



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 4/8/2026 2.a. Candidate or Committee Name: Romel McMurry
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026
4. Campaign Address: 1925 Cicero Dr
City: Murfreesboro State: TN Zip Code: 37129 Phone: _____
5. Candidate Home Address: 1925 Cicero Dr
City: Murfreesboro State: TN Zip Code: 37129 Phone: 6156177262
Candidate Email Address: Lemor2004@gmail.com
6. Office Sought: (include district number, if applicable) County Commission District #19
7. Name of Political Treasurer (may be candidate): Romel McMurry
Political Treasurer Email Address: Lemor2004@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: 1/16/2026 End Date: 3/31/2026
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>14,711.16</u>
b. Total Receipts This Period	\$ <u>2,900.00</u>
c. Total Disbursements This Period	\$ <u>514.96</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>17,096.20</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: Romel McMurry

14. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026

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) \$ \$2,900.00
- 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.) \$ \$2,900.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$514.96
(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.)..... \$ \$514.96

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: Romel McMurry
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
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: Jamie Middle Name: _____ Last Name: Reed
Address: 11511 Independent Hill Rd City: Arrington State: TN Zip Code: 37014
Occupation: CEO Employer: SEC, Inc
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$1,500.00 Date of Contribution: 1/21/2026 Aggregate This Election: \$ \$1,500.00

Business or Organization Name: _____ **OR**
First Name: David Middle Name: _____ Last Name: Weill
Address: 1012 Hamlet Dr City: Murfreesboro State: TN Zip Code: 37128
Occupation: Owner Employer: Steak & Shake
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$150.00 Date of Contribution: 2/6/2026 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**
First Name: Jessica Middle Name: _____ Last Name: Warner
Address: 1009 Julian Way City: Murfreesboro State: TN Zip Code: 37128
Occupation: Realtor Employer: Self employed
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$250.00 Date of Contribution: 2/12/2026 Aggregate This Election: \$ \$250.00

Business or Organization Name: _____ **OR**
First Name: Chris Middle Name: _____ Last Name: Walton
Address: 561 Garrett A Morgan Blvd City: Landover State: MD Zip Code: 20785
Occupation: Director Employer: Education Association
Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 2/18/2026 Aggregate This Election: \$ \$100.00

Total Contributions: \$ \$2,000.00
(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: Romel McMurry
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$2,000.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Raymond Middle Name: _____ Last Name: Jones

Address: 109 Greenlawn Dr City: Lebanon State: TN Zip Code: 37087

Occupation: Asst Public Defender Employer: Public Defender Office

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 3/8/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**

First Name: Tosha Middle Name: _____ Last Name: Price

Address: 7456 Antietam Place City: Murfreesboro State: TN Zip Code: 37130

Occupation: Manager Employer: Ascend Federal Credit Union

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 3/17/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Ricky Middle Name: _____ Last Name: Turner

Address: 210 Hillwood Blvd City: Murfreesboro State: TN Zip Code: 37128

Occupation: Owner Employer: Turner Transportation

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 3/29/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Chris Middle Name: _____ Last Name: Jensen

Address: 757 Old Woodbury Hwy City: Manchester State: TN Zip Code: 37355

Occupation: Owner Employer: Jensen Homes

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

Amount of Contribution: \$ \$200.00 Date of Contribution: 3/31/2026 Aggregate This Election: \$ \$200.00

Total Contributions: \$ \$2,900.00

(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 EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Romel McMurry
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
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: Brasshorn Coffee **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 410 W Lytle St City: Murfreesboro State: TN Zip Code: 37130
Purpose of Expenditure: Constituent Coffee
Amount of Expenditure: \$ \$12.43 Date of Expenditure: \$ 1/16/2026

Business or Organization Name: Blackman Community Club **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4310 Manson Pike City: Murfreesboro State: TN Zip Code: 37129
Purpose of Expenditure: Membership Dues
Amount of Expenditure: \$ \$40.00 Date of Expenditure: \$ 1/20/2026

Business or Organization Name: Walgreens **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2401 Old Fort Pkwy City: Murfreesboro State: TN Zip Code: 37128
Purpose of Expenditure: Stamps
Amount of Expenditure: \$ \$15.60 Date of Expenditure: \$ 1/20/2026

Business or Organization Name: Dollar General **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4125 Manson Pike City: Murfreesboro State: TN Zip Code: 37129
Purpose of Expenditure: Envelopes
Amount of Expenditure: \$ \$19.76 Date of Expenditure: \$ 2/5/2026

Business or Organization Name: Kroger **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 4432 Veterans Pkwy City: Murfreesboro State: TN Zip Code: 37128
Purpose of Expenditure: Stamps
Amount of Expenditure: \$ \$31.20 Date of Expenditure: \$ 2/12/2026

Total Expenditures: \$ \$118.99

(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: Romel McMurry
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$118.99

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: Best Buy OR

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

Address: 2615 Medical Center Pkwy City: Murfreesboro State: TN Zip Code: 37129

Purpose of Expenditure: Printer Ink

Amount of Expenditure: \$ \$70.56 Date of Expenditure: \$ 2/17/2026

Business or Organization Name: New Path Church OR

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

Address: 4420 Manson Pike City: Murfreesboro State: TN Zip Code: 37129

Purpose of Expenditure: Donation

Amount of Expenditure: \$ \$100.00 Date of Expenditure: \$ 2/23/2026

Business or Organization Name: Printplace OR

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

Address: 8000 Haskell Ave City: Van Nuys State: CA Zip Code: 91406

Purpose of Expenditure: Campaign Cards

Amount of Expenditure: \$ \$91.59 Date of Expenditure: \$ 3/2/2026

Business or Organization Name: Sams Club OR

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

Address: 125 John Rice Blvd City: Murfreesboro State: TN Zip Code: 37129

Purpose of Expenditure: Campaign Supplies

Amount of Expenditure: \$ \$44.62 Date of Expenditure: \$ 3/30/2026

Business or Organization Name: Anedot OR

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

Address: 1340 Poydras St City: New Orleans State: TN Zip Code: 70112

Purpose of Expenditure: Donation Fee

Amount of Expenditure: \$ \$89.20 Date of Expenditure: \$ 3/31/2026

Total Expenditures: \$ \$514.96

(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.)