



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 4/28/2026 2.a. Candidate or Committee Name: Larsen Jay (2026)
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 5/5/2026
4. Campaign Address: P.O. Box 52331
City: Knoxville State: TN Zip Code: 37950 Phone: _____
5. Candidate Home Address: 3908 Wilani Road
City: Knoxville State: TN Zip Code: 37919 Phone: 8652243736
Candidate Email Address: larsen@larsenjay.com
6. Office Sought: (include district number, if applicable) County Mayor
7. Name of Political Treasurer (may be candidate): Kirk Huddleston
Political Treasurer Email Address: kirkhudd@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: 4/1/2026 End Date: 4/25/2026
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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12. Summary:

a. Balance On Hand Last Report	\$ <u>\$253,814.50</u>
b. Total Receipts This Period	\$ <u>\$164,449.00</u>
c. Total Disbursements This Period	\$ <u>\$198,640.82</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$219,622.68</u>
e. Total Loans Outstanding	\$ <u>\$150,000.00</u>
f. Total Obligations Outstanding	\$ <u>\$0.00</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Larsen Jay (2026)

14. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

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) \$ \$14,449.00
- c. Loans Received This Reporting Period..... \$ \$150,000.00
- 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.) \$ \$164,449.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$198,640.82
(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.)..... \$ \$198,640.82

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ _____
- b. Itemized In-Kind Contributions Received This Period \$ \$487.21
- c. Total In-Kind Contributions Received This Period \$ \$487.21

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Larsen Jay (2026)
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
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: Teddy Middle Name: _____ Last Name: Phillips
Address: PO Box 50730 City: Knoxville State: TN Zip Code: 37950
Occupation: Executive Director Employer: Phillips & Jordan Inc
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1 000 0 Date of Contribution: 4/1/2026 Aggregate This Election: \$ \$1 000 0

Business or Organization Name: _____ **OR**
First Name: Christy Middle Name: _____ Last Name: Phillips
Address: PO Box 50730 City: Knoxville State: TN Zip Code: 37950
Occupation: National Account Executive Employer: Global HR Research
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1 000 0 Date of Contribution: 4/1/2026 Aggregate This Election: \$ \$1 000 0

Business or Organization Name: _____ **OR**
First Name: Allen Middle Name: _____ Last Name: Bell
Address: 3664 Talahi Drive City: Knoxville State: TN Zip Code: 37919
Occupation: Retired Employer: Retired
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 4/1/2026 Aggregate This Election: \$ \$250 00

Business or Organization Name: _____ **OR**
First Name: Lynn Middle Name: _____ Last Name: Petr
Address: 2649 Joneva Rd City: Knoxville State: TN Zip Code: 37932
Occupation: Founder Employer: STAR
Contribution Received For: ☒ Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$25.00 Date of Contribution: 4/1/2026 Aggregate This Election: \$ \$75 00

Total Contributions: \$ \$2,275.00
(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: Larsen Jay (2026)
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$2,275.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Larry Middle Name: _____ Last Name: Petr

Address: 2649 Joneva Rd City: Knoxville State: TN Zip Code: 37932

Occupation: N/A Employer: N/A

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

Amount of Contribution: \$ \$25.00 Date of Contribution: 4/1/2026 Aggregate This Election: \$ \$75.00

Business or Organization Name: _____ **OR**

First Name: Steve Middle Name: _____ Last Name: Douglas

Address: 9612 Valley WoodsLn City: Knoxville State: TN Zip Code: 37922

Occupation: N/A Employer: N/A

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

Amount of Contribution: \$ \$150.00 Date of Contribution: 4/2/2026 Aggregate This Election: \$ \$400.00

Business or Organization Name: _____ **OR**

First Name: Denise Middle Name: _____ Last Name: Douglas

Address: 9612 Valley Woods Ln City: Knoxville State: TN Zip Code: 37922

Occupation: N/A Employer: N/A

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

Amount of Contribution: \$ \$150.00 Date of Contribution: 4/2/2026 Aggregate This Election: \$ \$400.00

