CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 1/24/2026 2.a. Candidate or Committee Name: Doug Lloyd

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 11/4/2025

4. Campaign Address: PO Box 3161

City: Knoxville State: TN Zip Code: 37930 Phone: _____

5. Candidate Home Address: 5012 Cain Rd

City: Knoxville State: TN Zip Code: 37921 Phone: _____

Candidate Email Address: doug26lloyd@gmail.com

6. Office Sought: (include district number, if applicable) City Council, District 3

7. Name of Political Treasurer (may be candidate): Chrissey Stephens

Political Treasurer Email Address: clstephenstn@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: 10/26/2025 End Date: 1/15/2026

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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01/24/26 - 4:55 PM

12. Summary:

a.	Balance On Hand Last Report	$ $5,063.80
b.	Total Receipts This Period	$ $350.00
c.	Total Disbursements This Period	$ $5,413.80
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $0.00
e.	Total Loans Outstanding	$ $0.00
f.	Total Obligations Outstanding	$ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Doug Lloyd

14. Reporting Period: Start Date: 10/26/2025 End Date: 1/15/2026

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) ..... $ $350.00

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.) ..... $ $350.00

16. Disbursements:

a. Total Expenditures (other than loan payments)..... $ $5,413.80
(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.)..... $ $5,413.80

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: Doug Lloyd

2. Reporting Period: Start Date: 10/26/2025 End Date: 1/15/2026

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: Steve Middle Name: _____ Last Name: Greenway

Address: 4801 Wilkshire Dr City: Knoxville State: TN Zip Code: 37921

Occupation: Best Effort Made Employer: Best Effort Made

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

Amount of Contribution: $ $50.00 Date of Contribution: 10/30/2025 Aggregate This Election: $ $50.00

Business or Organization Name: _____ **OR**

First Name: Nick Middle Name: _____ Last Name: Pavlis

Address: 3815 Adminrality Ln City: Knoxville State: TN Zip Code: 37920

Occupation: Political Consultant Employer: Self

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

Amount of Contribution: $ $300.00 Date of Contribution: 12/8/2025 Aggregate This Election: $ $300.00

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: $ _____

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: $ $350.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Doug Lloyd

2. Reporting Period: Start Date: 10/26/2025 End Date: 1/15/2026

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: Lauren Middle Name: _____ Last Name: Jenkins

Address: 50 Prospect St Apt 903 City: Somerville State: MA Zip Code: 02143

Purpose of Expenditure: Campain Worker

Amount of Expenditure: $ $56.25 Date of Expenditure: $ 10/27/2025

Business or Organization Name: Victory Text **OR**

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

Address: 190 Monroe Ave NW Ste 300 City: Grand Rapids State: MI Zip Code: 49503

Purpose of Expenditure: Texting Services

Amount of Expenditure: $ $161.12 Date of Expenditure: $ 10/29/2025

Business or Organization Name: Harland Clarke **OR**

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

Address: PO Box 30987 City: Salt Lake City State: UT Zip Code: 84130

Purpose of Expenditure: Office Supplies

Amount of Expenditure: $ $37.80 Date of Expenditure: $ 10/29/2025

Business or Organization Name: i360 **OR**

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

Address: 2300 Clarendon Blvd Ste 800 City: Arlington State: VA Zip Code: 22201

Purpose of Expenditure: Technology Subscription

Amount of Expenditure: $ $250.00 Date of Expenditure: $ 10/29/2025

Business or Organization Name: PhoneBurner **OR**

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

Address: 1968 S Coast Hwy Ste 1800 City: Laguna Beach State: CA Zip Code: 92651

Purpose of Expenditure: Technology Subscription

Amount of Expenditure: $ $180.26 Date of Expenditure: $ 10/29/2025

Total Expenditures: $ $685.43

(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: Doug Lloyd

2. Reporting Period: Start Date: 10/26/2025 End Date: 1/15/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $685.43

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: Chrissey Middle Name: _____ Last Name: Stephens

Address: 2614 Sweeping Rain Ln City: Knoxville State: TN Zip Code: 37931

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $158.00 Date of Expenditure: $ 10/29/2025

Business or Organization Name: _____ **OR**

First Name: Jonrobert Middle Name: _____ Last Name: Barton

Address: 604 Eastanallee Ave City: Athens State: TN Zip Code: 37303

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $245.17 Date of Expenditure: $ 10/31/2025

Business or Organization Name: _____ **OR**

First Name: Gavyn Middle Name: _____ Last Name: Boyd

Address: 7116 Utz Rd City: Lewisburg State: OH Zip Code: 45338

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $317.54 Date of Expenditure: $ 10/31/2025

