



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/6/2024 2.a. Candidate or Committee Name: KATHY CARR
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/1/2024
4. Campaign Address: PO BOX 1731
City: JOHNSON CITY State: TN Zip Code: 37605 Phone: 5185702513
5. Candidate Home Address: 530 LEESBURG RD
City: TELFORD State: TN Zip Code: 37690 Phone: 5185702513
Candidate Email Address: kathycarrforschoolboard@gmail.com
6. Office Sought: (include district number, if applicable) County School Board
7. Name of Political Treasurer (may be candidate): CYNTHIA HUMPHREY
Political Treasurer Email Address: cindyhumphrey21@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: 4/1/2024 End Date: 6/30/2024
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>\$889.49</u>
b. Total Receipts This Period	\$ <u>\$4,230.00</u>
c. Total Disbursements This Period	\$ <u>\$4,054.05</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$1,065.44</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: KATHY CARR

14. Reporting Period: Start Date: 4/1/2024 End Date: 6/30/2024

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ \$1,165.00
(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) \$ \$3,065.00
- 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.) \$ \$4,230.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$4,054.05
(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.)..... \$ \$4,054.05

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ _____
- b. Itemized In-Kind Contributions Received This Period \$ \$15.60
- c. Total In-Kind Contributions Received This Period \$ \$15.60

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: KATHY CARR
2. Reporting Period: Start Date: 4/1/2024 End Date: 6/30/2024
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: Jeff Middle Name: _____ Last Name: Briere
Address: 604 E. Unaka Ave City: Johnson City State: TN Zip Code: 37601
Occupation: Unemployed Employer: Unemployed
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 4/2/2024 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: SYLVAIN Middle Name: _____ Last Name: Bruni
Address: 166 GARLAND WAY City: JOHNSON CITY State: TN Zip Code: 37604
Occupation: Engineer Employer: Aptima
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$10.00 Date of Contribution: 7/8/2024 Aggregate This Election: \$ \$10.00

Business or Organization Name: _____ **OR**
First Name: BRAD Middle Name: _____ Last Name: BATT
Address: 4002 GLAZE ROAD City: JOHNSON CITY State: TN Zip Code: 37601
Occupation: Founder/Owner Employer: Blue Zebra Sports
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 4/11/2024 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: SYLVAIN Middle Name: _____ Last Name: Bruni
Address: 166 GARLAND WAY City: JOHNSON CITY State: TN Zip Code: 37604
Occupation: Engineer Employer: Aptima
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$15.00 Date of Contribution: 4/14/2024 Aggregate This Election: \$ \$25.00

Total Contributions: \$ \$225.00
(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: KATHY CARR
2. Reporting Period: Start Date: 4/1/2024 End Date: 6/30/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$225.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Clark Middle Name: _____ Last Name: Knutson
Address: 203 Clark Lane City: Tullahoma State: TN Zip Code: 37388
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$200.00 Date of Contribution: 4/18/2024 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**
First Name: GEORGE Middle Name: _____ Last Name: Cross
Address: 713 W. PINE STREET City: JOHNSON CITY State: TN Zip Code: 37604
Occupation: Engineer Employer: Cross Engineering
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 5/10/2024 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**
First Name: SYLVAIN Middle Name: _____ Last Name: Bruni
Address: 166 GARLAND WAY City: JOHNSON CITY State: TN Zip Code: 37604
Occupation: Engineer Employer: Aptima
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$10.00 Date of Contribution: 5/13/2024 Aggregate This Election: \$ \$35.00

Business or Organization Name: _____ **OR**
First Name: SYLVAIN Middle Name: _____ Last Name: Bruni
Address: 166 GARLAND WAY City: JOHNSON CITY State: TN Zip Code: 37604
Occupation: Engineer Employer: Aptima
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$15.00 Date of Contribution: 5/14/2024 Aggregate This Election: \$ \$50.00

Total Contributions: \$ \$500.00
(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: KATHY CARR
2. Reporting Period: Start Date: 4/1/2024 End Date: 6/30/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$500.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: KAY Middle Name: _____ Last Name: Sirois
Address: 809 LEHIGH STREET City: JOHNSON CITY State: TN Zip Code: 37604
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$200.00 Date of Contribution: 5/16/2024 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**
First Name: Cindy Middle Name: _____ Last Name: Rury
Address: 12802 Bexhill Ct City: Herndon State: VA Zip Code: 20171
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$200.00 Date of Contribution: 5/17/2024 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**
First Name: Leigh Middle Name: _____ Last Name: Bishop
Address: 2095 Oran Delphi Rd City: New Woodstock State: NY Zip Code: 13122
Occupation: Teacher Employer: Fayetteville Manlius HS
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 5/17/2024 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Marilyn Middle Name: _____ Last Name: Buchanan
Address: 208 E. Main Street City: Jonesborough State: TN Zip Code: 37659
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$200.00 Date of Contribution: 6/2/2024 Aggregate This Election: \$ \$200.00

