CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
For State and Local Candidates
For Single-Candidate Committees

1. Date: 01-30-2025 2.a. Candidate or Committee Name: Friends of Jon Carroll

2.b. If Committee, Name of Candidate: Jon Carroll 3. Election Date: 8-2026

4. Campaign Address: 3757 Kearney Avenue

City: Memphis State: TN Zip Code: 38111 Phone: 901-301-3455

5. Candidate Home Address: 3757 Kearney Avenue

City: Memphis State: TN Zip Code: 38111 Phone: 901-301-3455

Candidate Email Address: joncarroll901@gmail.com

6. Office Sought: (include district number, if applicable) ~~TN~~ Tennessee Democratic Party Executive Comm. Woman

7. Name of Political Treasurer (may be candidate): Jonathan Carroll

Political Treasurer Email Address: joncarroll901@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: 7-1-24 End Date: 12-31-2024

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.

Jonathan Carroll 1-30-25 — 1-30-25

Candidate Signature Date Political Treasurer Signature Date

Witness Signature Date Witness Signature Date

12. Summary:

a.	Balance On Hand Last Report	$ 740.89
b.	Total Receipts This Period	$ 1330.5
c.	Total Disbursements This Period	$ 1705.15
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 368.74
e.	Total Loans Outstanding	$ —
f.	Total Obligations Outstanding	$ —

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Jon Carroll

14. Reporting Period: Start Date: 7-1-24 End Date: 12-31-24

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ 330
(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) ..... $ 1005

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.) ..... $ 1335

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 1705.15
(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.) ..... $ 1705.15

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: Jun Carroll

2. Reporting Period: Start Date: 7-1-24 End Date: 12-31-24

3. Total campaign contributions from preceding page (enter $0 if first page) $ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Sanjeev Middle Name: _____ Last Name: Mamula

Address: 393 Dogwood Valley Dr City: Collierville State: TN Zip Code: 38017

Occupation: ATorney Employer: Shelby County DA

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

Amount of Contribution: $ 200 Date of Contribution: 11-27-24 Aggregate This Election: $ 500

Business or Organization Name: _____ **OR**

First Name: David Middle Name: _____ Last Name: Holt

Address: 6718 Kirby Oaks Lane City: Memphis State: TN Zip Code: 38117

Occupation: Occupational Therapist Employer: Quince Skilled Nursing

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

Amount of Contribution: $ 450 Date of Contribution: 11-9-24 Aggregate This Election: $ 1300

Business or Organization Name: _____ **OR**

First Name: Rachel Middle Name: _____ Last Name: Campbell

Address: 4412 Murray Hills Drive City: Chattanooga State: TN Zip Code: 37416

Occupation: unemployed Employer: _____

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

Amount of Contribution: $ 60 Date of Contribution: 10-27-24 Aggregate This Election: $ 780

Business or Organization Name: _____ **OR**

First Name: Megan Middle Name: _____ Last Name: Lange

Address: 236 Brown Place City: Gallatin State: TN Zip Code: 37066

Occupation: _____ Employer: _____

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

Amount of Contribution: $ 50 Date of Contribution: 12-3-24 Aggregate This Election: $ 150

Total Contributions: $ 760

(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: Jon Carroll

2. Reporting Period: Start Date: 7-1-24 End Date: 12-31-24

3. Total in-kind contributions from preceding page (enter $0 if first page) $ ______

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: Zachary Middle Name: ______ Last Name: Kinslow
Address: 417 Dull Street City: Dickson State: TN Zip Code: 37055
Occupation: Museum Director Employer: Governor Frank G. Clement Hotel and museum
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: ______

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: $ ______
(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Jon Carnell

2. Reporting Period: Start Date: 7-1-24 End Date: 12-31-24

3. Total campaign contributions from preceding page (enter $0 if first page) $ 760

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Zachary Middle Name: _____ Last Name: Hinsley

Address: 417 Dull Street City: Pickens State: TN Zip Code: 37055

Occupation: Museum Director Employer: Frank G Clement Hotel and Museum

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

Amount of Contribution: $ 70 Date of Contribution: 12-27-24 Aggregate This Election: $ 186

Business or Organization Name: _____ **OR**

First Name: London Middle Name: _____ Last Name: Lamar

Address: 9 City Place City: Nashville State: TN Zip Code: _____

Occupation: TN State Representative Employer: _____

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

Amount of Contribution: $ 75 Date of Contribution: 10-12-24 Aggregate This Election: $ 225

