CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 1/31/2025 2.a. Candidate or Committee Name: Romel McMurry

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026

4. Campaign Address: 1925 Cicero Dr

City: Murfreesboro State: TN Zip Code: 37129 Phone: 6156177262

5. Candidate Home Address: 1925 Cicero Dr

City: Murfreesboro State: TN Zip Code: 37129 Phone: 6156177262

Candidate Email Address: lemor2004@gmail.com

6. Office Sought: (include district number, if applicable) County Commission District #19

7. Name of Political Treasurer (may be candidate): Romel McMurry

Political Treasurer Email Address: lemor2004@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: 7/1/2024 End Date: 1/15/2025

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

45A1-420A-A43C-7F7B
01/31/25 - 4:00 PM

12. Summary:

a.	Balance On Hand Last Report	$ $0.00
b.	Total Receipts This Period	$ $3,900.00
c.	Total Disbursements This Period	$ $39.20
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $3,860.80
e.	Total Loans Outstanding	$ $0.00
f.	Total Obligations Outstanding	$ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Romel McMurry

14. Reporting Period: Start Date: 7/1/2024 End Date: 1/15/2025

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) ..... $ $3,900.00

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.) ..... $ $3,900.00

16. Disbursements:

a. Total Expenditures (other than loan payments)..... $ $39.20
(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.)..... $ $39.20

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: Romel McMurry

2. Reporting Period: Start Date: 7/1/2024 End Date: 1/15/2025

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: Beth Middle Name: _____ Last Name: Geer

Address: 5037 High Valley Drive City: Brentwood State: TN Zip Code: 37027

Occupation: Chief of Staff Employer: Office of Al Gore

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

Amount of Contribution: $ $250.00 Date of Contribution: 1/14/2025 Aggregate This Election: $ $250.00

Business or Organization Name: _____ **OR**

First Name: Carolyn Middle Name: _____ Last Name: Cox

Address: 878 Sitting Bull Xing City: Murfreesboro State: TN Zip Code: 37128

Occupation: Financial Rep Employer: Northwestern Mutual

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

Amount of Contribution: $ $250.00 Date of Contribution: 1/14/2025 Aggregate This Election: $ $250.00

Business or Organization Name: _____ **OR**

First Name: John Middle Name: _____ Last Name: Foutch

Address: 708 W Main St City: Lebanon State: TN Zip Code: 37087

Occupation: CPA Employer: CPA Consulting Group

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

Amount of Contribution: $ $250.00 Date of Contribution: 1/14/2025 Aggregate This Election: $ $250.00

Business or Organization Name: _____ **OR**

First Name: Brandon Middle Name: _____ Last Name: Seay

Address: 803 Becham Kenneth Cir City: Smyrna State: TN Zip Code: 37167

Occupation: CEO Employer: Sharpen Clicks

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

Amount of Contribution: $ $1,000.0 Date of Contribution: 1/14/2025 Aggregate This Election: $ $1,000.0

Total Contributions: $ $1,750.00

(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: Romel McMurry

2. Reporting Period: Start Date: 7/1/2024 End Date: 1/15/2025

3. Total campaign contributions from preceding page (enter $0 if first page) $ $1,750.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Margaret Middle Name: _____ Last Name: Bone

Address: 2145 Carthage Hwy City: Lebanon State: TN Zip Code: 37087

Occupation: Executive Director Employer: Our Sisters Keeper

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

Amount of Contribution: $ $300.00 Date of Contribution: 1/15/2025 Aggregate This Election: $ $300.00

Business or Organization Name: _____ **OR**

First Name: Cookie Middle Name: _____ Last Name: Pickett

Address: 88 Spickard Rd City: Lebanon State: TN Zip Code: 37090

Occupation: Secretary Employer: Hamilton Chapel Church

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

Amount of Contribution: $ $150.00 Date of Contribution: 1/15/2025 Aggregate This Election: $ $150.00

Business or Organization Name: _____ **OR**

First Name: Kathleen Middle Name: _____ Last Name: Murphy

Address: 231 Orlando Ave City: Nashville State: TN Zip Code: 37209

Occupation: Policy Analyst Employer: Best Friends Animal Society

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

Amount of Contribution: $ $150.00 Date of Contribution: 1/15/2025 Aggregate This Election: $ $150.00

Business or Organization Name: _____ **OR**

First Name: Bricke Middle Name: _____ Last Name: Murfree

Address: 2227 Shannon Drive City: Murfreesboro State: TN Zip Code: 37129

Occupation: Attorney Employer: Murfree & Goodman

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

Amount of Contribution: $ $300.00 Date of Contribution: 1/15/2025 Aggregate This Election: $ $300.00

Total Contributions: $ $2,650.00

(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: Romel McMurry

2. Reporting Period: Start Date: 7/1/2024 End Date: 1/15/2025

3. Total campaign contributions from preceding page (enter $0 if first page) $ $2,650.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Patricia Middle Name: _____ Last Name: Bryant

Address: 5611 Bridgemore Blvd City: Murfreesboro State: TN Zip Code: 37129

Occupation: Vice President Employer: Healthcare

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

Amount of Contribution: $ $500.00 Date of Contribution: 1/15/2025 Aggregate This Election: $ $500.00

Business or Organization Name: _____ **OR**

First Name: Frank Middle Name: _____ Last Name: Clayton

Address: 1270 Lasalle Dr City: Smyrna State: TN Zip Code: 37167

Occupation: IT Administrator Employer: Deloitte

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

Amount of Contribution: $ $250.00 Date of Contribution: 1/15/2025 Aggregate This Election: $ $250.00

Business or Organization Name: _____ **OR**

First Name: Hal Middle Name: _____ Last Name: Bone

Address: 680 Tennessee Blvd City: Lebanon State: TN Zip Code: 37087

Occupation: Owner Employer: Bone & Associates

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

Amount of Contribution: $ $500.00 Date of Contribution: 1/15/2025 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: $ $3,900.00

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Romel McMurry

2. Reporting Period: Start Date: 7/1/2024 End Date: 1/15/2025

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: Anedot **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 1340 Poydras St #1770 City: New Orleans State: LA Zip Code: 70112
Purpose of Expenditure: Bank fees
Amount of Expenditure: $ $20.60 Date of Expenditure: $ 1/14/2025

Business or Organization Name: Anedot **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: 1340 Poydras St #1770 City: New Orleans State: LA Zip Code: 70112
Purpose of Expenditure: Bank fees
Amount of Expenditure: $ $18.60 Date of Expenditure: $ 1/15/2025

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: $ $39.20
(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.)