



# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates

### For Single-Candidate Committees

1. Date: 4/9/2026 2.a. Candidate or Committee Name: Gregg Lawrence
- 2.b. If Committee, Name of Candidate: \_\_\_\_\_ 3. Election Date: 5/5/2026
4. Campaign Address: 4109 Clover Meadows Drive  
City: Franklin State: TN Zip Code: 37067 Phone: \_\_\_\_\_
5. Candidate Home Address: 4100 Clover Meadows  
City: Franklin State: TN Zip Code: 37067 Phone: 6152027990  
Candidate Email Address: gblawrence@att.net
6. Office Sought: (include district number, if applicable) County Commissioner - Dist 04
7. Name of Political Treasurer (may be candidate): Beverly Burger  
Political Treasurer Email Address: bev@burgergp.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: 1/16/2026 End Date: 3/31/2026
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 |

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04/09/26 - 11:22 PM

#### 12. Summary:

|                                                         |                      |
|---------------------------------------------------------|----------------------|
| a. Balance On Hand Last Report .....                    | \$ <u>\$3,085.68</u> |
| b. Total Receipts This Period .....                     | \$ <u>\$675.00</u>   |
| c. Total Disbursements This Period .....                | \$ <u>\$430.39</u>   |
| d. Balance On Hand (12.a. plus 12.b. minus 12.c.) ..... | \$ <u>\$3,330.29</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: Gregg Lawrence

14. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026

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) ..... \$ \$675.00
- 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.) ..... \$ \$675.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$430.39  
(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.)..... \$ \$430.39

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: Gregg Lawrence  
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026  
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: David Middle Name: \_\_\_\_\_ Last Name: Huddleston  
Address: 1218 Knox Valley Drive City: Brentwood State: TN Zip Code: 37027  
Occupation: Retired Employer: Retired  
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)  
Amount of Contribution: \$ \$100.00 Date of Contribution: 3/30/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Dennis Middle Name: \_\_\_\_\_ Last Name: Gros  
Address: 1759 Warren Hollow Road City: Nolensville State: TN Zip Code: 37135  
Occupation: Unknown Employer: Unknown  
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)  
Amount of Contribution: \$ \$75.00 Date of Contribution: 3/30/2026 Aggregate This Election: \$ \$75.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Todd Middle Name: \_\_\_\_\_ Last Name: Kaestner  
Address: 3210 Del Rio Pike City: Franklin State: TN Zip Code: 37064  
Occupation: Retired Employer: Retired  
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)  
Amount of Contribution: \$ \$500.00 Date of Contribution: 3/31/2026 Aggregate This Election: \$ \$500.00

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: \$ \_\_\_\_\_

Total Contributions: \$ \$675.00  
(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Gregg Lawrence
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
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: TN GOP **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 95 White Bridge Road City: Nashville State: TN Zip Code: 37205

Purpose of Expenditure: Qualifying Fee

Amount of Expenditure: \$ \$50.00 Date of Expenditure: \$ 2/26/2026

Business or Organization Name: Copy Solutions **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 4091 Mallory Lane City: Franklin State: TN Zip Code: 37067

Purpose of Expenditure: Printing

Amount of Expenditure: \$ \$261.21 Date of Expenditure: \$ 3/11/2026

Business or Organization Name: Ewing Works **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 100 Ridgemont Trace City: Atlanta State: GA Zip Code: 30350

Purpose of Expenditure: Graphis Design

Amount of Expenditure: \$ \$110.00 Date of Expenditure: \$ 3/16/2026

Business or Organization Name: Go Daddy **OR**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: 100 S. Mill Ave, Suite 1600, , , US City: Tempe State: AZ Zip Code: 85281

Purpose of Expenditure: Go Daddy Processing Fees

Amount of Expenditure: \$ \$9.18 Date of Expenditure: \$ 3/30/2026

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: \$ \_\_\_\_\_

Total Expenditures: \$ \$430.39

(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.)