



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 4/10/2024 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: _____
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: 2/25/2024 End Date: 3/31/2024
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.

[Signature] 4/10/2024
Candidate Signature Date
[Signature] 4/10/2024
Witness Signature Date

[Signature] 4/10/2024
Political Treasurer Signature Date
[Signature] 4/10/2024
Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>5,830.70</u>
b. Total Receipts This Period	\$ <u>831.00</u>
c. Total Disbursements This Period	\$ <u>4,102.92</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>2,558.78</u>
e. Total Loans Outstanding	\$ <u>-</u>
f. Total Obligations Outstanding	\$ <u>-</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Damon Rawls

14. Reporting Period: Start Date: 2/25/2024 End Date: 3/31/2024

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) \$ 6,601.00
- 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.) \$ 6,601.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 4,296.32
(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.)..... \$ 4,296.32

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
2/27/2024	50	drew	lancaster	10928 farragut hills blvd	Knoxville	TN	37934	Not Employed	Not Employed
2/28/2024	100	Ursula	Bailey	7561 Chatham Cir	Knoxville	TN	37909	Attorney	Law Office of Ursula Bailey
2/28/2024	25	james	higdon	po box 5372	maryville	TN	37802	consultant	L'Espace, Inc
2/29/2024	25	Isaac	Sherman	5201 western ave #435	Knoxville	TN	37921	Retired military	Usaf
2/29/2024	25	Gail	Montgomery	2912 Sunset Ave	Knoxville	TN	37914	Program Mgr	Advantus Health
3/1/2024	250	Kincannon for Knoxville		PO Box 3783	Knoxville	TN	37917	n/a	n/a
3/2/2024	6	Brady	Watson	208 Doughty Dr	Knoxville	TN	37918	Community Organizer	Union of Concerned Scientists
3/12/2024	100	Marshall	Stair	1349 Armstrong Ave	Knoxville	TN	37917	Lawyer	Lewis Thomason
3/12/2024	100	Sharon	Coppock	2101 Doane Lane	Strawberry Plains	TN	37871	attorney/writer/speaker	Self
3/14/2024	100	Thomas	King	139 E Glenwood Ave	Knoxville	TN	37917	General Contractor	Cornerstone Construction Services
3/30/2024	25	Isaac	Sherman	5201 western ave #435	Knoxville	TN	37921	Retired military	Usaf
3/30/2024	25	Gail	Montgomery	2912 Sunset Ave	Knoxville	TN	37914	Program Mgr	Advantus Health

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
2/29/2024	Burns Mailing & Printing	6131 Industrial Heights Dr	Knoxville	TN	37909	\$1,600.72	Printing & Mailing
3/1/2024	Morgan Street Strategies	1037 Tranquilla Dr	Knoxville	TN	37919	\$1,000.00	Consulting
3/4/2024	Russell Printing Options	1800 Grand Ave	Knoxville	TN	37917	\$1,095.66	Printing & Mailing
3/7/2024	ScaleToWin	13742 Harper St	Santa Ana	CA	92703	\$55.07	Texting
3/13/2024	StickerMule	411 Lafayette St 6th Floor	New York	NY	10003	\$24.04	Stickers
3/13/2024	Hour Wristband	14550 Beechnut St	Houston	TX	77083	\$146.30	Campaign swag
3/20/2024	Harland Clarke	10931 Laureate Drive	San Antonio	TX	78249	\$93.98	Checks
3/20/2024	Pellissippi State Community College	1610 E Magnolia Ave	Knoxville	TN	37917	\$50.00	Donation
3/21/2024	Squarespace	8 Clarkston St	New York	NY	10014	\$37.15	Website

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
This Period

Payments
This Period

Outstanding
Balance
(Period End)

\$

\$

\$

\$