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

1. Date: 7/23/2024 2.a. Candidate or Committee Name: Damon Rawls

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/1/2024

4. Campaign Address: 2313 E 5th Ave

City: Knoxville State: TN Zip Code: 37917 Phone: (865) 271-8021

5. Candidate Home Address: 2313 E 5th Ave

City: Knoxville State: TN Zip Code: 37917 Phone: (865) 271-8021

Candidate Email Address: damon@damonrawls.com

6. Office Sought: (include district number, if applicable) Knox County Commission, District 1

7. Name of Political Treasurer (may be candidate): Matthew Best

Political Treasurer Email Address: mbestiv@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

9. Reporting Period: Start Date: 7/1/2024 End Date: 7/22/2024

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	7/23/2024 Date	Political Treasurer Signature	7/23/2024 Date
Witness Signature	7/23/2024 Date	Witness Signature	7/23/2024 Date

12. Summary:

a.	Balance On Hand Last Report	$ 4,161.60
b.	Total Receipts This Period	$ 3,281.00
c.	Total Disbursements This Period	$ 3,129.75
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ 4,312.85
e.	Total Loans Outstanding	$ -
f.	Total Obligations Outstanding	$ -

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Damon Rawls

14. Reporting Period: Start Date: 7/1/2024 End Date: 7/22/2024

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) ..... $ 3,281.00

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.) ..... $ 3,281.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 3,129.75
(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.) ..... $ 3,129.75

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: ____________________

2. Reporting Period: Start Date: __________ End Date: __________

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

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

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: $ __________

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: $ ____________________
(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.)

Date	Amount	First	Last	Address	City	State	ZIP	Occupation	Employer
7/1/2024	**750**	Building Industry PAC		221 Clark St	Knoxville	TN	27921	n/a	n/a
7/2/2024	**6**	Brady	Watson	208 Doughty Dr.	Knoxville	TN	37918	Community Organizer	Union of Concerned Scientists
7/8/2024	**25**	Ann	Barber	2010 Emoriland Blvd	Knoxville	TN	37917	Not Employed	Not Employed
7/9/2024	**500**	Tim	Graham	PO Box 12489	Knoxville	TN	27912	Owner	Graham Corporation
7/12/2024	**100**	Charlane	Oliver	4532 Queens Lane	Nashville	TN	37218	Consultant	OEM Consulting Group
7/18/2024	**100**	Bentley	Marlow	322 Douglas Ave	Knoxville	TN	37921	Owner	Marlow Properties LLC
7/22/2024	**1800**	Shirley	Black	6414 Rock Springs Dr	Arlington	TX	76001	Not Employed	Not Employed

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: ______________________________

2. Reporting Period: Start Date: ______________ End Date: ______________

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: ______________ 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: ______________________________

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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: ______________________________

2. Reporting Period: Start Date: ______________ End Date: ______________

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

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: ______________ 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: ______________

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: $ ______________________

(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.)

Damon Rawls for County Commission - Expenditures							
Date	**Name**	**Address**	**City**	**State**	**ZIP**	**Amount**	**Purpose**
7/2/2024	GoDaddy	2155 E GoDaddy Way	Tempe	AZ	85284	$45.34	Website
7/2/2024	Fiverr	8 Kaplan St	Tel Aviv	n/a	n/a	$20.57	Digital ad work
7/5/2024	Walmart	3051 Kinzel Ln	Knoxville	TN	37924	$69.21	Volunteer food
7/5/2024	Walgreens	4423 Asheville Hwy	Knoxville	TN	37914	$16.37	Volunteer food
7/5/2024	Kroger	2217 N Broadway	Knoxville	TN	37917	$22.02	Gas
7/8/2024	Walgreens	4423 Asheville Hwy	Knoxville	TN	37914	$32.92	Volunteer food
7/8/2024	Chick-fil-A	5100 N Broadway	Knoxville	TN	37918	$16.06	Lunch meeting
7/10/2024	Walgreens	4423 Asheville Hwy	Knoxville	TN	37914	$22.02	Volunteer food
7/11/2024	Zaxbys	2936 Miller Place Way	Knoxville	TN	37924	$9.17	Lunch meeting
7/11/2024	Likewise	1209 E Magnolia Ave	Knoxville	TN	37917	$10.63	Coffee meeting
7/12/2024	Baker Boy Pizza Company	701 N Cherry St	Knoxville	TN	37914	$6.56	Campaign event
7/12/2024	Orange Hat	701 N Cherry St	Knoxville	TN	37914	$6.56	Campaign event
7/12/2024	Facebook	1 Hacker Way	Menlo Park	CA	94025	$8.00	FB ad
7/15/2024	Printshop Beer Co	1532 Island Home Ave	Knoxville	TN	37920	$8.51	Campaign event
7/15/2024	Likewise	1209 E Magnolia Ave	Knoxville	TN	37917	$4.32	Coffee meeting
7/15/2024	Kroger	2217 N Broadway	Knoxville	TN	37917	$30.01	Gas
7/15/2024	McDonald's	2828 E Magnolia Ave	Knoxville	TN	37914	$7.20	Lunch meeting
7/15/2024	Magnolia Cafe	2405 E Magnolia Ave	Knoxville	TN	37917	$23.58	Lunch meeting
7/18/2024	TN Tee's	2566 E Magnolia Ave	Knoxville	TN	37914	$125.00	Tee shirts
7/22/2024	O'Charley's	3050 S Mall Rd	Knoxville	TN	37917	$25.83	Lunch meeting
7/22/2024	Magnolia Cafe	2405 E Magnolia Ave	Knoxville	TN	37917	$68.58	Volunteer food
7/22/2024	Squarespace	8 Clarkston St	New York	NY	10014	$37.15	Website
7/22/2024	Printing Image	6700 Baum Dr	Knoxville	TN	37919	$2,114.82	Printing and mailing
7/22/2024	ActBlue	366 Summer St	Sommerville	MA	2144	$399.32	Fundraising Fees

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 OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: ______________________________

2. Reporting Period: Start Date: ______________ End Date: ______________

3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: ______________________________

First Name: ______________ Middle Name: __________

Last Name: ______________________________

Address: ______________________________

City: ______________________________

State: ________ Zip Code: ______________

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: ______________________________

First Name: ______________ Middle Name: __________

Last Name: ______________________________

Address: ______________________________

City: ______________________________

State: ________ Zip Code: ______________

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: ______________________________

First Name: ______________ Middle Name: __________

Last Name: ______________________________

Address: ______________________________

City: ______________________________

State: ________ Zip Code: ______________

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: ______________________________

First Name: ______________ Middle Name: __________

Last Name: ______________________________

Address: ______________________________

City: ______________________________

State: ________ Zip Code: ______________

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

TOTALS

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period End)
$	$	$	$