Business or Organization Name: _____ **OR**

First Name: Carol Middle Name: _____ Last Name: Abner

Address: 111 Theatre Dr City: Celina State: TN Zip Code: 38551

Occupation: Certified Public Accountant Employer: Self-Employed

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

Amount of Contribution: $ 100 Date of Contribution: 10-11-24 Aggregate This Election: $ 100

Business or Organization Name: _____ **OR**

First Name: Cash 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: $ 330 Date of Contribution: _____ Aggregate This Election: $ 330

Total Contributions: $ 1335

(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: Jon Carroll

2. Reporting Period: Start Date: 7-1-24 End Date: 12-31-24

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 1486.86

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: Sunoco Gas Station **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: ____ Zip Code: _____
Purpose of Expenditure: Gas for TNDP meetings
Amount of Expenditure: $ 36.77 Date of Expenditure: [redacted] 11-8-24

Business or Organization Name: Chevron Gas Station **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: ____ Zip Code: _____
Purpose of Expenditure: Gas for TNDP meetings
Amount of Expenditure: $ 27.25 Date of Expenditure: 12-2-24

Business or Organization Name: Kruger Fuel Center **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: ____ Zip Code: _____
Purpose of Expenditure: Gas for TNDP meetings
Amount of Expenditure: $ 19.27 Date of Expenditure: 12-16

Business or Organization Name: Pilot Flying J **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: ____ Zip Code: _____
Purpose of Expenditure: [redacted] Gas for TNDP meetings
Amount of Expenditure: $ 35.00 Date of Expenditure: 12-11-24

Business or Organization Name: Fee Reimbursement **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: ____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: $ 160 Date of Expenditure: 12-30-24

Total Expenditures: $ 1705.15
(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: Jon Carroll

2. Reporting Period: Start Date: 7-1-24 End Date: 12-31-24

3. Total campaign expenditures from preceding page (enter $0 if first page) $ _____

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: Act Blue **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: ____ Zip Code: _____
Purpose of Expenditure: Fees
Amount of Expenditure: $ 21.90 Date of Expenditure: $ _____

Business or Organization Name: GTFO - PAC Growing Tennessee's Future Outlook **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: ____ Zip Code: _____
Purpose of Expenditure: ~~Fees~~ political Donation
Amount of Expenditure: $ ~~2.00~~ 400 Date of Expenditure: $ 7-12-24

Business or Organization Name: Jon Carroll **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: ____ Zip Code: _____
Purpose of Expenditure: Reimbursement for Fees
Amount of Expenditure: $ 240 Date of Expenditure: $ 7-10-24

Business or Organization Name: Tennessee Democratic Party **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: ____ Zip Code: _____
Purpose of Expenditure: Political Donation
Amount of Expenditure: $ 620.70 Date of Expenditure: $ 12-26-24

Business or Organization Name: First Horizon **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: ____ Zip Code: _____
Purpose of Expenditure: Paper Statement fees
Amount of Expenditure: $ 9 Date of Expenditure: $ 7-28-24

Total Expenditures: $ 1291.60
(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: ____________________
2. Reporting Period: Start Date: __________ End Date: __________
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: __________ Middle Name: __________ Last Name: __________

Address: __________ City: __________ State: ____ Zip Code: ______

Outstanding Loan Balance (Beginning) .... $ __________

Loans Received .... $ __________

Loan Payments .... $ __________

Outstanding Loan (End) .... $ __________

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

Date of Loan: __________

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) .... $ __________

Loans Received .... $ __________

Loan Payments .... $ __________

Outstanding Loan (End) .... $ __________

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Jon Carroll

2. Reporting Period: Start Date: 7-1-24 End Date: 12-31-24

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 1240.80

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: Sarah Herron **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: ____ Zip Code: _____
Purpose of Expenditure: Political Contribution
Amount of Expenditure: $ 10 Date of Expenditure: 10-12-24

Business or Organization Name: Memphis For All **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: ____ Zip Code: _____
Purpose of Expenditure: Political Contribution
Amount of Expenditure: $ 50 Date of Expenditure: 10-16-24

Business or Organization Name: Dallas Adams **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: ____ Zip Code: _____
Purpose of Expenditure: Political Contribution
Amount of Expenditure: $ 100 Date of Expenditure: 12-09-24

Business or Organization Name: Char Restaurant **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: ____ Zip Code: _____
Purpose of Expenditure: Political Advising
Amount of Expenditure: $ 16.00 Date of Expenditure: 10-25-24

Business or Organization Name: Kroger Fuel Center **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: ____ Zip Code: _____
Purpose of Expenditure: Gas-Travel for TNDP meeting
Amount of Expenditure: $ ~~[illegible]~~ 14.28 Date of Expenditure: 11-1-24

Total Expenditures: $ 1486.86
(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.)