Business or Organization Name: _____ **OR**

First Name: Travis Middle Name: Seth Last Name: Campbell

Address: 601 Bellingham Dr City: Sugar Hill State: GA Zip Code: 30618

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $68.94 Date of Expenditure: $ 10/31/2025

Business or Organization Name: _____ **OR**

First Name: Daniel Middle Name: _____ Last Name: Daku

Address: 2307 W Beaver Creek Dr City: Powell State: TN Zip Code: 37849

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $93.97 Date of Expenditure: $ 10/31/2025

Total Expenditures: $ $1,569.05

(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.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Doug Lloyd

2. Reporting Period: Start Date: 10/26/2025 End Date: 1/15/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $1,569.05

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: Reagan Middle Name: _____ Last Name: Gibson

Address: 2307 W Beaver Creek Dr City: Powell State: TN Zip Code: 37849

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $217.70 Date of Expenditure: $ 10/31/2025

Business or Organization Name: _____ **OR**

First Name: Alicia Middle Name: _____ Last Name: Gonzales

Address: 5840 NW Alpha Ct City: Port St Luice State: FL Zip Code: 34986

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $36.94 Date of Expenditure: $ 10/31/2025

Business or Organization Name: _____ **OR**

First Name: Caleb Middle Name: _____ Last Name: Grinstead

Address: 323 Greystone Rd City: Marion State: VA Zip Code: 24354

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $129.06 Date of Expenditure: $ 10/31/2025

Business or Organization Name: _____ **OR**

First Name: Andrew Middle Name: _____ Last Name: Hodgkiss

Address: 860 Longview Rd City: Shelbyville State: TN Zip Code: 37160

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $139.75 Date of Expenditure: $ 10/31/2025

Business or Organization Name: _____ **OR**

First Name: Delaney Middle Name: _____ Last Name: Palma

Address: 9860 Orange Ave City: Fort Pierce State: FL Zip Code: 34945

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $344.72 Date of Expenditure: $ 10/31/2025

Total Expenditures: $ $2,437.22

(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: Doug Lloyd

2. Reporting Period: Start Date: 10/26/2025 End Date: 1/15/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $2,437.22

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: Andrew Middle Name: _____ Last Name: Schmidt

Address: 2307 W Beaver Creek Dr City: Knoxville State: TN Zip Code: 37949

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $284.28 Date of Expenditure: $ 10/31/2025

Business or Organization Name: _____ **OR**

First Name: Bunker Middle Name: _____ Last Name: Seyfert

Address: 2658 Scottish Pike City: Knoxville State: TN Zip Code: 37920

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $199.16 Date of Expenditure: $ 10/31/2025

Business or Organization Name: _____ **OR**

First Name: Jacob Middle Name: _____ Last Name: Weissflog

Address: 195 Highgrove Dr City: Fayettville State: GA Zip Code: 30215

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $131.24 Date of Expenditure: $ 10/31/2025

Business or Organization Name: _____ **OR**

First Name: Peter Middle Name: _____ Last Name: Wild

Address: 1043 Richland Rd City: Blaine State: TN Zip Code: 37990

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $4.62 Date of Expenditure: $ 10/31/2025

Business or Organization Name: _____ **OR**

First Name: Saxen Middle Name: _____ Last Name: Wilken

Address: 2200 Crampton Rd City: Lynchburg State: OH Zip Code: 45142

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $49.86 Date of Expenditure: $ 10/31/2025

Total Expenditures: $ $3,106.38

(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: Doug Lloyd

2. Reporting Period: Start Date: 10/26/2025 End Date: 1/15/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $3,106.38

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: IRS **OR**

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

Address: PO Box 806532 City: Cincinnati State: OH Zip Code: 45280

Purpose of Expenditure: Payroll Taxes

Amount of Expenditure: $ $349.25 Date of Expenditure: $ 10/31/2025

Business or Organization Name: Professional Payroll Services **OR**

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

Address: PO Box 82 City: Johnson City State: TN Zip Code: 37605

Purpose of Expenditure: Payroll Services

Amount of Expenditure: $ $29.58 Date of Expenditure: $ 10/31/2025

Business or Organization Name: Victory Text **OR**

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

Address: 190 Monroe Ave NW Ste 300 City: Grand Rapids State: MI Zip Code: 49503

Purpose of Expenditure: Texting Services

Amount of Expenditure: $ $187.84 Date of Expenditure: $ 11/4/2025

Business or Organization Name: MyRouteOnline **OR**

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

Address: 241 Perkins St City: Boston State: MA Zip Code: 02130

Purpose of Expenditure: Technology Subscription

Amount of Expenditure: $ $57.83 Date of Expenditure: $ 11/6/2025

Business or Organization Name: _____ **OR**

First Name: Emily Middle Name: _____ Last Name: Wiatr

Address: 2429 Bishops Bridge Rd City: Knoxville State: TN Zip Code: 37990

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $60.00 Date of Expenditure: $ 11/10/2025