Business or Organization Name: _____ **OR**

First Name: Preston Middle Name: _____ Last Name: Parks

Address: 7100 Dogwood Dr City: Knoxville State: TN Zip Code: 37919

Occupation: Relationship Manager Employer: SouthEast Bank

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

Amount of Contribution: \$ \$140.00 Date of Contribution: 4/5/2026 Aggregate This Election: \$ \$140.00

Total Contributions: \$ \$2,740.00

(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: Larsen Jay (2026)
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$2,740.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Linda Middle Name: _____ Last Name: Shown

Address: 918 Tipton Station Rd City: Knoxville State: TN Zip Code: 37920

Occupation: Attorney Employer: Self

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

Amount of Contribution: \$ \$109.00 Date of Contribution: 4/8/2026 Aggregate This Election: \$ \$109.00

Business or Organization Name: _____ **OR**

First Name: Logan Middle Name: _____ Last Name: Wells

Address: 7033 Downing Dr City: Knoxville State: TN Zip Code: 37909

Occupation: Self Employer: Self

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

Amount of Contribution: \$ \$1.000.00 Date of Contribution: 4/8/2026 Aggregate This Election: \$ \$1.000.00

Business or Organization Name: _____ **OR**

First Name: Steve Middle Name: _____ Last Name: Drevik

Address: 2904B Tazewell Pike Suite A City: Knoxville State: TN Zip Code: 37918

Occupation: Engineer Employer: Self

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

Amount of Contribution: \$ \$250.00 Date of Contribution: 4/10/2026 Aggregate This Election: \$ \$450.00

Business or Organization Name: _____ **OR**

First Name: MaryPat Middle Name: _____ Last Name: Tyree

Address: 2601 Ann Baker Furrow Blvd City: Knoxville State: TN Zip Code: 37917

Occupation: House Director Employer: Sigma Kappa Sorority

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 4/10/2026 Aggregate This Election: \$ \$100.00

Total Contributions: \$ \$4,199.00

(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: Larsen Jay (2026)
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$4,199.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Sherry Middle Name: _____ Last Name: Brown

Address: 253 Inman St E City: Cleveland State: TN Zip Code: 37311

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 4/10/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Sherry Middle Name: _____ Last Name: Brown

Address: 253 Inman St E City: Cleveland State: TN Zip Code: 37311

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$900.00 Date of Contribution: 4/10/2026 Aggregate This Election: \$ \$900.00

Business or Organization Name: _____ **OR**

First Name: Carley Middle Name: _____ Last Name: Fowler

Address: 1558 Kenesaw Ave City: Knoxville State: TN Zip Code: 37919

Occupation: Physician Employer: Knoxville Center for Dermatology and Plastic S

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 4/11/2026 Aggregate This Election: \$ \$350.00

Business or Organization Name: _____ **OR**

First Name: Daniel Middle Name: _____ Last Name: Fowler

Address: 1558 Kenesaw Ave City: Knoxville State: TN Zip Code: 37919

Occupation: Physician / Owner Employer: Knoxville Center for Dermatology and Plastic S

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 4/11/2026 Aggregate This Election: \$ \$350.00

Total Contributions: \$ \$5,399.00

(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: Larsen Jay (2026)
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$5,399.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Neal Middle Name: _____ Last Name: Thomas

Address: 5532 Heathrow Drive City: Knoxville State: TN Zip Code: 37919

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 4/12/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**

First Name: Warren Middle Name: _____ Last Name: Thomas

Address: 5532 Heathrow Drive City: Knoxville State: TN Zip Code: 37919

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 4/12/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**

First Name: Scott Middle Name: _____ Last Name: Broyles

Address: 5732 Woodburn Drive City: Knoxville State: TN Zip Code: 37919

Occupation: CEO Employer: Safe Skies Alliance

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

Amount of Contribution: \$ \$300.00 Date of Contribution: 4/12/2026 Aggregate This Election: \$ \$550.00

