



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 4/28/2026 2.a. Candidate or Committee Name: Will Lehw
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026
4. Campaign Address: 2455 Oak Hill Dr
City: Murfreesboro State: TN Zip Code: 37130 Phone: 6156311266
5. Candidate Home Address: 2455 Oak Hill Dr
City: Murfreesboro State: TN Zip Code: 37130 Phone: 6156311266
Candidate Email Address: lehew4rutherfrod@gmail.com
6. Office Sought: (include district number, if applicable) County Commission District #04
7. Name of Political Treasurer (may be candidate): Will Lehw
Political Treasurer Email Address: willis5046@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 _____

12. Summary:

a. Balance On Hand Last Report	\$ <u>\$778.79</u>
b. Total Receipts This Period	\$ <u>\$2,275.00</u>
c. Total Disbursements This Period	\$ <u>\$1,007.57</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$2,046.22</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: Will Lehw

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) \$ \$375.00
(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) \$ \$1,900.00
- 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.) \$ \$2,275.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$1,007.57
(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.)..... \$ \$1,007.57

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ _____
- b. Itemized In-Kind Contributions Received This Period \$ \$300.00
- c. Total In-Kind Contributions Received This Period \$ \$300.00

18. Obligations:

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

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Will Lehew
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: Angel Middle Name: _____ Last Name: Norman
Address: 2455 Oak Hill Dr City: Murfreesboro State: TN Zip Code: 37130
Occupation: Aesthetician Employer: Self
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$20.00 Date of Contribution: 4/4/2026 Aggregate This Election: \$ \$20.00

Business or Organization Name: _____ **OR**
First Name: Lee Anne Middle Name: _____ Last Name: Carmack
Address: 1436 Ripkin Ct City: Murfreesboro State: TN Zip Code: 37129
Occupation: unknown Employer: Unemployed
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: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Andrea` Middle Name: _____ Last Name: Eller
Address: 2032 Belmont Rd NW 310 City: Washington DC State: DC Zip Code: 20009
Occupation: unemployed Employer: Unemployed
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$300.00 Date of Contribution: 4/11/2026 Aggregate This Election: \$ \$300.00

Business or Organization Name: _____ **OR**
First Name: Mary Middle Name: _____ Last Name: Lamm
Address: 111 N Wagon Trail City: Murfreesboro State: TN Zip Code: 37130
Occupation: self Employer: self
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$30.00 Date of Contribution: 4/11/2026 Aggregate This Election: \$ \$55.00

Total Contributions: \$ \$450.00
(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: Will Lehew
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) \$ \$450.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Lisa Middle Name: _____ Last Name: Fatzinger

Address: 334 Needham Blvd City: Rockvale State: TN Zip Code: 37153

Occupation: mediccal Assistant Employer: Vanderbilt

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

Amount of Contribution: \$ \$20.00 Date of Contribution: 4/11/2026 Aggregate This Election: \$ \$20.00

Business or Organization Name: _____ **OR**

First Name: Kelly Middle Name: _____ Last Name: Hill

Address: 1109 Appian Way City: Murfreesboro State: TN Zip Code: 37130

Occupation: unemployed Employer: Unemployed

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

Amount of Contribution: \$ \$10.00 Date of Contribution: 4/11/2026 Aggregate This Election: \$ \$10.00

Business or Organization Name: _____ **OR**

First Name: Kim Middle Name: _____ Last Name: Tomey

Address: 733 N Spring St City: Murfreesboro State: TN Zip Code: 37129

Occupation: unemployed Employer: Unemployed

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 4/11/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**

First Name: Scott Middle Name: _____ Last Name: McDaniel

Address: 2455 Oak Hill Dr City: Murfreesboro State: TN Zip Code: 37130

Occupation: unemployed Employer: Unemployed

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

Amount of Contribution: \$ \$50.00 Date of Contribution: 4/11/2026 Aggregate This Election: \$ \$50.00

Total Contributions: \$ \$580.00

(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: Will Lehew
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) \$ \$580.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Wendell Middle Name: _____ Last Name: Lehew
Address: 5120 Colonial Circle City: Murfreesboro State: TN Zip Code: 37130
Occupation: Retired Employer: self
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: Ashley Middle Name: _____ Last Name: Benkarski
Address: 2455 Oak Hill Dr City: Murfreesboro State: TN Zip Code: 37130
Occupation: Organizer Employer: CLASI
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$20.00 Date of Contribution: 4/14/2026 Aggregate This Election: \$ \$80.00