Total Contributions: \$ \$1,200.00
(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: KATHY CARR
2. Reporting Period: Start Date: 4/1/2024 End Date: 6/30/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1,200.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Stanley Middle Name: _____ Last Name: Williams

Address: 155 MILLET LOOP City: JONESBOROUGH State: TN Zip Code: 37659

Occupation: Unemployed Employer: Unemployed

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 6/5/2024 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: KAY Middle Name: _____ Last Name: Sirois

Address: 809 LEHIGH STREET City: JOHNSON CITY State: TN Zip Code: 37604

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$1.000.00 Date of Contribution: 6/13/2024 Aggregate This Election: \$ \$1.200.00

Business or Organization Name: _____ **OR**

First Name: SYLVAIN Middle Name: _____ Last Name: Bruni

Address: 166 GARLAND WAY City: JOHNSON CITY State: TN Zip Code: 37604

Occupation: Engineer Employer: Aptima

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 6/13/2024 Aggregate This Election: \$ \$150.00

Business or Organization Name: _____ **OR**

First Name: Jeffrey Middle Name: _____ Last Name: Kappa

Address: 153 Oak Grove Loop City: JOHNSON CITY State: TN Zip Code: 37615

Occupation: Unemployed Employer: Unemployed

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 6/13/2024 Aggregate This Election: \$ \$100.00

Total Contributions: \$ \$2,500.00

(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: KATHY CARR
2. Reporting Period: Start Date: 4/1/2024 End Date: 6/30/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$2,500.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: SYLVAIN Middle Name: _____ Last Name: Bruni

Address: 166 GARLAND WAY City: JOHNSON CITY State: TN Zip Code: 37604

Occupation: Engineer Employer: Aptima

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

Amount of Contribution: \$ \$15.00 Date of Contribution: 6/14/2024 Aggregate This Election: \$ \$165.00

Business or Organization Name: _____ **OR**

First Name: GEORGE Middle Name: _____ Last Name: Cross

Address: 713 W. PINE STREET City: JOHNSON CITY State: TN Zip Code: 37604

Occupation: Engineer Employer: Cross Engineering

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 6/17/2024 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Bette Middle Name: _____ Last Name: Mullersman

Address: 1185 Mountain View Rd. Apt. 110 City: JOHNSON CITY State: TN Zip Code: 37604

Occupation: Unemployed Employer: Unemployed

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

Amount of Contribution: \$ \$200.00 Date of Contribution: 6/17/2024 Aggregate This Election: \$ \$200.00

Business or Organization Name: _____ **OR**

First Name: GLENN Middle Name: _____ Last Name: Stroup

Address: 126 ROYAL OAKS DRIVE City: JONESBOROUGH State: TN Zip Code: 37659

Occupation: Retired Employer: Retired

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 6/19/2024 Aggregate This Election: \$ \$100.00

Total Contributions: \$ \$2,865.00

(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: KATHY CARR
2. Reporting Period: Start Date: 4/1/2024 End Date: 6/30/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$2,865.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Patricia Middle Name: _____ Last Name: Painter
Address: 131 Frank Hilbert Road City: JONESBOROUGH State: TN Zip Code: 37659
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 6/24/2024 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Erik Middle Name: _____ Last Name: Steele
Address: Box 116, Canada City: Roberts Creek State: N/A Zip Code: 00000
Occupation: Unemployed Employer: Unemployed
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 4/11/2024 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**
First Name: Erik Middle Name: _____ Last Name: Steele
Address: Box 116, Canada City: Roberts Creek State: N/A Zip Code: 00000
Occupation: Unemployed Employer: Unemployed
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 5/1/2024 Aggregate This Election: \$ \$100.00

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: \$ \$3,065.00
(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: KATHY CARR
2. Reporting Period: Start Date: 4/1/2024 End Date: 6/30/2024
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: KATHY Middle Name: _____ Last Name: Carr

Address: 530 LEESBURG RD City: TELFORD State: TN Zip Code: 37690

Occupation: Retired Employer: Retired

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

In-Kind Contribution Value: \$ \$15.60 In-Kind Contribution Date: 4/15/2024 Aggregate This Election: \$ \$15.60

Description of In-Kind Contribution: Postage

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: \$ \$15.60

(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: KATHY CARR
2. Reporting Period: Start Date: 4/1/2024 End Date: 6/30/2024
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: Cranberries OR