Business or Organization Name: _____ **OR**

First Name: Don Middle Name: _____ Last Name: Patel

Address: 1914 Ailor Ave City: Knoxville State: TN Zip Code: 37921

Occupation: Owner Employer: Divya Corporation

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

Amount of Contribution: \$ \$900.00 Date of Contribution: 4/13/2026 Aggregate This Election: \$ \$900.00

Total Contributions: \$ \$6,699.00

(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: Larsen Jay (2026)
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$6,699.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Pritiben Middle Name: _____ Last Name: Patel

Address: 1914 Ailor Ave City: Knoxville State: TN Zip Code: 37921

Occupation: N/A Employer: N/A

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

Amount of Contribution: \$ \$900.00 Date of Contribution: 4/13/2026 Aggregate This Election: \$ \$900.00

Business or Organization Name: _____ **OR**

First Name: Pierce Middle Name: _____ Last Name: LaMacchia

Address: 3513 Luwana Ave City: Knoxville State: TN Zip Code: 37917

Occupation: Owner Employer: Kbrew

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

Amount of Contribution: \$ \$150.00 Date of Contribution: 4/14/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**

First Name: Victoria Middle Name: _____ Last Name: LaMacchia

Address: 3513 Luwana Ave City: Knoxville State: TN Zip Code: 37917

Occupation: N/A Employer: N/A

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

Amount of Contribution: \$ \$150.00 Date of Contribution: 4/14/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**

First Name: Bill Middle Name: _____ Last Name: Waters

Address: 6944 Mount Royal Blvd City: Knoxville State: TN Zip Code: 37918

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 4/14/2026 Aggregate This Election: \$ \$50.00

Total Contributions: \$ \$7,949.00

(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: Larsen Jay (2026)
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$7,949.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Sylvia Middle Name: _____ Last Name: Waters

Address: 6944 Mount Royal Blvd City: Knoxville State: TN Zip Code: 37918

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 4/14/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**

First Name: Ford Middle Name: _____ Last Name: Little

Address: 3818 Maloney Rd City: Knoxville State: TN Zip Code: 37920

Occupation: Attorney Employer: N/A

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 4/16/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**

First Name: MaLinda Middle Name: _____ Last Name: Little

Address: 3818 Maloney Rd City: Knoxville State: TN Zip Code: 37920

Occupation: N/A Employer: N/A

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 4/16/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**

First Name: Regenia Middle Name: _____ Last Name: Whaley

Address: 2902 Legacy Pointe Way City: Knoxville State: TN Zip Code: 37921

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$300.00 Date of Contribution: 4/22/2026 Aggregate This Election: \$ \$350.00

Total Contributions: \$ \$9,299.00

(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: Larsen Jay (2026)
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$9,299.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Rodney Middle Name: _____ Last Name: Russell

Address: 7618 Charmwood Way City: Knoxville State: TN Zip Code: 37938

Occupation: Associate Provost Employer: Carson Newman University

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 4/7/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**

First Name: Jamie Middle Name: _____ Last Name: Russell

Address: 7618 Charmwood Way City: Knoxville State: TN Zip Code: 37938

Occupation: Clinical Supervisor Employer: Trinity Medical Associates

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 4/7/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**

First Name: Michael Middle Name: _____ Last Name: McCune

Address: 309 Highwood Drive City: Knoxville State: TN Zip Code: 37920

Occupation: N/A Employer: N/A

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 4/23/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: Tennessee Realtors Political Action Committee **OR**

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

Address: 901 19th Avenue South City: Nashville State: TN Zip Code: 37212

Occupation: N/A Employer: N/A

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

Amount of Contribution: \$ \$5,000.00 Date of Contribution: 4/17/2026 Aggregate This Election: \$ \$5,000.00

Total Contributions: \$ \$14,449.00

(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: Larsen Jay (2026)
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
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: The Knoxville Focus **OR**