Business or Organization Name: _____ **OR**
First Name: Andrea Middle Name: _____ Last Name: Eller
Address: 2032 Belmont Rd NW 310 City: Murfreesboro State: TN Zip Code: 37130
Occupation: unemployed Employer: Unemployed
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,100.00 Date of Contribution: 4/22/2026 Aggregate This Election: \$ \$1,400.00

Business or Organization Name: _____ **OR**
First Name: Amber Middle Name: _____ Last Name: howell
Address: 2106 Hideaway LN City: Mufreesboro State: TN Zip Code: 37128
Occupation: manager Employer: Cardinal Health
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$50.00 Date of Contribution: 4/22/2026 Aggregate This Election: \$ \$50.00

Total Contributions: \$ \$1,800.00
(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: Will Lehew
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) \$ \$1,800.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Jonathan Middle Name: _____ Last Name: Yancey

Address: 640 Rambush Dr City: Murfreesboro State: TN Zip Code: 37128

Occupation: Education Employer: Western

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 4/23/2026 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: \$ _____

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: \$ \$1,900.00

(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: Will Lehew
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: _____ **OR**

First Name: Lisa Middle Name: _____ Last Name: Fatzinger Law

Address: 334 Needham Blvd City: Rockvale State: TN Zip Code: 37153

Occupation: mediccal Assistant Employer: Vanderbilt

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

In-Kind Contribution Value: \$ \$100.00 In-Kind Contribution Date: 4/11/2026 Aggregate This Election: \$ \$120.00

Description of In-Kind Contribution: Musical Performance

Business or Organization Name: _____ **OR**

First Name: Keith Middle Name: _____ Last Name: Martin

Address: 2455 Oak Hill Dr City: Murfreesboro State: TN Zip Code: 37130

Occupation: truck driver Employer: self

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

In-Kind Contribution Value: \$ \$100.00 In-Kind Contribution Date: 4/11/2026 Aggregate This Election: \$ \$100.00

Description of In-Kind Contribution: Musical Performance

Business or Organization Name: _____ **OR**

First Name: johnathan Middle Name: _____ Last Name: Dewveall

Address: 5643 Fatherland St City: Na State: TN Zip Code: 37211

Occupation: singer songwriter Employer: self

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

In-Kind Contribution Value: \$ \$100.00 In-Kind Contribution Date: 4/11/2026 Aggregate This Election: \$ \$100.00

Description of In-Kind Contribution: Musical Performance

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: \$ \$300.00

(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: Will Lehw
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: James Middle Name: _____ Last Name: Publix
Address: Rutherford Blvd City: Murfreesboro State: TN Zip Code: 37127
Purpose of Expenditure: refreshments for event
Amount of Expenditure: \$ (\$59.04) Date of Expenditure: \$ 4/10/2026

Business or Organization Name: Hop Springs **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 6790 John Bragg Hwy City: Murfreesboro State: TN Zip Code: 37130
Purpose of Expenditure: Space for event
Amount of Expenditure: \$ \$300.00 Date of Expenditure: \$ 4/11/2026

Business or Organization Name: Dope Marketing **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3225 Neil Armstrong Blvd #100, E City: Eagen State: MN Zip Code: 55121
Purpose of Expenditure: Yard signs
Amount of Expenditure: \$ \$250.00 Date of Expenditure: \$ 4/16/2026

Business or Organization Name: Vista Print **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 95 Hayden Ln City: Lexington State: MA Zip Code: 02421
Purpose of Expenditure: promo materials
Amount of Expenditure: \$ \$97.66 Date of Expenditure: \$ 4/18/2026

Business or Organization Name: Signs on the cheap **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: unknown street address City: dallas State: TX Zip Code: 75201
Purpose of Expenditure: large yard signs
Amount of Expenditure: \$ \$356.04 Date of Expenditure: \$ 4/27/2026

Total Expenditures: \$ \$944.66

(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: Will Lehw
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) \$ \$944.66

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: 366 summer st City: somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing Fee

Amount of Expenditure: \$ \$62.91 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: \$ _____

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: \$ \$1,007.57

(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.)