



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 07-28-2026 2.a. Candidate or Committee Name: Anthony Johnson for County Commissioner
- 2.b. If Committee, Name of Candidate: Anthony Johnson 3. Election Date: Aug 6, 2026
4. Campaign Address: 101 Governor Ct.
City: Smyrna State: Tn. Zip Code: 37167 Phone: 615-631-6215
5. Candidate Home Address: 101 Governor Ct.
City: Smyrna State: Tn. Zip Code: 37167 Phone: 615-631-6215
Candidate Email Address: anthonyjohnson@rutherfordcountytg.gov
6. Office Sought: (include district number, if applicable) County Commissioner District 11
7. Name of Political Treasurer (may be candidate): Anthony Johnson
Political Treasurer Email Address: anthonyjohnson@rutherfordcountytg.gov
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: 07-01-2026 End Date: 07-27-2026
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.

Anthony Johnson
Candidate Signature

07-28-2026
Date

Anthony Johnson
Political Treasurer Signature

07-28-2026
Date

Witness Signature

Date

Witness Signature

Date

12. Summary:

- a. Balance On Hand Last Report \$ 1333.99
- b. Total Receipts This Period \$ 1600.00
- c. Total Disbursements This Period \$ 350.00
- d. Balance On Hand (12.a. plus 12.b. minus 12.c.) \$ 2583.99
- e. Total Loans Outstanding \$ _____
- f. Total Obligations Outstanding \$ _____

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Anthony Johnson

14. Reporting Period: Start Date: 07-01-2026 End Date: 07-027-2026

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) \$ 1600.00
- c. Loans Received This Reporting Period..... \$ 0
- d. Interest Received This Reporting Period \$ 0
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 1600.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 350.00
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ 0
- c. Total Obligation Payments Made This Period..... \$ 0
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ 350.00

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ 0
- b. Itemized In-Kind Contributions Received This Period \$ 0
- c. Total In-Kind Contributions Received This Period \$ 0

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ 0

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Anthony Johnson
2. Reporting Period: Start Date: 07-01-2026 End Date: 07-27-2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 0

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: Carter Jamison d/b/a Veltar OR
First Name: Carter Middle Name: _____ Last Name: Jamison
Address: 5710 Sledge Rd. City: Christiana State: Tn Zip Code: 37037
Purpose of Expenditure: Door Knocking Services - 15 hours.
Amount of Expenditure: \$ 350.⁰⁰ Date of Expenditure: \$ 07-27-2026

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: \$ _____

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: \$ 350.⁰⁰

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Anthony Johnson
2. Reporting Period: Start Date: 07-01-2026 End Date: 07-27-2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Lube Pro-Owner OR
First Name: Henry Middle Name: G Last Name: Cole
Address: PO Box 41/121 Brookhaven City: Smyrna State: Tn. Zip Code: 37167
Occupation: Retired-Lube Pro Employer: Self
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 50.00 Date of Contribution: 07-07-2026 Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: Dawn Middle Name: _____ Last Name: White
Address: 1522 River View Dr. City: Murfreesboro State: Tn. Zip Code: 37129
Occupation: Tenn. State Senator Employer: State of Tennessee
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 07-16-2026 Aggregate This Election: \$ _____

Business or Organization Name: Attorney/Murfree, Goodman & Rosado PLLC OR
First Name: Bricke Middle Name: _____ Last Name: Murfree
Address: 805 S. Church St. Suite 21 City: Murfreesboro State: Tn. Zip Code: 37130
Occupation: Attorney Employer: Same
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 300.00 Date of Contribution: 07-13-2026 Aggregate This Election: \$ _____

Business or Organization Name: Tennessee Realtors Political Action Committee OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 901 19th Ave. South City: Nashville State: Tn. Zip Code: 37212
Occupation: _____ Employer: _____
Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Amount of Contribution: \$ 1,000.00 Date of Contribution: 07-15-2026 Aggregate This Election: \$ _____

Total Contributions: \$ 1600.00

(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 LOANS - CANDIDATE

1. Candidate or Committee Name: Anthony Johnson for County Commissioners
2. Reporting Period: Start Date: 07-01-2026 End Date: 07-27-2026
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: Anthony Johnson / Self OR
First Name: Anthony Middle Name: Ray Last Name: Johnson
Address: 101 Governor Ct, City: Smyrna State: GA Zip Code: 37167
Outstanding Loan Balance (Beginning) \$ 1500.00
Loans Received \$ 0
Loan Payments \$ 0
Outstanding Loan (End) \$ 1500.00
Loan Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Date of Loan: 01-20-2026

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

Business or Organization Name: _____ OR
First Name: _____ 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) \$ 1500.00
Loans Received \$ 0
Loan Payments \$ 0
Outstanding Loan (End) \$ 1500.00