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

Address: PO Box 5129 City: Knoxville State: TN Zip Code: 37928

Occupation: N/A Employer: N/A

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

In-Kind Contribution Value: \$ \$150.00 In-Kind Contribution Date: 4/1/2026 Aggregate This Election: \$ \$150.00

Description of In-Kind Contribution: Marketing & Advertising

Business or Organization Name: _____ **OR**

First Name: Larsen Middle Name: _____ Last Name: Jay

Address: PO Box 52331 City: Knoxville State: TN Zip Code: 37950

Occupation: Knox County Commissioner Employer: Knox County

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

In-Kind Contribution Value: \$ \$337.21 In-Kind Contribution Date: 4/3/2025 Aggregate This Election: \$ \$5,420.67

Description of In-Kind Contribution: Costco

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: \$ \$487.21

(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: Larsen Jay (2026)
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
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: _____ **OR**
First Name: Gilbart Middle Name: _____ Last Name: Kuhlman
Address: 3110 Hazelwood Road City: Knoxville State: TN Zip Code: 37921
Purpose of Expenditure: Operations Support
Amount of Expenditure: \$ (\$90.00) Date of Expenditure: \$ 4/1/2026

Business or Organization Name: _____ **OR**
First Name: Emma Middle Name: _____ Last Name: Moutaw
Address: 312 Grandview Drive City: Maryville State: TN Zip Code: 37803
Purpose of Expenditure: Adminstrative Support
Amount of Expenditure: \$ \$1,824.00 Date of Expenditure: \$ 4/1/2026

Business or Organization Name: _____ **OR**
First Name: Emma Middle Name: _____ Last Name: Moutaw
Address: 312 Grandview Drive City: Maryville State: TN Zip Code: 37803
Purpose of Expenditure: Adminstrative Support
Amount of Expenditure: \$ \$513.00 Date of Expenditure: \$ 4/1/2026

Business or Organization Name: Ascertainment Marketing Inc. **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 610 Caswell Avenue City: Knoxville State: TN Zip Code: 37917
Purpose of Expenditure: Marketing - Advertising
Amount of Expenditure: \$ \$23,375.00 Date of Expenditure: \$ 4/1/2026

Business or Organization Name: The Knoxville Focus **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4109 Central Avenue City: Knoxville State: TN Zip Code: 37912
Purpose of Expenditure: Marketing - Advertising
Amount of Expenditure: \$ \$150.00 Date of Expenditure: \$ 4/1/2026

Total Expenditures: \$ \$25,772.00

(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: Larsen Jay (2026)
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$25,772.00

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: _____ **OR**
First Name: Olivia Middle Name: _____ Last Name: Graves
Address: 112 Yorkwood Lane City: Powell State: TN Zip Code: 37849
Purpose of Expenditure: Administrative Support
Amount of Expenditure: \$ \$425.00 Date of Expenditure: \$ 4/2/2026

Business or Organization Name: Targeted Strategy **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1810 Water Mill Trail City: Knoxville State: TN Zip Code: 37922
Purpose of Expenditure: Consulting
Amount of Expenditure: \$ \$2,000.00 Date of Expenditure: \$ 4/2/2026

Business or Organization Name: _____ **OR**
First Name: Julian Middle Name: _____ Last Name: Evans
Address: 1409 Bales Road City: Knoxville State: TN Zip Code: 37914
Purpose of Expenditure: Operations Support
Amount of Expenditure: \$ \$1,000.00 Date of Expenditure: \$ 4/2/2026

Business or Organization Name: _____ **OR**
First Name: Kailei Middle Name: _____ Last Name: Beeler
Address: 180 Front Street City: Luttrell State: TN Zip Code: 37779
Purpose of Expenditure: Operations Support
Amount of Expenditure: \$ \$270.00 Date of Expenditure: \$ 4/2/2026

Business or Organization Name: _____ **OR**
First Name: Charles Middle Name: Miguel Last Name: Waggoner
Address: 528 Harless Road City: Corryton State: TN Zip Code: 37721
Purpose of Expenditure: Operations Support
Amount of Expenditure: \$ \$216.00 Date of Expenditure: \$ 4/2/2026