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

Address: 1904 KNOB CREEK # 5 City: JOHNSON CITY State: TN Zip Code: 37604

Purpose of Expenditure: Campaign Luncheon

Amount of Expenditure: \$ \$33.25 Date of Expenditure: \$ 4/1/2024

Business or Organization Name: 48 Hour Print OR

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

Address: 6410 EASTLAND RD. E. City: BROOK PARK State: OH Zip Code: 44142

Purpose of Expenditure: Door hangers

Amount of Expenditure: \$ \$640.86 Date of Expenditure: \$ 4/16/2024

Business or Organization Name: Town of Jonesborough OR

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

Address: 117 BOONE ST. City: JONESBOROUGH State: TN Zip Code: 37659

Purpose of Expenditure: Space rental

Amount of Expenditure: \$ \$30.00 Date of Expenditure: \$ 4/23/2024

Business or Organization Name: USPS OR

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

Address: 121 Boone Street City: Jonesborough State: TN Zip Code: 37659

Purpose of Expenditure: Stamps

Amount of Expenditure: \$ \$10.60 Date of Expenditure: \$ 5/1/2024

Business or Organization Name: Red Lobster OR

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

Address: 1909 N. Roan Street City: Johnson City State: TN Zip Code: 37601

Purpose of Expenditure: Campaign Luncheon

Amount of Expenditure: \$ \$117.93 Date of Expenditure: \$ 5/3/2024

Total Expenditures: \$ \$832.64

(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: KATHY CARR
2. Reporting Period: Start Date: 4/1/2024 End Date: 6/30/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$832.64

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: Jonesborough Pizza **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 416 E. JACKSON BLVE City: JONESBOROUGH State: TN Zip Code: 37659
Purpose of Expenditure: Food and Beverage- Meet and Greet
Amount of Expenditure: \$ \$51.20 Date of Expenditure: \$ 5/17/2024

Business or Organization Name: Sam's **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3060 FRANKLIN TERRACE DRIV City: JOHNSON CITY State: TN Zip Code: 37604
Purpose of Expenditure: Food and Beverage- Meet and Greet
Amount of Expenditure: \$ \$66.29 Date of Expenditure: \$ 5/31/2024

Business or Organization Name: Walmart **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2915 W MARKET ST City: JOHNSON CITY State: TN Zip Code: 37604
Purpose of Expenditure: Food and Beverage- Meet and Greet
Amount of Expenditure: \$ \$11.64 Date of Expenditure: \$ 6/1/2024

Business or Organization Name: Food City **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 500 FOREST DRIVE City: JONESBOROUGH State: TN Zip Code: 37659
Purpose of Expenditure: Food and Beverage- Meet and Greet
Amount of Expenditure: \$ \$4.52 Date of Expenditure: \$ 6/1/2024

Business or Organization Name: PC Signs **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2534 Commerce Blvd City: Cincinatti State: OH Zip Code: 45241
Purpose of Expenditure: Yard signs
Amount of Expenditure: \$ \$1,011.18 Date of Expenditure: \$ 6/1/2024

Total Expenditures: \$ \$1,977.47

(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: KATHY CARR
2. Reporting Period: Start Date: 4/1/2024 End Date: 6/30/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$1,977.47

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: Office Depot OR

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

Address: 2111 N. ROAN STREET City: JOHNSON CITY State: TN Zip Code: 37601

Purpose of Expenditure: Printing

Amount of Expenditure: \$ \$18.24 Date of Expenditure: \$ 6/10/2024

Business or Organization Name: _____ OR

First Name: CHELSEA Middle Name: _____ Last Name: Boone-Belcher

Address: 1406 AMERICAN WAY City: JONESBOROUGH State: TN Zip Code: 37659

Purpose of Expenditure: Professional Services

Amount of Expenditure: \$ \$50.00 Date of Expenditure: \$ 6/10/2024

Business or Organization Name: USPS OR

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

Address: 121 Boone Street City: JONESBOROUGH State: TN Zip Code: 37659

Purpose of Expenditure: Stamps

Amount of Expenditure: \$ \$10.60 Date of Expenditure: \$ 6/17/2024

Business or Organization Name: USPS OR

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

Address: 121 Boone Street City: Jonesborough State: TN Zip Code: 37659

Purpose of Expenditure: Stamps

Amount of Expenditure: \$ \$13.60 Date of Expenditure: \$ 6/20/2024

Business or Organization Name: Foster Signs OR

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

Address: 146 North Lincoln Ave City: Jonesborough State: TN Zip Code: 37659

Purpose of Expenditure: Digital Billboard

Amount of Expenditure: \$ \$650.00 Date of Expenditure: \$ 6/26/2024

Total Expenditures: \$ \$2,719.91

(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: KATHY CARR
2. Reporting Period: Start Date: 4/1/2024 End Date: 6/30/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$2,719.91

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: USPS **OR**

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

Address: 121 Boone Street City: Jonesborough State: TN Zip Code: 37659

Purpose of Expenditure: Stamps

Amount of Expenditure: \$ \$265.00 Date of Expenditure: \$ 6/26/2024

Business or Organization Name: Lamar **OR**

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

Address: PO Box 746966 City: Atlanta State: GA Zip Code: 30374

Purpose of Expenditure: Static Billboard

Amount of Expenditure: \$ \$1,000.00 Date of Expenditure: \$ 6/27/2024

Business or Organization Name: ACT Blue **OR**

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

Address: 366 SUMMER STREET City: SOMERVILLE State: MA Zip Code: 02144

Purpose of Expenditure: Bank fees

Amount of Expenditure: \$ \$69.14 Date of Expenditure: \$ 6/30/2024

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: \$ \$4,054.05

(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.)