose of Expenditure: stamps

Amount of Expenditure: \$ \$15.60 Date of Expenditure: \$ 5/18/2026

Business or Organization Name: Odd Fellow Creative **OR**

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

Address: 883 Oak Meadow Dr Apt 105 City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: Palm Cards

Amount of Expenditure: \$ \$411.56 Date of Expenditure: \$ 5/14/2026

Business or Organization Name: Staples **OR**

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

Address: 601 Mason Rd #100 City: LaVergne State: TN Zip Code: 37086

Purpose of Expenditure: 200 stamps

Amount of Expenditure: \$ \$212.38 Date of Expenditure: \$ 6/15/2026

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

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

Address: 11550 Stonehollow Dr suite 160 City: Austin State: TX Zip Code: 78758

Purpose of Expenditure: car magnets

Amount of Expenditure: \$ \$53.69 Date of Expenditure: \$ 6/17/2026

Total Expenditures: \$ \$696.87

(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: Laura Davidson
2. Reporting Period: Start Date: 4/26/2026 End Date: 7/10/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$696.87

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: BJ's OR

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

Address: 543 Industrial Dr City: LaVergne State: TN Zip Code: 37086

Purpose of Expenditure: Post it notes

Amount of Expenditure: \$ \$15.35 Date of Expenditure: \$ 6/25/2026

Business or Organization Name: Signs on the Cheap OR

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

Address: 11525- B Stonehollow Dr #220 City: Austin State: TX Zip Code: 78758

Purpose of Expenditure: #4 4x8 vard signs

Amount of Expenditure: \$ \$857.05 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: \$ _____

Total Expenditures: \$ \$1,569.27

(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.)