Total Expenditures: \$ \$29,683.00

(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: Larsen Jay (2026)
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$29,683.00

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: _____ **OR**
First Name: Zacarias Middle Name: _____ Last Name: Waggoner
Address: 528 Harless Road City: Corryton State: TN Zip Code: 37721
Purpose of Expenditure: Operations Support
Amount of Expenditure: \$ \$216.00 Date of Expenditure: \$ 4/2/2026

Business or Organization Name: _____ **OR**
First Name: Felicia Middle Name: _____ Last Name: Cooper
Address: 150 Hansard Road City: Maynardville State: TN Zip Code: 37807
Purpose of Expenditure: Operations Support
Amount of Expenditure: \$ \$216.00 Date of Expenditure: \$ 4/2/2026

Business or Organization Name: _____ **OR**
First Name: Larsen Middle Name: _____ Last Name: Jay
Address: PO Box 52331 City: Knoxville State: TN Zip Code: 37950
Purpose of Expenditure: Operations Support
Amount of Expenditure: \$ \$337.21 Date of Expenditure: \$ 4/3/2026

Business or Organization Name: I-360.com Arlington **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: Online City: Online State: Onli Zip Code: 37950
Purpose of Expenditure: Software
Amount of Expenditure: \$ \$1,365.63 Date of Expenditure: \$ 4/4/2026

Business or Organization Name: The UPS Store **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 5923 Kingston Pike City: Knoxville State: TN Zip Code: 37919
Purpose of Expenditure: Postage
Amount of Expenditure: \$ \$157.32 Date of Expenditure: \$ 4/7/2026

Total Expenditures: \$ \$31,975.16

(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: Larsen Jay (2026)
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$31,975.16

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: Gannett Tennessee LocaliQ OR

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

Address: 1801 West End Ave City: Knoxville State: TN Zip Code: 37203

Purpose of Expenditure: Marketing - Advertising

Amount of Expenditure: \$ \$4,815.98 Date of Expenditure: \$ 4/8/2026

Business or Organization Name: Southern Rebar OR

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

Address: 4615 Coster Road City: Knoxville State: TN Zip Code: 37912

Purpose of Expenditure: Operations Support

Amount of Expenditure: \$ \$963.32 Date of Expenditure: \$ 4/8/2026

Business or Organization Name: _____ OR

First Name: Emma Middle Name: _____ Last Name: Moutaw

Address: 312 Grandview Drive City: Maryville State: TN Zip Code: 37803

Purpose of Expenditure: Administrative Support

Amount of Expenditure: \$ \$1,216.00 Date of Expenditure: \$ 4/10/2026

Business or Organization Name: _____ OR

First Name: Emma Middle Name: _____ Last Name: Moutaw

Address: 312 Grandview Drive City: Maryville State: TN Zip Code: 37803

Purpose of Expenditure: Administrative Support

Amount of Expenditure: \$ \$342.00 Date of Expenditure: \$ 4/10/2026

Business or Organization Name: _____ OR

First Name: Olivia Middle Name: _____ Last Name: Graves

Address: 112 Yorkwood Lane City: Powell State: TN Zip Code: 37849

Purpose of Expenditure: Administrative Support

Amount of Expenditure: \$ \$425.00 Date of Expenditure: \$ 4/10/2026

Total Expenditures: \$ \$39,737.46

(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: Larsen Jay (2026)
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$39,737.46

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: Zacarias Middle Name: _____ Last Name: Waggoner
Address: 528 Harless Road City: Corryton State: TN Zip Code: 37721
Purpose of Expenditure: Operations Support
Amount of Expenditure: \$ \$144.00 Date of Expenditure: \$ 4/10/2026

Business or Organization Name: _____ **OR**
First Name: Charles Middle Name: Miguel Last Name: Waggoner
Address: 528 Harless Road City: Corryton State: TN Zip Code: 37721
Purpose of Expenditure: Operations Support
Amount of Expenditure: \$ \$144.00 Date of Expenditure: \$ 4/10/2026