Total Expenditures: $ $3,790.88

(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: Doug Lloyd

2. Reporting Period: Start Date: 10/26/2025 End Date: 1/15/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $3,790.88

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: Jonrobert Middle Name: _____ Last Name: Barton

Address: 604 Eastanallee Ave City: Athens State: TN Zip Code: 37303

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $24.01 Date of Expenditure: $ 11/13/2025

Business or Organization Name: _____ **OR**

First Name: Travis Middle Name: _____ Last Name: Campbell

Address: 601 Bellingham Dr City: Sugar Hill State: GA Zip Code: 30618

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $80.04 Date of Expenditure: $ 11/13/2025

Business or Organization Name: _____ **OR**

First Name: Daniel Middle Name: _____ Last Name: Daku

Address: 2307 W Beaver Creek Dr City: Powell State: TN Zip Code: 37849

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $36.01 Date of Expenditure: $ 11/13/2025

Business or Organization Name: _____ **OR**

First Name: Reagan Middle Name: _____ Last Name: Gibson

Address: 2307 W Beaver Creek Dr City: Powell State: TN Zip Code: 37849

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $206.23 Date of Expenditure: $ 11/13/2025

Business or Organization Name: _____ **OR**

First Name: Caleb Middle Name: _____ Last Name: Grinstead

Address: 323 Greystone Rd City: Marion State: VA Zip Code: 24354

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $24.02 Date of Expenditure: $ 11/13/2025

Total Expenditures: $ $4,161.19

(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: Doug Lloyd

2. Reporting Period: Start Date: 10/26/2025 End Date: 1/15/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $4,161.19

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: Joshua Middle Name: _____ Last Name: Hoffman

Address: 351 Windstone Blvd City: Powell State: TN Zip Code: 37849

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $39.02 Date of Expenditure: $ 11/13/2025

Business or Organization Name: _____ **OR**

First Name: Zane Middle Name: _____ Last Name: Hoover

Address: 2307 W Beaver Creek Dr City: Powell State: TN Zip Code: 37849

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $20.08 Date of Expenditure: $ 11/13/2025

Business or Organization Name: _____ **OR**

First Name: Bunker Middle Name: _____ Last Name: Seyfert

Address: 2658 Scottish Pike City: Knoxville State: TN Zip Code: 37920

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $86.82 Date of Expenditure: $ 11/13/2025

Business or Organization Name: IRS **OR**

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

Address: PO Box 806532 City: Cincinnati State: OH Zip Code: 45280

Purpose of Expenditure: Payroll Taxes

Amount of Expenditure: $ $107.83 Date of Expenditure: $ 11/13/2025

Business or Organization Name: Professional Payroll Services **OR**

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

Address: PO Box 82 City: Johnson City State: TN Zip Code: 37605

Purpose of Expenditure: Payroll Services

Amount of Expenditure: $ $7.43 Date of Expenditure: $ 11/13/2025

Total Expenditures: $ $4,422.37

(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: Doug Lloyd

2. Reporting Period: Start Date: 10/26/2025 End Date: 1/15/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $4,422.37

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: Wind Consulting **OR**

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

Address: 2429 Bishops Bridge Rd City: Knoxville State: TN Zip Code: 37922

Purpose of Expenditure: Campaign Consultant

Amount of Expenditure: $ $705.83 Date of Expenditure: $ 11/18/2025

Business or Organization Name: USPS **OR**

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

Address: 9039 Cross Park Dr City: Knoxville State: TN Zip Code: 37923

Purpose of Expenditure: Postage

Amount of Expenditure: $ $33.68 Date of Expenditure: $ 12/1/2025

Business or Organization Name: Knox Liberty Organization **OR**

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

Address: PO Box 31761 City: Knoxville State: TN Zip Code: 37930

Purpose of Expenditure: Contribution

Amount of Expenditure: $ $193.92 Date of Expenditure: $ 1/14/2026

Business or Organization Name: _____ **OR**

First Name: Chrissey Middle Name: _____ Last Name: Stephens

Address: 2614 Sweeping Rain Ln City: Knoxville State: TN Zip Code: 37931

Purpose of Expenditure: Campaign Worker

Amount of Expenditure: $ $58.00 Date of Expenditure: $ 1/15/2026

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: $ _____

Total Expenditures: $ $5,413.80

(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.)