Business or Organization Name: _____ **OR**
First Name: Kailei Middle Name: Ann Last Name: Beeler
Address: 180 Front Street City: Luttrell State: TN Zip Code: 37779
Purpose of Expenditure: Operations Support
Amount of Expenditure: \$ \$306.00 Date of Expenditure: \$ 4/11/2026

Business or Organization Name: _____ **OR**
First Name: Felicia Middle Name: _____ Last Name: Cooper
Address: 150 Hansard Road City: Maynardville State: TN Zip Code: 37807
Purpose of Expenditure: Operations Support
Amount of Expenditure: \$ \$252.00 Date of Expenditure: \$ 4/11/2026

Business or Organization Name: SmartBank **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 5401 Kingston Pike #600 City: Knoxville State: TN Zip Code: 37919
Purpose of Expenditure: Bank Fee
Amount of Expenditure: \$ \$10.00 Date of Expenditure: \$ 4/13/2026

Total Expenditures: \$ \$40,593.46

(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: Larsen Jay (2026)
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$40,593.46

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: Targeted Strategy **OR**

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

Address: 1810 Water Mill Trail City: Knoxville State: TN Zip Code: 37922

Purpose of Expenditure: Consulting

Amount of Expenditure: \$ \$28,930.30 Date of Expenditure: \$ 4/13/2026

Business or Organization Name: U.S. Postal Service **OR**

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

Address: 1237 E. Weisgarber Road RM 983 City: Knoxville State: TN Zip Code: 37950

Purpose of Expenditure: Postage

Amount of Expenditure: \$ \$390.00 Date of Expenditure: \$ 4/15/2026

Business or Organization Name: Targeted Strategy **OR**

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

Address: 1810 Water Mill Trail City: Knoxville State: TN Zip Code: 37922

Purpose of Expenditure: Consulting

Amount of Expenditure: \$ \$28,930.28 Date of Expenditure: \$ 4/16/2026

Business or Organization Name: Targeted Strategy **OR**

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

Address: 1810 Water Mill Trail City: Knoxville State: TN Zip Code: 37922

Purpose of Expenditure: Consulting

Amount of Expenditure: \$ \$24,069.00 Date of Expenditure: \$ 4/16/2026

Business or Organization Name: Burns Mailing & Printing Inc. **OR**

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

Address: PO Box 52730 City: Knoxville State: TN Zip Code: 37909

Purpose of Expenditure: Marketing - Advertising

Amount of Expenditure: \$ \$217.82 Date of Expenditure: \$ 4/16/2026

Total Expenditures: \$ \$123,130.86

(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: Larsen Jay (2026)
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$123,130.86

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: Olivia Middle Name: _____ Last Name: Graves
Address: 112 Yorkwood Lane City: Powell State: TN Zip Code: 37849
Purpose of Expenditure: Administrative Support
Amount of Expenditure: \$ \$575.00 Date of Expenditure: \$ 4/17/2026

Business or Organization Name: Targeted Strategy **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1810 Water Mill Trail City: Knoxville State: TN Zip Code: 37922
Purpose of Expenditure: Consulting
Amount of Expenditure: \$ \$49,004.00 Date of Expenditure: \$ 4/17/2026

Business or Organization Name: New Frame Creative **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 9237 Middlebrook Pike City: Knoxville State: TN Zip Code: 37931
Purpose of Expenditure: Marketing - Advertising
Amount of Expenditure: \$ \$50.00 Date of Expenditure: \$ 4/20/2026

Business or Organization Name: Ascertainment Marketing Inc. **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 610Caswell Avenue City: Knoxville State: TN Zip Code: 37917
Purpose of Expenditure: Marketing - Advertising
Amount of Expenditure: \$ \$23,375.00 Date of Expenditure: \$ 4/20/2026

Business or Organization Name: _____ **OR**
First Name: Kailei Middle Name: Ann Last Name: Beeler
Address: 180 Front Street City: Luttrell State: TN Zip Code: 37779
Purpose of Expenditure: Operations Support
Amount of Expenditure: \$ \$378.00 Date of Expenditure: \$ 4/20/2026

Total Expenditures: \$ \$196,512.86

(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: Larsen Jay (2026)
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$196,512.86

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: Felicia Middle Name: _____ Last Name: Cooper
Address: 150 Hansard Road City: Maynardville State: TN Zip Code: 37807
Purpose of Expenditure: Operations Support
Amount of Expenditure: \$ \$324.00 Date of Expenditure: \$ 4/20/2026

Business or Organization Name: _____ **OR**
First Name: Charles Middle Name: Miguel Last Name: Waggoner
Address: 528 Harless Road City: Corryton State: TN Zip Code: 37721
Purpose of Expenditure: Operations Support
Amount of Expenditure: \$ \$324.00 Date of Expenditure: \$ 4/20/2026

Business or Organization Name: _____ **OR**
First Name: Zagarias Middle Name: _____ Last Name: Waggoner
Address: 528 Harless Road City: Corryton State: TN Zip Code: 37721
Purpose of Expenditure: Operations Support
Amount of Expenditure: \$ \$324.00 Date of Expenditure: \$ 4/20/2026

Business or Organization Name: _____ **OR**
First Name: Olivia Middle Name: _____ Last Name: Graves
Address: 112 Yorkwood Lane City: Powell State: TN Zip Code: 37849
Purpose of Expenditure: Administrative Support
Amount of Expenditure: \$ \$575.00 Date of Expenditure: \$ 4/23/2026

Business or Organization Name: _____ **OR**
First Name: Charles Middle Name: Miguel Last Name: Waggoner
Address: 528 Harless Road City: Corryton State: TN Zip Code: 37921
Purpose of Expenditure: Operations Support
Amount of Expenditure: \$ \$144.00 Date of Expenditure: \$ 4/23/2026

Total Expenditures: \$ \$198,203.86

(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: Larsen Jay (2026)
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$198,203.86

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: Felicia Middle Name: _____ Last Name: Cooper
Address: 150 Hansard Road City: Maynardville State: TN Zip Code: 37807
Purpose of Expenditure: Operations Support
Amount of Expenditure: \$ \$144.00 Date of Expenditure: \$ 4/23/2026

Business or Organization Name: _____ **OR**
First Name: Felicia Middle Name: _____ Last Name: Cooper
Address: 150 Hansard Road City: Maynardville State: TN Zip Code: 37807
Purpose of Expenditure: Operations Support
Amount of Expenditure: \$ \$180.00 Date of Expenditure: \$ 4/23/2026

Business or Organization Name: Anedot **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: Online City: Online State: Onli Zip Code: 37950
Purpose of Expenditure: Credit Card Fees
Amount of Expenditure: \$ \$112.96 Date of Expenditure: \$ 4/25/2026

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: \$ _____

Total Expenditures: \$ \$198,640.82

(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 LOANS - CANDIDATE

1. Candidate or Committee Name: Larsen Jay (2026)
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
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: Larsen Middle Name: _____ Last Name: Jay

Address: PO Box 52331 City: Knoxville State: TN Zip Code: 37950

Outstanding Loan Balance (Beginning) \$ \$0.00

Loans Received \$ \$150,000.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$150,000.00

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

Date of Loan: 4/13/2026

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: _____ **OR**

First Name: Larsen Middle Name: _____ Last Name: Jay

Address: PO Box 52331 City: Knoxville State: TN Zip Code: 37950

Amount Guaranteed Outstanding: \$ \$100,000.00

Business or Organization Name: _____ **OR**

First Name: Larsen Middle Name: _____ Last Name: Jay

Address: 3908 Wilani Road City: Knoxville State: TN Zip Code: 37919

Amount Guaranteed Outstanding: \$ \$50,000.00

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) \$ \$0.00

Loans Received \$ \$150,000.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$150,000.00